

MLTC Education School Guidelines



**A commitment to a holistic approach to better serve Meadow
Lake First Nation Schools for a safer and healthier community.**

Contents

The Clinical Team	3
PROGRAM RATIONALE	5
Parental Consent	6
Parental Consent for Counselling Services	9
Consent to Obtain and Release Information	9
Background Information Counselling Services	10
Child Abuse Protocol	11
Purpose	11
Reporting and Investigating Child Abuse	12
Duty to Report Suspected Child Abuse	12
Receiving Disclosures of Abuse from a Child	12
Critical Incidents	13
Factors that make an event a critical incident	13
Prior	13
During	14
After	14
School Critical Incident Response Plan	15
Suicide	17
Warning signs and risk factors	17
Suicide Protocol	18
Drug and Alcohol Abuse	19
Drug and Alcohol Abuse Protocol	19



The Clinical Team

Clinical Team Support Worker: Lorna Black is a Metis woman from Green Lake, SK and a registered band member from the English River First Nation. Lorna has a Bachelor in Social Work degree and is registered with the Saskatchewan Association of Social Workers. Lorna has many years of experience working in various fields such as Child Protection, Child Care, Income Assistance and Youth Care. Lorna is very passionate about working with the healing aspect of our students that is desperately needed in our schools and communities. She also believes working as a team is the only way we can help our youth reach their ultimate potential of who they are meant to be. Lorna is looking forward to another great year of working with staff and students.

Clinical Team Support Worker: Rhonda Harkins is a Cree member of the Flying Dust First Nation. She is enthusiastic to be a part of the MLTC Education Team and currently came on board August 2017. She is really looking forward to working in the schools with all the staff and students and is an awesome team player. Rhonda has a Bachelor Of Indian Social Work Degree and has almost twenty years of experience working in the First Nations Communities. Her early years of experience were in the Child Protection field of work and her remaining years were in the Mental Health capacity. She enjoys working with our young people because she has not lost the ingrained belief that our young people have so much potential to build a stronger and healthier future in our society. Rhonda has great experience in individual and group counselling with issues such as bullying, anger, grief & loss, self - esteem and abuse.

Clinical Team Support Worker: Harmonie King is a Metis woman from Meadow Lake, with a Diploma in Youth Care Work, and a Degree in Social Work. She has over ten years of experience working in the human services field starting out working for non-profit organizations in the city of Saskatoon. Harmonie has also worked within the Ministry of Social Services in departments such as Income Assistance, Community Living Service Delivery and Child Family Programs. Harmonie is passionate about mental health support, and believes good mental health creates healthier environments.

Clinical Team Support Worker: Deanna Montgrand is a Cree and Dene Woman from the Buffalo River Dene Nation, with roots in the Waterhen Lake Cree Nation. Deanna is excited to be a member of the Clinical Team within MLTC Education. Her educational background includes a Bachelor of Arts in Indigenous Studies (2006) and a Bachelor of Indigenous Social Work (2013), both from the First Nations University of Canada. Deanna has worked with children and youth in various capacities; summer programs, group homes, and she has 7 years experience in the area of Child Protection, but Deanna has always had the goal of working with children and youth in the school setting, and was happy to join the Education team when the opportunity presented itself. Deanna believes that our children and youth are so resilient, and is here to provide them with a listening ear, and to assist them while navigating through life.

Clinical Team Support Worker: Darlene George is Dene from Patuanak, SK and is a member of the English River First Nation. Darlene is a registered Social Worker and a former student from the Saskatchewan Indian Federated College (SIFC); renamed as the First Nations University of Canada. Darlene has worked as a Mental Health Therapist for over 15 years in many First Nations communities and has gained a wealth of knowledge and skills in suicide prevention, grief and loss, mental health and substance abuse. Darlene is also a dedicated Saskatchewan Roughriders fan and enjoys travelling, fishing, camping and canoeing.

Clinical Team Support Worker: Jillian Senécal is Swampy Cree from Treaty 5 territory of Cumberland House. She is a band member of the Opaskwayak Cree Nation in Manitoba. Jillian is a registered Social Worker and graduated with a Bachelor of Indigenous Social Work degree from the First Nations University of Canada in Prince Albert; she also holds a Bachelor of Indigenous Studies from the University of Saskatchewan. Jillian has worked in Northern Saskatchewan for most of her adult life in the areas of Sport, Culture, Recreation, Child Protection and child/youth Mental Health Therapy. Jillian enjoys spending time with her two children and husband outdoors, making ribbon skirts and watching romantic comedies.

How can the Clinical Team support my school?

- Individual and group counselling support to students who are faced with difficulties.
- PD support for admin, guidance counsellors, and teachers on topics such as:
 1. Suicide Intervention
 2. Counselling strategies
 3. Dealing with Depression & Anxiety
 4. Anger Management strategies
 5. Self Harm Reduction Strategies
 6. Self Esteem
 7. Duty To Report
 8. Bullying
- On-going support to school guidance counsellors

Contact Information:

Lorna Black (Clinical Team Support Worker-CRDN & FDFN) (306) 832-7614 Email: lorna.black@mltc.ca	Rhonda Harkins (Clinical Team Support Worker-WLFN & MSFN) Cell Phone: (306) 240-8405 Email: rhonda.harkins@mltc.ca	Harmonie King (Clinical Team Support Worker-MLFN & CLCN) Cell Phone: (306) 240-9293 Email: harmonie.king@mltc.ca
Deanna Montgrand (Clinical Team Support Worker-BRDN) Phone: (306) 240-4642 Email: deanna.montgrand@mltc.ca	Jillian Senecal (Clinical Team Support Worker-BNDN) Phone: (306) 930-3691 Email: jillian.senecal@mltc.ca	Darlene George (Clinical Team Support Worker-ERFN) Phone: (306) 396-2161 Email: darlene.george@mltc.ca



MLTC Education Counselling Program

PROGRAM RATIONALE

The relationship of the child, home, and school are components of a very unique system. Each of these components powerfully influences the others. The system can only be healthy when all three components are joint in harmony. Numerous factors may disrupt the structure of this system. Unfortunately, much too often, one component of this system may falter, leaving a child, a family or a school in need of support.

Children's problems are not isolated. When a child's environment places him/her at risk, problems usually appear in school. When the school has difficulty coping and understanding the nature of the problem, the child, the community and the school may suffer (i.e. through vandalism, violence, and other antisocial behavior.) These events may perpetuate a cycle that may continuously become more serious unless early intervention and prevention are provided.

The problems of dysfunctional families, substance abuse, peer pressure, personal losses, tragedies, anxiety, and depression are just a few of the common problems students encounter. These factors may cause students to have difficulties; behaviorally, emotionally, socially and/or academically. Society is placing an increasing demand on children and youth, and when they are stressed by one of these factors, help is required.

With appropriate services, many of these difficulties can be managed, allowing students to develop normally and to maximize their potential, and for families and schools to become more harmonious and supportive.

Referral Criteria

- a. Referrals will originate from the child or youth, parents, school personnel, community agencies or medical doctors.
- b. The criteria for acceptance as an active case would be as follows:
 - i. The child must be registered in any MLFN's school
 - ii. The child, youth and/or parent/guardian must consent to receive counselling services for the student (a parental permission form must be signed by the parents/guardian as indicated by custody agreement),

- iii. The problem is not centered around a medical/organic source. Special cases may be subject to review in consultation with the Clinical Team.

Referral Process

- a. Referrals will originate from the child or youth, parents, school personnel, community agencies or medical doctors and be given to a designated person at the MLFN school level OR to the CTSW directly.
- b. POD Meetings (Student Services, Clinical Team, School Team) will take place at the beginning of the school year. Current and expected caseloads will be reviewed in consultation with Clinical Team
- c. The Guidance Counselor/school designate will review criteria for acceptance for a referral to MLTC Education:
 - i. Communication regarding referral will take place between Guidance Counselor/School Designate (Guidance counselor training supports, MLTC Education Clinical Supports, External referral services)
 - ii. Special cases may be subject to review in consultation with the Clinical Team and a review of all services being provided
 - iii. Caseloads will be monitored and reviewed for trends and patterns that support both the MLFN school team and professional development supports needed.

Parental Consent

Information obtained during counselling will be held in confidence between the counsellor and the student/family according to the following guidelines:

- In the case of any students under the age of eighteen years of age, it is standard practice for the Clinical Team Support Worker to share appropriate information with the child's parents/guardians.
- In order to share information, a release of information must be signed by parents/guardian.
- If the student poses a threat to himself or others or if there is a legal obligation to report (i.e. child abuse), appropriate action must be taken and the proper agencies must be informed.

When counselling students eighteen years or under, parental consent is needed unless the student has been declared an 'independent' student.

Under emergency circumstances, services may be provided without parental knowledge or consent. In such instances, the decision should be made in consultation with the Clinical Team Support Worker and the reasons for such a decision should be clearly documented on the file. The school principal should

also be advised of the decision. **This shall be only a ONE time consult, any follow up required by the CTSW a referral MUST be done and signed by the parent/guardian.**



STUDENT REFERRAL FORM Counselling Services

PRIORITY: __ LOW (schedule when available) __ HIGH (schedule as soon as possible) __ EMERGENCY (see now)

Student's Name: _____

Please Print Last First Middle

Sex: Male _____ Female _____ Date of Birth: _____

School: _____ Grade: _____

Referred By: __ Teacher __ Guidance Counselor __ Guardian Other _____

Reason(s) for Referral/Presenting problems/Concerns related to: (Please check all that apply.)

- Academics (Marks, failing, comprehension)
- Abuse (Sexual, physical, emotional, mental)
- Attendance (Absence, lates, etc.)
- Attitude
- Anxiety/Nervous
- Suicidal Ideations/attempts
- Self Harming Behaviour
- Dramatic change of behaviour
- Dropout risk
- Socially unacceptable behavior - sexually acting out/vandalism etc.
- Problems with relationships (peers, school personnel, families)
- Depression
- Grief & loss
- Lack of interest or motivation
- Inappropriate expression of anger
- Self-esteem issues
- Bullying/Cyberbullying
- Child protection involvement
- Unresolved past issues
- Dealing with trauma
- Drugs & Alcohol
- Risky behaviours resulting in safety issues
- Family Issues (addictions, violence, divorce, separation and/or abuse)

Reason for Referral: Please indicate any other relevant information

Referred By: _____ Date Referred: _____

MLTC Signature: _____ Date Received: _____

Services provided / Follow up Date: _____



Parental Consent for Counselling Services

- Has been referred to or has been receiving other MLTC or community Mental Health Counseling and/or any other outside service supports. Please indicate other services provided: _____

I, the parent/guardian of _____ hereby give consent to MLTC Education Clinical Team Support Worker(s) to provide ongoing counselling services for my child.

I also understand that this consent will be valid until the end of the current school year or until such permission is rescinded by me, the student or the parent in writing and submitted.

Signature: _____ Date: _____

(Parent/Guardian signature)

Consent to Obtain and Release Information

I, the parent/guardian of _____ hereby give consent to MLTC Education to disclose any information necessary for case consultation, case management, and third party reporting to the following people or agencies:

- MLTC Mental Health
 MLFN Community Services
 Addictions Services
 Other _____

Signature: _____ Date: _____

(Parent/Guardian signature)

Background Information Counselling Services
(To Be Given Directly To Clinical Support Worker)

1. Has your child been referred to or has/have been receiving other MLTC or community Mental Health Counseling and/or any other outside service supports? ___ YES ___ NO

If YES please indicate services: _____

1. What are your concerns at school or at home?(Please include any information you think would be beneficial for the counsellor to be aware of)

2. Has your child ever been exposed to violence or experienced a trauma?(witnessed abuse, death of a loved one, natural disaster) If yes, please describe:

3. Please list any other significant background information that may affect your child. (ie: disabilities, allergies, medications, general health/diet, family situation/dynamics, relevant family health history)

4. Are there any other agencies/services involved with the child/family?

***Please feel free to contact the Clinical Team Support Worker with any other information you may want to share or any questions or concerns you may have.**

Child Abuse Protocol

Purpose

The purpose of this Protocol is to describe what constitutes child abuse under the law, to describe roles and responsibilities of service providers, and to describe the process by which they must respond.

Responding to child abuse is a challenge in every community. Police, prosecutors, child protection services, medical, educational and other professionals recognize the needs of child victims and are committed to working collaboratively to respond to the problem. This document is for all community members in recognition of our need to protect, respond and provide a voice for all children

The Child and Family Services Act provides the mandate for the Ministry of Social Services and First Nations Child and Family Services Agencies to investigate suspected abuse and neglect of children by their parents, guardians or other adults in the household who provide day-to-day care and supervision of the child. Section 11 of the *Act* defines the circumstances in which a child is in need of protection.

Defining Child Abuse - A Child who may be in Need of Protection

The definitions below provide a framework for child protection intervention by responsible agencies and individuals in situations of child abuse. **All** forms of abuse identified are open to intervention, according to *The Child and Family Services Act*. Also sexual abuse, sexual exploitation, physical abuse and severe physical neglect are considered to be criminal offences according to *the Criminal Code of Canada*.

Physical Abuse refers to all actions resulting in non-accidental physical injury or harm. This may include non-accidental injury, cruel or excessive corporal punishment (which may or may not cause physical injury), threats of physical harm, dangerous behaviour towards a child or in immediate proximity to the child (e.g., throwing objects, use of weapons).

Sexual Abuse and Exploitation occurs when a child has been or is likely to be exposed to harmful interaction for a sexual purpose by a parent, caretaker, any person in a position of trust and/or any other person. It can include both physical and/or non-physical contact. Examples include engaging a child in sexual acts, obscene acts, taking pictures of a sexual nature (sexual exploitation), pornography, voyeurism, exhibitionism and threatening sexual assault, as well as the utilization of “grooming” techniques.

Physical Neglect refers to acts of omission on the part of the parent/caregiver. This includes failure to provide for the child’s basic needs and appropriate level of care

with respect to food, clothing, shelter, health/medical, hygiene, safety and supervision as determined by the minimum levels of care standards.

Emotional Maltreatment refers to both emotional abuse and emotional neglect of the child. Emotional abuse includes excessive and overt rejection, criticism and

excessive demands of performance for a child’s age and ability. Emotional neglect refers to the failure of the parent/caregiver to provide adequate psychological nurturance necessary for a child’s growth and development.

Exposure to Domestic Violence or Severe Domestic Disharmony refers to a child living in a situation where there is interpersonal violence, including children witnessing, hearing or being aware of violence perpetrated by one adult figure against another adult figure, or against another child.

Failure to Provide Essential Medical Treatment refers to a parent or caregiver failing to provide essential medical treatment or to remedy a mental, emotional or developmental condition of a child.

This document recognizes that all citizens have a “Duty to Report” suspicions of child abuse. Failure by any person to report suspected child abuse may result in a civil claim or professional discipline.

Reporting and Investigating Child Abuse

Duty to Report Suspected Child Abuse

The *Child and Family Services Act* (Section 12, Subsection 1 and 4) states that **every** person who has reasonable suspicion to believe that a child may be in need of protection shall report the information to a **child protection worker**, Ministry of Social Services or First Nations Child and Family Services Agency or **police officer**, and that every police officer who has reasonable grounds to believe that a child may be in need of protection shall immediately report the information to a child protection worker

The duty to report **applies in spite of** any claim of confidentiality or professional privilege (e.g., priest, religious clergy, etc.) other than solicitor/client privilege or Crown privilege.

What to Report?

Your report should include:

- your name, telephone number and relationship to the child (**this information is confidential and may be provided anonymously; however, if the case is presented to court for a child protection hearing or criminal proceeding, those who identify themselves may be summoned to court**);
- your immediate concerns about the child's safety;
- the child's location, the child's name, age and gender;
- information about the situation;
- information about the family, caregivers and alleged offenders;
- other children who may be affected; and
- any other relevant information.

Receiving Disclosures of Abuse from a Child

Regardless of the type of abuse a child reports, all disclosures must be treated in a similar manner. If a child makes a disclosure:

- listen openly and control your reaction;
- reassure the child that he/she is safe and this is not his/her fault;
- do not correct language and let the child report the incident in his/her own words;
- record what the child has reported and your observations; and
- avoid making promises that cannot be kept (e.g., "I won't tell anyone. I will keep this secret.")

It is not the responsibility of the person receiving the disclosure to decide whether the abuse has occurred. When the child is disclosing the abuse, do not ask leading questions or insert information. The circumstances must be conveyed in the child's own words.

Critical Incidents

Critical incidents are inevitable. Tragic events, such as the sudden death or suicide of a member of a school or community, can result in intense feelings of anxiety, guilt, or anger in students and staff. MLTC and schools must make plans to work together to reduce the negative impact of critical incidents on the school community.

Helping students and staff deal with their grief reactions will reduce the likelihood that one critical incident will lead to further unfortunate events. A pre-planned protocol for supporting students and staff can be effective in reducing psychological, physical, and social difficulties. The main purpose in providing support to staff and students is to empower them and their families to help themselves and to enhance their skills for future critical incidents.

Factors that make an event a critical incident

MLTC Schools and the Tribal Council often deal with sudden, unexpected incidents, which have the potential to adversely affect the students, staff and community. Sudden deaths or serious injuries due to accidents, illnesses, violence or abuse can have a significant effect on a school population. Suicide by a member of the school community can have a devastating effect on a school. Other traumatic events such as fires, flooding or other threats to the school or community can have an impact on staff and students. Any incident, which has a negative impact on the school and interrupts the normal flow of daily events, can be considered a critical incident.



PHASES OF A CRITICAL INCIDENT

Prior

- 1) Determine your Crisis team at school and at MLTC level.
- 2) Have all the telephone numbers and alternate numbers if needed ready and available (crisis team, police, mental health professionals, etc.)
- 3) Review crisis plan with school members.

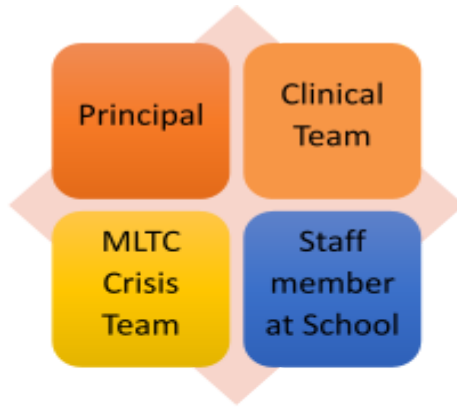
During

- 1) Be prepared to deal with any of the below incidents:
 - Weapon
 - Serious injury, assault or murder
 - Intruder - during or after hours
 - Kidnapping or hostage taking
 - Suicide or sudden death
 - Acute illness emergency
 - Bus or other vehicle accident
 - Child abuse in the school
 - Bomb threat
 - Chemical spill
 - Natural disaster (utility failure, flood, tornado, earthquake)
- 2) Safety of students and staff is the number one consideration in any of these situations.
- 3) Call your professionals. Remember: As much as you would like to defuse the crisis, let the professionals and crisis team take the lead.
- 4) Debrief with crisis team to decide what further action is needed and whether response plans should be mobilized.

After

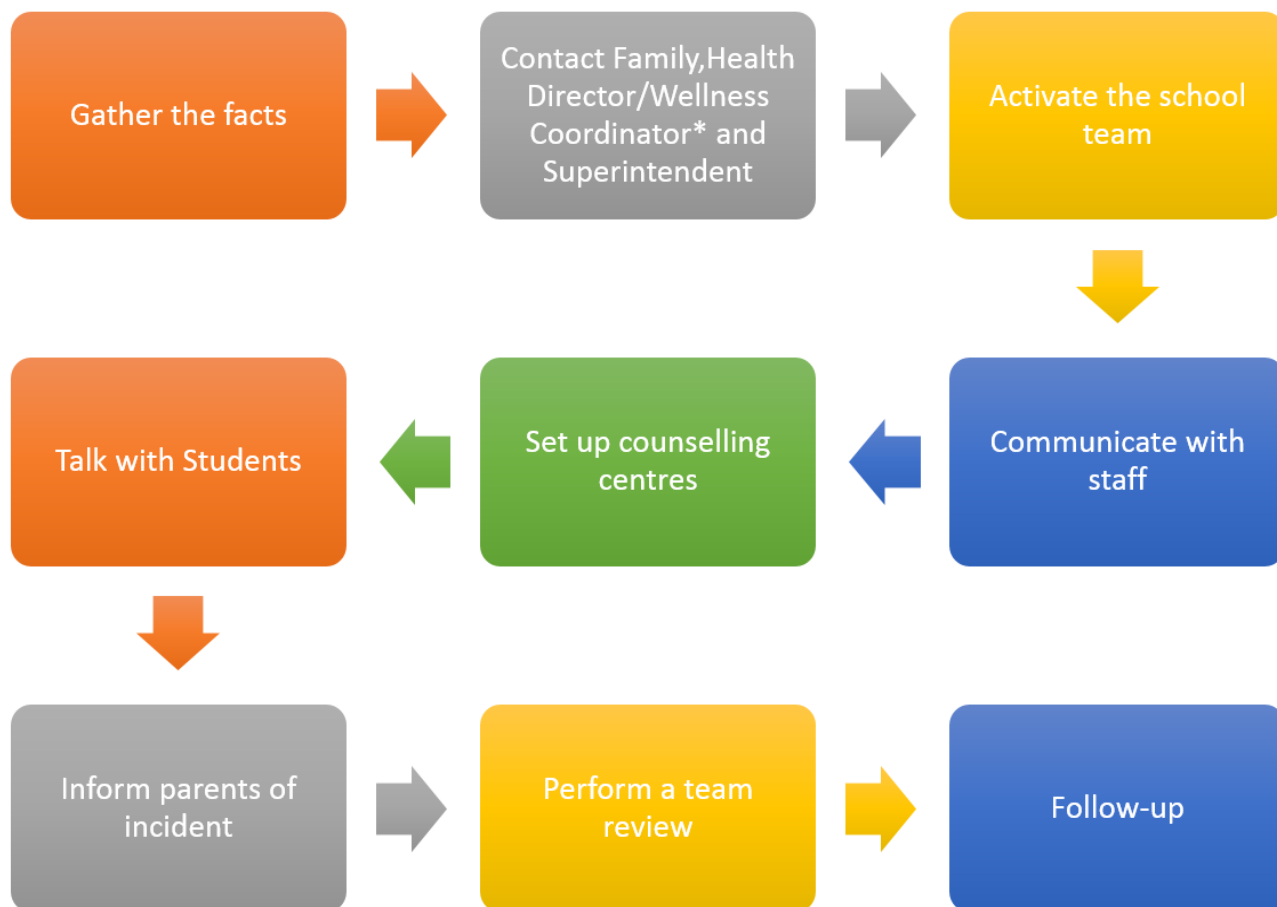
- 1) Once safety is insured, determine who is most affected most by the critical incident. Ensure students and staff receive proper counselling and debriefing of the incident. Utilize crisis team and Clinical team leader for further support.
- 2) Conduct a follow-up at least 4 – 6 weeks after critical incident to ensure the situation has defused and those affected are well.
- 3) Review crisis response procedure during the crisis and make any necessary changes based on the situation.

The School Critical Incident Response Team should include the following:



School Critical Incident Response Plan

The Critical Incident Response Plan follows these basic 9 steps, as outlined below:



*Health Director/Wellness Director will contact the MLTC North/ South Crisis Team

Suicide

Many troubling and difficult situations can make a student consider suicide. The same emotional states that make adults vulnerable to considering suicide also apply to adolescents. Those with good support networks (e.g., among family and peers, or extracurricular sport, social, or religious associations) are likely to have an outlet to help them deal with their feelings. Others without such networks are more susceptible during their emotional changes and may feel that they're all alone in times of trouble.

Fact: Suicide is the second most leading cause of death amongst teenagers

Apart from the normal pressures of a student's life, specific circumstances can contribute to an adolescent's consideration of suicide. It's especially difficult when adolescents are confronted with problems that are out of their control, such as:

- divorce
- a new family formation (e.g., step-parents and step-siblings)
- moving to a different community
- physical or sexual abuse
- emotional neglect
- exposure to domestic violence
- alcoholism in the home
- substance abuse

Fact: Many suicides are committed by people who are depressed.

Warning signs and risk factors

Suicidal tendencies don't just appear out of the blue: People usually display a number of warning signs when things seem so wrong in their lives that they've simply given up hope.

Behaviour changes to watch for are:

- withdrawal from family and peers
- loss of interest in previously pleasurable activities
- difficulty concentrating on schoolwork
- neglect of personal appearance
- obvious changes in personality
- sadness and hopelessness
- changes in eating patterns, such as sudden weight loss or gain
- changes in sleep patterns
- general lethargy or lack of energy
- symptoms of clinical depression
- violent actions, rebellion, or running away
- drug and alcohol use
- symptoms that are often related to emotional state (e.g., headaches, fatigue, stomach aches)
- loss of ability to tolerate praise or reward

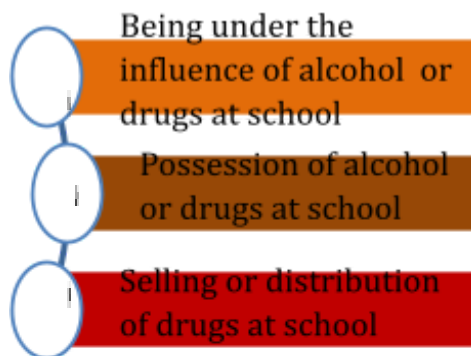
Suicide Protocol

Students who may be Suicidal Immediate Action: In the event that a staff member has reason to believe that a student may be suicidal or represent a potential threat to others the following action is to be taken:

1. Take all comments about suicidal thoughts seriously, especially if details of a suicide plan are shared.
2. Ask the question of suicide directly.
3. Immediately report concerns to an administrator
4. Under no circumstances should an untrained person attempt to assess the severity of suicidal risk; all assessments of threats, attempts, or other risk factors must be left to the appropriate professionals.
5. Contact appropriate professional: local mental health worker, hospital, and police.
6. Protect students right to privacy
7. Once student returns to school, contact Clinical team leader to maintain a regular rapport with student to ensure he/she is feeling better.

Drug and Alcohol Abuse

All MLTC schools must take Drug and Alcohol abuse protocol seriously. There are 3 levels of drug and alcohol abuse offenses, from most basic, to the worst:



Drug and Alcohol Abuse Protocol

These protocols are to be followed if any student falls in any of the three levels above:

1. Police are to be immediately notified
2. Suspension (number of days determined by administrator)
3. Parents are contacted and informed of the situation
4. If/when returning to school, student will be required to attend counselling sessions with school counsellor or Clinical team