

PEER REVIEW AND CASE CONSULTATION

DESCRIPTION

Peer (colleague-to-colleague) and case (service provider-to-service provider) consultation are two mechanisms to review and adjust treatment plans, interventions, and treatment goals to ensure that services are being delivered to address the most important problems/issues.

RATIONALE

Through peer and case consultation, school mental health providers are able to evaluate student's progress toward treatment goals regularly and in an objective manner.

RECOMMENDATIONS

The following recommendations are intended to offer guidelines on establishing peer review and case consultation processes within school mental health services.

1. Arrange for school mental health providers to work with one another periodically to review each others' cases and consider whether documentation is consistent across the program, and are meeting regulations.
2. Create a peer-review process to evaluate whether providers are following delineated policies and procedures in their paperwork.
3. Consider multiple approaches to a peer review process, including performing chart and quality improvement reviews, establishing a local ethics review board or quality improvement team, beginning a peer review process within group [supervision](#), or forming a peer group for didactic presentations.
4. Determine who will coordinate case conferences and which staff should participate. Decide on time and frequency and process for prioritizing cases.
5. Determine process for documenting case conferences.
6. Remember that case conferencing can provide opportunities for [interdisciplinary](#) training.
7. Evaluate students on providers' caseloads for symptom improvement.
 - Examples of ways to monitor improvement include:
 - a) Choose an evidence-based practice checklist for each symptom or problem
 - b) Track progress by change in scores from [validated measures](#)
 - c) Graph progress so you can show the student and his/her parents and teachers
8. Ask students to evaluate their therapy and bring these responses to case conferences or peer reviews.
9. Ask family members and teachers to evaluate students' progress at home and in the classroom and bring these responses to case conferences or peer reviews.
10. Review caseload for possible students to students who no longer need services. **Be mindful of the tendency to continue to work with students who have resolved their**

presenting issue but still want continuing services. While this is not necessarily a problem for students under severe chronic stress, school mental health providers should ensure that they are fostering independence; and encouraging the student to rely on other sustainable school and community resources. Some questions to consider when determining whether to terminating counseling (i.e. completing treatment) for a student:

- Have the student's goals been met?
- Can you reduce the level of services? (e.g., meet less frequently)
- Can you change the type of treatment to a less intensive form (e.g., groups, mentoring)?
- Can you refer any students to community supports (e.g., case management services, mentoring programs)?

REFERENCES

The University of Maryland's Center for School Mental Health (2008). *School Mental Health Quality Assessment Questionnaire (SMHQAQ) Quality Indicator Power points, Indicators 9,20*. Retrieved from <http://www.schoolmentalhealth.org/Resources/Clin/QAIRsrc/QAQP>

RESOURCES

<http://dhs.sd.gov/dmh/documents/AlternativeCaseConfModule-Cline.pdf>

Sample of an alternative case consultation format

Gerald Caplan and Ruth B. Caplan (1999), *Mental Health Consultation and Collaboration* Waveland Press, New York.

<http://www.psychservices.psychiatryonline.org/cgi/content/abstract/28/12/889>

A journal article referring to peer review in mental health