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associates

An Empower Community Care Organization

Service Provision Alignment

Goals, Objectives and Interventions for Emotional Regulation

ALIGNING CLINICAL AND NON-CLINICAL SERVICES WITH YOUTH NEEDS, BASED ON DJJ'S
REFERRAL AND REQUESTED SERVICES FOR AGGRESSION AND ANGER MANAGEMENT

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Agenda

- Important Reminders
- Building Blocks for Service Planning
- Guidelines for SMART GOALS
 - Aggression and Emotions Defining the problem
 - Goals, Objectives and Interventions

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Important Reminders

Finalizing Reports and File Naming

- All clinical services must be SIGNED by a qualified professional (not a typed name)
 - Services provided by a QMHPS, Supervisees, Residents and CSACs MUST be SIGNED by a LMHP.
 - **Note new Regulation pending for QMHPS
- Always save in PDF Format to protect your documentation.
- Please use this naming convention:
 - CSU# youth name_ Provider name and service as applicable.
 - Example: CSU13 Youth DSP_Service
 - If it is for GREAT Programing, add GREAT to the file name. Example: CSU15 Youth name_ DSP_GREAT

Billing

- Activity Forms must match the monthly reports documentation.
 - Specially note the Service Name and Authorization Dates must match the EBA issued POSO
 - All billed sessions must include session details on the monthly report.
- List the Therapist or assigned Service Providers Name

Fiscal Yearend is quickly approaching!

- All billing questions or late submissions must be sent by May 5th.
- Billing timeline accelerated for May Services.
 - Residential and Daily Services – Due May 30th
 - Activity Form and Reports are required by June 2!
 - Early submissions appreciated!

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Changes to the QMHP regulations are pursuant to SB403 of the 2024 General Assembly, changes take effect on May 7, 2025.

Qualified Mental Health Professionals

"Qualified mental health professional" means a person who has (i) completed, at a minimum, a bachelor's degree; (ii) registered with the Board to practice in accordance with the provisions of [§ 54.1-3520](#) and the regulations of the Board; and (iii) a combination of work, training, or experience in providing collaborative behavioral health services for youth or adults. A "qualified mental health professional" includes a qualified mental health professional-adult and qualified mental health professional-child. A "qualified mental health professional" shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or the Department of Education or a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional in accordance with the provisions of [§ 54.1-3521](#) and is registered with the Board. A "qualified mental health professional-trainee" shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or the Department of Education or a provider licensed by the Department of Behavioral Health and Developmental Services.

NEW Regulatory Changes: (Effective May 7, 2025)

- Changes to the QMHP regulations are pursuant to SB403 of the 2024 General Assembly. These changes will take effect on May 7, 2025. The information below is to allow applicants, registrants and Agencies time to prepare for the new changes.
- There will no longer be a different registration for QMHP-Adult (QMHP-A) and QMHP-Child (QMHP-C). There will only be one registration called QMHP.
- QMHP-Trainee's and QMHP's education requirements have changed.
- QMHP-Trainee's and QMHP's must complete required didactic training prior to being approved.
- QMHP-Trainee's must renew their registration every year.
- Supervised experience has been reduced to 1,500 for those who do not hold a degree in human services or special education.
- **QMHP's with three years of experience can supervise QMHP-Trainees after completing the supervision training.**
- **All supervisors are required to complete training prior to supervising QMHP-Trainees.**
- Please review the proposed changes to the regulations at <https://townhall.virginia.gov/L/viewXML.cfm?textid=18811&replace=yes>.
- Please review the [Key Changes PowerPoint](#) for a summary that compares the current requirements with the new changes.
- Contact Information:
 - Email: qmhp@dhp.virginia.gov
 - Phone: (804) 367-3053 Fax: (804) 977-9772
 - Address: 9960 Mayland Drive Suite 300 Henrico, VA 23223

NEW Regulatory Changes

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Service Matching

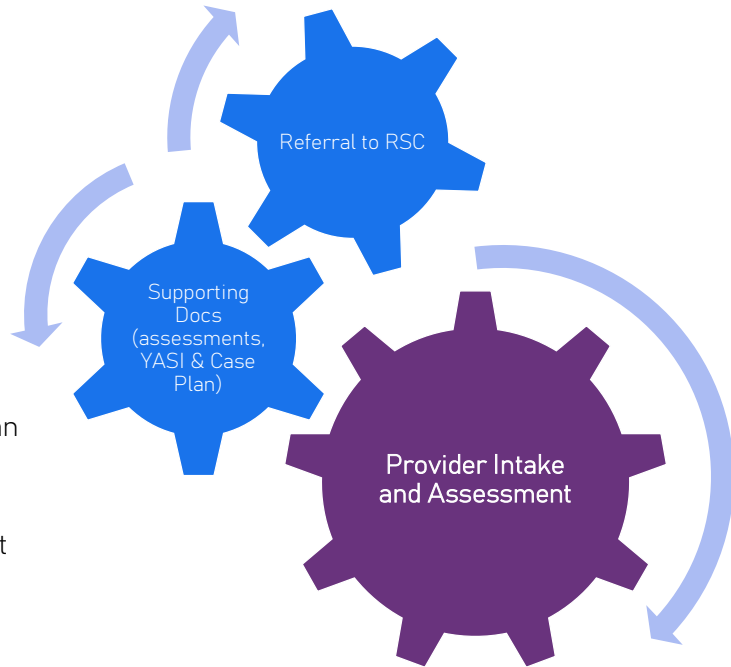
Right Youth - Right Intervention - Right Time

- ✓ Service Matching hinges on accurate assessment and use of the assessment to inform decision-making and service provision.
- ✓ Alignment with DJJ Request, RSC referral to a DSP and a DSP assignment of a staff member or therapist.

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How to develop Youth specific service plan?

- RSC Referral
 - Referral form, YASI & Case Plan
- Prior Assessments
- Internal Intake and Assessment



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Continuity from Referral to Services

RSC Model Service Referral and Rationale Virginia Department of Juvenile Justice

EVALUATION REQUEST

Requested Evaluation Type: Choose an item.

Is this evaluation court ordered? Choose an item. Recommendations needed by: _____

What questions need to be answered during the evaluation? Explain the purpose and goals: _____

SERVICES REQUESTED Use the web links on the last page to select available providers and services in each region.

1) Sub-Category: Choose an item. Target Area for Service: Choose an item.

Requested Start Date: _____ Pre-Release Services: Choose an item.

Provide a detailed rationale and goals (include requested service, provider, and/or dosage if needed):

2) Sub-Category: Choose an item. Target Area for Service: Choose an item.

Requested Start Date: _____ Pre-Release Services: Choose an item.

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Reporting Month: February 2025

YOUTH INFORMATION		
Youth's Name:	Juvenile #:	DOB (Age): enter DOB
Assigned DJJ Office: Choose.		Assigned DJJ Staff:
PROVIDER & SERVICE INFORMATION		
Provider:		
Staff Name/Credentials:	Email:	Phone:
Service(s): Click		
Authorization Dates (POSO):		Anticipated Completion Date:
Service Start Date: <u>Select date</u>		Pre-Service Engagement Date: <u>select date</u>
Explain:		
Most Recent YASI Date:		
Targeted YASI Priority for this Service: YASI domain		
Rationale for Service:		
OVERALL PROGRESS SINCE SERVICE BEGAN		

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Case Plan Sample

- Referrals and service are often identified in the case plan process.
- **The DSP Plan should be different** but aligned the overall goals.

Comprehensive Case Plan: Resident D

Priority 1: Aggression/Violence

Targeted Items:

- Believes violence is sometimes appropriate or necessary

Protective Factors:

Responses did not produce protective factors.

Long Term Goals:

Resident D should examine and change beliefs about the use of physical and verbal aggression as an appropriate/necessary way to solve problems.

Resident D will utilize the thinking patterns learned that support pro-social, non-aggressive behavior in the community.

Short Term Goals:

Resident D should learn about how interpretations of events can lead to aggressive behavior and develop new ways of viewing events.

Resident D should learn strategies for handling frustration without becoming aggressive

Priority 2: Community/Peers

Targeted Items:

- Youth is a delinquent leader who is admired by peers

Protective Factors:

Responses did not produce protective factors.

Long Term Goals:

Resident D will improve pro-social support network by reducing or eliminating associations with criminal friends.

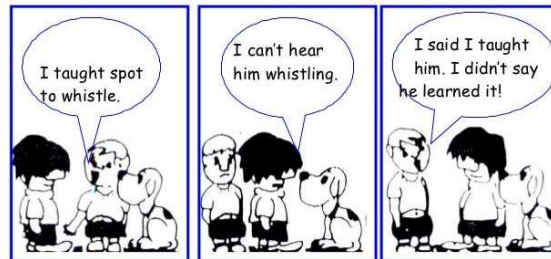
Resident D will continue to seek out relationships that promote positivity in the community.

Resident D will significantly reduce the number of negative peers he associates with in the community.

Short Term Goals:

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When writing goals, avoid words like Teach and Learn.



Think about **START** behaviors vs **STOP** behaviors.



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Which of these dynamic YASI factors may also be tied to Aggression and Anger?

Aggression/Violence	Attitudes	Skills
<ul style="list-style-type: none"> • Hostile interpretation of actions and intentions of others in a common non-confrontational setting • Tolerance for frustration • Belief in use of physical aggression to resolve a disagreement or conflict • Belief in use of verbal aggression to resolve a disagreement or conflict 	<ul style="list-style-type: none"> • Associates the youth spends his/her time with • Attachment to positively influencing peer(s) • Admiration/emulation of high-risk delinquent peers • Amount of free time youth spends with negatively influencing/delinquent peers • Strength of negatively influencing/delinquent peer influence • Number of existing positive adult relationships in the community • Pro-social community ties 	<ul style="list-style-type: none"> • Consequential thinking skills • Social perspective-taking skills • Problem-solving skills • Impulse-control skills to avoid getting in trouble • Loss of control over delinquent/criminal behavior • Interpersonal skills • Goal-setting skills

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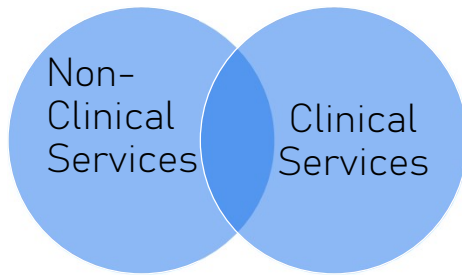
Which of these dynamic YASI factors may also be tied or impacted by aggressive behavior and anger management?

Employment & Free Time	Community and Peers	Family
<ul style="list-style-type: none"> • Positive personal relationship(s) with current employer(s) or adult coworker(s) • Structured recreational activities • Unstructured recreational activities • Challenging/exciting hobbies/activities • Decline in interest in positive leisure pursuits <ul style="list-style-type: none"> • Static: History of employment • Total number of times youth has been employed • Number of weeks of longest period of employment 	<ul style="list-style-type: none"> • Associates who the youth spends his/her time with • Attachment to positively influencing peer(s) • Admiration/emulation of high-risk delinquent peers • Amount of free time youth spends with negatively influencing/delinquent peers • Strength of negatively influencing/delinquent peer influence • Number of existing positive adult relationships in the community • Pro-social community ties <ul style="list-style-type: none"> • Static: Number of months youth has been associating with negatively influencing/delinquent friends/gang 	<ul style="list-style-type: none"> • Compliance with parental rules • Circumstances of family members who are living in the household • Current living arrangements • Appropriate consequences for bad behavior: Consequences are clearly communicated, timely, and proportionate to the behavior • Parental attitude toward youth's maladaptive behavior • Support network for family; extended family and friends who can provide additional support • Family member(s) youth feels close to or has good relationship with • Family provides opportunity for youth to learn, grow and succeed • Parental love, caring, and support of youth • Level of conflict between parents, between youth and parents, and among siblings

Consider the skills you are teaching and their broad impact on various behaviors and beliefs with a youth.

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How do you pick a lane?
What looks different? Similar?



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Non-Clinical Goals

- Skill-Based Interventions
- Problem-solving skill development
- Communication styles and skills
- Role Modeling and practicing
- Build Community Resources to meet the need and provide support
- Utilize evidence-informed models or curriculums
- Future Focused

Not Crisis focused- Call Crisis Teams or 911

Avoid – Trauma, family dynamics, substance use, etc.



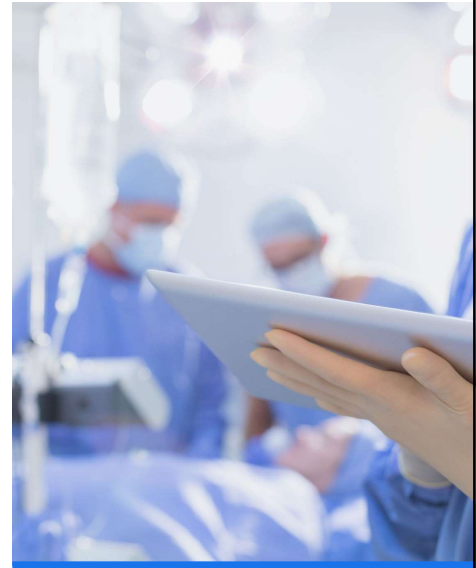
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Clinical Goals

- Past Patterns, Trauma, Family Connections
- Will include how the youth's diagnosis impacts thought patterns, cycles, moods, decisions, etc.
- In-depth approach, think: how does it all fit together? Family history, peers, community?
- Skill Development (to include everything on the non-clinical interventions)

Lead in other services

Case collaboration is important



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The diagram illustrates the power grid structure:

- GENERATION:** Includes Power Station, Fuel Transformer, Solar, and Wind Farm.
- TRANSMISSION:** Includes Transmission Substation and Transmission Lines.
- DISTRIBUTION:** Includes Distribution Substation, Distribution Control Equipment, Commercial & Industrial Users, and Residential Customers.

Voltage levels are indicated at the bottom:

- up to 1000 kV (Transmission)
- 138 kV (Transmission)
- 138 kV (Sub-Transmission)
- 69 kV (Distribution)
- 7-13 kV (Distribution)

There is a difference between user-friendly, comfortable, and technically (or clinically) trained! (Non-Clinical vs Clinical Services)

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Aggression/ Violence

TARGETED TOPIC

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AGGRESSION

7-2	Hostile Interpretations - actions / intentions others
7-3	Tolerance for Frustration
7-4	Belief in Use of Physical Aggression to Resolve Disagreements / Conflict
7-5	Belief in Use of Verbal Aggression to Resolve Disagreements / Conflict

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Sample SMART Goals, Objectives and Interventions for Communication

- Goal: Improve communication skills and express their thoughts and feelings in an assertive manner at least 1x per week for the next 3 months.
- Objective: Identify at least 3 positive communication skills such as "I" statements, active listening and begin implementing them 1x per week for the next 3 months.
- Intervention: Practice conflict resolution skills in session with therapist

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Start with a strong Service Plan

- The monthly report template does not replace the need for a treatment or service plan (but you can combine them).
- **Set SMART goals and objectives that align with your service and identified needs.**
 - Family voice and choice should be 'seen'.
 - The goals should align with the YASI needs.
 - Address and capture responsivity barriers, as needed.

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Goal- Emotional Regulation AKA Anger Management

Identify and implement anger management skills that reduce frequency and intensity of irritability, anger, and aggressive behavior 1x per week for the next 3 months.

Significantly reduce frequency and intensity of temper outburst 3 days per week for the next 3 months.

Terminate all acts of aggression including destruction of property, physical aggression, and acts of violence or cruelty toward people or animals 7 days a week for the next month.

Interact consistently with adults and peers in a mutually respectful manner 3 x per week for the next month (as observed by the Family, Mentor or Life coach on community outings)

Reduce frequency of passive-aggressive behaviors by expressing anger and frustration through controlled, respectful, and direct verbalizations 2 x per week for the next 3 months.

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EMOTIONS ICE BERG



Describe the behavior and define the problem you are trying to solve.

- What does the current behavior look like?
- Feelings are VALID!
- How does the youth's expression of anger impact their daily living and relationships (i.e. family, school, home, work, conversations with peers).

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Where is the focus different between clinical and non-clinical services?



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Sample Objectives

- Identify situations, thoughts, and feelings that trigger angry feelings, problem behaviors and the targets of those actions 1x per week for the next 3 months.
- Increase the number of statements that reflect an acceptance of responsibility for the consequences of angry and aggressive behavior 1x per week for the next 3 months.
- Identify and implement calming strategies as part of a new way to manage reactions to frustrations 1x per week for the next 3 months.
- Identify, challenge, and replace self-talk that leads to frustrations, anger, and aggressive actions with self-talk that facilitates more constructive reactions 1x per week for the next month.
- Identify and implement thought stopping to manage intrusive, unwanted thoughts that trigger anger and angry actions 1x per week for the next 3 months.
- Verbalize feelings of frustration, disagreement, and anger in a controlled, assertive way 1x per week for the next 3 months.
- Implement problem-solving and conflict resolution skills to manage personal and interpersonal problems constructively 1x per week for the next 3 months.
- Practice using new calming, communication, conflict resolution and thinking skills 1x per week for the next 3 months.
- Identify social supports that will help facilitate the implementation of new skills 1x per week for the next 3 months.
- Increase compliance with rules at home and school 5 days per week for the next 3 months.
- Objective-Increase the frequency of civil, respectful interactions with parents/adults 5 days per week for the next 3 months.
- Increase the frequency of responsible and positive social behaviors 3x per week for the next 3 months.
- Keep a daily journal of persons, situations, and other triggers of anger, recording thoughts, feelings, and actions taken for the next month.
- Identify and verbally express feelings associated with past neglect, abuse, separation or abandonment 1x per week for the next 3 months.

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Sample Goal- Conduct Disorder/Violence

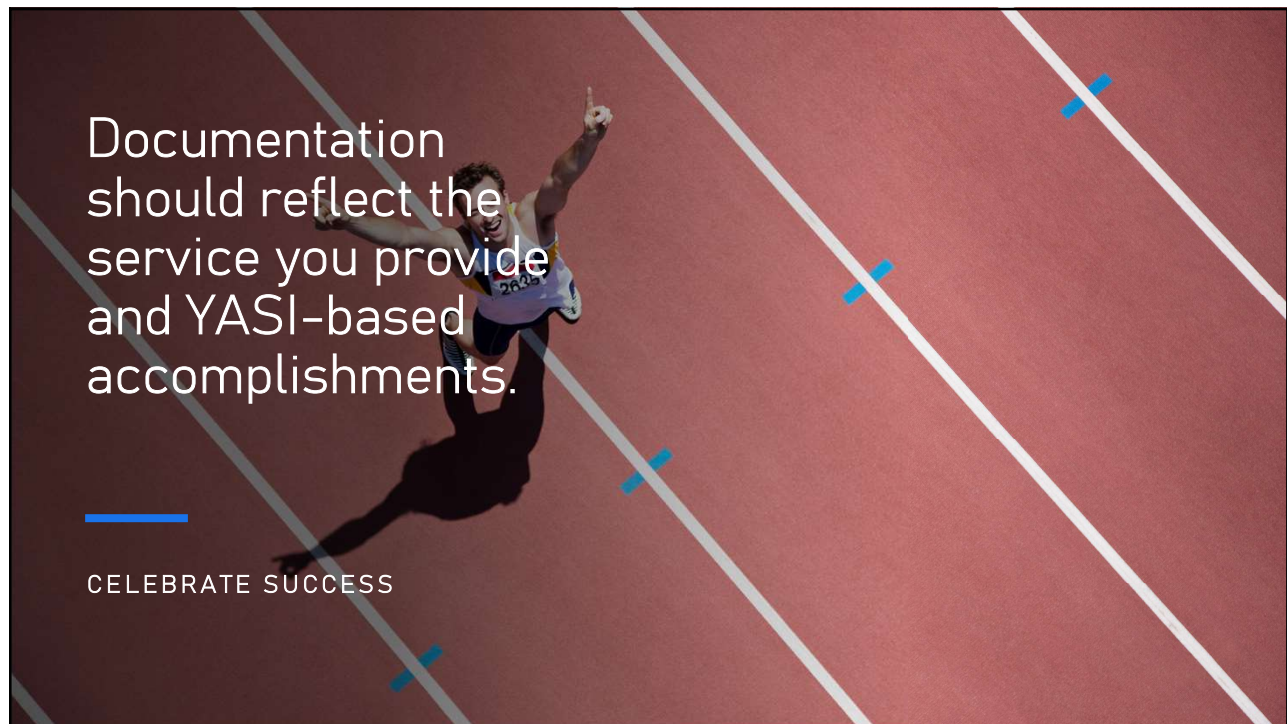
- Consistently comply with rules and expectations in the home, school and community 7 days a week for the next 3 months.
- Eliminate all illegal and antisocial behavior 7 days a week for the next 3 months.
- Demonstrate empathy, concern, and sensitivity for the thoughts, feelings and needs of others 7 days a week for the next 3 months.

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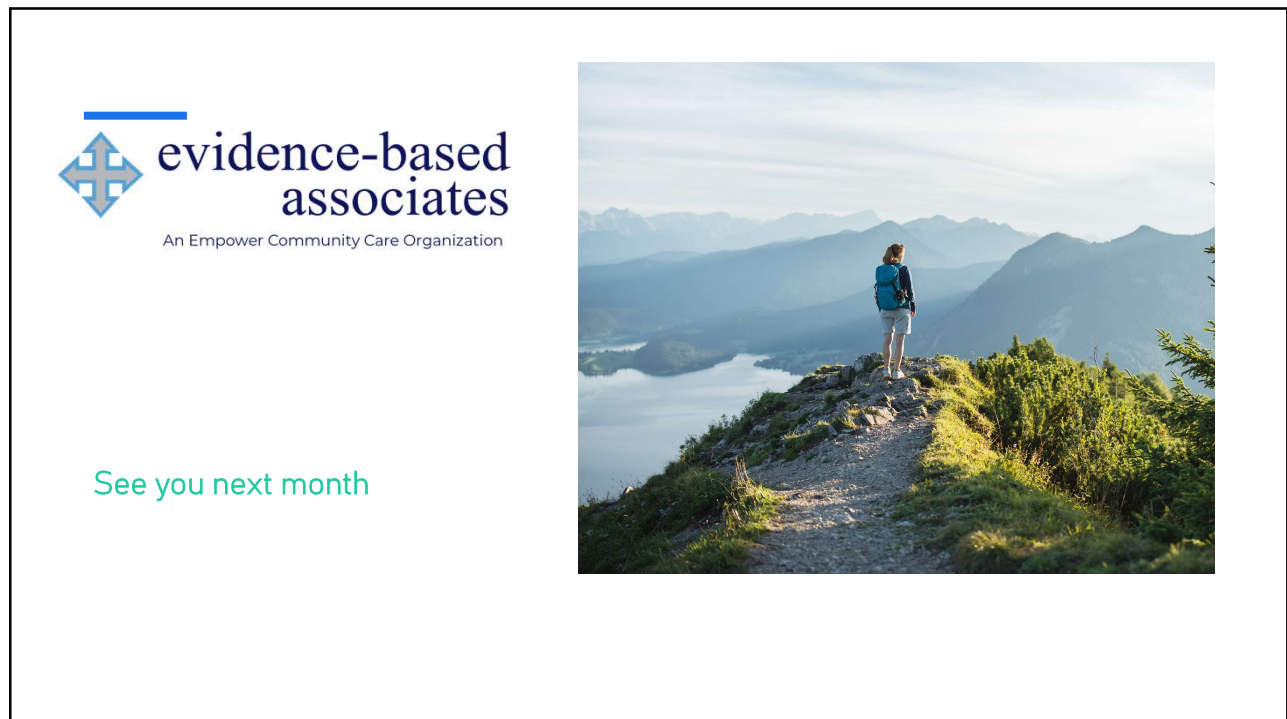
Sample Objectives

- Identify situations, thoughts, and feelings that trigger antisocial feelings, problem behavior and the target of those actions 2 x per week for the next 3 months.
- Increase the number of statements that reflect an understanding of the consequences of disruptive behavior and acceptance of responsibility for it 2 x per week for the next 3 months.
- Verbalize alternative ways to think about and manage anger and misbehavior 1 x per week for the next month.
- Identify and implement calming strategies as part of a new way to manage reactions to frustration 2 x per week for the next month.
- Identify, challenge, and replace self-talk that leads to frustrations, anger, and aggressive actions with self-talk that facilitates more constructive reactions 1x per week for the next month.
- Identify and implement thought stopping to manage intrusive, unwanted thoughts that trigger anger and angry actions 1x per week for the next 3 months.
- Verbalize feelings of frustration, disagreement, and anger in a controlled, assertive way 1x per week for the next 3 months.
- Implement problem-solving and conflict resolution skills to manage personal and interpersonal problems constructively 1x per week for the next 3 months.
- Practice using new calming, communication, conflict resolution and thinking skills 1x per week for the next 3 months.
- Identify social supports that will help facilitate the implementation of new skills 1x per week for the next 3 months.
- Increase compliance with rules at home and school 5 days per week for the next 3 months.
- Increase the frequency of civil, respectful interactions with parents/adults 5 days per week for the next 3 months.
- Increase the frequency of responsible and positive social behaviors 3x per week for the next 3 months.
- Identify and verbally express feelings associated with past neglect, abuse, separation or abandonment 1x per week for the next 3 months.

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