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Chapter 1 : About InCHIP | Institute for Collaboration on Health, Intervention, and Policy (InCHIP)

Read chapter 7 COMPREHENSIVE AND COLLABORATIVE INTERVENTIONS: Reports of mistreated children, domestic violence, and abuse of elderly persons continue to.

Effectiveness of a quality improvement intervention for adolescent depression in primary care clinics: Does a nurse-led mental health liaison service for older people reduce psychiatric morbidity in acute general medical wards? A randomised controlled trial. Age and Ageing ;33 5: Integration of depression and hypertension treatment: Community-integrated home-based depression treatment in older adults: A randomised controlled trial to test the feasibility of a collaborative care model for the management of depression in older people. British Journal of General Practice ;57 Systematic detection and multidisciplinary care of depression in older medical inpatients: Age and Ageing ;36 4: Re-engineering systems for the treatment of depression in primary care: Depression decision support in primary care: Annals of Internal Medicine ; 7: Can collaborative care address the needs of low-income Latinas with comorbid depression and cancer? Results from a randomized pilot study. Managing depression in home health care: Randomized controlled trial of collaborative care management of depression among low-income patients with cancer. A randomized trial of telemedicine-based collaborative care for depression. The effect of a primary care practice-based depression intervention on mortality in older adults: Case management for depression by health care assistants in small primary care practices: The positive effect of integrated care on depressive symptoms in stroke survivors. A pilot study of telephone care management and structured disease self-management groups for chronic depression. Graduate mental health worker case management of depression in UK primary care: Evaluation of "Depression in Primary Care" Innovations. Collaborative care for depression in UK primary care: Psychological Medicine ;38 2: Telephone-delivered collaborative care for treating post-CABG depression: British Journal of Cancer ;90 2: Randomized trial of a telephone care management program for outpatients starting antidepressant treatment. Psychiatric Services ;57 Cost-effectiveness of systematic depression treatment among people with diabetes mellitus[see comment]. Short-term effects of enhanced treatment for depression in primary care: Effects of a multifaceted psychiatric intervention targeted for the complex medically ill: Management of depression for people with cancer SMaRT oncology 1: Telephone screening, outreach, and care management for depressed workers and impact on clinical and work productivity outcomes: The effects of quality improvement for depression in primary care at nine years: Care management of poststroke depression: Diabetes, depression, and death: Identification, course, and treatment of depression after admission for a cardiac condition: Can mental health integration in a primary care setting improve quality and lower costs? Journal of Healthcare Management ;55 2: Evidence-based care for depression in managed primary care practices. Health Affairs ;18 5: Major depression in outpatients attending a regional cancer centre: How a therapy-based quality improvement intervention for depression affected life events and psychological well-being over time: Care managers affect worker productivity. Disease Management Advisor ;13 The design of Partners in Care: A randomized controlled trial. RCT of a care manager intervention for major depression in primary care: Ann Fam Med ;3 1: The influence of integration on the expenditures and costs of mental health and substance use care: Taking an evidence-based model of depression care from research to practice: Making lemonade out of depression. Modeling the impact of enhanced depression treatment on workplace functioning and costs: Med Care ;44 4: A short-term intervention in a multidisciplinary referral clinic for primary care frequent attenders: Description of the model, patient characteristics and their use of medical resources. Cost-effectiveness of a primary care intervention for depressed females. One size fits some: J Healthc Manag ;55 2: Cost-effectiveness of enhancing primary care depression management on an ongoing basis. Cost-effectiveness of interventions for depressed Latinos. Cost-effectiveness of systematic depression treatment among people with diabetes mellitus. Willingness to pay for depression treatment in primary care. Psychiatr Serv ;54 3: Long-term cost effects of collaborative care for late-life depression. Cost-effectiveness of quality improvement programs for patients with subthreshold depression or depressive disorder. Costs and consequences of enhanced primary care for depression: Br J Psychiatry ; 4: Reducing the global burden of depression: The

costs and benefits of enhanced depression care to employers. Case Management Society of America. Definition of Case Management. Health-Related Quality of Life â€" Definition. Department of Health and Human Services. Centers for Disease Control and Prevention. Home Health Care Serv Q ;19 Health Qual Life Outcomes ;6 1: The World Health Organization. Hand-searches were conducted of 5 journals, published over the preceding 10 years and identified by the team as the most relevant to the field and this intervention. Also included were papers, conference proceedings, reports, books, and book chapters identified by team members and other subject matter experts.

Chapter 2 : Creating Shared Language for Collaboration in RTI | RTI Action Network

Early Intervention (EI) provides services to help children to develop skills they need to grow. The Department of Early Education and Care (EEC) and the Dpeartment of Public Health (DPH) created the Valuable Collaboration Tool to better support children. The Valuable Collaboration Tool can be used.

In addition, physicians on the intervention unit reported better general communication than did physicians on the control unit score The most notable difference was in the reported access to high-quality ancillary staff. Physicians on the intervention unit reported better access than did physicians on the control unit score Nurses in the intervention group reported significantly better communication with nurse practitioners than with physicians score Physicians and nurses share the common goal of maximizing the health and comfort of their patients. The intervention had a positive effect on collaboration and communication. The effect was the strongest among the house staff, who reported significant increases in collaborative efforts with nurses. This finding is consistent with the hypothesis that the early training period is the most effective time to set the groundwork for collaborative practice, for that period is when experienced nurses can assist inexperienced interns. As in the study of Prescott and Brown 8 in the s, we hoped that a stable nursing work force would promote familiarity and foster improved communication. The difference between physicians and nurses in their reports of a collaborative effort is striking. Physicians may define or view collaboration in a different light than do nurses. We did not specifically define collaboration for the survey, but it was distinct from communication on the survey. Perhaps the physicians thought that collaboration implied cooperation and follow-through with respect to following orders rather than mutual participation in decision making. Although communication is a necessary component, it alone is not sufficient to allow collaboration. Or, possibly the input the nurses gave was not valued or acted upon, and thus the interaction was not perceived by nurses as collaboration. Regardless, we would have preferred that both physicians and staff nurses report improvement in their perceptions, because unilateral improvement cannot be deemed a total success. However, the addition of the nurse practitioners was positive for both physicians and staff nurses. Both physicians and nurses on the intervention unit reported higher collaboration with the nurse practitioners than between physicians and nurses. The nurse practitioners made daily rounds with the physicians, so the physicians had more interaction with the nurse practitioners than with the staff nurses. Although the staff nurses were invited to join house staff on their daily work rounds, all but one nurse declined, because the time of the rounds was perceived as too close to the change of shift. This lack of direct contact and opportunity to have discussions about patients at the bedside most likely did not help foster a collaborative environment. The charge nurse rather than staff nurses attended the multidisciplinary rounds, again because of issues of coordination and time constraints. The job description of nurse practitioners supports collaborative practice because these healthcare providers perform some common functions of physicians and seek consultation with physicians when appropriate. Confusion about the role of nurse practitioners was also apparent in our study. Before this study, the medical center had not employed a nurse practitioner for internal medicine in the inpatient setting. To better define the role of nurse practitioners and promote collaboration, we created a checklist of duties for the nurse practitioners including both their research and clinical functions and provided an in-service program to the house staff before each rotation on the intervention unit. Likewise, the staff nurses had more interaction with the nurse practitioners than the physicians did. The nurse practitioners spent the preponderance of their day on the intervention unit, whereas the physicians on the unit could have patients, conferences, and clinics on other units. Therefore, the nurse practitioners had more face-to-face contact with the nursing staff than with the physicians. Like the findings on collaboration, the nurses did not report improved communication with the physicians as a result of the intervention. However, the nurses did report better communication with the nurse practitioners. Physicians on the intervention unit reported better communication among themselves than did physicians on the control unit. Both the control unit and the intervention unit had identical admitting cycles and daily rounds by attending physicians; thus both groups theoretically had equal time to communicate. Additionally, by performing some tasks normally done by the house staff, the nurse practitioners could have

freed up time for the house staff to communicate and collaborate among themselves. In contrast to the positive change reported by physicians on the intervention unit, nurses on both the intervention unit and the control unit reported similar and lower levels of communication with physicians. A second response of the nurses has less to do with an academic milieu. Other effects of the intervention included a significant decrease in length of stay and cost for patients treated in the intervention unit, without an increase in readmission rate and without reductions in health-related quality of life and satisfaction M. Ettner, unpublished data, As discussed earlier, collaboration and communication on the whole were improved on the intervention unit. Although we cannot isolate the effects reported by Cowan et al unpublished data, from our primary findings, we speculate that increases in communication and collaboration among the physicians and nurses may have mediated these other effects. Previous Section Next Section Conclusion As medical care becomes more complex, collaborative efforts between physicians and nurses become more important for achieving positive outcomes for patients. However, both nurses and physicians reported better collaboration with the nurse practitioners. In this time of a shortage of nurses, interventions to improve physician-nurse collaboration are needed, because such collaboration is advantageous for physicians, nurses, and patients. We hope that future investigators will devise interventions to improve communication and collaboration between doctors and nurses. Commentary by Mary Jo Grap see shaded boxes.

Chapter 3 : RTI Talks | Effective Teaming and Collaboration within RTI

Early Intervention Collaboration. Early intervention is a system of coordinated services that promotes the child's age-appropriate growth and development, and supports families during the critical early years.

Transcript RTI Roles 2. How was this team created and when do you meet? Is there fluidity in the composition of your team or is it set in stone? However, the initially-large planning team did shrink once the program began. Drexel Hill Middle School felt that the smaller team of reading specialists, the district psychologist, and grade-level administrators would collaborate, educate and build a school-wide team, which we can say we have steadily increased. Drexel Hill Middle School Team The collaborative instructional strategies that are successful consist of the following: During this minute period of time, we met weekly in our intervention teams in order to discuss student progress and use of the intervention time also designated as daily team time, but we used it for both the team and intervention ; and as time went on, we were able to have these meetings monthly. Again, this is ongoing professional development built into the school day. We also utilized this time to train for interventions and look at data. The data is analyzed to see if the student is in the appropriate program. It became evident during our Winter Benchmark that students placed in the Soar to Success program did not demonstrate increased rate of oral reading fluency as anticipated. We contacted PaTTAN to make sure the validity of the program would not be comprised if we added Read Naturally as a second intervention. Drexel Hill Middle School Team Our district coordinator of psychologists and school psychologist play very important roles in our school for the RtI process. We look at each student on a case-by-case basis. Although we do not utilize the RtI framework as the sole determining factor for special education, we do use the data from the RtI process to track and meet IEP and regular educational goals. One of our sixth-grade ELLs had been showing little to no progress in her ELL classes after the first semester this school year, and she was struggling in her content-area courses as well. Our ELL specialist asked our RtI team if they felt that she was showing adequate progress in the RtI intervention that she was receiving. That student is now showing progress in her ELL classes and her content-area classes and she has become a much more confident reader and student. As we prepare for next year, we have decided to adjust the schedules for our seventh and eighth-grade ELLs, so that they can receive RtI training as well as one or two periods of ELL instruction. We will arrange a meeting with the parents of ELL students to explain why their schedules need to be adjusted to allow for RtI instruction and ELL instruction. What training did you need to support changes in roles? Drexel Hill Middle School Team We have had to redefine and educate our teachers on the concept of reading and practicing reading in every classroom. We have provided multiple training opportunities during the summer, school day, and after school in the following programs: Essentially, the entire school needed and received training on sub-skill reading development, the relationship between oral reading fluency and comprehension, and having confidence and trust in one another. The best and most important moment of re-defining roles happened when teachers began to teach one another, for example, reading specialists were able to train regular and special education teachers and administrators about intervention programs. At the district level, we have access to a database called CDA- a database that consists of the entire standardized test results for every student. We are currently discussing another data collection tool, but we feel the Excel spreadsheet allowed us to look at individual student information collected over time. We made the Excel spreadsheet decision at the building level while the CDA database was a central office decision. How do you measure this and who is involved? Without question, Drexel Hill Middle School uses a data-driven decision making system, but we still rely on teacher and student input. We measure success by looking at all of the testing data we gather on students, but we also talk to them about how they feel about their reading skills and their current program. When students demonstrate growth on various assessments and earn the opportunity to move into another tier, we feel very successful. Students also feel motivated by the additional reading interventions and looked forward to seeing their individual growth. We also feel very strongly that the RtI framework allows us to meet the needs of every student. What does that information look like brochures, meetings, etc.? Drexel Hill Middle School is just that- a middle school. We have student-led conferences and team time built into the schedule, so

we can communicate with parents and students about their growth or lack thereof. We discuss our framework and the future of our framework with parents at home. In the beginning of the school year at "Back to School Night" parents of students that were to be directly involved in RTI are presented with the programs that we have put together at the Middle School Level, and are informed of the natural progression of RTI from our Elementary Schools to the Middle School. Our cable network has been accessed and utilized to present an overall explanation of the goals and the data of RTI to the entire community. The school psychologist wrote and developed an explanation of individual student progress monitoring results using the AIMSweb system. The psychologists explained to parents how to read graphs and how to address the needs of their children. An hour and half program was produced and shown to parents over the cable network repeatedly as part of an educational program for parents. If so, how did you handle that? If not, what factors do you believe contributed to their acceptance of this new framework? Drexel Hill Middle School Team This process and framework was not difficult to sell to the parents of our students because we have had it in place at the elementary level. Ironically, our students and the parents of our students are as familiar with the process as we are. We feel as though the collaborative efforts with our elementary school teachers and principals were vital to the success of our framework. Seventy-three languages are spoken at our schools, representing over 63 countries throughout the world. We reach out to parents through meetings with interpreters. At the district level we communicate with parents using our cable network, school district website, and local newspaper. Our building and program is of the highest priority for central administration, so we have been afforded tremendous in-house support. The reallocation of resources has really shown up in the form of people- how we use all of our teachers and space to make this framework successful. These two individuals initiated RtI, but the building now leads the entire framework with reading specialists, the literacy coach, building-level administrators, special education teacher, and lead teachers carrying it through. We report regularly to our Assistant Superintendent of Curriculum and Instruction along the way. Where did you begin in each of these areas and how was the framework rolled out? We spread the concept of RtI into 7th grade and 8th grade for reading with students who see a reading specialist or special education teacher. We started with reading because our tests results demonstrated a need for reading help, especially with incoming 6th graders. We have since begun math RtI in the 6th grade by identifying students who need additional help, and they receive an additional minute period of math instruction throughout the school day. Drexel Hill Middle School has plans to incorporate school-wide positive behavior supports through Character Counts as well as Restorative Practices a framework that offers help before and after students are disciplinedâ€”it is a very collaborative framework for students once they reenter the school environment. We have planned and trained to implement each new phase of RtI well in advance, so teachers are familiar with the process. We survey teachers about dates, times, and locations in order to accommodate them for training purposes. Your local intermediate unit, support from the state, and district level support are vital for the success of this framework. There is a language to RtI and you need to make sure that the staff grasps the language and the framework before you implement it. The idea is to build capacity in your building so everyone has at least a basic level of understanding about the reason and process of the Tiered RtI framework. Many of the research-based interventions are scripted, so reading specialists and special education teachers - once properly trained - can turn around and encourage, support, and train other teachers. We also did a tremendous amount of research on RtI from an administrative standpoint. Very little information at the time we initiated this process existed about secondary RtI, but the elementary principles were very applicable. We knew that we had to meet the individual specific reading needs of our students, and a one-size fits all program was not the answer. Drexel Hill Middle School Team Our professional development is cross-disciplinary because all content area teachers are now teaching reading. We also utilize research-based reading strategies in every discipline in the building. The Middle School Philosophy we adhere to really fosters cross-disciplinary support and development for our staff and students as we rely on the teaming framework to increase student achievement [Please refer to This We Believe: Administrators attend meetings as well as reading specialists and the literacy coach to answer questions and problem solve for students. Our RtI framework is a hybrid- a combination of standard protocol and problem solving. The hybrid approach applies a standard research-based intervention to meet the specific

needs of each student. We problem solve for students once a student makes or does not make progress. Consequently, students have the ability to move through our three-tiered system for academic and behavioral interventions. How did you identify this resistance and how did you address it? In past years we did not have a strong research-based reading curriculum, so the changes we made were well received. Administratively, we listened to the concerns of our reading specialists about a need for a comprehensive research-based reading program. Initially, the staff members felt apprehensive about what the new RtI framework would entail. Staff was concerned with their roles in the model, the change in schedule, and now becoming a "Reading Teacher. How have you addressed these challenges? Drexel Hill Middle School had not changed its schedule in 23 years. The new schedule had to be embraced by all administrators and staff members. It was introduced at the end of the school year in order to prepare all staff for the upcoming changes during the school year. The interventions also presented a few challenges. In order to keep the fidelity of the interventions, small class sizes were required. The district had to commit to hire additional support staff in order to deliver interventions. We have addressed these challenges by being flexible and open to required changes in schedule and teaching responsibility. Often teachers had to accept students mid-year moving through inventions based on progress. We listen and collaborate with our staff and RtI team. Drexel Hill Middle School Team Teams meet at a specific time during the day once a month to discuss specific interventions and students. Each grade level has a designated time where teachers and administrators meet and discuss student progress. How have you handled them? Teams have common meeting time during the day. Intervention meetings occur once a month. RtI is a minute period where every student receives a reading intervention. What were some issues that came up?

Chapter 4 : Early Intervention and Early Education and Care Collaboration | theinnatdunvilla.com

Collaborative Interventions provides Applied Behavior Analysis (ABA) therapy to children with autism, developmental disabilities and behavioral challenges. We service Bethel, Danbury, Newtown, Redding, New Milford, New Fairfield, New Canaan, Wilton and other towns in Fairfield County.

Kristen Cooksey- Monday, October 29th, Storrs Campus Koons Join us as we welcome four candidates for a new Assistant Professor position focused on health disparities research. In her presentation, Dr. Cooksey-Stowers will provide an overview of her research on reducing inequities in diet-related health outcomes by improving food access through policy, systems and environmental PSE strategies. In particular, she will discuss her community-engaged and mixed methods research to demonstrate that: Throughout her talk, she will discuss ways that she has collaborated with policymakers, community partners, and students to design studies and disseminate findings. Cooksey-Stowers will conclude by discussing future research directions, collaboration interests, and opportunities for students. Big Data-Driven Modeling" One of the major challenges of translational health research is to understand and predict a disease progression based on the big datasets: Often these complex datasets require an interdisciplinary approach to make individual- and population-based decision by interfacing epidemiology, data science and applied computing science theories. In this talk, I will present how a disease-related complex dataset can direct us to build mathematical models to understand how an infectious disease spreads and predict how an individual-based decision making can help to stop that disease. I will also present, how a new mathematical modeling framework can improve the traditional vaccine efficacy measurement by combining individual patient-level information and disease status. Ultimately, these data-driven methods will open multiple doors to the scientific communities to investigate complex diseases using interdisciplinary approaches. Dr Analoui will present possible directions for researchers to engage in entrepreneurship and the commercialization of research ideas, apps, and other products. October 30th, at Lunch will be served. Lunch and Learn Series: Roman Shrestha Thursday, November 8th, Storrs Campus Koons Join us as we welcome four candidates for a new Assistant Professor position focused on health disparities research. These strategies, however, have not been sufficiently effective in reducing the incidence of HIV, thus emphasizing the need for enhanced primary prevention approaches. The recent advancements in biomedical approaches to prevent HIV, and the growing consensus that neither biomedical nor behavioral interventions alone are sufficient to curb the epidemic has led experts to call for combination approaches to HIV prevention. In this talk, Dr. Shrestha will discuss syndemic health issues that lead to poor access to and underutilization of evidence-based HIV prevention services among PWUD and present an innovative approach to curtail HIV epidemic among this marginalized group â€” a combination approach that integrates both behavioral and biomedical approaches. Such integrated approach holds significant promise for substantially altering the trajectory of the HIV epidemic in historically underserved populations, such as PWUD.

Chapter 5 : collaborative interventions | allnurses

The Intervention Core acts as a nexus where health researchers can connect with behavioral intervention experts. The Core provides a number of services to help researchers develop collaborations with these experts, in order to both compete for external funding opportunities and complete successful and innovative behavioral intervention studies.

Committee on the Assessment of Family. In some cases, a specialized unit is created to coordinate and administer a broad range of services; in others, an existing agency assumes a lead role. The administrative style and setting of a comprehensive services program may affect its acceptability to affected parties as well as its overall effectiveness. Comprehensive services are not often designed to significantly change the menu of services available to victims in a given community, but rather to improve client access to existing services and to enhance agency awareness of client needs, case histories with different service systems, and community resources and expectations. In some cases, especially in the area of violence prevention, these initiatives also seek to influence individual behavior and community attitudes about violence through outreach and public education. Community-Change Interventions Community-change interventions involve shifting the locus of power and authority from centralized structures to the level of neighborhoods and community task forces; in achieving this goal, they often synthesize fragmented and categorized service systems Connell et al. Page Share Cite Suggested Citation: Assessing Prevention and Treatment Programs. The National Academies Press. Reform of political and social institutions is the primary focus of these interventions. Community-change interventions are not the same as community outreach, although such efforts may overlap. The latter reflects a concern for community representation, local participation, and cultural diversity in order to improve service delivery, but it does not seek to achieve social change through political and social reforms. The emphasis on community approaches as a general social strategy to support families and protect children has historical roots that span at least a century. The settlement houses that characterized the liberal reform movements of the nineteenth century, such as Hull House in Chicago, sought to serve a wide range of family needs in a neighborhood context Halpern, Staff who lived in the settlement houses worked to establish a center that could spread the culture, values, and resources of mainstream middle-class America among poor and immigrant populations Garbarino and Kostelny, Other precursors to comprehensive community services include neighborhood-based projects to combat juvenile delinquency in the s and the s and the community action and model cities programs established during the war on poverty of the s. Interventions associated with this approach seek to create changes in social structures and networks on the assumption that these will lead to more responsive institutional and individual behaviors, as well as the creation of new resources that will improve the outcomes of residents and families in the community. Community-change interventions are often viewed as an instrument of progressive social reform, designed to engage multiple community resources in common efforts to foster social well-being rather than dividing the community into separate groups that focus on particular problems. This type of intervention also seeks to empower clients to gain access to services that may be scarce or located in inconvenient locations. Examples Of Comprehensive And Collaborative Interventions The three types of community-based interventions discussed above include fatality review teams, child advocacy centers, coordinated community responses to domestic violence, family support resource centers, substance abuse and domestic Page Share Cite Suggested Citation: It is important to reiterate that these interventions have not been evaluated using control groups, and thus their effects on family violence remain undocumented. The committee presents briefs summaries of innovative efforts in order to highlight insights into the potential benefits, as well as the challenges, of these approaches. Many of these interventions contain elements of service integration, comprehensive services, and community change as described in the earlier sections of this chapter. The variation in each type of program and the lack of in-depth case studies that could describe their basic goals and methods of operation make it difficult to characterize them in more precise terms at this stage of their development. Fatality Review Teams It is estimated that 2, children die each year as a result of abuse or neglect by caregivers Durfee, Child fatality review teams are intended to provide a systemic, multidisciplinary means by which several agencies can integrate information about child deaths in

order to identify discrepancies between policy and practice, deficiencies in risk assessment or training practices, and gaps in communication systems that require attention. Since their inception in Los Angeles in , child fatality review teams have emerged in 21 states to address the issue of severe violence against children and infants. Some jurisdictions regard the most important outcome of child fatality review teams as the protection of siblings in the violent family; others emphasize the improvement of child protection efforts through better coordination and long-term collection of information. Emphasis is placed on the accurate classification of child deaths as homicides to decrease the number of homicides misidentified as accidental death, death by unknown cause, and sudden infant death syndrome Lundstrom and Sharpe, ; Durfee et al. Improvements in the classification of child deaths are also thought to contribute to the collection of evidence to improve the prosecution of abusers. Some teams include representatives of mental health agencies, fire department or emergency personnel, probation and parole supervisors, educators and child care professionals, state or local child advocates, and sudden infant death syndrome experts Granik et al. Investigation of child deaths requires special training in pediatric forensics, pathology, child abuse, and forensic investigation. Researchers have concluded that the specialized review team is more likely to identify the indicators of child abuse and neglect than coroners or physicians who do not have special training Lundstrom and Sharpe, The model of fatality review teams is now being adopted by some cities and states such as Florida to investigate domestic violence fatalities as well, but this experience has not yet been described in the research literature. Child Advocacy Centers Community child advocacy centers have emerged to coordinate services to child victims of nonfatal abuse and neglect, especially in the area of child sexual abuse. An important goal of child advocacy centers is to reduce the redundancy, anxiety, and inconvenience that the child and family may experience as a result of family violence especially sexual abuse. They seek to improve the handling of a maltreatment case during the stages of investigation, prosecution, and treatment by coordinating social services, health care, and law enforcement efforts. Coordinated Community Responses to Domestic Violence A variety of approaches have been developed to create safe environments for women who have experienced domestic violence: Designated as "coordinated community responses," these interventions are examples of multiple forms of service integration Hart, Community partnering relies on grass roots organizations to develop various initiatives identified in a strategic plan for community action. Community-wide intervention programs represent a broader scope of effort and provide direct services to batterers as well as victims. The intervention projects generally focus on the criminal justice system to achieve greater accountability in the response to Page Share Cite Suggested Citation: Task forces or coordinating councils are designed to coordinate and improve practices among key political leaders, public safety and emergency personnel, law enforcement officers, health care professionals, social service providers, and victim advocates to end violence against women. Task forces, often comprised of representatives of state and local government agencies and nonprofit organizations, may promulgate protocols or guidelines for practice, support training and technical assistance programs, identify areas in need of systemic reform, establish informal systems of communication, and facilitate conflict resolution and policy formation among diverse groups. In Seattle, for example, the Domestic Violence Coordinating Council includes several committees whose goal is to create and implement a five-year strategic plan to prevent domestic violence in the city. Advisory Board on Child Abuse and Neglect urged the development of a "comprehensive, child-centered, family focused, and neighborhood-based system of services" to help prevent child maltreatment and reduce its negative consequences among those who have already been victimized. Such a system would include informal family and neighborhood support, assistance with difficult parenting issues via community-based programs, and crisis intervention services. The advisory board recommended that such a system should be the principal component of a primary prevention strategy aimed at families with infants and toddlers to reduce fatalities from abuse and neglect, to increase child safety, and to improve the functioning of all families. A proliferation of efforts designed to establish social support for families at risk for child abuse or neglect has been described in the research literature see, for example, the discussion of parenting practices and family support interventions in section 4A-1, also Garbarino and Kostelny, Family support resource centers differ from traditional social service interventions focused on parenting because they are proactive and are available on a universal basis to all families in the

community rather than embedded in a treatment program provided only to families who have been reported for child abuse or neglect. Examples of such programs are family support, such as the Family Focus program Weissbourd and Kagan, ; social support networks, such as Homemakers Belle, ; parent education projects, such as the New Parents as Teachers Program Pfannenstiel and Seltzer, ; and home health visitor programs, such as the Page Share Cite Suggested Citation: Family support resource centers seek to establish and strengthen social support systems that can link social nurturance and social control during formative periods of child and family development Garbarino, ; Weiss and Halpern, This strategy is designed to enhance community resources that can alter parenting styles acquired and reinforced through a lifetime of experience in a sometimes dysfunctional familial and social world Garbarino and Kostelny, Two questions pervade analyses of family support programs: Can family support be a short-term "treatment" strategy, or must it be a condition of life? Can family support succeed amid conditions of chronic poverty or very high risk? These questions pose limiting factors that may influence the effects of neighborhood support programs, including those focused on child maltreatment Garbarino and Kostelny, For parents who lack basic educational skills and experience with positive disciplinary practices, family support resource centers and parent support groups may help reduce the risks of maltreatment associated with corporal punishment and impulsive behaviors. However, these interventions may be ill-equipped to protect children in families with such problems as substance abuse, long-term health or mental health disorders, inadequate housing or homelessness, chronic unemployment, or other dysfunction that threatens the basic stability and integrity of family life. The length and intensity of effort necessary to support good parenting practices in these types of social settings may require extensive resources that can address the developmental stages of children and families and respond to shifting needs over time. Substance Abuse and Domestic Violence Treatment It is beyond the scope of this report to review all community interventions that attempt to reduce family violence by addressing environmental and situational risk factors, such as poverty, unemployment, substance abuse, teenage and single parenting, and social isolation. We did, however, examine community intervention programs that seek to create opportunities for behavioral change in multiple dimensions, for example altering the link between substance abuse and violence against women. Some communities have taken steps to integrate components of substance abuse treatment into domestic violence prevention programs and vice versa. These efforts take a variety of forms, including joint training on the two problemsâ€”an integrated approachâ€”and the addition of a separate curriculum or speaker on a related topicâ€”an additive approach. The relative effects of integrated and additive programs, compared with each other and with more traditional single-topic prevention programs, have not been evaluated. The batterer must accept full responsibility for his violence and must learn both self-control and respect for women. Addictions counselors generally believe that a disease process, beyond the control of the addict, causes dysfunctional behaviors. These differences in beliefs may militate against service integration and comprehensive service initiatives. For example, 23 percent of the substance abuse staff surveyed stated that they never referred their clients to domestic violence programs. The authors concluded that service provider differences in beliefs about the role of self-control in substance abuse and domestic violence was the most significant factor that impeded collaboration. Community Interventions for Injury Control and Violence Prevention Community interventions to address injury control and violence prevention are based on two assumptions: The community approach often involves public education campaigns in a particular community, highlighting the need for and ways to prevent all forms of injury or violence. More recently, public health efforts have been used to influence behavioral changes in the community with respect to risk factors and health outcomes, especially in preventing cardiovascular disease and smoking. Youth violence prevention is one area of community interventions designed to integrate public health approaches with local crime control. A recent review of 15 evaluation studies of youth violence prevention programs identified several evaluation issues that require attention Powell and Hawkins, Many of these issues characterize evaluation research on other types Page Share Cite Suggested Citation: In and , the Centers for Disease Control and Prevention launched a series of evaluations of 15 youth violence prevention projects in 12 U. Although these projects include different types of violence prevention strategies, they are all based on theoretical models that draw on scientific research for a review see Powell and Hawkins, The strategies used

to implement community-based youth violence prevention programs also may be valuable in planning family violence interventions because the youth violence programs often consist of multiple interventions implemented as a unit for a highly diverse population. These movements exposed ways in which existing health, legal, and social service systems were not responsive to the needs of women and stimulated institutional reforms to create alternative approaches to providing emotional and legal support in confronting male violence. Reforms were often stimulated by knowledge gained both from professionals involved in rape crisis centers and by the experiences and insights of rape crisis service providers, who were often suspicious of those who sought to blame women for male violence Schechter, Shelter providers often worked to connect individual victims and their supporters with political and economic resources that could break down the institutional and psychological barriers that isolated the experience of rape victims and battered women. Described as a "macro-strategy" by Cook et al. The evaluation strategies and research experiences tied to these interventions may be able to guide improved evaluations of community-change interventions in the field of family violence. At this time, however, little is known about unique community factors or organizational arrangements that may facilitate or discourage the adaptation of this approach to family violence Kaftarian and Hansen, ; Lorion et al. Those who have studied service integration, comprehensive services, and community-change programs have emphasized the need for attention on the implementation process and the innovative efforts and resources needed to design and sustain these types of interventions. They also voice caution about integrating lessons drawn from diverse local community and program settings into a core program philosophy and guiding principles to reshape local projects. These studies demonstrate the difficulty of establishing long-term research programs within a culture of interventions that are focused strongly on empowering communities, short-term action, integrated and comprehensive services, and sustaining financial resources and organizational viability. Despite the paucity of evidence of the effectiveness of community interventions focused on family violence, evaluation studies in other fields are generating analytical frameworks, measurement tools, and data collection efforts that offer valuable insights. Community-based research is being pursued on children and families Connell et al. In the field of public health, several well-designed large-scale trials have been conducted in the last 15 years to test the impact of particular public health community intervention programs. Four decades of experience with public health interventions in smoking prevention indicates that social movements directed toward behavioral change require extensive time to be effective. Small effect sizes for the interventions may simply show that the degree of change attainable by the program has already been reached by the progress of the social movement Susser, The experience with community trials also suggests that additional knowledge is required to improve their effectiveness with special target populations, such as youth or individuals who may be chemically addicted or chronically exposed to certain types of behavior and are thus more resistant to change than the general population. A number of key questions must be explored in the evaluation of community change interventions: Does the presence or absence of community interventions alter the motivation and behavior of at-risk individuals, particularly in terms of their willingness to participate or become involved in formal and informal groups or to use these groups to gain access to services in traditional agency settings? Do changes in patterns of group participation or the creation of social and political networks in the community result in greater availability or use of agency services and support systems? Does the presence or use of community services and support systems change child, family, or community outcomes? What levels of intensity and what time periods are needed in deprived communities to achieve significant changes in regional rates of family violence, especially among groups that experience multiple problems?

Chapter 6 : Depression: Collaborative Care | The Community Guide

Prevention, Intervention, and Collaboration: Effective Strategies to End Domestic Violence October , DoubleTree by Hilton Bush River Road.

The Need for Shared Understanding If collaboration is a key to successful RTI processes, then it is essential to define further the nature of productive collaboration. According to Schrage "Collaboration is the process of shared creation: Two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own" p. What is needed to create this type of shared understanding? Those involved in RTI collaboration must have a common framework within which to work and communicate, including the same basic understanding of RTI and its essential processes, as well as a common language to discuss RTI. Language itself, then, is a critical tool for successful collaboration. Bean, Grumet, and Bulazo highlighted communication skills as one of the keys to collaboration among educators, along with mutual respect and flexibility. Language should be an asset, not a liability. Without intentional focus, however, language can interfere with productive collaboration. Professionals across disciplines do not always use the same language, nor are they always aware of how other professions use words. In addition, professionals do not necessarily always have much experience talking outside of their respective disciplines. They are used to the vocabulary of their professions and may not even be aware of the language used in other disciplines. If collaborators do not have shared meaning for terms associated with RTI, confusion may result; for example, the terms Tier 1, Tier 2, and Tier 3 may mean very different things to different educators. Without shared meaning, educators may not be able to engage successfully in problem-solving and decision-making. For example, how can a reading specialist have a conversation with a speech-language pathologist about their complementary roles in assisting teachers with core instruction if they do not have the same understanding of core instruction? Perhaps more significantly, certain terms may alienate specific stakeholders. The following section is about words or terms that are important for collaborators to discuss to reach a shared understanding of what they mean. This list is not meant to be exhaustive or prescriptive. Instead, it is meant to stimulate thought and discussion in local contexts for purposes of clarification and effective collaboration. Progress monitoring, ongoing assessment, benchmarks, criterion-referenced assessments, or formative assessments Underlying realities: We need to assess student progress continually. Possible differences to discuss: Progress monitoring is a term used in many RTI initiatives. In some places, it involves standardized, group administered assessments, along with charting of progress trajectories. Assessment conducted in connection with progress monitoring may or may not parallel other assessment activities, such as state or district tests, or tests associated with published reading programs. Benchmarks and standards are terms that may be associated with some of these other assessments. These assessment-related terms are not mutually exclusive. Do you use multiple measures of literacy? Which aspects of literacy are included? What are the strengths and limitations of these assessments? How do these assessments guide your instructional practice? Instruction, intervention, or differentiation Underlying realities: We need to meet the instructional needs of students with a wide variety of needs. Different sets of knowledge, skills, and academic needs, as well as different ways of learning, require different methods of teaching. The term intervention is used by some to capture support activities that go beyond differentiated instruction in intensity and beyond the scope of a busy classroom teacher to provide. On the other hand, some classroom teachers conceptualize their work with struggling students as intervention. In some places, intervention refers to a set curriculum, with a specific set of teacher behaviors, while in others it refers to the methods and materials designed by the teacher to meet the needs of a particular student or group of students at a particular point in time. Similarly, the terms instruction and differentiation may mean different things to different people. Who makes the decisions about what the students are taught and how they are taught in the classroom? How are instructional materials chosen? Fidelity of implementation Underlying realities: We intend that our instruction is efficient and effective so that students will become fluent and independent readers, writers, listeners, and speakers. Research from both experimental and other traditions, such as qualitative methods,

helps us select and use the most powerful ways to teach. Fidelity of implementation is considered by many to be a linchpin of RTI. For others, the term fidelity may be problematic because it is often interpreted as dedication to a scripted program that precludes the teacher from adapting to the needs of specific students. Further, there is the issue of generalizability of research findings to populations of students and conditions other than those specifically studied. What research supports the use of a particular approach in your setting? Some students may need more support or specialized instruction than the general education classroom teacher can provide. In fact, the Individuals with Disabilities Education Act IDEA requires the provision of "special education and related services" for students identified with disabilities. Other types of assistance may also be needed for a host of reasons, for example, guidance services for students experiencing trauma or support for English language learners ELLs. The word services is often associated with special education and related services, although there are other types of services offered in schools, such as the guidance and ELL examples described above. Special service providers, such as special education teachers, school psychologists, and speech-language pathologists, are used to describing the work they do as "provision of services. They may describe their expanded roles and responsibilities with students who do not have IEPs as "providing services," even though they are not providing special education. What is the nature of the support needed by the student? What are the skill sets of the RTI team members and how can they best contribute to the education of a student with a particular learning profile? Awareness - Be aware of and sensitive to the language issue. As educators plan and implement RTI, they should be alert to terminology that may be problematic. It is a given that they may be using terms that do not resonate, are unfamiliar, or have different meanings for professionals from other disciplines. Educators in leadership positions can raise the consciousness of those within their sphere of influence and help them deal effectively with the language of RTI. Clarification - Clarify our own use of terms and seek clarification of terms by others. In collaborative encounters, professionals might take the initiative to explain the terms they are using, especially those already described above as problematic. For example, "When I use the term intervention, let me tell you what I mean by that. Collaborators can identify language that signals common ground. In another example, the term child study team has historically been associated with the group of professionals who processes special education referrals. Conclusion In this article we focused on the use of language among professionals as a tool for collaboration. However, language use in partnerships with parents and students are other areas of concern. RTI presents a whole new lexicon for parents. For students, understanding the processes of RTI is crucial to their active participation. For these reasons language as a tool for collaboration with parents and students is an important issue that deserves more in-depth treatment than can be addressed in this article. As continued collaboration across diverse situations reveals new areas of confusion or misunderstanding, collaboration teams must revisit their language use and redefine their shared understandings. Ideally, this conversation will begin with a meeting designed specifically to discuss the issue of language use and shared understandings in RTI collaboration, but it will not end there. Instead, it will become an integral part of how collaborators work together. Sometimes throughout this process, educators will stretch beyond their comfort zones. A commitment to shared understanding takes tremendous effort and a dedication to civil dialogue predicated on mutual trust and respect. We hope that within schools districts, states, and national forums, everyone will devote time and energy to the language of collaboration. Collaboration is a long-term investment in educators working together. Learning from each other: Collaboration between classroom teachers and reading specialist interns. Reading Research and Instruction, 38 4 , â€” Retrieved February 12, The early detection of reading difficulties 3rd ed. Working draft of guiding principles. Reading Today, 26 4 , 1â€”6.

Chapter 7 : Intervention Core | Institute for Collaboration on Health, Intervention, and Policy (InCHIP)

Collaborative care interventions hold promise for the delivery of mental health interventions in acute care as they can incorporate front-line trauma center providers such as social workers and nurses into early mental health services delivery and can link trauma center care to outpatient services.

These resources will support consultation and collaboration with caregivers, teachers, therapists, and para-professionals so as to promote developmental, social, and educational gains in children. Response to Intervention RTI Response to Intervention RTI is a multi-tier approach to the early identification and support of students with learning and behavior needs. Struggling learners are provided with interventions at increasing levels of intensity to accelerate their rate of learning. Educational decisions about the intensity and duration of interventions are based on individual student response to instruction. RTI is designed for use when making decisions in both general education and special education. Provides general information on why a student may present with spacing difficulties, recommended strategies during instruction, and additional strategies for improving the performance area. Provides general information on why a student may present with hand fatigue, recommended strategies during scissor use, and additional strategies for improving the performance area. Provides general information on why a student may present with increase pressure during printing, recommended strategies during instruction, and additional strategies for improving the performance area. Provides general information on why a student may present with difficulties in letter formation and size, recommended strategies during instruction, and additional strategies for improving the performance area. Provides general information on why a student may present with decreased pressure during printing, recommended strategies during instruction, and additional strategies for improving the performance area. Movement within the School: Provides general information on why a student may present with a limited ability to stand still in a line or walk appropriately in a line, recommended strategies, and additional strategies for improving the performance area. Provides general information on why a student may present present with organizational and time management difficulties, recommended strategies during instruction, and additional strategies for improving the performance area. Provides general information on why a student may present with written work that appears messy and disorganized, recommended strategies during instruction, and additional strategies for improving the performance area. Provides general information on why a student may present with pencil grip that is considered ineffective, recommended strategies during printing use, and additional strategies for improving the performance area. Includes over 75 Strategies to implement! Provides general information on why a student may present with difficulty in the use of scissors, recommended strategies during scissor use, and additional strategies for improving the performance area. Provides general information on why a student may present with difficulty with the use of fasteners such as snaps, zippers, buttons and laces , recommended strategies during dressing, and additional strategies for improving the performance area. Provides general information on why a student may present with a limited ability to sit still in the classroom, recommended strategies during sitting, and additional strategies for improving the performance area. Provides general information on why a student may present with difficulty in the use of worksheets, recommended strategies during use, and additional strategies for improving the performance area.