

## 4.5.- RESULTS OF THE INTERVENTION CONSENSUS GROUP


This section describes the work done and the conclusions drawn by the consensus group of teachers as regards the success of the interventions carried out.

### Method

1) A document based on the results of previous analyses was drawn up for the purpose of facilitating debate and discussion within the group.

2) Seven teachers from the Timoneda Association who were active participants in the Program were brought together. The document was read and a structured discussion of its contents began.

3) The document itself and a simple instruction sheet which indicated how the sessions would be structured, was given to each participant.



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Tema: Derivaciones al programa Hippocrates. Intervención/2003.  
Procedimiento: discusión para el consenso y las conclusiones.


Os facilito unas hojas con datos y las preguntas que deberíamos contestar aunque quede claro que en cualquier momento se puede hacer cualquier aportación que se crea interesante. La función de los papeles es sólo estimular la discusión.

El procedimiento para la discusión puede ser tan simple como el que sigue:

- 1.- Mientras una lee en voz alta el documento, los/as demás la siguen en el propio hasta llegar a la primera pregunta (impresas en rojo).
- 2.- Llegados a cada pregunta impresa en rojo se abre una ronda en la que cada uno/a da su punto de vista.
- 3.- Terminada la ronda los que discrepan sobre alguna de las opiniones vertidas o los que quieran abundar sobre el tema, pueden hacerlo en el orden que se prefiera hasta agotar el tema.
- 4.- Se continúa leyendo el documento hasta la siguiente pregunta.
- 5.- Mientras tanto podeis tomaros unas pastitas y un café a nuestra salud.

\*\*\*N del J: Si al principio escogéis una moderadora para que lea, dé los turnos de palabra y haga cumplir el procedimiento, se ha demostrado que se hace mejor y se tarda menos.

Como quedamos poneros un reloj delante pues no se debería de tardar más de 60-75 minutos en concluir el proceso. Por favor, acordaros de poner el aparato de video en marcha antes de comenzar las discusiones. Graciaaaaaaaaaaaaa.



4) The group chose a moderator who read the information and the questions that were to be discussed and agreed upon. The session lasted 75 minutes and was videotaped for subsequent analysis.

5) Two independent observers studied the taped session and prepared a report on the most important areas of consensus and the conclusions reached.

On the following pages, information gathered is presented in two columns:

- In the left-hand column, we find the questions that were presented in the document.
- In the right-hand column, we find a summary of the responses and the most relevant conclusions drawn.

The left hand column includes most of the data and questions found in the document that were presented to the group.

*The right hand column contains a summary of the contributions made by the group about the questions and issues found in the document.*



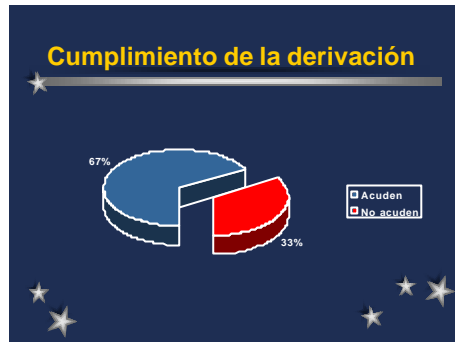
*We are going to focus our work on two main issues related to the Hippocrates Program this year:*

- I. In the first place, everything related to the referral of students to the Family Services Unit. Basically, we will use the information included in the referral sheet.*
- II. Next we will proceed to a discussion of how well the program is working, the relationship that has developed between the FSU, the schools and the teachers who have referred students, feedback received, etc..*

## Documento para la discusión

I. Let's begin with the first point. In the graph we show the percentage of the 28 referrals that were made that actually came to the Family Services Unit.

It seems that given the high frequency of conflict, some people expected more referrals from the 14 participating schools. Approximately one third of the referrals never came to the center in spite of the formal recommendation that were made to the families.



For those who are interested, we have included this graph which shows the referrals and no-shows listed by school.

What do you think about the total number of students referred? What is your opinion about the one-third who never came to the FSU?

*This is a small number. There are many more problems. We expected more referrals, but the final number of schools that participated (9) was lower than the number of schools represented in the Timoneda Association..*

## Respuestas del grupo

*Why?. –It is difficult to make a referral and we are not used to doing it and we don't have enough time.*

*The Family Services Unit is still an unknown resource and families are reluctant to go. Sometimes they simply refuse outright.*

*Efforts should be made to make more information available to the teachers, parents and parent-teacher associations through the schools at the beginning of the school year. Parents should see this as an opportunity for success for their children rather than as a threat of dismissal.*

*Sometimes there are clashes with school administrators and counsellors who feel that their work is being questioned.*

*All of these things indicate that it might be better to introduce the program from inside the school rather than from outside. The Department of Education and the Provincial Government could be involved to make it more “official.”*

*It is possible that in some cases, the referral was not completely understood. Sometimes there are accessibility problems. For example, morning hours are difficult for some members of a family. In other cases, there is a problem getting time off from work to attend a session.*

*How about those who never show up? Someone must be sent to accompany them or even to pick them up and bring them to the appointment. This may only be necessary for the first appointment so the families can get over their initial nervousness or fear.*

## Documento para la discusión

Now we are going to analyze the different sections of the referral sheet we designed and sent with each student. We are including one so you can familiarize yourselves with the format. We will discuss the data that you provided in each of the sections and we would like you to comment upon these data and other related issues.

As regards the problems that were identified during your work last year which are called "identified problem behaviors" on the referral sheet, we found the following distribution:



The most frequent was: "being disruptive, and bothering others" which is marked in virtually all cases. The least frequently

marked are alcohol and drugs (2) and sexual harassment (1).

Do you think this distribution reflects the problems you have at your school? Might there be something that is not included in this list or something that was never referred?

The biggest problem seems to be that students are disruptive. Are these students referred? Is this a reason for referral? It doesn't seem to be very important if there are no other negative behaviors.

## Respuestas del grupo

Is the referral sheet misleading? Are referrals made simply because a behavior is in the protocol? Should the reasons for referral be reviewed and modified and some items related to isolated disruptive behavior or insults deleted?

The causes that underlie the symptom must be assessed, even if the symptom is only disruptive behavior. However, teachers might be tempted to refer all students who are disruptive.

Do you think the advisor does not know when a student is disruptive? ..... ¡Nooooooo! ..... This is something we have to look into.

We have to be concerned about how many of these students can be helped at school without having to refer them, although many schools might be reluctant to get involved in this way.

Reports must also be written ... in order to provide correct and complete information.

Yes, there still are students who are non-violent. Unmanifested violence is also an important problem.

There are unmanifested risky behaviors. For example, problems in kids who are inhibited are often difficult to detect. We have cases of one who became the leader of the mafia, and another who tried to commit suicide. How do we handle these cases?

## Documento para la discusión

Perfect! Let's keep going....

We have tried to summarize your descriptions of identified risky situations using your own words in the following table:

<p><i>Section:</i></p> <p><b>Brief description of risky situations and their evolution:</b></p>
<p><i>The most frequently mentioned are:</i></p> <ul style="list-style-type: none"><li>• family problems, and</li><li>• students who are disruptive, interrupt class, provoke others and create a tense atmosphere in class</li></ul> <p><i>Others that are frequently cited include:</i></p> <ul style="list-style-type: none"><li>• Students who are bored and unmotivated</li><li>• Absenteeism</li><li>• Students who misbehave and do not obey the rules</li><li>• Students who lack respect for and have poor relationships with teachers and other educators</li></ul> <p><i>Those that are mentioned less frequently (even though they are more specific):</i></p> <ul style="list-style-type: none"><li>• Verbal aggressiveness and threats</li><li>• Not meeting objectives/ poor academic performance</li><li>• Stealing, drugs</li><li>• Low self-esteem</li></ul>

There seem to be clear "at risk" situations such as family problems like the ones you describe in the first place or a lack of assistance. On the other hand, the fact that bothering others and being bored in class are often listed as risky situations is noteworthy ... **do you really think these are "at risk" situations for students? Or is it for someone else? What do you think of the rest?**

## Respuestas del grupo

*Disruptive behavior often bothers the teacher but in and of itself is not a reason for referral. Referral would only be indicated in extreme cases in which other problems are evident. These behaviors bother us, but the Family Services Unit is not there to get these kids out of our hair.*

*If this referral sheet were used in a widespread manner, bad referrals would be made. The protocol is not operative and it doesn't help to make appropriate referrals. The sheet itself should be modified.*

*Another idea is to have teachers who are members of the Timoneda Association, when available, be in charge of making recommendations for referrals in their schools.*

*One more component might be that violence is considered a "taboo" topic. It is difficult to label behaviors or to call a student "violent" so we use words such as "disruptive," "bothersome," and so on. It is easier to refer them when there are family problems. We try to avoid seeing violence.*

*Some behaviors must be dealt with from inside the school, but there are many administrators who are reluctant to do so.*

Thank you. In the next section on what solutions have been tried before making a referral, we found the following:

Section
<b>Attempted Solutions</b>
<p>It seems that most interventions begin and are based on talking with:</p> <ul style="list-style-type: none"><li>• the problematic student (9 cases)</li><li>• the advisor (8), school director (5) and/or the counselling department (3)</li><li>• and especially the family (11), → in 64% of the cases it was only the mother.</li></ul> <p>Interventions included daily monitoring (4) and/or supplementary support classes (3), opening a disciplinary file or expulsion from school in 4 cases and outside psychological support on 2 occasions.</p> <p>Other solutions that were tried less frequently were: attempting to establish affective ties (2), recommending special education programs (1) and using group techniques (1).</p>

Does anything get your attention? What do you think about what you yourselves said that you had tried? Are there any new suggestions.....?

*Maybe we can't do much more ....*

*Some of the things we do make us stop and think:*

- suspending students in order to "help" them"*
- giving support classes when there are behavioral problems*
- only talking about the mother when discussing families.*
- administrators or school directors were only consulted very few times before making a referral ... very stupid!*
- even less contact was made with the counselling department which, in theory, would really be in charge of these kinds of issues...*

*However, it is also because the administrators and counsellors are not interested in participating. Other things should be done and the counselling department, teachers and administrators should all be used to their best advantage.*

*In some schools, there is a daily/hourly monitoring sheet for problem students and parents are informed of progress made. This is a good idea. Perhaps this should be done before referring students.*

*Calling a meeting of all of the student's teachers and regular departmental meetings could also be useful, but this is not usually done.*

*Efficient coordination and functioning of internal staff members in order to improve relations between teachers, advisors and parents.*

*It would be helpful if all information was standardized in the Department of Education. Standardize this resource.*

We finally come to the last section in which we discuss your expectations for each student, how he should be treated and what you would like the outcome to be. Please read carefully what you are asking of the students and of the program.....

*Section*

**What constitutes improvement?**

The most frequently cited were controlling or self-controlling behavior (6), completing assigned academic tasks (4), improving self-esteem (4) and social relationships (4) and an increased interest in studying and passing (3).

Other expectations that were mentioned include: decreasing aggressive behavior (1), respecting property (1), accepting responsibility (1), trusting other people with one's feelings (1) and getting outside help (1).

Is this really what you expected and hoped for when you referred a student? Have you observed any of the improvements listed above or any other type of improvement?

Now, only one more thing to finish up this discussion on referrals..... Do you think that there is something extra or something missing in the way we make referrals or in the referral sheet itself? How would you improve the process of sending students you think could benefit from intervention to the Family Services Unit?

*What we are asking the Family Services Unit to give us is an ideal student*

*There are teachers who make referrals at the slightest provocation and pass the problem on to someone else.*

*It's different. We should once again insist that internal resources (dean of students, counselling departments, etc.) be used before an external referral is made.*

*I want them to fix them up for me and make them study.*

*Yes. The referral sheet is only useful for this program and not for future use. It doesn't really reflect referral conditions. If it is to be used more widely, it must be more specific and flexible.*

*A clearer and more efficient protocol for referral must be developed and its usage must be carefully explained to all of the teachers.*

*In addition to the referral sheet, the Family Services Unit and what it does and the program should also be explained*

*Once again we have to differentiate between:*

*-internal efforts which the teachers themselves and their organizations (for example, the Timoneda Association), advisors, school administrators must make to get information to the rest of the staff and especially to parents, their organizations and parent-teachers associations, etc...*

*-external efforts which would entail the Service and other institutions providing information about resources and standardizing their usage.*



## Documento para la discusión

II.

In this second part there are no more summaries to offer you. The idea is to comment on the rest of the process, especially those aspects that could be improved or that we simply haven't taken into account. We are including some questions about aspects that we have heard you talk about in your meetings, but you can, of course, discuss any issue that you feel is appropriate.

For example, the other day I heard someone mention that the flow of information or feedback between the FSU and teachers while a student was being treated had not been well-established or defined....**What suggestions do you have in this regard? What are the advantages of your proposals?**

Now that this exercise is coming to an end, ...**In what ways has it been most useful to you? What have you or we learned?..... What have the students learned?**

## Respuestas del grupo

*It isn't that we want to share treatment, but we think it is necessary to get feedback from the FSU.*

*Information about treatment and follow-up should be more formalized.*

*We need more information about:*

*-the times that they come,*

*-rules to follow during treatment: what is it that we are doing wrong or is there something we can contribute, even if the answer is no*

*-if they are referred to some other agency*

*Yes, in order to find out things about the student that we didn't know.*

*To find out that in some cases, the students have a different kind of problem that we might have detected earlier. For example, when it is necessary to refer a student to a psychiatrist.*

*For times when you are extremely concerned ...*

## Documento para la discusión

In addition to everything that has happened, to everything that we have seen and learned, there are certainly a few things we still need to cover ... *¿Can you think of any training or intervention activity that we might include to improve teachers' ability to deal with problematic students, or ways to improve the relationship between teachers and the FSU? Any type of suggestion for improvement is welcome!*

An now, to conclude, I would personally like to say that you are a wonderful group of professionals. It has been a pleasure to work with you and I would have liked to have had teachers like you. And now, for the last question: ....*Conclusions? In your opinion, what are the main conclusions that can be drawn from this year's program?*

*Than you again for your time and for being who you are. We will continue to work with everything you have given us. With much warmth and affection ....*

*As regards the reasons for referral: we have some doubts about what these reasons can or should be. There could be a "prior channel" for Timoneda teachers. They could also be advisors or supervisors when we have some doubts about a case.*

## Respuestas del grupo

*Consultations could be made by telephone. For example, at a specific time on a specific day once a week or every two weeks. One of the therapists could help us with our questions. This could also be done by e-mail and even though telephone communication is better, there is more or less feedback depending upon the person you talk to*

*A more complete explanatory pamphlet of some sort should be made.*

*Participating teachers should have at least three meetings a year (academic year) with the FSU. There should also be meetings during treatment to get information about the process.*

*It would be helpful to receive some training about how to carry out interviews with parents, other teachers, etc. .... This is fundamental!*

*This project has been very useful to me and my students. They are more interested and better than before. The school has also benefitted. Treatment and attendance at maturation group meetings has been formalized.*

*Better attitudes are transmitted to colleagues. Relationships between professionals have improved. We do things that we weren't able to do before.*

*In order to improve our schools: their functioning, interviews with parents and advisors, coordinating with advisors, other teachers, the psychologist, and the students.*

*Our dynamics have improved and are more positive, and when there is a conflict, everyone gets involved.*