

Intensive Behavioral Counseling (IBC) Program Overview

Service Description and Desired Outcome

If ERMHS counseling is not enough to meet a student's needs, EMBRACE offers short-term wraparound support to specifically address school avoidance or refusal for 90 days (up to 30 hours per month). **IBC clinicians provide** behavioral coaching for caregivers, while the student continues to receive mental health support from another provider.

As part of the parent coaching service, IBC clinicians work closely with all members of the IEP team, as well as outside providers, to support students in developing habits and routines that improve their academic success and overall well-being. IBC clinicians facilitate effective communication and collaboration between caregivers and the school team to promote sustained change.

With structured routines and clear expectations, students are better able to access and benefit from their education. Through IBC services, caregivers learn behavior modification strategies and effective interventions that improve their child's attendance and engagement at school to prevent a higher level of care.

Minimum Requirements

- Student must live at home with caregivers.
- Student must be "stable" as defined by the IEP team (not in acute crisis or hospitalized at the onset of services).
- All caregiver(s) must have the interest, capacity, and availability to participate in this intensive service (at least 3 hours per week of session time: ~2 hour-long sessions + check-in calls/texts/emails). If a student resides in two separate households, both caregivers must participate to ensure consistency across environments.
- Student must be actively engaging in counseling/therapy. Student can be receiving social-emotional support from a school-based counselor, ERMHS clinician, and/or a private therapist outside of school.
- Student must be placed in an appropriate school setting that matches the student's level of social-emotional and academic needs.
- Student must have an invested school team that is willing/able to regularly collaborate with the IBC clinician to develop/monitor weekly goals.
- The IBC Team will consider providing IBC services to families of fifth-year seniors and 18-year-olds on a caseby-case basis.
- For referrals accepted between March-May, student must have therapeutic supports and educational engagement over the summer.
- IBC clinicians will continue to evaluate the minimum requirements throughout services.

Ideal Student/Caregiver Profile

- Students with maladaptive behaviors that impact their access to and benefit from education.
- Students for which school avoidance/refusal is the result of their mental health diagnoses/symptoms.
- Students who are safe and accessing social-emotional supports (not currently in crisis).
- Caregivers who are motivated and available to participate in intensive behavioral counseling.
- Separated/divorced caregivers who can effectively co-parent and agree on systems/interventions that can be maintained across households.

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Service Timeline

Determination of Eligibility

- EMBRACE receives a request for IBC services from the school district and schedules a meeting to gather more information.
- If the student profile meets minimum requirements, the district either schedules a pre-IEP "meet and greet" with EMBRACE and caregivers to discuss the IBC model or an IEP meeting to offer IBC services.

Assessment Phase (Days 1-30)

- IBC clinician gathers information about presenting concerns, student behaviors, family dynamics, previous interventions/supports, and desired outcomes from caregivers and other members of the IEP team.
- IBC clinician assesses for safety throughout the assessment phase to ensure stability requirements are met.
- IBC clinician utilizes information gathered during the assessment to determine if IBC services are
 appropriate. If appropriate, IBC clinician collaborates with caregivers to co-create an IBC partnership plan
 that addresses presenting concerns with the intention of meeting desired outcomes. The partnership plan
 defines 1-2 small, behavioral goals that the caregivers and IBC clinician will address during the next two
 phases. The IBC clinician will also contact the IEP team to request that an IEP meeting be scheduled before
 the service ends at 90 days. If services are not appropriate, IBC clinician will notify the IEP team to terminate
 the service and discuss next steps.

Behavior Modification Phase (Days 30-60)

- IBC clinician teaches, models, and provides opportunities for caregivers to practice behavior modification interventions.
- Caregivers learn, practice, and implement interventions they will use to improve their child's attendance and engagement at school.
- School staff collaborate with caregivers and IBC clinician to implement interventions in the school environment intended to increase the student's access to education.

Transition/Re-Assessment Phase (Days 60-90)

- IEP team meets at 90 days to review progress and determine next steps.
- **IEP team determines progress has been made/goals met:** Transition plan developed to support caregivers in maintaining progress. This can either look like stepping down to parent counseling services or transitioning to an IBC maintenance phase (where caregivers continue to receive less intensive support from their IBC clinician for up to 10 hours for a maximum of 30 days).
- IEP team determines service is appropriate/goals still in progress/all parties are still on board:

 Another 90-day cycle of services can be implemented, as determined on a case-by-case basis. If another cycle of IBC services is deemed appropriate, a re-assessment phase begins. During this time, the IBC clinician and caregivers review current interventions and discuss barriers to progress.
- IEP team determines service is not appropriate, and caregivers or district are unwilling to step down to parent counseling services: IBC services are terminated. School districts can always re-refer later if minimum requirements are met.

Example Schedule

*The specific schedule in each case is determined by the IBC clinician and caregivers, this is simply an example:

- IBC clinician meets with caregivers (virtually or in person) at the beginning of the week to set weekly goal and discuss interventions to address maladaptive behaviors.
- IBC clinician connects with caregivers 1-2 times (or as needed) via phone/text/email throughout the week for a progress update and to fine-tune interventions.
- IBC clinician meets with caregivers (virtually or in person) at the end of the week to review goal and interventions. They examine together what was successful versus unsuccessful and why.
- IBC clinician meets with school team (virtually) once per week to monitor progress/barriers toward improving student's attendance/engagement at school and to re-evaluate the plan.
- IBC clinician collaborates with student's individual counselor/therapist at least once per week to monitor progress/barriers related to student's social-emotional goals.

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Referral Form – Intensive Behavioral Counseling (IBC)

Referral Date:	Student Name:
Date of Birth:	Home Address:
SpEd Eligibility:	District + Current School + Grade:
IEP Team Members	Name, Phone, Email
☐ Parent/Guardian/Caregiver	
☐ Parent/Guardian/Caregiver	
☐ District Contact	
☐ Case Manager	
☐ School-Based/ERMHS Counselor	
☐ Other IEP Team Member/Provider	
Reasons for Referral (Please include information about student's school attendance/engagement and caregivers' interest in IBC)	
Desired Outcomes in on Desire	
Desired Outcome in 90 Days	
Service Requested	
Intensive Behavioral Counseling. Short-term wraparound behavioral coaching for caregivers to specifically address school avoidance or refusal. IBC clinicians facilitate effective communication and collaboration between caregivers and the school team to promote sustained change. (Service is provided for 90 days for up to 30 hours per month.)	
Has district had IBC eligibility determination meeting with EMBRACE? ☐ Yes ☐ No	
Has caregiver(s) received information about IBC? ☐ Yes ☐ No	
Has an IEP been scheduled to discuss/add IBC services? ☐ Yes ☐ No If yes, provide the date of upcoming IEP meeting:	
Is student currently receiving counseling at school? ☐ Yes ☐ No	
Please attach the following and indicate all that are available:	
☐ SEIS access	☐ Current IEP
☐ Psychoeducational/Psychological/ERMHS assessment(s)	
	Send form to: referrals@embrace-mh.org

Questions? Contact:

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