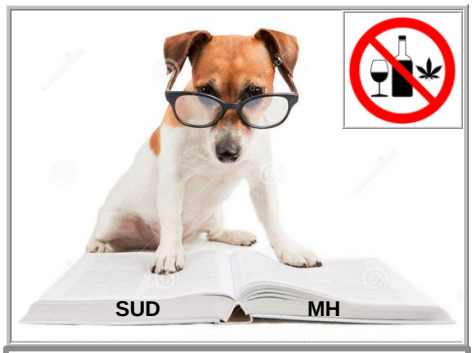


New tools and processes
Efficient/Effective Interventions
SUD and Mental Health – Dual Diagnosis
IDEA – PBIS Guidelines

Student Assistance Program

(PBIS – Positive Behavioral Interventions & Support)
SUD & Mental Health Problems – Dual Diagnosis
"Evidence Based" - 8,000+ Idaho Students – Stats Available
Web Based "KISS" Solutions

Interventions Change Behaviors
Interventions are Uncomfortable – Often Avoided
New iMR Processes = Effective/Efficient/Acceptable/Stoic Interventions
Post Intervention = Client/TEAM become Responsible/Accountable

Positive School Benefits
Reduced Violations
Increased Daily Attendance
Grant supported financing

Staff recognizes – changes
Behavior
Attitudes
Attendance
Achievement

Staff Member Training
Group Sessions - Individual Workbook Lessons - Certifications
Modular Tools – Available to all authorized Staff members
iMR Web based training
Private or Staff Clinicians – pros - cons

Schedule Intervention to Rule-In or Rule-out
Substance Abuse/Dependence
Depression
Anxiety
Cognitive
Anger
(Optional: Social and Criminal Behaviors)

Schedule Intervention to Rule-In or Rule-out

TEAM Attendees
Student – Clinician – Counselor – Family - Mentor

The use of tele-collaboration can insure all TEAM members are up to date on Plan conditions and status.

Student is responsible for plan tasks/reports for one year.

Intervention
Introduction – TEAM members
Student Self Assessments - Web
Immediate Results Available
Student Accepts Results
Results reviewed with TEAM
Plan of Action Documented

TEAM = Student, Family, Faculty and Clinician
Assessments are web based – results immediate
Bar Graph provided to Student
Student marks "their" test results on 15 scales
Student Test Answers are available for review
Student confirms accuracy of self - assessments
Approximate Timing
Assessment = ¾ - 1 hour
Result Review & Action Plan – ¾ hours
Multiple Results from 15 validated scales eliminate disputes
Action Plan
Bar Graph Summary is basis for action plans
Bar Graph Summary/Plan can be basis for discussion with post Intervention TEAM members.

ADVISORS/CONSULTANTS

Beatrice Carroll – LCSW – ACADC
Leslee Whiteman – LCPC – CADC
% david@imresponsible.com

Post Intervention
1. Educational and Treatment modules – plus quizes - are available for Student use
2. Student/TEAM can use phone or email to provide info on plan activities and status.
3. Web Reports available 24/7 to TEAM members.
4. Programmed inquiry for school status of BAAA – Behaviors, Attendance, Achievement and Attitudes.

Summary – Idaho Schools – 1999 - 2019

ANY STUDENT TEAM MEMBER CAN BE A CATALYST FOR SAVED LIVES. EACH SCHOOL DISTRICT HAS PROVIDED iMR WITH APPROXIMATELY 185 INTERVENTIONS EACH YEAR. THERE ARE NO BAD INTERVENTIONS! EACH INTERVENTION PLANTS ANTI-DENIAL SEEDS AND CREATES A FOUNDATION FOR FUTURE IMPROVEMENTS.

IMPACT Training
Recognizing Changing Behaviors!
1 Behaviors
2. Achievements
3. Attitudes
4. Attendance

→

Administrators
Teachers
Counselors
Specialists
Clinicians
Mentors

HISTORICAL INTERVENTIONS: iMResponsible.com

Step 1. Teacher recognizes student behavioral changes: (Behaviors, Attendance, Achievement & Attitudes)
Step 2. Works with Counselor
Step 3 "Independent Comprehensive Diagnosis is Elected" = Rule "In or Out" - SUD & MH Issues
Step 4. Intervention is scheduled. 2 Hour estimate for each Intervention
Schedule Intervention with Student, Clinician, Counselor and Student's parents
Intervention Steps:
Introduction and Description of Process
Student "self-diagnosis" of behavioral, SUD and mental health issues (45+ min)
(Alcohol/Drug, Psychological (Stress, Anxiety, Anger, Cognitive)(Social/Criminal is Option)
(Note: Compu-Tools are web based. Paper copies are available – when needed)
Participants - Immediately review the diagnostic results
(Using multi scale - graphic presentation = Eliminates Denial)
Completes a Treatment Plan with Client, Counselor and Parents
All parties sign performance contract and get copies of all documents (45+ min)
* See alternative Post Intervention services that have been provided in the past
3. Meeting: = 1.5 -> 2.0 Hours
(Counselors generally use appointment type scheduling for trained iMR Clinicians)
4. Idaho Interventions are handled by private Clinicians and/or On-Campus counselors that have been trained on the use of the Compu-Tools assessments.

==========

The use of private, certified, clinical providers relieves the School of any liability issues. The School Districts were instrumental in our processes design and the development of their overall policies regarding behaviors processes.

If School Districts wish to train and use salaried personnel, it is important that they be trained to insure that the Student's "self-diagnosis" is presented - without subjective data. The use of self diagnosis tools eliminates facility responsibilities. Treatment recommendation development is a process that some feel can best be handled by independent professionals. iMR tools were designed to insure that all processes used are objective, legal and ethical.

***Alternative - Post Intervention options:**

During the early days of the Student Assistant Program, iMR developed a monitoring program that enabled the Student to notify iMR as Treatment Tasks were completed. This was done through the mail and iMR completed data entry. Today, we are able to automatically enter data submitted via email or cell phone text messages.

These supplemental actions are supported by a few – conscientious counselors/clinicians/parents. These "pro-active" processes are met with a variety of acceptance. Accountability increases work loads. Federal requirements, however, are beginning to require evidence of positive solution benefits.

iMR case management and monitoring processes do provide Teen drug courts and Corrections with the most effective case services they can obtain. Pilot programs have been designed to encourage these agencies to try iMR services and become addicted to the positive results. These programs are "supplements" / enhancements to regular EHR case management processes – currently used.

iMR SAP

Student Assistance Program

iMResponsible.com has been providing effective Student Intervention Services for 20 years.
Join iMR as a partner in providing live saving options to Students in your area.
All tools and processes will be provided – including training and consulting.

Program Tools ($35.00 per month / per site)($300.00 Annual) (Open to Alternatives)

1. iMR – Web-based access -Teen - Alcohol/Drug Comprehensive Diagnosis
2. iMR – Web-based access -Teen – Alcohol/Drug Rapid Tests
3. iMR – Web-based access –Teen - Psychological – (Depression, Anxiety, Anger & Cognitive)
4. iMR – Web-based access - Social and Criminal Behaviors Assessments
5. PDF Copies of all Questionnaires – used for manual entry -> then copy on to web site
6. PDF Copies of Treatment Plans/ Contracts
7. PDF Copies of Adolescent Bar Graph – Used during Intervention to verify self-test accuracy.
8. Training Tools —School Faculty members – Modular – Individual Training Tools
9. Training Tools —Validation of Compu-Tools accuracy (Inc. ASAM and DSM Integration)
10. Validation Manual – Independent verification that Compu-Tools exceedsl evidence based criteria

Case Management Tools and Processes (Included)

1. Group Lesson Modules — PDF Copies - Tests, Answers (100+ Lessons—Inc. Thinking Errors)
2. iMR – Web-based Case Data Entries—By Student and TEAM members
3. Current Case Reports—24/7 Web based Case data is available and can be exported
4. Electronic Case Data & Demographics - Import and Export Options

Monitoring Tools and Processes ($10.00-$20.00 per month / per client)

1. Monitoring Tools and Processes – with optional ALERTS
2. All daily plan tasks are logged into the iMR system via: direct Web Entry, use of iMR electronic forms + phone text (SMS). If regular mail is necessary, arrangements can be made.

Additional Training Tools

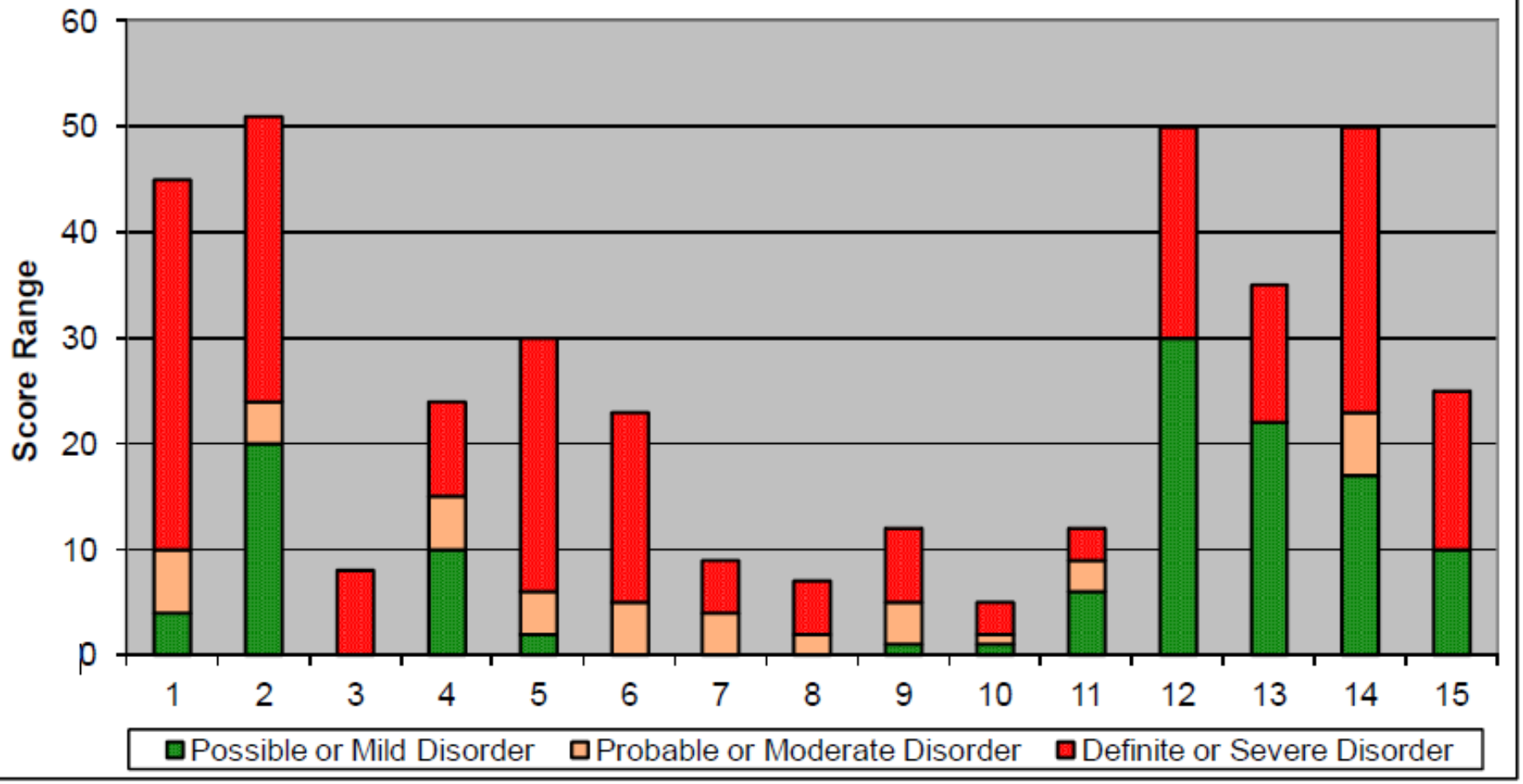
All Training materials are provided in electronic – PDF format. Each is designed to provide concise and easy to understand content. Each new TEAM member will be able to become familiar with the processes and concepts in a sort period of time. Module completion and quiz completion could be used to produce healthcare Certification.

1. Training Program—District Case Management Intervention Specialists
2. Training—Opioid and Heroin use and treatment
3. Drug Testing Options
4. Family and Social demographic and relationship tools – with analysis
5. Certification Package—Modules used for faculty training and certification

david@imresponsible.com – 208-853-7410 – https://www.imresponsible.com
iMRblog: ------https://www.teamfixes.com

Risk Factors		Age of First Use	Current Motivations	Relapse Triggers
1. _____	_____	_____	_____	_____
2. _____	_____	Date of Last Use	_____	_____
3. _____	_____	_____	_____	_____

ADOLESCENT COMPU-TOOLS TEST SUMMARIES



1 = ACDC (Stage of Use) 2 = ACDC (Need for Treatment) 3 = ACDC (Risk Factors) 4 = ACDC (Self Test) 5 = CAST Test
6 = YD (Style of Use) 7 = YD (Consumption) 8 = YD (Consequences) 9 = DSM-5 10 = Life Areas 11 = SUMMARY/RESULTS
12 = Psy (Anxiety) 13 = Psy (Cognitive) 14 = Psy (Depression) 15 = Psy (Anger)

Assessment Summary

The following summarizes the results of the selected assessment test as completed by the client. Additional information regarding the client and test areas may be viewed by downloading the assessment summary from the menu to the right.

Client Actions
- Download this assessment (PDF)
- View contract for this client
- View extended client info

Client: Typical Teen

Exam: Alcohol/Drug (Teen)

Computer Scoring (Recommended Problem Category) — Maximum Score = 11

Description: Results of all tests are grouped, weighed, and compared to established norms/results.

Key:
0-3 No Evidence of Problem
4-5 Possible Problem
6-9 Probable Problem
10+ Definite Problem

Computer Scoring
10 = Definite Problem

INDIVIDUAL TEST RESULTS

Description: Matrix of individual test scores.

Results:

Indication	ACDC	YOUTH	LIFE	DSM-5	Computer
No Evidence of Problem					
Possible Problem					
Probable Problem					
Definite Problem	44	3	3	18	10

Primary Drug: Alcohol (Beer/Wine/Liquor) **Secondary Drug:** Marijuana

Adolescent Chemical Dependency Checklist - Stages of Use — Maximum Score = 46

Description: Probability of continued use of, dependence or addiction to, alcohol/drugs.

Key:
5+ Early Stage of Dependency
10+ Dependency on Use

Stages of Use
26 = Dependency on Use

Adolescent Chemical Dependency Checklist - Need for Treatment — Maximum Score = 93

Description: Summary of All ACDC elements (Profile of Dependence)

Key:
10+ Possible Problem
20+ Probable Problem
25+ Definite Problem

Need for Treatment
44 = Definite Problem

Adolescent Chemical Dependency Checklist - Risk Factors — Maximum Score = 8

Description: Clients' environmental elements, which reduce the probability of abstinence

Key: 0-8 May Affect Recovery

Risk Factors
3 = May affect Recovery

Youth Diagnostic Screening Device - Pathological 'Style' of Use — Maximum Score = 24

Description: How or why does the Client Use?

Key: 5+ Positive

Style of Use
10 = Positive

Youth Diagnostic Screening Device - Problematic Consumption — Maximum Score = 9

Description: How much does the Client use when he/she uses? What is the pattern of Use?

Key: 4+ Positive

Problematic Consumption
6 = Positive

Youth Diagnostic Screening Device - Consequences of Use — Maximum Score = 7

Description: What has happened as a result of alcohol/drug use?

Key: 2+ Positive

Consequences of Use
2 = Positive

LIFE Areas (Job, Social, Family, Health & Legal) — Maximum Score = 5

Description: Number of Major Life Areas that are negatively affected by client's alcohol/drug use (Jon Weinberg).

Key:
1 Possible
2 Probable
3+ Definite

LIFE Areas
3 = Definite Problem

Scores: Job: **0** Social: **0** Family: **1** Health: **1** Legal: **1**

DSM-IV (Diagnostic Statistic Manual) — Maximum Score = 32

Description: Diagnostic Symptoms associated with the continuing use of, dependence or addiction to, alcohol/drugs.

Key:
0 No Evidence of Problem
1-3 Possible Problem
4-12 Probable Problem
13+ Definite Problem

DSM-IV
18 = Definite Problem

IQ (Possible Denial, Probable Denial, Definite Denial)

Description: The scale counts the possibility of inconsistencies between question responses. The maximum number of inconsistencies that can be recorded is 10. The minimum number is 0.

Key:
0-3 Possible Minimization
4-6 Probable Minimization
7-10 Definite Minimization

IQ
0 = Possible Minimization

Assessment Summary

Assessments/Planning | Case Mgmt/Monitoring | Client Listing

The following summarizes the results of the selected assessment test as completed by the client. Additional information regarding the client and test areas may be viewed by downloading the assessment summary from the menu to the right.

Client Actions
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Client: Typical Teen — **Exam: Psychological**

CAS (Clinical Anxiety Scale)

Maximum Score = 100

CAS
51 = Definite Problem

Description: The CLINICAL ANXIETY SCALE (CAS) (Dr. Bruce A. Thyer, 1986) is a 25 item category partition scale that measures the amount of anxiety reported by a respondent. The CAS was psychometrically derived from a pool of questions largely based upon the diagnostic criteria found in the DSM-IV.

Key:
0-29 Possible Problem
30+ Definite Problem

CSS (Cognitive Slippage Scale)

Maximum Score = 35

CSS
19 = Possible Problem

Description: The COGNITIVE SLIPPAGE SCALE (CSS) (Dr. Michael L. Raulin, 1987) determines how accurately one perceives and thinks about reality. A variety of factors, both genetic and environmental may influence the manner in which symptoms of speech deficits and confused thinking manifest themselves. Perceptual aberration, intense ambivalence, somatic symptoms and distrust are also meaningful correlates of the CSS.

Key:
0-21 Possible Problem
22+ Definite Problem

CESD (Depression Scale)

Maximum Score = 60

CESD
33 = Definite Problem

Description: The Center for Epidemiologic Studies DEPRESSION Scale (CES-D) was developed for use in studies of the epidemiology of depressive symptomatology in the general population. It identifies not only the presence but also the severity (number of symptoms weighted by frequency/duration) of depressive symptomatology. The scale was designed to reflect current state and to be responsive to changes in state, by asking how often the symptom occurred during the past week.

Key:
0-17 Possible Problem
18-22 Probable Problem
23+ Definite Problem

DTAS (Diagnostic Anger Scale)

Maximum Score = 25

DTAS
11 = Definite Problem

Description: The DIAGNOSTIC TOOL ANGER SCALE (DTAS) (Dr. Glenda Loomis, 1990) was developed by the author to determine how the consequences of angry behavior have manifested themselves in the clients' interpersonal relationships and certain major life areas. Passive aggressive tendencies are also measured to assist the clinician with treatment recommendations. (Items 21-25) Specifically assess passive – Aggressive Tendencies.

Key:
0-9 Possible Problem
10+ Definite Problem

Assessment Summary

Assessments/Planning | Case Mgmt/Monitoring | Client Listing

The following summarizes the results of the selected assessment test as completed by the client. Additional information regarding the client and test areas may be viewed by downloading the assessment summary from the menu to the right.

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- View contract for this client
- View extended client info

Client: Typical Teen — **Exam: Social Behaviors**

Antisocial Personality

Description: One source for these test scores is the DSM-IV which states that 'Antisocial Behavior' is a pattern of irresponsible and antisocial behavior beginning in childhood or early adolescence and continuing into adulthood. For this diagnosis to be given, the person must be at least 18 years of age, have a history of 'Conduct Disorder' before the age of 16 and also have adult symptoms of 'Antisocial Behavior'. Should a history of childhood Conduct Disorder not be present, and adult conditions are not attributable to a mental disorder, a diagnosis of 'Adult Antisocial Behavior' should be made if adult symptoms are present.

Conduct Disorder
6 = Positive
Adult Antisocial
7 = Positive
Antisocial Personality
Diagnosis: Positive

Key: **Conduct Disorder** (Childhood signs of Antisocial Behavior)
- 0-2 Negative
- 3+ Positive

Adult Antisocial (Adult Symptoms of Antisocial Behavior)
- 0-3 Negative
- 4+ Positive

Antisocial Personality Disorder - Diagnosis

Symptoms of Conduct Disorder and Adult Antisocial Behavior must both be present (See keys above). If substance abuse is detected, in addition to antisocial behavior diagnosis, symptoms of conduct disorder must have been carried into adulthood, for Antisocial Personality Disorder to be present.

Antisocial Practices

Description: These questions resemble those that are included in the MMPI (Antisocial Practices Questions). The orders of the questions have been modified and, in some cases, the content has been altered. Scoring is similar to the MMPI questions but independent validation studies have not been conducted. Inclusion of these questions is designed to provide an indication of behaviors and practices and not to provide a complete diagnosis. The client's responses to these questions should be used to supplement any conclusions drawn from the DSM-IV and other criteria.

Antisocial Practices
11 = No Evidence

Key:
- 0-13 No Evidence of Problem
- 14+ Positive

Lifestyle Criminality

Description: These questions are based on the works of Glenn D. Walters, PhD. His screening criteria has been included in questions that are designed to allow the client to self report on their own experiences. Positive responses are scored according to the authors instructions.

Irresponsible Behavior
3 = Definite Problem
Self-Indulgent Behavior
3 = Definite Problem
Interpersonal Intrusiveness
2 = Probable Problem
Social Rule Breaking
2 = Probable Problem
Lifestyle Criminality
10 = Probable Problem

Key: **Irresponsible Behavior**
- 2 Probable
- 3+ Definite

Self-Indulgent Behavior
- 2 Probable
- 3+ Definite

Interpersonal Intrusiveness
- 2 Probable
- 3+ Definite

Social Rule Breaking
- 2 Probable
- 3+ Definite

Lifestyle Criminality Classification

7+	Possible
10+	Probable
10+ and positive score in each category	Definite

Oppositional Defiant Disorder and Conduct Disorder

Description: If positive scores are shown in this section for these disorders, the diagnosis of symptoms has been made by a family member or by a close friend. Oppositional Disorder is a pattern of hostility, negativism and defiance that is most apparent to family members or close friends. It is similar in symptoms to Conduct Disorder without behavior that has violated the rights of others. Positive scores in one or both scales can be used in conjunction with other information gathered.

Conduct Disorder
3 = Definite Problem
Oppositional Disorder
3 = Definite Problem

Key: **Conduct Disorder**
- 0-2 Negative
- 3+ Positive

Oppositional Disorder
- 0-4 Negative
- 5+ Positive

STUDENT PERFORMANCE CONTRACT & TREATMENT PLAN

iMResponsible.com - Diagnostic Tools, Inc P O Box 1233, Boise, ID 83701
(Phone=208-853-7410) (https://www.imresponsible.com) 02/06/06

- I have reviewed the results of the assessment and agree that it accurately describes historical events and statements made by me.
  Client Initials:_____
- I believe that discontinuing the use of alcohol and other drugs is in my best interest and can do so without inpatient treatment.
  Client Initials:_____
- I do not believe that the historical consequences of alcohol and other drug use require that I discontinue their use. I believe that I can continue to use without it resulting in negative legal or personal consequences. Client Initials:_____

RECOMMENDATIONS - COMMITMENTS

Evaluator Recommendations: Provider Name(s) Client Initials:

[ ] SCHOOL DISTRICT RESOURCES
- [ ] _____ [ ]
- [ ] _____ [ ]
- [ ] _____ [ ]

[ ] DISCONTINUE ALL ALC/DRUG USE _____ [ ]
[ ] OUTPATIENT ALC/DRUG TREATMENT _____ [ ]
[ ] COMMUNITY RESOURCES
- [ ] AA/NA [ ] /Week _____ [ ]
- [ ] Counseling _____ [ ]
- [ ] Support Groups _____ [ ]
- [ ] Family Therapy _____ [ ]
- [ ] Psychological Tests _____ [ ]
- [ ] Physical Examination _____ [ ]
- [ ] Urine Analysis/Drug Testing _____ [ ]

[ ] DETOXIFICATION SERVICES _____ [ ]
[ ] INPATIENT TREATMENT SERVICES _____ [ ]
[ ] OTHER RECOMMENDATIONS _____ [ ]
_____ [ ]
_____ [ ]

In addition to the commitments above, I also agree to the following:

SCHOOL
Good School Attendance [ ] Complete Homework [ ] Improve Grades [ ]
Other _____ [ ]

FAMILY
Complete Chores [ ] Obey Curfew [ ]
Other _____ [ ]

LEGAL/OTHER
Comply with Legal Requirements [ ] No Violent Behavior [ ]
Other _____ [ ]

Should I violate the terms of this agreement, I agree to the following conditions:

Conditions: _____

I HAVE REVIEWED THE RECOMMENDATIONS INCLUDED HEREIN AND *AGREE* TO FOLLOW THEM: [ ]

School Name _____ Counselor Name _____

Client Name _____ Client Signature _____

Street Address _____ Family Signature _____

City/State/Zip Code _____ School Coordinator _____

Date _____ Name of Clinician and Other Comments _____

I HAVE REVIEWED THE RECOMMENDATIONS MADE AND *DECLINE* TO FOLLOW THEM: [ ]

THE PERFORMANCE AGREED TO BY THE CLIENT IN THIS CONTRACT IS TO BE MONITORED [ ]

Note: These Resource(s) should be included in the Student Monitoring Program and receive Activity Reports and Alerts

Name _____ Street _____

City/State/Zip _____ Comments _____

Grade ( ) Violation = D U P (Original=Referral, 1st Copy=Monitoring, 2nd Copy=Client, Last=Clinician)