

JJPI School Screening Program

Learning Objectives

- To review the lessons learned from a prevention collaboration between three agencies:
 - The School District of Philadelphia
 - CHS (Department of Human Services)
 - The Joseph P. Kamp Institute
- To discuss the development and utilization of a program designed to reduce unwanted involvement of Child Protective Services.
- To highlight barriers to consider for future implementation

Program Objectives

- Presented in 2011 to support Philadelphia in the management and assessment of sexual offenders.
- Identified numerous locations in the city where provide services to sexually abused children and their families.
- One of the initial goals in Philadelphia is to offer Sexual Trauma Therapy, Behavioral Therapy (ST-TT) to abused children and their families.
- Today, service about 1000 sexually abused children and 8-10 families annually.

Program Description and History

The Joseph P. Kamp Institute (JKI) was founded in 1991 by Joseph P. Kamp, a former Philadelphia Police Officer and a former Philadelphia District Attorney. JKI is a non-profit organization that provides services to sexually abused children and their families. JKI was founded in 1991 by Joseph P. Kamp, a former Philadelphia Police Officer and a former Philadelphia District Attorney. JKI is a non-profit organization that provides services to sexually abused children and their families.

School Screening Program

Started in 2005, the JJPI-SSP targeted Philadelphia public school children in grades K-8 who violated the school code for sexually inappropriate behaviors.

The SSP was designed to offer an alternative to involvement of child protective services (unless suspicion of abuse was present) for sexually acting out behaviors that might be rooted in exposure to sexualized material and/or trauma.

School Behavior Problems of School

- School district of Philadelphia was receiving 80% of reports on an annual basis.
- Standard procedure - notifying child protective services regardless of evidence of abuse or threat to child.



The Process

After the school code is violated, a counselor fills out the JJPI school screening referral packet (SSRP) and forwards it to the school screening coordinator.

- The packet includes:
- A School Screening Information form which includes demographic and insurance information
 - Informed Consent for Outpatient Services
 - JJPI Releases of Information (ROI)
 - The School District of Philadelphia's ROI

Pre-Screening and Measures

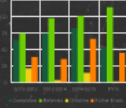
The counselor and JJPI SSC discuss the incident to determine if it meets criteria for the program. If yes, a detailed incident report is completed and a screening measure packet is sent to the counselor to be filled out by the parent and teacher.

A confirmation letter is sent to the school counselor detailing the screening procedure and the necessary action steps.

On the day of the screening, a clinician conducts a 15-20 minute structured interview with the parent and child at the school. At the end of the screening, the parent and school are given copies of a School Screening Information form which includes the recommended intervention.

- Screening measure includes:
- Screening measure
 - Parent/Teacher Interview
 - General School Health Information
 - Screening measure
 - Parent/Teacher Interview
 - General School Health Information
 - Screening measure

Service Utilization



Results

School District of Philadelphia reported 80% of reports on an annual basis. The school district of Philadelphia was receiving 80% of reports on an annual basis. The school district of Philadelphia was receiving 80% of reports on an annual basis.

Barriers to Success

Screening measure and Parent/Teacher Interview are the most common barriers to success. Screening measure and Parent/Teacher Interview are the most common barriers to success. Screening measure and Parent/Teacher Interview are the most common barriers to success.

Recommendations

- Continuation of screening measure and Parent/Teacher Interview are the most common barriers to success.
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Thank You!!!

JJPI School Screening Program

Learning Objectives

- To review the lessons learned from a prevention collaboration between three agencies:
 - The School District of Philadelphia
 - DHS (Department of Human Services)
 - The Joseph J. Peters Institute
- To discuss the development and utilization of a program designed to reduce unwanted involvement of Child Protective Services.
- To highlight barriers to consider for future implementation

- Formed in 1985 to support Philadelphia in the management and assessment of sexual offenders.
- Opened a separate location in late 1990s to provide services to severely abused children and their families.
- One of the initial sites in Philadelphia to offer Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to abused children and their non-offending caregivers.
- Today, service about 1000 sexually abused children and their families annually.

Program Description and History

The program was developed to increase the knowledge about health and performance characteristics of stress. Problems through life cycle. Rather than participating the child, the program was designed to assess the broader understanding of child, family, school and larger community.

Miller and Hoffman (1982) studied the effects of physical punishment on children's behavior. They found that physical punishment was associated with increased aggression and decreased prosocial behavior.

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Sexual Behavior Problems at School

- School district of Philadelphia was receiving 100% of reports on an annual basis.
- Standard procedure - notify child protective services regardless of evidence of abuse or threat to child.

The Process

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After the school code is violated, a counselor fills out the JPI school screening referral packet (SSRP) and forwards it to the school screening coordinator.

The packet includes:

- A School Screening Information form which includes demographic and insurance information
- Informed Consent for Outpatient Services
- JPI Releases of Information (ROI)
- The School District of Philadelphia's ROI

Pre-Screening and Measures

The counselor and JPH SSC discuss the incident to determine if it meets criteria for the program. If a detailed incident report is complete and a screening measures packet is sent to the counselor to be filed out by the parent and teacher.

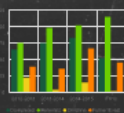
A confirmation letter is sent to the school counselor detailing the screening procedure and the necessary attendees.

One the day of the screening, a clinic

On the day of the screening, a clinician conducts a two (2) hour structured interview with the parent and child AT THE SCHOOL. At the end of the screening the parent and school are given copies of a School Screening Recommendation Form which indicates the recommended interventions.

- Universal Infant Supervision
- Physical exam evaluation
- General mental health evaluation
- General information to the family about behavior management
- TF-CBT sessions - and direct help to family to get connected with providers

Service Utilization



- School District at need service more underway - The city of Philadelphia expended funding to the program.
- During the 2015-2016 academic year, budgeted to provide 500 on-site two-hour evaluations of children # 6.
- Withdrawal of program: anecdotal relation outcome - no funding to collaborate with school district and litigation and analysis patterns, however, city officials and school personnel reported less "unnecessary" child protective services reporting.

Warning: studies of *in vitro* toxicity are not predictive of toxicity in humans (especially those of infants)

Conclusion: if children are exposed to lead, the adverse effect is:

- **Quantitative dose-dependent slowing of neurologic development**

Children exposed to lead at concentrations as low as 100 µg/dL exhibit lower IQ scores than children who were not exposed. However, even at concentrations as low as 10 µg/dL, children exposed to lead exhibit lower IQ scores than children who were not exposed.

Half-life: ~ 25-30 days (changed by level of exposure and by age)

Adverse effects: lead exposure causes the accumulation of lead in the brain, which causes neurotoxic effects. Lead is also neurotoxic to the developing brain, which causes neurotoxic effects. Lead is also neurotoxic to the developing brain, which causes neurotoxic effects.

Normal development: neurotoxic effects of lead exposure are:

- **Delayed development of the brain, which causes neurotoxic effects.**
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Recommended:

- Confidentiality and privacy is needed as most of the data is sensitive and requires analysis (2002)
- Counselors should undergo training on utilization of the program early in the school year
- Teaching staff could benefit from training on Healthy Children Clinical Development in order to better distinguish between children's harmless behaviors and problem behaviors.

Thank You!!!

Learning Objectives:

- To review the lessons learned from a prevention collaboration between three agencies:
 - The School District of Philadelphia
 - DHS (Department of Human Services)
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- To discuss the development and utilization of a program designed to reduce unwarranted involvement of Child Protective Services.
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the Joseph J. Peters Institute Brief History

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Program Description and History

The Joseph J. Peters Institute Sexual Abuse School Screening Program (JJPI-SSP) was a grant funded partnership between JJPI, The Philadelphia Department of Human Services (DHS), and the School District of Philadelphia (SDP).

The program was structured to increase the knowledge about healthy and problematic child sexual behaviors in children K through 8th grade. Rather than pathologizing the child, the program was designed to assess the broader functioning of child, family, school and larger community.

Again - program designed to support families and increase the ability of family and school to understand child behavioral problem and manage such in school and at home.

School Screening Program

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Sexual Behavior Problems at School

- School district of Philadelphia was receiving 100's of reports on an annual basis.
- Standard procedure – notify child protective services regardless of evidence of abuse or threat to child.

Commonly Identified Behaviors

Kissing
Sexual Drawings
Sexual Language
Sexual Gestures
Inappropriate touching
Indecent Exposure
Digital Fondling
Humping
Masturbation
Insertion of Objects
Genital contact
Penetration

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A confirmation letter is sent to the school counselor detailing the screening procedure and the necessary attendees.

The packet contains the following measures:

- Child Behavior Checklist (CBCL 1.5-5 or 6-18)
- Teacher Report Form (TRF 1.5-5 or 6-18)
- Child Sexual Behavior Inventory (CSBI)
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Youth Self Report (YSR 11-18)

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One the day of the screening, a clinician conducts a two (2) hour structured interview with the parent and child AT THE SCHOOL. At the end of the screening the parent and school are given copies of a School Screening Recommendation Form which indicates the recommended interventions.

Recommendations could Include (if warranted):

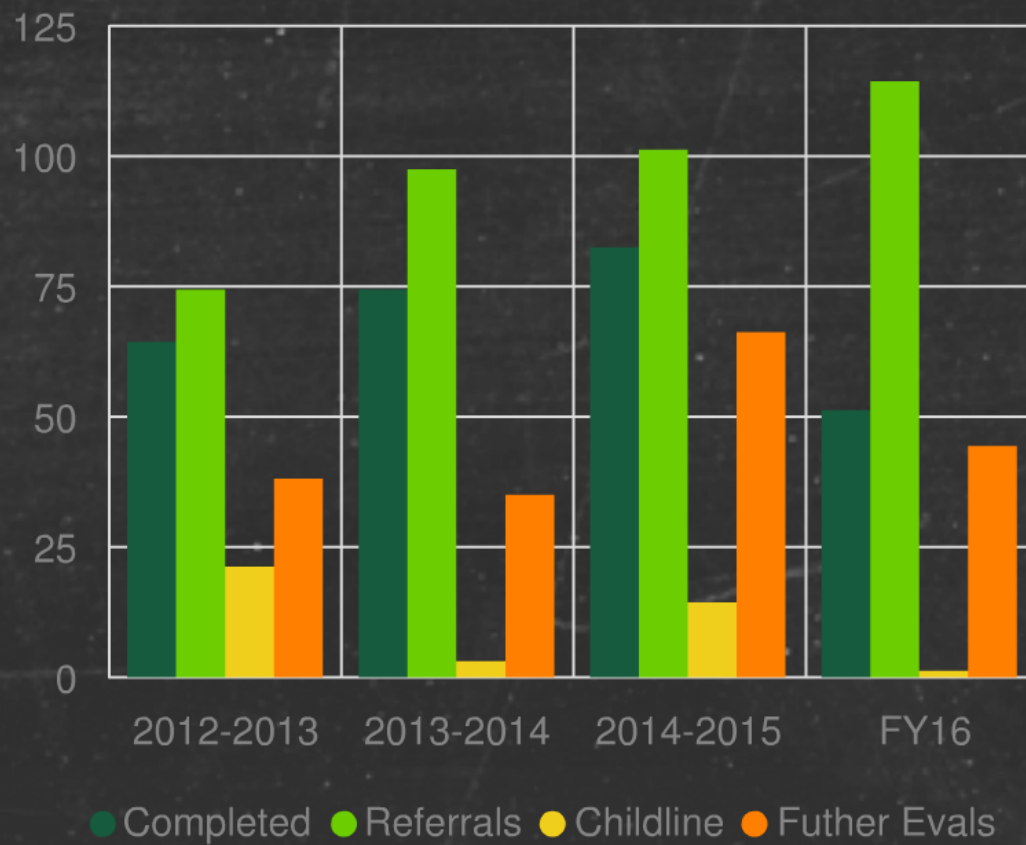
- Line of Sight Supervision
- Psychosexual evaluation
- General mental health evaluation
- General information to the family about behavior management
- TF-CBT services - and direct help to family to get connected with providers

Recommended Interventions.

Recommendations could include (if warranted):

- Line of Sight Supervision
- Psychosexual evaluation
- General mental health evaluation
- General information to the family about behavior management
- TF-CBT services - and direct help to family to get connected with providers

Service Utilization



Results:

- School District utilized service more and more - the city of Philadelphia expanded funding to the program.
- During the 2015-2016 academic year, budgeted to provide 80 on-site two hour evaluations of children K-8.
- Weakness of program: anecdotal data on outcome - no funding to collaborate with school district and city to gather and analyze patterns; however, city official and school personnel reported less "unnecessary" child protective services reporting.

Barriers to Success

Preliminary analysis of FY 16 service utilization seems to indicate that the program may have been impacted by several factors.

The reduction of school counseling staff in the school district

- Counselors took longer to follow-up
- Schools were no longer aware of the program or how to utilize it (Referrals increased substantially after presentations made to counselors - again, collaboration and relationships between service providers and schools needed for success)

Staff turnover - school district changed; loss of professional connections

- Reduction of staff within the school district resulted in less administrative follow up between school, family, and community mental health providers
- Reduction of professional development trainings at the school district - no platform to meet with school staff to share information about CSA

Parental engagement - communication between school and families

- Parents demonstrated increased rates of difficulties to follow through with screenings (naturally difficult for families) and/or use of other means to avoid intervention

Recommendations

- Continued collaboration and study is needed as most of the data is anecdotal and no concrete analysis has occurred.
- Counselors should undergo training on utilization of the program early in the school year.
- Teaching staff could benefit from training on Healthy Childhood Sexual Development in order to better distinguish between children's normative behaviors and problem behaviors.

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Thank You!!!

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