A Manual for School Social Work Practice in Minnesota

A joint project between the Minnesota Department of Education and the Minnesota School of Social Workers Association

2007
PREFACE

The Minnesota Department of Education (MDE), in partnership with the Minnesota School Social Worker Association (MSSWA), collaborated to develop this manual for school social workers in Minnesota. This document is the result of a collegial effort and is intended as a reference manual for educationally relevant social work services in Minnesota schools. Our hope is that this document will be regarded as a valuable resource to practitioners and school administrators to promote collaboration and assist in the understanding of the unique contribution that school social work services bring to a child, school and community.
ACKNOWLEDGEMENTS

Many wonderful people participated in the development of this manual. Their willingness to share their ideas and resources, review the document for publication and promote its utilization is very much appreciated.

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Materials in this manual are intended for educational purposes only. The information contained herein is not intended to substitute for professional training, services or intervention.

The opinions and perspectives expressed in this document do not necessarily reflect the position or policies of the Minnesota Department of Education or its employees, nor should any official endorsement be inferred.
PURPOSE OF THE MANUAL

The purpose of this manual is to clarify the role of school social work services in Minnesota schools and provide a reference to social work practitioners and school administrators regarding educationally relevant school social work practices. The manual is divided into sections that address the most relevant topics for school social work practice.

Information is provided regarding the scope of practice for social work in educational settings, social work standards of professional practice and level of licensure and training requirements.

The legal mandates that impact social work practices are outlined and links are available to the actual federal and state legislation. Individuals with Disabilities Education Improvement Act (IDEA, 2004) and No Child Left Behind (NCLB, 2001) are addressed.

Best practice references and guidelines are included regarding evaluation and assessment, intervention strategies and assessing the outcomes for school social work practices.

There are chapters dedicated to providing current information about special education policy and procedures and children’s mental health issues.

A resource and reference section is provided.

This manual is available electronically at http://education.state.mn.us/mde/Learning_Support/Special_Education/Birth_to_Age_21_Programs_Services/Mental_Health/index.html

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Chapter 1

Mission of School Social Work Practice

Philosophical Perspective
Role of School Social Workers
Chapter I: Mission of School Social Work Practice

Objective: To describe the philosophical and ecological perspective of the role of school social workers in Minnesota schools.

School Social Work Mission: The mission of school social work is to promote academic success by reducing social, emotional, economic and environmental barriers to learning.

Philosophical Perspective of School Social Work

The uniqueness of school social work lies in the ecological perspective in which the student is viewed within the context of the classroom, the family, the community and his or her culture. Training as a social worker prepares professionals to understand how community and societal issues impact students and it teaches us to assess the functioning of individual students in the context of multiple environments. The focus on the student and the environment organizes our approach towards building on strengths rather than centering on pathological deficits. Interventions that promote positive educational outcomes for all students are embedded in the historical social work commitment to social and economic justice for all people.

School Social Workers build partnerships between families and the school to develop a shared approach which will promote the individual student’s learning.

Role of School Social Work

School social workers are professionals who meet the state requirements to practice social work in the school setting. School social workers help students to address barriers to learning through an ecological perspective in which the student is viewed within the context of the classroom, the family, the community and culture. School social workers are prepared to understand and assess the functioning of an individual student within the context of multiple environments. School social workers provide services to all students related to the student’s social and emotional adjustment to school, family, community and society. School social workers are the link between the home, school and community providing direct and indirect services to students, families and school personnel to promote and support students’ academic and social success. School social workers are prepared to provide a breadth of services (See Appendix: Role of the School Social Worker) as members of multidisciplinary school teams. These services include, but are not limited to:

- assessment and screening,
- counseling and support groups,
- crisis intervention,
- home-school collaboration,
- advocacy,
- services to families,
- services to school staff,
- coordination of community agency services,
- classroom presentations, and
- program, resources and policy development.
CHAPTER II

SCHOOL SOCIAL WORK PRACTICE

School Social Work Licensure Requirements
Levels of Social Work Licensure
Supervision Requirements
Accredited Social Work Programs in Minnesota
MN Board of SW Standards of Professional Practice
and Compliance Provisions
NASW Code of Ethics
NASW Standards for SSW Practice
Standards of Cultural Competence
Confidentiality
Record Keeping
Chapter II: School Social Work Practice

Objective: To describe the licensure requirements of school social work, the four levels of social work licensure, the kinds of services that social workers provide at each licensure level, identify resources regarding standards of practice and requirements for supervision.

School Social Work Licensure Requirements

School social workers must hold both a license from the Board of Social Work and the Board of Teaching. They must also graduate with a baccalaureate degree or master’s degree from an accredited social work program and have passed the national, multiple choice examination provided by the Association of Social Work Boards (ASWB), or a comparable examination as determined by the Board in order to work in the schools. It is the responsibility of the school social worker to maintain current licensure.

The Board of Social Work licenses social workers at the following level of licensure: Licensed Social Worker (LSW), Licensed Graduated Social Worker (LGSW), Licensed Independent Social Worker (LISW) and Licensed Independent Clinical Social Worker (LICSW). The Board of Social Work requires thirty hours of continuing education for every two year renewal period. Two continuing education hours must be obtained in ethics content at each license renewal. For specific topic requirements for continuing education, contact the Board of Social Work. Renewal is required by the last day of the month of your birthday.

LSW and LGSW must be supervised for at least 4000 hours of supervised practice following licensure (please see Levels of Social Work Licensure for more information).

Questions regarding social work licensure can be answered at the Minnesota Board of Social Work, 612-617-2100 or www.socialwork.state.mn.us.

The Board of Teaching licenses social workers as School Social Workers. After the initial two year license, a School Social Work license must be renewed every five years. To renew a five year School Social Work license, every staff member needs to have 125 clock hours of continuing education every five years. The Board of Teaching requires that of these 125 clock hours, a licensure candidate needs to have completed clock hours in Recognizing Early Warning Signs of Children Mental Health Disorders and clock hours in Positive Behavior Interventions.

Information regarding license renewal can be obtained on the Department of Education website at http://education.state.mn.us.

Levels of Social Work Licensure

Like teachers, social workers in Minnesota can be licensed at both the bachelors and masters level to work as school social workers. But the social work license, issued by the Minnesota Board of Social Work and required for a school social work license, is complicated because it has four levels of licensure. Level of licensure determines the kinds of services that social workers may provide. Matching the appropriate social worker to the job description may be a bit of a challenge, one further complicated by the variety of roles and functions a social worker may perform in a district and by the widely varied ways districts conceptualize social work services.
Licensed Social Worker (LSW)

The Licensed Social Worker (LSW) must have a baccalaureate degree in social work and pass a licensing exam.

The LSW is educated to help people in the context of their social environments. This means that the social worker does not simply focus on a student who is struggling, but also considers the environmental causes (home situation, peer interactions, neighborhood conditions, classroom climate, etc.) of student behavior. This holistic approach also considers what effect the student has on others (like other students, teachers, and parents). A LSW might be interested in helping a group of students with difficulties in peer interactions, helping a teacher re-structure a class to better meet a student’s need or helping parents create a discipline program to develop a bedtime routine so as to improve a student’s ability to concentrate in school. Because of their emphasis on the environment, LSW social workers might also work with a local low-income housing project to coordinate safe study areas or after-school care. LSW social workers might also implement school-wide intervention or prevention programs such as decreasing bullying or creating a respectful climate. LSWs are able to help a school deal with such crisis situations as child abuse or help a family to find resources to prevent being evicted or to apply for medical assistance.

For the first two years of practice after becoming licensed, the LSW must be supervised by another social worker. This supervisor may be a social worker with a MSW degree or one with a BSW degree who has completed his or her own supervision requirements.

Licensed Graduate Social Workers (LGSW)

A Licensed Graduate Social Worker (LGSW) has obtained an MSW degree and passed a licensure examination. Both the education and the exam cover theoretical constructs, research and social work practice and policy in greater depth. The LGSW has experienced two internships and advanced social work coursework.

The LGSW must be supervised for two years of full-time practice (or its part-time equivalent) by a person with an independent license (either a LISW or a LICSW. See below). Depending on personal goals and the needs of the position, the LGSW can either engage in clinical practice or generalist practice. Generalist practice would include the same activities that the LSW social worker would do in a school setting (short-term individual counseling, group counseling, helping parents with student learning issues, consulting with classroom teachers, helping in family or school crises, implementing school-wide prevention efforts, finding resources and reporting child abuse). This social worker could be supervised by either a LISW or a LICSW.

If the social worker is practicing clinical social work, he or she would be able to conduct all of the practice activities that the LSW and generalist social worker perform. In addition to this, the clinical LGSW would be able to diagnose and treat psychosocial problems, disabilities, addictions, emotional impairments and behavior disorders (Minnesota Statute 148D.010, subd 6, 2005). If a LGSW were performing diagnosis and treatment of emotional or behavior problems in students, or billing medical assistance for services, he or she would need to be supervised by a LICSW social worker.
After the equivalent of two years of full-time practice under the supervision of either of LISW or a LICSW, the LGSW social worker is required to take a licensing examination at either the LISW or LICSW level.

**Licensed Independent Social Workers (LISW)**

The Licensed Independent Social Worker (LISW) can provide short-term counseling of students related to specific, short-term concerns (such as problems in peer interaction or bullying), help parents with parenting issues related to school functions (such as attendance), facilitate groups for students around specific concerns (such as anger management or divorce), implement school-wide prevention programs (such as diversity initiatives), develop prevention programs or crisis management policies, consult with classroom teachers (e.g., regarding peer problems in a classroom), help the school find resources (such as glasses or dental care for students, give in-service trainings (such as about child abuse reporting) and work with local agencies in collaborative relationships (such as county mental health teams). LISW social workers do not need to be supervised, except as needed “when appropriate or necessary for competent and ethical practice” (Minnesota Statutes 2005, Chapter 148D.200, subd. 2).

Like LGSW social workers, LISW social workers may engage in clinical practice (see above), but if they do so, they must be supervised by a LICSW social worker for a period of two years (or its equivalent), at which time they would be required to sit for the LICSW examination.

**Licensed Independent Clinical Social Workers (LICSW)**

Licensed Independent Clinical Social Workers may provide all of the services that LISW social workers may provide. They may also practice clinical social work, including the diagnosis and treatment of psychosocial problems, disabilities, addictions, emotional impairments and behavior disorders (Minnesota Statute 148D.010, subd 6, 2005). The LICSW may practice independently as there is no mandate for supervision for the LICSW social worker, except as needed “when appropriate or necessary for competent and ethical practice” (Minnesota Statutes 2005, Chapter 148D.200, subd. 2).

**Supervision Requirements**

The purpose of supervision is threefold: to provide education in social work knowledge, values, and skills; support; and evaluation for the purpose of accountability (Kadushin & Harkness, 2002) to the supervisee. By definition, social work supervision is provided by a social worker with more experience to one with less.

The social work license requires that all social workers receive a total of 75 hours during the first 4000 hours of practice (approximately two years full-time practice) after a social worker is licensed (Minnesota Statutes 2005, Chapter 148D), which translates into approximately 3 hours of supervision per month for social workers working full time. After a certain length of time (4000 hours for BSW-level social workers and 4000-8000 hours for MSW-level social workers), supervision is no longer mandated, however social workers are charged to obtain supervision or consultation “when appropriate or necessary for competent and ethical practice.” (Minnesota Statutes 2005, Chapter 148D.200, subd. 2). At least half of this supervision must be individual, face-to-face supervision. Half may be conducted in a group,
and up to one third may be conducted electronically (via telephone or e-mail).

The Minnesota Board rules for supervision specifically state that supervision is to be provided by a licensed social worker. Social workers who have a BSW degree may be supervised by another BSW social worker who has at least 2 years of experience or by an MSW-level social worker, or a licensed social MSW-level social worker. Supervision for MSW-level social workers must be provided by a MSW-level social worker who has completed two years of supervised practice and passes a licensure examination at either a licensed independent social worker (LISW) or a licensed independent social worker (LICSW). If the MSW-level social worker is practicing “clinical social work” (“differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders” (Minnesota Statute 148D010 subd 6), he or she must be supervised by a social worker with a LICSW license. In situations where a social worker with the appropriate level of licensure is not available to provide supervision, the worker may request a variance from the board of social work, requesting that another mental health professional provide the supervision (Minnesota Statutes 2005, Chapter 148D).

The content of the supervision is to be social work knowledge, values, skills, ethics, standards of practice, with emphasis on standards of practice, ethical conduct, roles, responsibilities, boundaries, power dynamics and permissible scope of practice (Minnesota Statutes 2005, Chapter 148D).

In larger school districts that employ many social workers, experienced social workers often provide social work supervision to those with less experience. In smaller districts, experienced social workers may not be available to provide supervision. In such situations, the social worker must seek a qualified social worker outside the district to provide the necessary social work supervision. Because this supervision is a requirement for licensure, social workers should negotiate time and payment for supervision with the school district.

References


Accredited Social Work Programs in Minnesota

To practice school social work in Minnesota, the following are required:

1. Graduation with a baccalaureate degree from an accredited social work program;
2. Licensure by the Board of Social Work;
3. Licensure as a School Social Worker through Minnesota Department of Education; and
4. Social workers must pass the national, multiple-choice examination provided by the Association of Social Work Boards (ASWB), or a comparable examination as determined by the Board in order to work in schools. (City, county and state employed social workers are exempt from this examination requirement)

For more licensing information, fees, and process please contact:

**Minnesota Board of Social Work**
2829 University Avenue SE
Suite 340
Minneapolis, MN 55414-3239
Telephone: (612) 617-2100
Toll Free: (888) 234-1320
TTY: (800) 627-3529
Fax: (612) 617-2103
http://www.socialwork.state.mn.us/index.htm

**Minnesota Department of Education**
1500 Highway 36 West
Roseville, MN 55113-4266
Telephone: (651) 582-8691
TTY: (651) 582-8201
Fax: (651) 582-8809
Hours: 8:00am to 4:20pm - Monday thru Friday
Personnel.Licensing@state.mn.us
http://cfl.state.mn.us/licen

**Association of Social Work Boards**
400 South Ridge Parkway, Suite B
Culpeper, VA 22701
Telephone: (540) 829-6880
Toll Free: (800) 225-6880
Fax: (540) 829-0142 fax
(888) 579-EXAM Candidate Registration Center
(888) 332-EXAM Hearing impaired candidate registration/TTY
http://www.aswb.org

In order to be eligible for licensure by the Minnesota Board of Social Work candidates must have a **baccalaureate or a master’s degree** from a program of social work accredited by the **Council on Social Work Education (CSWE)** or a **doctoral degree** in social work.
Accredited MSW Programs Social Work Programs in Minnesota

Augsburg College
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</table>
School social workers in Minnesota are licensed by the Board of Social Work and the Board of Education. As such, they must adhere to the Standards of Practice determined by the Board of Social Work Examiners. These standards describe professional and ethical conduct, responsibilities to clients and former clients, recording practices, professional boundaries and prohibitions against personal, business, or sexual relationships with clients or their families. Standards of practice can be found at http://www.revisor.leg.state.mn.us/stats/148D. Because these statutes are a part of Minnesota law, failure to adhere to these professional standards can result in penalties up to and including forfeiture of the license to practice social work.

**NASW Code of Ethics**

The National Association of Social Workers (NASW) is a professional organization that many social workers choose to join. NASW sets professional standards for school social workers, cultural competence and professional behavior. A social worker who joins NASW agrees to adhere to the NASW Code of Ethics, which, although voluntary, constitutes the “gold standard” of professional ethics. This Code is based on the cardinal social work values of service, social justice, dignity and worth of the person, the importance of human relationships, integrity and competence. It summarizes ethical principles and provides standards by which both social workers and others outside the profession may assess a social worker’s professional behavior. The Code of Ethics lists responsibilities to clients, colleagues, employers, the profession and society at large. The NASW Code of Ethics can be found at http://www.socialworkers.org/pubs/code/code.asp.

**NASW Standards of Practice for School Social Workers**

The National Association of Social Workers (NASW) is a professional organization that provides support and information for social workers. They have a school social work section whose purpose is to provide support and education for school social workers. They have identified Standards of Practice for School Social Workers that provide guidelines for professional practice, requirements for preparation and development for the practice of school social work, recommendations for administrative structure and support and a summary of the NASW Code of Ethics. The Standards for Practice of School Social Work can be found at http://www.socialworkers.org/sections/credentials/school_social.asp.

**NASW Standards for Cultural Competence**

School social workers interact with students and families who come from a variety of ethnic and cultural groups. The National Association of Social Workers (NASW) has developed practice standards for such cross-cultural practice. These standards mandate that social workers function within the values of the profession and have an awareness of potential discrepancies in values, customs and beliefs of various groups. As such social workers need self-awareness, knowledge of community resources and the cultures with whom they work. They need skills to understand, empower and advocate for clients from diverse backgrounds. Social workers must obtain professional development and ongoing education to stay abreast of changes in professional practice and the changing needs of their client populations. NASW Standards for Cultural
Confidentiality

The practice of confidentiality in a school setting can pose challenging decisions for a school social worker due to the ecological approach used to meet the needs of a student and multiple factors such as the age of the student, the purpose of the social work involvement, the interests of the parents, teachers and administrators and the ethical and legal parameters of confidentiality. School social workers must pay attention to their ethical and legal responsibility when making professional decisions regarding confidentiality. School social workers need to have knowledge and understanding of their social work code of ethics, standards of school social work practice, federal and state laws and local school district policies that govern client confidentiality and school records. A position statement providing guidelines on confidentiality and school social work practice can be viewed at the School Social Work Association of America (SSWAA) website (http://www.sswaa.org/about/ confidentiality.html).

The social work Code of Ethics and Standards of School Social Work practice can be viewed at the National Association of Social Workers (NASW) website (http://www.socialworkers.org/ practice/ default.asp).


There are times when a school social worker must make a difficult decision about confidentiality and disclosure. The Confidentiality Checklist by Raines (See Appendix) can guide and assist a school social worker with their decision.

Record Keeping

Records created or held by school social workers are considered educational records under Minnesota law. See Minnesota Statutes section 13.32, subd. 1 and 3. Educational records are private data about an individual - the student who is the subject of the record. Generally, such records cannot be released without parental consent. However, they are accessible by parents upon request, and they may be accessible without parental consent by school officials, including teachers, contractors, and volunteers, who have a legitimate educational interest in accessing the records. See 34 C.F.R. §§ 99.10 and 99.31(a)(1). Under federal law, schools must use reasonable methods to ensure that school officials obtain access to only those education records in which they have a legitimate educational interest, and that physical, technological, or administrative controls are in place to restrict access to records. 34 C.F.R. § 99.31(a)(1). Although school social work records are part of the individual student's educational record, the social work records themselves may be stored in a location separate from the central educational record, such as the social work office, in order to increase privacy protections and facilitate the use of the records by the school social worker. If the social work records are stored separate from the student's central educational record, the central educational record should contain a notation that the records are stored elsewhere, including a basic description of the type and nature of the data and the location of the data.

The Minnesota Board of Social Work Practice Act, Minnesota Statutes section 148D.225, subd. 4(a) and (b), outlines the minimum records that social workers must maintain; other laws also may apply to school social workers. Because school social workers are employed by an entity, they should follow the school's record retention schedule, which must be in compliance with Minnesota Statutes section 13.32, for guidance as to how to maintain their social work records.
CHAPTER III
PROFESSIONAL DEVELOPMENT

Introduction
Job description
Interview Questions
Performance Evaluation
Professional Development Plan
Peer Group Consultation
Chapter III: Professional Development

Objective: To provide guidance to school administrators when recruiting and providing supervision to school social workers and to make suggestions for professional development activities pertinent to school social work practices in the school environment.

Introduction

The purpose for this chapter is two-fold. It is intended to provide guidance to school administrators when recruiting and supervising school social workers. An example job description, interview questions and performance evaluation plan are included. These tools need to reflect the actual role and responsibilities required of the school social worker by the setting in which they practice. School social work positions differ depending on the needs of the student population being served, as well as the school’s unique needs. Therefore, responsibilities would also differ and would need to be made clear upon hiring.

The second purpose is to offer suggested processes for professional development activities that are tied to social work practice within the school environment. Two such models are the development of a professional development plan and peer group consultation.
School Social Worker Job Description

MINIMUM QUALIFICATIONS:
Bachelor’s Degree in Social Work
Minnesota Board of Social Work Licensure (LSW)
Minnesota Board of Teaching Licensure

PREFERRED (ADDITIONAL) QUALIFICATIONS:
Master’s Degree in Social Work
Minnesota Board of Social Work Licensure, Clinical Level (LICSW)
Experience working with children and families, especially in a school setting

JOB GOAL:
To maximize school success by addressing and impacting students’ personal, social, and emotional needs in home, school and community.

RESPONSIBILITIES: (will vary across settings)*
1. Assess student functioning, both formally and informally, in home, school and community, identifying factors that may negatively impact his or her education while also assessing strengths.
2. Provide counseling to individuals and groups and their families, using appropriate therapeutic strategies.
3. Promote consistent school attendance.
4. Provide crisis intervention services for students, demonstrating skill in diagnosing and recommending appropriate treatment for mental health/behavioral needs.
5. Consult and collaborate effectively with community agencies and other mental health professionals to coordinate service.
6. Actively participate in multidisciplinary teams, and provide consultation to school personnel regarding home, neighborhood and community conditions that may affect student well-being.
7. Demonstrate knowledge of district, state and federal policies, including due process guidelines and child abuse/neglect reporting.
8. Maintain records and billing in a manner consistent with district practices.
10. Prioritize school social work needs and manage time accordingly.
11. Uphold the ethical standards of the Social Work profession.

MSSWA – 2006
*School social work positions differ depending on the needs of the student population being served, as well as the school’s unique needs. Therefore, responsibilities would also differ and would need to be made clear upon hiring.
School Social Worker Interview Questions*

Applicant's Name ___________________________                 Date _______________

(MAY RATE EACH QUESTION 1-5)

KNOWLEDGE AND EXPERIENCE
1. Describe your education and how it may have helped prepare you for this position.
2. Please tell us about your background in working with children who exhibit social/ emotional problems in a school or other setting.
3. Have you had a practicum/internship or related experience in school social work? If so, describe your tasks and responsibilities and what you learned from this experience.
4. What do you think the role of the school social worker is in:
   a. An IEP meeting
   b. Developing a positive school climate
   c. Reporting abuse/neglect

SKILLS
5. Describe how you would assess the needs of a child who is being referred by a classroom teacher or by a parent.
6. How might you use technology to help you be more efficient?
7. How important is race, ethnicity, cultural and social factors when assessing a student for special education? Describe how you might relay this to the team.

SCENARIOS
8. You have been asked to facilitate a small group to teach social skills. How would you proceed?
9. A junior high girl told her teacher that a friend of hers told her she was going to kill herself. The teacher told you. What do you do?
10. A parent of one of the students you work with on an IEP is calling you and the teacher at least weekly, saying they are upset with their child’s program, and is bad-mouthing the teacher to you. What steps might you take to resolve this conflict?
11. You hear from a teacher that “Jimmy” has increasingly aggressive behavior toward others. He is not on an IEP. The teacher has asked him to stop, but the situation is getting worse. How would you handle this?
12. There is chatter about certain students in the teachers’ lounge that you feel is inappropriate. Tell what you know about the Data Privacy Act and how you might handle this kind of situation.

*Questions should be changed or added to fit your school’s SSW position needs.
d. SCHOOL SOCIAL WORK PERFORMANCE EVALUATION EXAMPLE

SCHOOL YEAR ____________________________  DATE ________________________________

SCHOOL SOCIAL WORKER ____________________________  EVALUATOR ____________________________

Instructions: Mark a “B” indicating Below Standard, an “M” for Meets Standard, and an “E” for Exceeds Standard. Evaluator may also indicate movement toward the next level, such as “M-E,” as well as add appropriate comments in the Notes section.

## 1. GENERAL SSW SERVICES

It is an expectation that Minnesota School Social Workers utilize social work skills that commensurate with professional social work standards as outlined by NASW guidelines.

<table>
<thead>
<tr>
<th>Below Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>B/M/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work service is disorganized or poorly defined</td>
<td>Develops, manages and implements effective school social work services</td>
<td>Social work service is recognized as highly effective throughout the school and community</td>
<td></td>
</tr>
<tr>
<td>Uses time ineffectively, not based on prioritized school social work needs</td>
<td>Accurately prioritizes school social work needs and manages time accordingly</td>
<td>Develops a written social work plan based on school social work needs</td>
<td></td>
</tr>
<tr>
<td>Is primarily reactive with few measures of impact</td>
<td>Addresses student needs and measures the impact of interventions</td>
<td>Uses multiple sources of data to measure the effects of SSW services</td>
<td></td>
</tr>
<tr>
<td>Social worker-student interactions include negative or demeaning responses</td>
<td>Builds positive relationships with students through friendly and mutually respectful interactions and home visits</td>
<td>Strengthens relationships with students through participation in community events</td>
<td></td>
</tr>
<tr>
<td>Interactions may not account for the development level or culture of the student</td>
<td>Cares about each student and respects developmental, cultural and socioeconomic differences</td>
<td>Provides leadership in developing a caring and culturally sensitive school culture</td>
<td></td>
</tr>
<tr>
<td>Office area is disorderly and/or not accommodating</td>
<td>Office area is functional and presents a warm and inviting atmosphere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials are not available</td>
<td>Materials are accessible and organized</td>
<td>All materials are organized and professionally displayed</td>
<td></td>
</tr>
<tr>
<td>Demonstrates limited skills in resolving conflict</td>
<td>Effective in resolving conflict and teaching conflict resolution skills</td>
<td>Takes leadership in identifying points of conflict within the school</td>
<td></td>
</tr>
<tr>
<td>Demonstrates limited crisis intervention skills</td>
<td>Displays skill in responding to crisis, ranging from individual to whole school intervention</td>
<td>Is a leader in responding to crisis in the schools</td>
<td></td>
</tr>
<tr>
<td>Demonstrates limited diagnosis and treatment planning skills</td>
<td>Demonstrates skill in diagnosing and recommending appropriate treatment for</td>
<td>Conducts training in understanding and recommending appropriate treatment for</td>
<td></td>
</tr>
<tr>
<td>Necessary school social work notes on students are not organized or accessible.</td>
<td>Student notes are appropriate and organized, indicating problem, intervention(s) and progress</td>
<td>Teaches others on student and programmatic data collection for school social workers</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

### 2. WRITTEN COMMUNICATION

It is an expectation that Minnesota School Social Workers communicate effectively with all students, administrators, parents, staff and community members.

<table>
<thead>
<tr>
<th>Below Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>B/M/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports are poorly written, and/or disorganized, lack individualization</td>
<td>Reports are clear, organized, accurate and individualized</td>
<td>Teaches other social workers to write clear, accurate and individualized reports</td>
<td></td>
</tr>
<tr>
<td>Reports are not completed on time, or are rushed in at the last minute</td>
<td>Reports are completed in a timely manner</td>
<td>Reports are completed ahead of deadline in special circumstances</td>
<td></td>
</tr>
<tr>
<td>Reports tend to be uniform, do not reflect individual differences</td>
<td>Reports reflect sensitivity to diverse student populations</td>
<td>Reports utilize additional resources to interpret data based on diversity</td>
<td></td>
</tr>
<tr>
<td>Emails/letters are often grammatically incorrect or inappropriate</td>
<td>Emails/letters are clear and appropriate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

### 3. PARENT/COMMUNITY COLLABORATION AND REFERRAL

It is an expectation that Minnesota School Social Workers help to ensure the overall success of students and school operations by collaborating with staff, parents, community agencies and community at large (knowledge of community services is necessary).

<table>
<thead>
<tr>
<th>Below Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>B/M/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impedes the team process</td>
<td>Works effectively as a team member, including integrating assessment results</td>
<td>Takes a leadership role in team-building and in developing consensus and cooperation</td>
<td></td>
</tr>
<tr>
<td>May be critical or rigid, ineffective in problem solving</td>
<td>Demonstrates effective problem-solving skills</td>
<td>Is proactive and highly valued as a resource to help solve problems</td>
<td></td>
</tr>
<tr>
<td>Minimal response to requests for professional input</td>
<td>Provides ongoing professional input and expertise for others in the school community</td>
<td>Provides ongoing professional input and expertise to the broader community</td>
<td></td>
</tr>
<tr>
<td>Provides minimal or no consultation with staff and parents</td>
<td>Provides appropriate consultation with staff and parents</td>
<td>Teaches others to provide appropriate consultation with staff and parents</td>
<td></td>
</tr>
<tr>
<td>Below Standard</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
<td>B/M/E</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Demonstrates limited skill in interpreting student referral information</td>
<td>Demonstrates skill in understanding student referral concerns with respect to race, ethnic, cultural and social factors</td>
<td>Seeks additional information and resources to help team understand referral concerns</td>
<td></td>
</tr>
<tr>
<td>Minimal or no review of prior interventions, historical records, or biopsychosocial data</td>
<td>Reviews relevant biopsychosocial data including health history, educational and family history and intervention records</td>
<td>Reviews, interprets and integrates relevant biopsychosocial data, seeking out additional information helpful to the assessment process</td>
<td></td>
</tr>
<tr>
<td>Provides minimal assistance to staff and parents regarding pre-referral concerns</td>
<td>Provides consultation to staff which may include designing pre-referral interventions</td>
<td>Provides ongoing consultation to staff including designing and implementing pre-referral interventions</td>
<td></td>
</tr>
<tr>
<td>Ignores or denies input from school staff or others who may be helpful in addressing special needs of students</td>
<td>Encourages and uses input from others in addressing needs of students</td>
<td>Initiates collaborative problems that address gaps in student services</td>
<td></td>
</tr>
<tr>
<td>Facilitates minimal or no interaction with parents and community</td>
<td>Reaches out to families to get them involved in their child’s education</td>
<td>Provides resource information and/or conducts parent groups to increase parenting skills, including effective involvement in their child’s education</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

### 4. ASSESSMENT/DUE PROCESS

It is an expectation that Minnesota School Social Workers develop and participate in appropriate assessments of student, family and systemic functioning.

<table>
<thead>
<tr>
<th>Below Standard</th>
<th>Meets Standard</th>
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<th>B/M/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates limited ability to select, administer and/or interpret assessments</td>
<td>Demonstrates the ability to select, administer and interpret multiple assessments</td>
<td>Demonstrates knowledge of “cutting edge” assessment tools and practices</td>
<td></td>
</tr>
<tr>
<td>Minimal knowledge or use of non-standardized assessment techniques</td>
<td>Collects assessment data using non-standardized assessment techniques, such as observation and interviews</td>
<td>Uses a wide variety of non-standardized assessment, such as observation and interviews</td>
<td></td>
</tr>
<tr>
<td>Minimal ability to effectively convey assessment results</td>
<td>Interpret and synthesizes data and effectively conveys results to team</td>
<td>Demonstrates outstanding ability to synthesize and effectively convey assessment results</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
5. GROUP AND INDIVIDUAL COUNSELING

It is an expectation that Minnesota School Social Workers meet with students individually or as appropriate, in a group setting, to address students’ social/emotional needs.

<table>
<thead>
<tr>
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<th>B/M/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is an ineffective system for student referrals for groups</td>
<td>A system is in place for student referrals to groups</td>
<td>Uses a needs-assessment tool to develop a referral system for groups</td>
<td></td>
</tr>
<tr>
<td>Groups do not exist, or are poorly run</td>
<td>Conducts groups which develop group identity and in which students are supporting each other</td>
<td>Group participation results in a demonstration of exceptional levels of empathy and support</td>
<td></td>
</tr>
<tr>
<td>Groups are disorganized, not goal-oriented</td>
<td>Targeted skills are acquired through group process with the goal that skills are generalized to other settings</td>
<td>Trains others to conduct effective groups which lead to generalization</td>
<td></td>
</tr>
<tr>
<td>There is an ineffective system for student referrals for individual counseling</td>
<td>A system is in place for student referrals for individual counseling</td>
<td>Uses a needs assessment to develop a referral system for individuals</td>
<td></td>
</tr>
<tr>
<td>May use inappropriate therapeutic strategies</td>
<td>Uses appropriate therapeutic strategies in counseling students</td>
<td>Trains others in the use of appropriate counseling strategies</td>
<td></td>
</tr>
<tr>
<td>No clear goals or measures of outcome of individual counseling</td>
<td>Collects data to show better student self-knowledge and interpersonal skills as a result of individual counseling</td>
<td>Trains others in methods to collect outcome data for individual counseling</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

6. SCHOOL CLIMATE

It is an expectation that Minnesota School Social Workers assist in establishing a positive learning environment that fosters mutual respect and cooperation with staff and students.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Minimal participation in school committees</td>
<td>Actively participates in school committees and advocates for students</td>
<td>Is a leader in fostering effective, positive communication between students and staff</td>
<td></td>
</tr>
<tr>
<td>Minimally involved in school improvement efforts</td>
<td>Involved in improving school programs and overall environment</td>
<td>Takes leadership in improving school programs and overall environment</td>
<td></td>
</tr>
<tr>
<td>Ineffective communication with staff</td>
<td>Effectively communicates with and supports the staff and administration</td>
<td>Effectively communicates with staff and identifies resources for solving staff problems</td>
<td></td>
</tr>
<tr>
<td>Is uninvolved with school programs and committees and does not often interact with</td>
<td>Actively promotes a positive school environment by participation in groups,</td>
<td>While promoting positive environment, also provides appropriate assistance to school</td>
<td></td>
</tr>
</tbody>
</table>
7. **PROFESSIONAL RESPONSIBILITY**

It is an expectation that Minnesota School Social Workers exhibit professionalism and ethical behavior, as well as growing professionally through a variety of sources, such as input from peers and other school staff/parents and participation in workshop activities.

<table>
<thead>
<tr>
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<th>B/M/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiscriminately shares confidential information</td>
<td>Adheres to the Minnesota Government Data Privacy Act regarding students and families</td>
<td>Teaches or helps develop school procedures regarding the Minnesota Government Data Privacy Act</td>
<td></td>
</tr>
<tr>
<td>Fails to demonstrate fairness, integrity and/or ethical behavior</td>
<td>Acts in accordance with social work code of ethics</td>
<td>Takes leadership in developing high levels of integrity within the school</td>
<td></td>
</tr>
<tr>
<td>Participates in professional development if required or at a minimal level</td>
<td>Seeks out and participates in opportunities for professional development</td>
<td>Regularly participates in and takes leadership in providing professional development</td>
<td></td>
</tr>
<tr>
<td>Client feedback is only solicited if required, and results are ignored or minimized</td>
<td>Actively seeks feedback from others, including the use of surveys and uses it to make professional decisions</td>
<td>A variety of feedback is sought and effectively used to make professional practice decisions</td>
<td></td>
</tr>
<tr>
<td>Inconsistent adherence to due process guidelines and limited knowledge of policy</td>
<td>Demonstrates knowledge of district, state and federal policies and adheres to due process guidelines</td>
<td>Teaches other staff members about policies and due process guidelines</td>
<td></td>
</tr>
<tr>
<td>Frequently absent or tardy</td>
<td>Good attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attire may be inappropriate</td>
<td>Appropriate attire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May not get back to people in a reasonable amount of time</td>
<td>Responds to most messages in a timely manner, usually within 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has little or no personal improvement plan</td>
<td>Sets professional goals designed to improve and/or expand SSW role and skill level</td>
<td>Assists or supervises others in setting professional goals</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Adapted from St. Paul Public Schools, Milwaukee Public Schools, Owatonna Public Schools, and Minneapolis Public Schools.

*School social work positions differ depending on such variables as the needs of the student population being served, funding available and the school’s unique needs. Therefore, it is highly unlikely that all of the evaluation questions would be relevant. In addition, common sense would dictate that a school social worker would not be expected to exceed standards in every area.*
Professional Development Process for School Social Workers

Tenured school social workers are required to maintain and improve their professional skills. Continuing education includes post-graduate classes; professional workshops or conferences; and participation on district, state and/or national work related committees. School social workers need current data on research-based, successful interventions for students who are not succeeding at school. School district staff development that is designed for teachers does not always meet the unique needs of a school social worker.

One system used in schools is a professional development process (PDP) (Danielson Model). This process requires the school social worker to develop and implement an annual plan with measurable goals that will be reviewed on a regular basis with documentation of progress toward goal achievement. The plan must be in written form, submitted to the administrator and become a permanent part of the social worker’s employment file. Administrators want the goals and activities of the social worker’s plan to relate to the school or department improvement plan.

Professional development plans will vary in each individual district. Planning tools could include the district school social work job description and/or a district school social work performance evaluation (See page 24 for an example). Methods used to determine plan effectiveness may include peer coaching, development of a professional portfolio, formal and informal observations, participation in a study group, analyzing student data, reviewing student work, action research and journaling. This process can be used as an evaluation tool and would be more helpful than an administrator evaluating a school social worker with a rubric designed for teachers.
Peer Group Consultation and Supervision Groups

School social workers may use the Peer Consultation/Supervision Group Model to meet the state directives for supervision. Peer groups may also serve as a vehicle for training and in-servicing social workers around important practice issues. Peer groups are generally organized according to Elementary, K-8, Middle School, Secondary and Special Education involvement. Membership can also be determined by a group of social workers who identify a specific year-long project or activity or by a group of social workers who need supervision for licensure requirements.

A peer group model is used in Minneapolis Public Schools. Membership in the School Social Work Peer Group is required of all social workers, regardless of assignment. Peer groups accommodate new members when appropriate. It is preferred that Elementary School groups are comprised of members assigned to schools within a reasonable geographic area. Peer groups meet monthly for a minimum of nine times for at least one and one-half hours each meeting. Scheduling must be cleared with building administrators and should be scheduled to interfere as little as possible with building responsibilities. Social workers may accrue recertification credits from group participation according to attendance documentation on meeting summaries submitted to the Social Work Office.
CHAPTER IV
LEGAL MANDATES

Federal
State
Chapter IV: Legal Mandates

Objective: To provide links and a short description of the federal and state mandates that school social workers need to be familiar with to practice in a school setting.

Federal


Individuals with Disabilities Education Improvement Act of 2004 (Pub. L. 108-446) ensures every child with a disability has available a free and appropriate public education that is of high quality, and is designed to achieve the high standards. http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/index.html

Language Instruction for Limited English Proficient and Immigrant Students (Title III of the No Child Left Behind Act) is a federal program for English language learners (ELL) and immigrant children. http://www.ncela.gwu.edu/


Migrant Education Program (Title I-Part C of the No Child Left Behind Act) serves highly mobile migrant students between the ages of 3-21 who travel great distances to harvest US crops. http://www.ed.gov/policy/elsec/leg/esea02/pg8.html


Safe and Drug-Free Schools And Communities (Title IV, Part A of the No Child Left Behind Act) supports programs that prevent violence in and around schools; that prevent the illegal use of alcohol, tobacco, and drugs; that involve parents and communities; and that are coordinated with related federal, state, school, and community efforts and resources to foster a safe and drug-free learning environment that supports student academic achievement. http://www.ed.gov/policy/elsec/leg/esea02/pg51.html
STATE

**MINNESOTA DEPARTMENT OF EDUCATION**: [http://education.state.mn.us/mde/index.html](http://education.state.mn.us/mde/index.html)

**MDE DIVISION OF SPECIAL EDUCATION POLICY**: [http://education.state.mn.us/mde/Learning_Support/Special_Education/index.html](http://education.state.mn.us/mde/Learning_Support/Special_Education/index.html)

**MDE DIVISION OF COMPLIANCE AND ASSISTANCE**: [http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/index.html](http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/index.html)

**MINNESOTA DEPARTMENT OF HUMAN SERVICES** helps keep children safe and provides families with supports to care for their children. This includes child protective services, out-of-home care, permanent homes for children and children’s mental health services. [http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs_Children.hscp](http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs_Children.hscp)

**ATTENDANCE/HABITUAL TRUANT/DROPOUT**

**Compulsory Instruction** (Minn. Stat. § 120A.22 subd. 5(a)) states every child between seven and 16 years of age must receive instruction. Every child under the age of seven who is enrolled in a half-day kindergarten, or a full-day kindergarten program on alternate days, or other kindergarten programs shall receive instruction. [http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/120A/22.html](http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/120A/22.html)

**Habitual Truant** (Minn. Stat. § 260C.007 subd. 19) means a child under the age of 16 years who is absent from attendance at school without lawful excuse for seven school days if the child is in elementary school, junior high school, or high school, or a child who is 16 or 17 years of age who is absent from attendance at school without lawful excuse for one or more class periods on seven school days and who has not lawfully withdrawn from school. [http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/260C/007.html](http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/260C/007.html)

**Dropout** Minnesota has adopted the national dropout definition as defined by the U.S. Department of Education. Dropouts are defined as secondary students in any of grades 7 through 12 who: a. Were enrolled in school at some time during the previous school year and were not enrolled by October 1, of the following school year; b. Were not enrolled on October 1, of the current school year although expected to be in membership, i.e., were not reported as dropouts the year before; and, c. Have not graduated from high school or completed a state or district approved educational program. (MDE MARSS Manual Appendix F 3/15/06)

**CHARACTER DEVELOPMENT EDUCATION**

**Character Development Education** (Minn. Stat. § 120B.232) passed in 2005, encourages districts to integrate or offer character education programs encompassing qualities including truthfulness, respect for authority, self-discipline and respect for others. [http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/120B/232.html](http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/120B/232.html)
CHILD PROTECTION

**Reporting of Maltreatment of Minors Act** (Minn. Stat. § 626.556) governs child protection services to protect children from physical abuse, neglect and sexual abuse and help families get the services they need to change their behaviors.  [http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/626/556.html](http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/626/556.html)

CHILDREN’S MENTAL HEALTH

**Comprehensive Children’s Mental Health Act** (Minn. Stat. §§ 245.487 through 245.4887) establishes the basic standards for a statewide, comprehensive network of children’s mental health services.  [http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/245/487.html](http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/245/487.html)

CRISIS MANAGEMENT

**Crisis Management Policy** (Minn. Stat. § 121A.035) establishes that school boards are required to adopt a district crisis management policy to address potential crisis situations in their school districts.  [http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/121A/035.html](http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/121A/035.html)

DISCIPLINE

**The Pupil Fair Dismissal Act** (Minn. Stat. §§ 121A.40 to 121A.56) sets out the procedures for districts to follow when suspending or expelling a student from school.  [http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Student_Discipline/Pupil_Fair_Dismissal_Act/index.html](http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Student_Discipline/Pupil_Fair_Dismissal_Act/index.html)

GRADUATION

**Graduation Requirements** In July 2005, legislation was passed which changed the graduation requirements for Minnesota students. Beginning with the graduating class of 2010, students will be required to complete 21.5 course credits, pass the Minnesota Comprehensive Assessments (MCA-II) in Reading and Mathematics and the Basic Skills Test of Written Composition and meet other local graduation requirements.

**General Educational Development** (GED) For persons ages 16 and above who have not completed a high school diploma program and are not currently enrolled in classes leading to a high school diploma.  [http://education.state.mn.us/mde/Learning_Support/Adult_Career_Education_Service_Learning/GED/index.html](http://education.state.mn.us/mde/Learning_Support/Adult_Career_Education_Service_Learning/GED/index.html)

MANDATED REPORTERS: REPORTING OF CHILD ABUSE AND NEGLECT

**Reporting of Maltreatment of Minors Act** (Minn. Stat. § 626.556) [http://www.revisor.leg.state.mn.us/data/revisor/statutes/2006/626/556.html](http://www.revisor.leg.state.mn.us/data/revisor/statutes/2006/626/556.html)
Reporting of Prenatal Exposure to Controlled Substances (Minn. Stat. § 626.5561) http://www.revisor.leg.state.mn.us/data/revisor/statutes/2006/626/5561.html

Child in Need of Protection or Services (Minn. Stat. §  260C.007, Subdivision 6) 
http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_003712.hcsp

SCHOOL PREASSESSMENT TEAMS


STUDENT MALTREATMENT

The Department of Education receives and investigates reports of alleged physical abuse, sexual abuse and neglect of public school students by school employees pursuant to Minn. Stat. § 626.556. If appropriate, information from these investigations may result in a referral to local law enforcement, the Board of Teaching, county social service or back to the school itself.  http://www.revisor.leg.state.mn.us/data/revisor/statutes/2006/626/556.html

VULNERABLE ADULT ACT

Vulnerable Adult Act (Minn. Stat. § 626.557) (1995) to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated.  http://www.revisor.leg.state.mn.us/data/revisor/statutes/2006/626/557.html
Chapter V

**Student Evaluation and Assessment Procedures**

- Social Developmental Study
- Problem-solving Consultation
- Classroom Observation
- Functional Behavioral Assessment
- Mental Health Screening
- MH Screening as Part of an Evaluation for EBD
- Standardized Assessments
- Functional Adaptive Behavior Skills
- Normed/Criterion References Behavior Rating Scale
Chapter V: Student Evaluation and Assessment Procedures

Objective: To provide an overview of the assessment and evaluation processes used by school social workers.

School Social Workers use assessment to learn about the strengths and functioning of a student within the school, home and community environments. Assessment is a systematic process of gathering information that can be used to guide a school social worker in deciding on interventions, providing consultation to school staff and parents and assisting in the identification and planning for students. School Social workers use a variety of methods in assessment which may include student, parent and staff interviews; observations across home, school and community environments; review of records; administration of questionnaires and rating scales; and sociometric techniques. School Social workers use assessment to guide their own delivery of service and also to assist school assessment teams. Assessments need to be individualized and vary depending on the purpose for the assessment. School Social Workers need to use culturally sensitive assessment practices.

This section will further detail the assessment and evaluation processes of Social Developmental Study, Problem-Solving Consultation, Observations, Functional Behavior Assessments, Adaptive Behavior Assessment, Mental Health Screening and Standardized Assessments.
Social Developmental Study

The Individuals with Disabilities Education Act (IDEA) (34 C.F.R. § 300.24) identifies “preparing a social or developmental history regarding a child with a disability” as a key function of social work services in the schools. A Social Developmental Study is a comprehensive assessment process used by school social workers to obtain information about a student’s social, emotional and behavior functioning within the context of school, home and community. It includes cultural, environmental and family influences on the student’s learning and behavior. A Social Developmental Study contributes valuable information to school assessment teams, staff and parents in identifying student strengths and areas of need, developing interventions and positive behavior support plans, identifying eligibility for special services in school and assisting the school social worker in identifying and connecting students and parents to needed community resources and counseling.

A Social Developmental Study gathers past and present information on a student’s social, emotional, behavioral, academic functioning and development across the school, home and community setting. Multiple sources are used to obtain information including: interviews with parents, teachers, the student and others; observations of the student in multiple school settings and the home when possible; a review of school records; and, agency reports and evaluations.

The information gathered through multiple sources should cover the student’s developmental history, school history, family history, cultural influences and current issues and concerns. The developmental history will include health history, birth and development, interpersonal relationships, social play, emotional development, temperament, coping skills, problem solving skills, interests, activities, talents, adaptive behavior, self esteem, independence, self awareness and responsibilities. School history will include early learning experiences both in and out of the home, day care, preschool, formal and informal learning experiences, parent and teacher observation of student’s learning, behavior, social and emotional functioning in school environments over time. Family history, cultural background and current issues will cover current family structure and relationships, parenting patterns, family interests and activities, stressors or areas of concern, history of present or past learning, social or emotional issues within the family or extended family and cultural and religious influences.

The information about the family and student obtained through a Social Developmental Study is summarized and reported within the comprehensive assessment report prepared by a school’s assessment team. Parents, teachers, the student and others need to be informed of how the information they have contributed to the Social Developmental Study will be reported and with whom it will be shared. Some information may be too confidential to be included in an assessment report for school records. Only information relevant to the student’s learning should be included.

School social workers use their training and skills in interviewing and knowledge about child development, families, mental health, behavior, schools and learning to guide them in preparing each Social Developmental Study. See appendix for a sample of questions that may be included. Each Social Developmental Study will be individualized to meet the needs of the student being assessed.
Problem-solving Consultation

Consultation in school social work is a process of collaborating with others in service of student learning. The process is generally solution-focused and acknowledges the wisdom that the consultee and the consultant offer in their work together.

School social workers serving as consultants can assume the following roles: “objective observer/reflector, fact finder, process counselor, alternative identifier and linkage resource person, trainer/educator/ informational expert (and) advocate” (Gianesen, 2007, p. 180). The consultation can target school-wide issues or problems of individual students.

Often, before initiating a formal referral for assessment, teachers, parents and administrators contact school social workers to discuss concerns about a student, and decide what to do. The purpose of these initial consultative contacts is to clearly identify and articulate the following:

- the problem (when the problem happens, how long the problem has been occurring, how often the problem happens, how others respond to the problem, etc.),
- the desired goal (what specifically will be happening when the problem is no longer a problem),
- specific criteria that can be used to determine when the goal is obtained,
- the alternative courses of action to obtain the goal,
- the intended and unintended consequences of each course of action
- the plan with action steps and a timeline to obtain the desired goal, and
- the method of assessing goal attainment.

For more information on consultation in school social work see the following resources:


Classroom Observation

School social workers often gather information regarding a student’s behavior and performance in the school setting by conducting observations. Observations may be conducted as part of a formal special education evaluation. In these cases, school social workers will most likely conduct a systematic observation. To complete a systematic observation, the school social worker will identify a presenting problem or target behavior prior to conducting the systematic observation. During the observation, the school social worker will collect data that will assist in identifying the frequency, duration and intensity of a specific problem behavior. Data may include a count of how many times a particular behavior occurs during a certain time period, a comparison of a particular student’s behavior to a peer’s behavior or specific information regarding the duration of a target behavior and length of time between episodes of the behavior.
School social workers may conduct more informal observations to become familiar with a particular student’s school performance within a particular teacher’s classroom. By conducting informal observations, social workers may be better able to assist classroom teachers in developing prereferral interventions, assist parents in making appropriate referrals to community services and gather valuable information about students with whom they work. (See appendix for various formats).

**Functional Behavior Assessment (FBA)**

Functional behavior assessment and the development of student-specific positive behavior interventions is critical for providing appropriate specialized services for students with disabilities that demonstrate challenging behaviors in the school setting. Because each student has unique educational needs related to his or her disability, a school social worker is in a unique position to assist the child’s team in understanding the function of the behavior and guide the team in developing positive skill-building interventions for the child.

IDEA 1997 amendments mandate that functional behavioral assessments be conducted and interventions plans developed when disciplinary sanctions may potentially result in extended removal of students from educational settings. They also encourage the use of “positive behavioral interventions, strategies, and supports” when addressing the needs of students whose behavior impedes their learning or the learning of others (34 C.F.R. 300.346(a)(2)(I)).

Even though a literal reading of the regulation could indicate that functional behavioral assessment is only required when students with disabilities are involved in disciplinary action, a rationale can be made that the 1997 IDEA statutory language suggests that an FBA be implemented as needed throughout the special education decision-making process (Tilly et al., 1998). This position stems from a series of connections between related sections of the 1997 IDEA Amendments:

- 300.532(a)(2)(b) states: “…the local education agency shall… use a variety of assessment tools to gather relevant functional and developmental information.”

- 300.532(d) states “Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.”

- 34 C.F.R. 300.346(a)(2)(I) states that “…in the case of a child whose behavior impedes his or her learning or that of others, consider where appropriate, strategies, including positive behavioral interventions, strategies and supports to address the behavior.”

The Minnesota criterion for the disability area of emotional and behavioral disorders currently requires that an FBA be conducted as part of the determination process for eligibility for emotional/behavioral disabilities (Minnesota Rule 3525.1329). Also, according to MN Rule, an FBA is required before a student’s IEP team makes a determination that conditional procedures should be in a student’s comprehensive behavior intervention plan (Minnesota Rule 3525.2710 subp. 4F). The Minnesota Rule that governs behavioral interventions for students with disabilities states “The objective of any behavioral intervention must be that pupils acquire appropriate behaviors and skills. It is critical that behavioral intervention programs focus on
skills acquisition rather than merely behavior reduction or elimination. Behavioral intervention policies, programs, or procedures must be designed to enable a pupil to benefit from an appropriate, individualized educational program as well as develop skills to enable him or her to function as independently as possible in their communities” (Minnesota Rule 3525.0850).

The Minnesota Department of Education has developed guidance materials and information for licensed school staff, administrators, parents, guardians and interagency personnel who participate in a student’s IEP and behavior intervention planning. The manuals are intended to provide a basic background of understanding of the components of a functional behavioral assessment (FBA) and subsequent positive behavior support (PBS) plans and is based upon current research and literature. These materials are intended to assist the IEP team during the process of assessing students’ challenging behavior.

This material can also be used as a foundation for district staff development, interagency training or other caregiver training.

The guidance material can be accessed at: http://education.state.mn.us/mde/Learning_Support/Special_Education/Evaluation_Program_Planning_Supports/Behavior_Assessment_Interventions/index.html

**Mental Health Screening**

A school social worker may be called upon to conduct mental health screening activities as part of a comprehensive evaluation of a child for an emotional or behavioral disability (Minn. Rule 3528.1329) or as a result of numerous school suspensions (Minn. Stat. § 121A.45, subd. 3).

**Definition of Mental Health Screening**

Mental health screening is a brief, culturally sensitive process designed to identify children and adolescents who may be at risk of having impaired mental health functioning that warrants immediate attention, intervention or referral for diagnostic assessment. The primary purpose for screening is to identify the need for further assessment using a valid, reliable screening instruments.

**Why Early Detection of Emotional and Behavioral Problems Is Important**

A growing body of research has shown that early identification, assessment and intervention for emotional and behavioral problems for young children through adolescence can help prevent more serious problems, such as educational failure, substance abuse, involvement in the criminal justice system or suicide.

Early intervention can help reduce the significant impacts that children and adolescents with serious mental health problems may experience. Early intervention can also benefit children and youth with less serious problems by providing appropriate supports and treatment before these conditions worsen. Screening is the first step in early intervention, recognizing emotional and behavioral problems and providing help at an early and effective point. If problems are detected, further assessment and evaluation can determine the appropriate care and services needed.
Principles and Standards for Mental Health Screening Activities

The early detection of emotional and behavioral disorders screening activities must adhere to standards and principles in whatever setting screening occurs.

- Screening must be voluntary, and parental consent obtained with clear procedures for notifying parents of the screening to be conducted and of the results.
- Screening instruments used must be shown to be both valid and reliable in identifying children in need of further assessment.
- Any person conducting screening must be qualified and appropriately trained.
- Screening must take into consideration the cultural background of a family and must be age-appropriate for the child or youth.
- Screening must never be used to make a diagnosis or to label children.
- If problems are detected, screening must be followed by an appropriate assessment, conducted by trained personnel, with linkage provided to appropriate services and supports.
- Always, confidentiality must be ensured.

References


1Emotional or Behavioral Disorders Evaluation
The evaluation findings must be supported by current or existing data from:
(1) clinically significant scores on standardized, nationally normed behavior rating scales;
(2) individually administered, standardized, nationally normed tests of intellectual ability and academic achievement;
(3) three systematic observations in the classroom or other learning environment;
(4) record review;
(5) interviews with parent, pupil, and teacher;
(6) health history review procedures;
(7) a mental health screening; and
(8) functional behavioral assessment.
The evaluation may include data from vocational skills measures; personality measures; self-report scales; adaptive behavior rating scales; communication measures; diagnostic assessment and mental health evaluation reviews; environmental, socio-cultural, and ethnic information reviews; gross and fine motor and sensory motor measures; or chemical health assessments. (Minn Rule 3525.1329 subp. 3)

2Pupil Fair Dismissal Act
The Pupil Fair Dismissal Act (PFDA), which applies to all students enrolled in a public school, was amended in 2004 to include the following language:
If a pupil’s total days of removal from school exceeds ten cumulative days in a school year, the school district shall make reasonable attempts to convene a meeting with the pupil and the pupil’s parent or guardian prior to subsequently removing the pupil from school, and with the permission of the parent or guardian, arrange for a mental health screening for the pupil. The district is not required to pay for the mental health screening for the pupil. The purpose of this meeting is to attempt to determine the pupil’s need for assessment or other services or whether the parent or guardian should have the pupil assessed or diagnosed to determine whether the pupil needs treatment for a mental health disorder. (Minn. Stat. § 121A.45, subd. 3)
Mental Health screening as part an Evaluation for an Emotional or Behavioral Disorder

A mental health screening, in the context of the EBD criteria, refers to an analysis of the data collected during a comprehensive evaluation that establishes that the student has a pattern of emotional or behavioral responses, withdrawal or anxiety, depression, problems with mood, or feelings of self-worth; disordered thought processes with unusual behavior patterns and atypical communication styles; or aggression, hyperactivity or impulsivity.

These problems must adversely affect educational or developmental performance, including intrapersonal, academic, vocational or social skills; be significantly different from appropriate age, cultural, or ethnic norms; and signify that the student has an established pattern of behavior for the purposes of referring a student for further evaluation of mental health needs among students evaluated for EBD eligibility. This is important especially in cases where the student may need a related service to benefit from special education instruction. A mental health screening is not a specific instrument or tool, nor is it as extensive as a formal mental health assessment done for purposes of establishing a mental health diagnosis (as outlined in DSM-IV, ICD 10). Definitions of mental health that appear in other parts of health or human service sections of Minnesota or federal law do not apply to this rule.

The mental health screening information is gathered from existing data such as the behavior rating scales, social developmental history, interviews and observations. Information gathered during an evaluation for EBD may suggest a possible mental health need for which further evaluation is indicated and the student’s family may choose to seek further assessment from an appropriately licensed mental health professional or contact other agencies for coordinating interagency services. If information about a coexisting mental health is confirmed, the IEP team should consider school-based related services to meet that student’s need and help the student to benefit from his or her special education services. Whether the IEP team needs to procure the assessment, or instead recommend that the family obtain one, hinges on whether the IEP team needs the assessment to provide special education and related services to the student.

Standardized Assessments

Standardized and criterion referenced assessment tools are often used in schools by school social workers and other school personnel. Standardized academic achievement assessments are commonly administered by special education teachers to determine a student’s level of knowledge in reading, writing, and math. Standardized aptitude assessments are generally administered by the school psychologist to determine a student’s ability to learn. School social workers often administer standardized adaptive behavior, functional behavior, and social assessments.

Standardized assessment tools “are ready-made instruments with proven records” (Franklin & Corcoran, 2003, p. 86). They are referred to as “standardized” because the same questions and procedures for administering and scoring the instrument are used regardless of who is being assessed or who is doing the assessment (LeCroy & Okamoto, 2002).

Standardized assessments are evaluated according to reliability and validity. An assessment is considered reliable when over time it “consistently measures some phenomenon with
accuracy” (Royce, 1999, p. 101.) Assessments are considered valid when they actually measure what they claim to measure. For example, if an instrument claims to measure self esteem, it actually measures self esteem. There are many different types of validity including content validity (which means the instrument samples the entire range of what it was designed to measure), criterion validity (which means the instrument’s scales are similar to other instruments designed to measure the same construct), and construct validity (which means the instrument is “able to discriminate among groups of individuals along the lines you would expect”) (Royce, 1999, p. 107).

Standardized assessment tools can be norm-referenced or criterion-referenced. Norm-referenced assessments use scores from a large sample to determine typical or average results for a given population. Scores can be reported as a standard score, a grade equivalent, a national percentile rank, a normal curve equivalent, or a national stanine (Mertler, 2003). Criterion-referenced assessments use ratings of competency or mastery on specific skills. Social skills assessments often use the criterion-referenced method.

Standardized assessments are used to: screen for early intervention; rapidly assess conditions; diagnose different social, emotional, behavioral or learning problems; and assess the effectiveness of interventions (LeCroy & Okamoto, 2002). It is important to remember that standardized assessments have limitations. They may not have been normed on culturally diverse populations and they only assess one or two aspects of a student. Assessment should always be customized based on the individual needs of the students.


**Functional/Adaptive Behavior Skills**

To substantiate the determination that a student has a Developmental Cognitive Delay or otherwise determine a student’s adaptive functioning, social workers may conduct a functional adaptive behavior evaluation. This type of evaluation requires that a school social worker meet with a parent or guardian to gather information regarding their child’s ability to complete a variety of functional tasks successfully. Some examples of adaptive functional tasks include a student’s ability to engage in self care, understand the concept of money or time, or engage in household chores. There are several standardized instruments that are utilized by school districts to determine a level of functional adaptive functioning (Scales of Independent Behavior, Revised, Adaptive Behavior System II, Vineland). Results from functional adaptive testing are interpreted by the evaluator to determine level of support needed in each the 7
domains of adaptive behavior identified by the Minnesota Department of Education and need to be listed. Once these results are interpreted, they are utilized to determine eligibility for special education services and the development of IEP goals and objectives.

Click on this link to access the DCD manual “Promising Practices for the Identification of Students with Development Disabilities” the manual contains a grid of nationally normed, technically adequate measures of adaptive behavior. http://education.state.mn.us/mde/Learning_Support/Special_Education/Categorical_Disability_Information/Developmental_Cognitive_Disabilities/index.html

**Normed/Criterion References Behavior Rating Scale**

School social workers have many tools available to determine if a child’s mental health concerns meets criteria for further assessment. In general, school social workers should consult with parents prior to screening, discuss results of screening with parents and assist parents in linking to community-based services.

There are several assessment tools that gather information from a variety of sources and gather several types of information depending upon the situation. School social workers have a number of Normed/Criterion Referenced Behavior Rating Scales from which to chose from (see appendix).
Chapter VI
School Social Work Services

Individuals
Group
School-wide
Family
Community
Assessing Outcomes of School Social Work Practice
Chapter VI: **School Social Work Services**

**Objective:** To identify best practice intervention strategies utilized by school social workers to remove barriers that prevent students from receiving optimal benefit from educational opportunities.

**Attendance**

**INTRODUCTION**

Students must be in attendance at school in order to learn. School social workers are well-suited to address truancy issues because the are skilled in working with families and other agency systems.

**RATIONALE**

Truancy has been found to be an early warning sign of delinquent activity, social isolation and school failure and risky behaviors such as substance use and sexual activity (Kim & Streeter, 2006).

**DETERMINING WHEN TO USE THIS INTERVENTION**

In Minnesota students between the ages of 7 and 16 must attend school. “A child is considered a ‘habitual truant’ if she or he is under the age of 16 years and is absent from attendance at school without lawful excuse for seven school days or for one or more class periods on seven school days. Children ages 16 and 17 will be considered truant if they have not lawfully withdrawn from school with their parents’ permission” (See Minn. Stat. 120A.22 subd 5A; Minn. Stat. 260C.007, subd. 19). County attorneys interpret statutes on education in different ways, so specific enforcement varies from one county to another. School social workers need to understand attendance and truancy procedures for the county and school district where they work.

**KEY ELEMENTS OF SUCCESSFUL PROGRAMS**

Chronic student absenteeism may be caused by schools that are not responsive to the educational or cultural needs of students or that are not sufficiently safe or challenging (Kim & Streeter, 2006). Truancy may be caused by family problems, lack of value placed on education and high mobility rates. It may also be caused by economic reasons, such as needing to work or baby-sit for siblings. Student issues such as low school achievement, drug and/or alcohol abuse and low motivation also contribute to truancy (Baker et al, 2001).

As with other student concerns, intervention must follow a systematic assessment to identify the problems that are interfering with student attendance and the development of a plan to address those issues (Kim & Streeter, 2006). Punitive programs do not appear successful, in and of themselves, but a collaboration of community and legal agencies that provide predictable consequences, parent involvement, rewards student’s attendance and provides needed social services to students and families, has shown success (Baker et al, 2001; Dupper, 2003). Intervention must be multi-modal, addressing school issues that alienate
students, family conditions that discourage attendance and student issues that get in the way of school participation (Kim & Streeter, 2006).

REFERENCES


MN Statute 120A.22 subd 5A

MN Statute 260C.007, subd. 19

LITERATURE REFERENCES MODELS AND WEBSITES


**Truancy Intervention Program** [http://www.co.ramsey.mn.us/attorney/SPTIP.asp](http://www.co.ramsey.mn.us/attorney/SPTIP.asp)


Behavior Intervention Plans

INTRODUCTION

School social workers often are integrally involved in developing Behavior Intervention Plans (BIPs). BIPs are documented specific plans that describe interventions developed to address goals for social, emotional, and behavioral development in the IEP process.

RATIONALE

Functional Behavior Assessments (FBAs) and BIPs were first mandated in IDEA 1997 and reauthorized in 2004 to provide safeguards for students with behavioral disabilities (Thomas et al., 2006). The purpose is to assess behavior problems and determine the purpose that these inappropriate behaviors serve in meeting needs, so as to identify more acceptable behaviors the student can use instead. By identifying the purpose of problematic behaviors, the multidisciplinary team can provide direct and indirect services to the student that enhance his or her chances of success.

DETERMINING WHEN TO USE THIS INTERVENTION

BIPs can be used whenever a student’s behavior causes difficulties in the school setting as part of the holistic assessment. Performing an FBA and developing a BIP are mandated by IDEA whenever a student is identified as having emotional/behavioral disabilities that might lead to a suspension or expulsion from school.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

BIPs are developed by the multidisciplinary IEP team following a careful, functional behavioral assessment that determines the antecedents, specific descriptions of problem behaviors, consequences or rewards of the behaviors, and the possible functions the behaviors serve for the student. BIPs have clearly developed goals and objectives that are described in measurable terms and describe desirable behaviors that might substitute for the undesirable behaviors targeted for change. The BIP should list strategies to increase positive behavior and decrease negative behavior (including planned discipline, if any) as well as strategies for generalizing the behavior changes. The BIP also lists the ways the behavior plan will be monitored, including the frequency and timing of data collection regarding the behavior in question and the way information will be communicated to parents and others. Progress in meeting goals is used to monitor the plan, and if sufficient progress is not made, the BIP should be changed to reflect new information (Clark, 1998; Thomas et al., 2006).

REFERENCES


LITERATURE REFERENCES MODELS AND WEBSITES


Behavior Modification

INTRODUCTION

Behavior modification has been shown to be effective in treating many school-based problems.

RATIONALE

Behavior modification has been shown to be effective in changing children’s behavior (Thomas & Corcoran, 2003) and is commonly used in school settings to help students succeed. Based on social learning theories, behavior modification assumes that behavior is learned through the process of reinforcement and rewards. Behavior change is encouraged by altering the student’s environment to reward appropriate behavior (Sheafor & Horesji, 2006).

DETERMINING WHEN TO USE THIS INTERVENTION

Behavior modification is best used for helping students decrease problematic behaviors and replace them with pro-social, adaptive behaviors. It is often used in helping students become aware of undesirable behaviors and to self-monitor (Tracy & Usaj, 2007). Behavior management has been found to be effective in helping manage symptoms of ADHD (Teasely, 2006).

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

A careful assessment of student needs and identification of goals precedes any ongoing work with the student. Behavior modification involves carefully identifying antecedents to problem behaviors, specifying target behaviors in measurable terms, setting clear and reachable goals and providing appropriate rewards and consequences (Teasely, 2006). Techniques used might be verbal rewards, behavior charts, token economies, removing reinforcing consequences through time outs, extinguishing inappropriate behavior by ignoring behaviors, differentially rewarding alternate behaviors, shaping behavior by reinforcing behaviors that approximate the desired behaviors (Teasely, 2006) and cueing the student to use a self-monitoring technique (Tracy & Usaj, 2007).

REFERENCES


Case Management

INTRODUCTION

Case management is said to be one of the most common functions performed by social workers in a school setting (Dennison, 1998). Smith and Stowitschek (1998) state that the objective of providing social work case management in schools is to guarantee that students receive services, treatment and educational opportunities that the school setting can provide or facilitate. This involves linking the student (and sometimes their family) to a variety of services and/or providing therapeutic services on site and then evaluating the quality of services utilized.

This kind of case management should not be confused with the case management that is provided to a special needs student where there is an IEP and the due process surrounding that. However, occasionally school social workers provide this kind of case management as well.

RATIONALE

Reports of positive outcomes when school social workers provide effective case management include a decrease in absenteeism, improvement in grades and a reduction in behavior problems (Stowitschek, Smith, & Armijo, 1998). Without this help, students and staff alike may experience confusion and lack of focus on effective intervention strategies in dealing with problems that interfere with school success.

DETERMINING WHEN TO USE THIS INTERVENTION

Providing effective case management is unique to specific situations or issues that students face. Organizational skills are thought to be as important as direct services skills for school social workers and other mental health professionals. Debra Woody (2006) states that to be accepted and accommodated, practitioners must gain understanding of a range of systems and skills that allow them to be effective within educational systems.

KEY ELEMENTS OF A SUCCESSFUL PROGRAM

Appropriate assessment by the school social worker is essential, followed by goal-setting, intervention planning and/or identifying community resources and evaluation. Rothman (1991) offers a model for case management in a school setting.

First, outreach is needed, so that school personnel, students and parents know about the availability of case management services. This may include outreach to community agencies so they may also refer students as needed.

Next, school social workers use multiple sources for intake and assessment, including student, teachers, family members and other school personnel. Also it may be appropriate to address psychosocial concerns (socioeconomic, behavioral, etc) and sometimes use clinical measures or scales.

Goal-setting – both short and long-term – are established next, taking personal or situational
limitations into consideration. These are accomplished with the student and parents and teachers, if possible.

**Interventions** are then applied, using the resources, services or programs available to meet the needs of the student. This may include linking students to services that provide academic and emotional support.

Finally, effective case management requires good **monitoring and reassessment** to see if the interventions used are making positive gains in the goals set, or to see if the goals possibly need to be adjusted to meet new needs.

**REFERENCES**


**WEBSITES**

Cognitive Behavioral Interventions

INTRODUCTION

Cognitive-behavioral interventions teach students strategies for managing thoughts and feelings that interfere with functioning. These interventions are based on the premise that thinking, behavior and emotions are inexorably linked; changes in one will lead to attending changes in the others. Social workers have the skills to provide cognitive-behavioral interventions in addressing student needs. There are a number of related techniques that fall under the rubric of cognitive-behavioral interventions and have been shown to be effective in treating many school-based problems.

RATIONALE

For students with the cognitive ability to examine their thinking, cognitive-behavioral interventions strategies have been well documented as effective in helping individual students change (Dupper, 2002; Kendall, 1994; Tomb & Hunter, 2006; Tracy & Usaj, 2007). Based on the assumption that thoughts, emotions and behavior are linked together, cognitive-behavioral interventions seek to help students change their thinking about themselves or their problems in order to change the accompanying emotional states and behaviors.

DETERMINING WHEN TO USE THIS INTERVENTION

Cognitive-behavioral interventions are often effective for students with the cognitive ability to examine their thinking. They have been used effectively to help children with conduct disorder (Springer & Lynch, 2006), ODD (Linseisen, 2006), anxiety disorders (Tomb & Hunter, 2006), social problem-solving (Dupper, 2003; Tracy & Usaj, 2007) and depression (Corcoran & Hanvey-Phillips, 2006).

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

A careful assessment of student needs and identification of goals precedes any ongoing work with the student. The use of Cognitive Behavior Technique should be flexible, sensitive and developmentally appropriate (Tomb & Hunter, 2006). After determining treatment goals, an individualized treatment plan is developed to address student needs. Cognitive behavioral techniques include self-instruction, modeling, rehearsal, coaching, feedback, cognitive restructuring, managing negative self-talk, systematic desensitization, relaxation training, reframing negative situations into a more positive light, visualizing success, thought-stopping, analyzing the rationality of thoughts, role-playing and behavioral reinforcement (Dupper, 2003; Tomb & Hunter, 2006; Toseland & Rivas, 2005; Tracy & Usaj, 2007).

Typically, students are taught skills through direct instruction, modeling and role play during individual or group sessions. Students are then given homework assignments to provide opportunities to apply the newly-learned skills in the classroom or in interaction with others. Then the homework is reviewed in subsequent sessions, feedback is given and the skills are refined. Student progress should be monitored throughout the treatment to assure that the intervention program is successful.
REFERENCES


LITERATURE REFERENCES


Coping Cat by Philip C. Kendall http://www.workbookpublishing.com/catalog.htm


**WEBSITES**

**Skillstreaming** by Ellen McGinnis and Arnold Goldstein http://www.workbookpublishing.com/catalog.htm

**Second Step** http://www.cfchildren.org/cfc/ssf/ssf/ssindex/
Crisis Intervention

INTRODUCTION

When the student is in crisis, the social worker generally limits the work with the student to immediate and pressing concerns.

RATIONALE

Crisis work is brief, lasting only one or two sessions or until the immediate crisis has passed. Goals are generally limited to resolving the crisis and restoring a pre-crisis level of functioning.

DETERMINING WHEN TO USE THIS INTERVENTION

A crisis is a sudden, traumatizing life event such as an assault, rape or bereavement that overwhelms usual coping mechanisms.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

In addition to short-term work and limiting goals, the school social worker who is helping a student resolve a crisis situation would be more directive with the client than under other circumstances (Gilliland & James, 1993).

The first goal in helping a student through a crisis is to ensure that the student is safe from injury and further harm. Then the worker helps the student to become as objective in looking at the situation as possible and helps him or her to find ways to resolve the crisis. Linking the student to community resources and other social supports can also be helpful. Crisis intervention is strengths-oriented and the worker identifies typical coping strategies that the student can draw on to help resolve the crisis. While the primary goal is to restore the student to his or her level of functioning before the crisis, it may also be possible to help the student gain some insight into factors that may have contributed to the development of the crisis (Gilliland & James, 1993).

REFERENCES


LITERATURE REFERENCES MODELS AND WEBSITES


**Individual Counseling**

**INTRODUCTION**

Social work with students is based on an ecological model in which students are viewed within the context of classroom, school, family and peers. Therefore, it is quite rare for social work intervention to address the student only, as it “would be ineffective to work with the child without working with the teacher who can influence the school environment, and the parents who can influence the home environment. It is important to begin with environmental changes, for . . . these can have the most rapid results. When changes in the child’s real environments take place, the social worker can assist the child to change correspondingly” (Constable & Walberg, 2006, p. 464). Individual work with students in a school setting, then, is only a part of the process of helping students change and will generally be accompanied by support and consultation provided to the teacher and family as well.

**RATIONALE**

All social work practice follows a pattern of engagement, assessment, goal setting, determining appropriate interventions to accomplish the goals, monitoring the effectiveness of the intervention and termination. When school social workers provide counseling to individual students, they must do so within this context.

**DETERMINING WHEN TO USE THIS INTERVENTION**

A careful assessment of student needs and identification of goals precedes any ongoing work with the student. Sometimes, a complete assessment of a student is provided by IEP teams, physicians or therapists from other agencies, or by a social worker who has worked with the student in other settings. In these situations, the school social worker should become familiar with the recommendations of others, as well as assess student needs within the context of the school setting. In other situations, the school social worker might be a member of a school-based team conducting an assessment on the student. This thorough assessment leads to the development of goals and objectives that the worker and student would work on together. Treatment goals should be related to problems that occur in the school setting or that interfere with a student’s ability to learn. School social workers are charged with determining educational needs and the services necessary to meet those needs, using IDEA categories. Sometimes, however, diagnoses are available to the social worker as an additional aid in developing appropriate intervention strategies.

**KEY ELEMENTS OF SUCCESSFUL PROGRAMS**

Once goals and objectives have been determined, interventions are selected to help the student accomplish his or her individually determined goals. When it is determined that a student can benefit from individual counseling, the school social worker would meet individually with the student according to a schedule determined to meet the goals. Interventions should reflect standard practices for treating the student’s problems. In other words, school social workers should use evidence-based practices, those interventions that have been carefully researched and found to be effective, whenever possible to help resolve student problems.
Ongoing monitoring of progress towards goals involves tracking markers of success. These markers may be counts of inappropriate behaviors to be changed (such as classroom outbursts or school detentions), the reduction of symptoms of mental illness (such as symptoms of obsessive-compulsive disorder or bipolar disorder), grades, school attendance, or rapid assessment instruments that can identify difficulties in the student’s life (such as self-esteem and attitudes towards others). The school social worker should keep records of sessions with individual students that include records of contacts, services provided and documentation of progress. Records should not contain unnecessary information that is not relevant or might be misinterpreted (Cuevas, 2006).

The termination process should ideally be based on attainment of goals identified in the assessment phase, but it is often determined by situational factors such as the student’s move to a new school. In either event, termination should be a planned process in which the student and school social worker reflect on progress toward goals and plan strategies to maintain the growth that has occurred during the individual counseling.

REFERENCES


LITERATURE REFERENCES AND WEBSITES


Suicide Prevention

INTRODUCTION

School social workers are often asked to screen students for depression and risk of suicide.

RATIONALE

Suicide is the second leading cause of death among older adolescents (15-19). Approximately 8% of high school students attempt suicide. The risk is greatest for students who suffer from depression. Students who are gay, lesbian, bisexual or trans-gendered are more than twice as likely to commit suicide than straight youth (Dupper, 2003).

DETERMINING WHEN TO USE THIS INTERVENTION

School social workers may be asked to screen a student thought to be at risk of suicide. Depression, personality changes, verbal or written suicide threats, expressions of hopelessness, lack of interest in the future, giving away prized possessions, previous suicide attempts, the presence of a weapon, alcohol or substance abuse and sleep disturbances have been found to be risk factors associated with suicide attempts (Roberts, 2006).

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

In assessing risk, the worker should ask the student directly if he or she is considering suicide, determine if the student has developed a plan to carry out the suicide, assess the degree to which the student has set the plan in motion and consider the lethality of the plan. It is best to err on the side or caution with such students and if there appears to be genuine risk of self-harm, the risk of self-harm overrides confidentiality. The worker should contact the student’s parent or guardian and assist the family in obtaining an emergency psychiatric evaluation. A suicidal student should not be left alone, so if a worker must leave the student to make arrangements for an emergency evaluation or to contact parents, someone else should stay with the student (Sheafor & Horesji, 2006). Following a referral for psychiatric evaluation, the social worker should check back with the student and family to be certain that the danger of self-harm has passed.

REFERENCES


WEBSITES

Children's Depression Inventory http://www.pearsonassessments.com/tests/cdi.htm


Suicide Awareness Voices of Education http://www.save.org/

Yellow Ribbon International Suicide Prevention Program http://www.yellowribbon.org/
Classroom Presentations

INTRODUCTION

Classroom presentations are a method in which a school social worker conducts social emotional learning sessions with an entire classroom of students. A classroom teacher may request the expertise of a school social worker for intervention with an entire class around social emotional issues of concern such as bullying or grief and loss. While this is not a primarily academic intervention, it assists the class in addressing the social emotional issues that interfere with academic achievement.

RATIONALE

School social workers have specialized groupwork skills that prepare them to provide classroom presentations. Topics included in the scope of practice for a school social worker may include social emotional development, character education, bullying and racial or sexual harassment. Research shows that if a school addresses the social emotional needs of students, both classroom climates and academic outcomes are improved. Oftentimes, classroom lessons around social emotional topics will help build classroom community and teach prosocial behaviors to students. If a student experiences this sense of community and is attached to school, he or she may do better academically and will be less likely to drop out of school.

A classroom presentation is an excellent way for the school social worker and classroom teacher to engage in collaboration and model cooperation, sharing and problem-solving for students. Classroom presentations are a proactive way for the entire class to benefit from the services of a school social worker. If a school social worker engages in classroom presentations, he or she becomes more visible to students which may increase the likelihood that students may self-refer in times of need.

DETERMINING WHEN TO USE THIS INTERVENTION

A classroom presentation is an effective method to utilize when an issue that affects the entire class becomes apparent. It is appropriate to offer a classroom presentation when the teacher is open to teaming with the social worker in order to implement creative ways of addressing the issue. At times of a school crisis, a classroom presentation that shares pertinent information is often an effective way to decrease stress and rumors related to the event. Classroom presentations are also a high-quality way to present racial or sexual harassment policy to students.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Teaming between the school social worker and the classroom teacher is essential when utilizing classroom presentations. School social workers may prepare a classroom presentation, but it will be more effective when it is delivered by both professionals. Oftentimes, the classroom teacher has a strong relationship with the students and possesses the ability to carry on with the lesson throughout the school day. In order for the school social workers presentation to be more effective, the classroom teacher should utilize methods to reinforce the lesson throughout the school day.
In order to provide quality classroom presentations, school social workers must possess knowledge and familiarity with the program they are using and develop a level of expertise in the area. Social workers should assess the reason they have been asked to become involved and be aware of expectations of the teacher or administrator for outcomes of their presentations. An effective school social worker will review pertinent research and discover best practice methods to address the issue.

When providing a classroom presentation, it is of utmost importance to ensure the material is presented with consideration of the audience. The school social worker will make certain that material is presented at the correct developmental stages of the students.

REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

Second Step
Steps to Respect
Character Education

WEBSITES

Group Counseling

INTRODUCTION

Group work is frequently utilized by school social workers as an effective way to build rapport with students, provide social skills instruction and offer support for students. Problems such as lack of peer relationships, substance abuse, grief and loss, trauma or mental health issues may be addressed through the facilitation of student groups. Group membership may end the isolation and lack of understanding that many students experience because they begin to interact with students with similar issues.

RATIONALE

Groups are an effective way to assist isolated students in developing relationships with other students and allowing students to benefit from the support of peers. Facilitating social skills or therapeutic groups is both an efficient and cost-effective way for the school social worker to work with students in need.

DETERMINING WHEN TO USE THIS INTERVENTION

School social workers may provide a support group that is specific to a certain topic. Examples of specific topic often addressed in a support group include anger management, friendship, grief and loss, chemical dependency and family change. Often, student groups will focus on more general social skills. The school social worker will engage in direct teaching of social skills, providing students with an opportunity to practice skills and discuss strategies they may attempt to use in a variety of social situations.

When facilitating a group, the school social worker will need to decide if the group will be an ongoing, open-ended group or a time-limited group.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

In order to successfully facilitate a therapeutic group, the school social worker must have a thorough understanding of the group process and group stages. The facilitator should make efforts to select group members that will be compatible. Group ground rules for the functioning of the group should be discussed and agreed upon by all members of a group during the initial meetings. The school social worker should ensure that all members of the group understand its purpose and why they were chosen as a participant. Confidentiality must be discussed, understood and agreed upon by all members. If the group is designed to improve a specific skill, efforts should be made to assist the student to generalize skills learned to use in the larger school environment. One way to do this is to inform the classroom teacher of the group’s purpose, within the limits of confidentiality. If school staff is aware of a group’s purpose, they may be able to reinforce group lessons throughout the school day in the larger school environment. Informing the classroom teacher of the purpose and why the student is involved in the group is an effective way to solicit their support in excusing the student from class for group sessions.
REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

Social Skills Trainings
School Survival Group
Life Skills Training
Skillstreaming the Elementary School Child
Skillstreaming the Adolescent

WEBSITES

Life Skills Training [www.lifeskillstraining.com](http://www.lifeskillstraining.com)
In-service Training

INTRODUCTION

According to Standard 10 of the NASW Standards for School Social Work Services, school social workers shall develop and provide training and educational programs that address the goals and mission of the educational institution. Trainings and educational programs may include various activities, such as school social workers providing learning experiences for school district staff, parents, community members or social work colleagues.

RATIONALE

School social workers have knowledge and expertise in identifying and addressing the barriers to learning. School social workers may utilize this expertise by sharing knowledge with the broader school community. If educators understand barriers to learning better, they are empowered to work collaboratively with school social workers to address student needs and foster academic progress. School social workers should explore opportunities to share their successful practices and methods utilized with school social work colleagues. Professional conferences and workshops targeting school social workers are a forum for this opportunity.

DETERMINING WHEN TO USE THIS INTERVENTION

This intervention may be an appropriate to utilize when the school social worker has expertise that can be shared with other licensed staff to meet a licensure renewal requirement. For example, in Minnesota staff licensed by the Board of Teaching is required to have clock hours in Understanding Warning Signs of Mental Heath Disorders and Positive Behavioral Interventions. School social workers possess knowledge and expertise in these areas and are able to share this information with other school staff.

Staff development, led by the school social worker, may be a way to share information relevant to a building-wide need that has been identified by the administrator, building staff or students. For example, an in-service introducing Positive Behavioral Interventions and Supports may facilitate a school's effort to address behavioral concerns in an effective way.

School social workers possess knowledge about mandated reporting and county social services. Since all school staff are considered mandated reporters, it is pertinent that all receive accurate information about how and when to make a report of suspected abuse or neglect. School social workers are well poised to provide this information to staff school-wide.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

When providing in-service trainings to school staff, it is important that school social workers present information that will help educators develop a more in-depth understanding of the barriers to learning. Examples of barriers include children’s mental health disorders, poverty, abuse or other traumatic life events. This type of in-service training is able to provide educators with examples of interventions or methods of communicating with parents and students so the effect of the barriers is diminished. Whether providing training for parents, educators, or social work colleagues, it is vitally important the school social workers attempt...
to foster a sense of trust, respect and collaboration. When a building administrator actively supports and endorses the information shared by the school social worker, the training program will be more meaningful and utilized by others.

REFERENCES


NASW Standard for School Social Work Services

EXAMPLES OF MODELS, RESOURCES & PROGRAMS

MSSWA Early Warning Signs of Mental Health Disorders
MDE Module 1 & 2
Social Emotional Learning
PBIS

WEBSITES

Minnesota School Social Workers’ Association  www.msswa.org

Council for Exceptional Children  www.cec.sped.org

School Social Work Association of America  www.sswaa.org

National Technical Assistance Center on Positive Behavior Intervention & Supports
www.pbis.org

The Collaborative for Academic, Social and Emotional Learning  www.casel.org
Bullying Prevention

INTRODUCTION
Most students experience an incident of bullying in school at least once. Bullying is thought to be the most prevalent form of violence suffered by children (Haynie et al., 2001). Most adults can still recall a type of bullying they endured and where and when it occurred. School social workers intervene with the bully by providing social skills education, provide support to the victims of bullying and assist schools in implementing school-wide and community anti-bullying interventions.

RATIONALE
Although bullying can and does occur in other environments, the majority of bullying takes place in and around school buildings (Smith, Ananiadou, & Cowie, 2003). In today’s schools, school social workers and most educators are aware of how bullying affects the social and emotional health of students and students' ability to focus on academic achievement. Personnel in schools have learned that bullying affects attendance at school, as students may refuse to go to school or are truant to avoid being bullied.

DETERMINING WHEN TO USE THIS INTERVENTION
Often a specific incident that affects an entire classroom or an entire school will motivate school staff to investigate bullying interventions. Sometimes unhappy student victims and/or their unhappy parents will ask for help. A teacher and/or principal who notice growing behavior referrals for bullying may choose to initiate anti-bullying interventions.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS
Successful anti-bullying programs have the following key elements:
• School-wide program implementation
• Prevention interventions with all students
• Identification of ways to express emotions healthfully
• Education on replacement behaviors to bullying
• Work with victims of bullying
• Family and community involvement
• Building staff acceptance and “buy in” of the program
• Awareness that change in behavior will take time and persistence

Helpful tools and examples of anti-bullying interventions can be found in Chapter 42, Bullying, The school services sourcebook: a guide for school-based professionals, 2006.

REFERENCES


**LITERATURE REFERENCES**


**EXAMPLES OF MODELS, RESOURCES & PROGRAMS**

The no-blame approach
Method of shared concern
Mindmatters
A manual for schools and communities. California Department of Education.

**WEBSITES**


Conflict Resolution

INTRODUCTION

The Youth Violence Prevention Resource Center states that conflict resolution is about teaching people new ways to work through and resolve disputes that do not involve violence. In the school setting and in our communities, school social workers teach children the ‘life skill’ that conflicts and disagreements are a normal, natural part of life, but that they can learn ways to handle these conflicts in non-violent and respectful ways.

RATIONALE

Although conflict is a normal and natural part of life, there are healthy or unhealthy ways to handle it. In some situations, children experience bullying and teasing and pointless confrontations that can result in the victims’ lack of self-esteem, academic performance, and refusal or fear in coming to school. One national survey found that 33% of high school students had been in a physical fight within the past year (CDC 2004). Therefore, children need to be taught in a comprehensive program that teaches everyone the skills to respond to conflict in a constructive manner. By providing children with the knowledge and skills that they need to resolve conflict peacefully, school social workers can help create safer environments and reduce the numbers of suspensions, expulsions, disciplinary referrals, classroom disruptions and playground fights (School-Based Conflict Resolution Programs – A California Resource Guide).

DETERMINING WHEN TO USE THIS INTERVENTION

Since conflict is a universal issue, is it optimal that all students have an opportunity to learn the skills and knowledge on how to resolve issues peacefully. The Minnesota Student Survey helps schools see the extent of their bullying or conflict issues as well.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

A review of the national research reveals the following characteristics that help to make a school-based conflict resolution program successful:

- A comprehensive approach, involving curriculum, peer mediation, and parent involvement components
- Introduction in early grades and implementation through grade 12
- Long-term commitment to maintaining the program
- Strong leadership and disciplinary policies
- Ongoing training and staff development, including teachers, administrators, community representatives, and other school staff and parents/families
- A culturally sensitive and developmentally appropriate approach
- Ongoing monitoring, evaluation and improvement

(School-Based Conflict Resolution Programs – a California Resource Guide)

According to Crawford and Bodine (1996), some of the specific skills taught in most conflict resolution programs include these steps:

- Setting ground rules – agreeing to work together and set rules such as no name-calling,
blaming or yelling

- Listening – let each person describe his/her point of view without interruption. The point is to understand what a person wants and why they want it
- Finding common interests – establish facts that both can agree on and determine what is important to each person
- Brainstorming possible solutions to the problem – list options without judging or feeling they must be carried out, and try to think of solutions where everyone gains something.
- Discussing each person’s point of view of the proposed solution – negotiate to reach a compromise that is acceptable to everyone involved
- Reaching an agreement – each person should state his or her interpretation of the agreement and write it down, checking back later to see if it is working

REFERENCES

Center for Disease Control and Prevention (CDC), Youth Risk Behavior Surveillance – United States, 2003. MMWR Surveillance Summaries 2004

School-Based Conflict Resolution Programs – A California Resource Guide

Minnesota Student Survey

Crawford, D., Bodine R. Conflict resolution: a guide to implementing programs in schools, youth-serving organizations, and community and juvenile justice, 1996 Oct. NCJ 160935

WEBSITES

Center for Disease Control http://www.cdc.gov/

Crisis Intervention

INTRODUCTION

School crises can include incidents of violence or terrorist threats/acts in the school community or a school building resulting in student trauma, injury and/or death. School crises can be the result of natural disasters affecting entire school populations. We all have had exposure to catastrophic events at schools nationwide because these crises have appeared in newspapers and have been broadcast in the media.

RATIONALE

Because we do not know what crisis event or when a crisis event may occur, schools must plan for crisis intervention. Schools with a crisis intervention plan may be able to minimize the scope of the disaster and have an effect on the survival of the individuals involved.

KEY ELEMENTS

School-based crisis team: Members of the crisis team are usually the administrators, the school nurse, the school social worker and counselor, support and security personnel and others as appropriate to the school site.

School social workers are utilized in school-wide crisis intervention planning and implementation due to their mental health background and training in grief and loss.

Crisis intervention planning includes a plan of action for when the crisis begins; during the crisis and also what to do after the crisis is over, for example, a post incident plan for the victims.

Collaboration is necessary between schools and the community, including how and when to deal with the media and parents. Schools should make efforts to identify one staff member who will be the spokesperson regarding the crisis.

There may be a district crisis intervention plan in addition to a specific school building plan. The plan to be implemented must be in writing and practiced by the school crisis intervention team.

The crisis plan is distributed to all school staff and posted where appropriate.

DETERMINING WHEN TO USE THIS INTERVENTION

The crisis intervention plan must clearly define who will decide a crisis does exist and begin implementation of the plan.

REFERENCES


LITERATURE REFERENCES


WEBSITES


Crisis Intervention Network http://www.crisisinterventionnetwork.com/

MODELS

Roberts’ Seven Stage Crisis Intervention Model http://www.crisisinterventionnetwork.com/intervention_roberts.html

Crisis Counseling Model http://www.crisisinterventionnetwork.com/intervention_counseling.html

Assessment, Crisis Intervention, and Trauma Treatment: The Integrative ACT Intervention Model http://www.crisisinterventionnetwork.com/intervention_act.html

Four Steps to Effective Crisis Intervention http://www.crisisinterventionnetwork.com/intervention_foursteps.html

Crisis Prevention Institute http://www.crisisprevention.com/
Discipline Policies

INTRODUCTION

Student discipline policies exist to ensure that students are aware of and comply with the school district’s expectations for student conduct. Schools identify what is defined as unacceptable behavior and the consequences for such behavior. School social workers assist in these school policies by providing assistance to students and school personnel to identify underlying factors in student behavior. They also help to intervene effectively with students and their families to provide services on site or make appropriate referrals outside of school to assist in the identified problem.

RATIONALE

Schools recognize that all students are entitled to learn and develop in a setting which promotes respect of self, others and property. When student conduct interferes with this process, there needs to be a policy in place to deal with such issues.

DETERMINING WHEN TO USE THIS INTERVENTION

Student discipline policies need to be in place in all schools and would be referred to in cases where student conduct interferes with their learning or the learning of others. Examples of unacceptable behavior are: violations against school property or the property of others; use of profane language; gambling; hazing; attendance problems; violent opposition to authority; use of tobacco, alcohol, or other drugs or the distribution of these; possessing weapons, ammunition, or explosives of any kind; possession of pornographic materials; sexual abuse or harassment; falsification of records; and, verbal or physical assaults on others.

KEY ELEMENTS OF A SUCCESSFUL PROGRAM

A student discipline policy needs to be created in accordance with applicable laws/statutes. Within the policy, the school board, superintendent, principal, school staff, including teachers and school social workers, and finally, parents and the students themselves, have areas of responsibility. Some of these include:

• School Board – holds all personnel responsible for the maintenance of order
• Superintendent – establishes guidelines and directives to carry out this policy and communicates with the school board
• Principal – is responsible to formulate building rules necessary to enforce this policy. The principal involves other professionals in the disposition of behavior referrals
• School social workers – can help in establishing school-wide violence prevention programs and also work with students and families as situations arise where their expertise can be applied
• Parents/Guardians – are held responsible for the behavior of their children as determined by law and community practices
• All school personnel – contribute to the atmosphere of mutual respect

Disciplinary action options vary but usually involve progressive discipline appropriate to the facts and circumstances of each situation. Some of those actions may include: conference
with parent (with principal or school social worker or other personnel) with assistance for student regarding making better choices, treatment for mental health or chemical dependency issues, etc. and a verbal warning regarding future infractions; removal from class; in-school suspension; loss of school privileges; detention; financial restitution; assignment to area learning center; transfer to another school; referral to police; out-of-school suspension; expulsion or exclusion under the Pupil Fair Dismissal Act; or other discipline as deemed necessary by the school district.

School social workers are often involved in many of the above actions, helping the student to find the balance between authority and self-discipline as they mature.

REFERENCES

Independent School District 761, Owatonna, MN. Student Discipline Policy

Legal references:
   Minn. Stat. Ch. 13 (Minnesota Government Data Practices Act)
   Minn. Stat. Ch. 125A (Students With Disabilities)
   Minn. Stat. 121A.40 to 121A.56 (Pupil Fair Dismissal Act)
Dropout Prevention

INTRODUCTION

Keeping students in school through graduation is a major goal of public schools. When students begin to have attendance problems, schools often implement multilevel strategies that meet students’ needs and prevent them from dropping out.

RATIONALE

Consequences for a community when students attend irregularly or drop school completely include having a workforce that lacks the basic knowledge and job skills needed to fully participate in the labor market and contribute to the economy. This can result in increased costs of social services and higher rates of crime and poverty (Kim and Streeter, The School Services Sourcebook, 2006). Reduced funding for schools is another result. But certainly a compelling reason to address this issue is to prevent the great loss of human potential in terms of students’ cognitive, social, and emotional growth, and their ability to be successful in the world.

DETERMINING WHEN TO USE THIS INTERVENTION

Interventions to reduce truancy and school refusal and alternative education programs would be implemented when students fail to attend school on a regular basis, and if alternative methods would result in higher levels of attendance and school success.

KEY ELEMENTS OF A SUCCESSFUL PROGRAM

For those students who begin to show attendance problems, a multilevel approach is most successful, that is, working as a team with administrators, teachers, school social workers, school nurses, families and students.

School strategies:
• Improve teacher-student relationships
• Engage student as active member of school community
• Social skills and self-esteem building strategies
• Provision of mental health services or coordinated in community as needed
• Use of alternative education methods
• Instructional technologies
• Violence prevention/conflict resolution

Family strategies:
• Good collaboration and communication between home and school
• Home visits to gain a more ecological view
• Holding workshops for parents for support and sharing strategies

Individual student strategies:
• Proper assessment of needs
• Increase student’s self-esteem, social skills and self-confidence
• Proper therapy if mental health issue is involved
• Proper academic interventions if this is found to be a problem
• Work and school collaboration to meet individual needs
• Use of mentors
• Service learning
• Consider alternative school programming

An alternative school is defined by the U.S. Dept. of Education (2002, p. 55) as “a public elementary/secondary school that addresses needs of students that typically cannot be met in a regular school and provides nontraditional education, serves as an adjunct to regular school, or falls outside the categories of regular, special education, or vocational education.” These schools usually offer more flexible schedules, smaller teacher to student ratios, a modified curriculum and are based on the belief that all children do not learn in the same way. Success lies in an innovative curriculum and teachers with supportive attitudes (Reimer & Cash, 2003).

Best practices and characteristics of a successful alternative education program include:
• Low ratio of students to teacher
• A clear mission with rules enforced consistently and fairly
• A caring faculty who have high expectations for success
• A focus on individual learning styles and needs with emphasis on real-life learning
• Holistic services to meet needs of the whole child
• Student voices in decision-making (School Services Sourcebook, 2006).

REFERENCES


EXAMPLES OF MODELS, RESOURCES, AND PROGRAMS

Clarke County School District: Athens, GA
University of Hawaii: Honolulu, HI
King Count Superior Court: Seattle, WA

WEBSITES

The National Dropout Prevention Center http://www.dropoutprevention.org/
Mental Health in Schools Center - UCLA http://smhp.psych.ucla.edu/pdftdocs/DropoutPrev/dropout.pdf
Peer Mediation

INTRODUCTION

Peer mediation is a form of intervention in which peers mediate with each other to resolve a conflict. The mediation is driven by the students involved in the conflict, but monitored by an adult. School social workers are natural leaders in training students in peer mediation.

RATIONALE

Peer mediation/conflict management is used as a way for peers to work through their own issues and conflicts in a respectful manner without an adult. Peer mediation often works better than an adult-driven mediation because the students can listen to each other and understand where the conflict began. It also offers students a voice in the problem, in their own words. The mediation is lead by students who are trained in the peer mediation process.

DETERMINING WHEN TO USE THIS INTERVENTION

Peer mediation/conflict management is best utilized to resolve misunderstandings and rumors between peers. It can be used for a variety of other conflicts which are non-assaultive or if further action is not needed (police intervention, suspension, dismissal etc.). Peer mediation/conflict management could also be used when the suspended student returns to school and needs to apologize to the victim before returning to class.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Peer mediation/conflict management involves the following basic steps:
• One student talks at a time, without interruption, telling his or her side of the conflict
• The other student talks, without interruption, telling his or her side of the conflict
• The two students actively listen and repeat back each others interpretation of the conflict
• The students resolve the conflict by agreeing to what they could have done differently and by offering appropriate solutions
• The students will then state what they will do differently in the future
• Both students agree that the conflict is resolved by apologizing or by other restitution

The entire mediation is monitored and directed by a neutral peer who has been trained in mediation techniques.

WEBSITES

Teachers First http://www.teachersfirst.com/lessons/mediate/mediate1.cfm

Peer Mediation Program http://www.schoolmediationcenter.org/programs/peer_med.htm

Peer Mediation http://www.studygs.net/peermed.htm
Positive Behavioral Interventions and Supports (PBIS)

INTRODUCTION

Most people know from personal experience that nothing succeeds like success and nothing defeats like defeat. Schools are implementing this concept by attempting to change and shape student behavior using positive behavioral intervention and supports (PBIS) in addition to other planned interventions. PBIS has the potential to prevent problem behavior while also bringing about improvements in the atmosphere in schools.

RATIONALE

Some behaviors require negative consequences because of the risk to self or others that the behavior causes. But when positive behavior support interventions are used, changes in attitude and behavior of both the teacher and the student are likely to occur.

DETERMINING WHEN TO USE THIS INTERVENTION

Positive behavior support interventions may be the choice when negative consequences have not impacted the problem behaviors and the staff has interest in a school-wide training experience. They can also be used before this point in combination with other disciplinary interventions.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

• Commitment to utilize a team-based approach with administrative support
• Classroom or school-wide programming increases effectiveness
• Family involvement increases effectiveness
• Training including replacement behaviors must be taught and practiced by all involved
• Discipline and the school behavior policy are not forgotten
• Specific phrases and interventions need to be available for all staff to use

REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS


WEBSITES


**National Association of School Psychologists** [http://www.nasponline.org](http://www.nasponline.org)
Positive School Climate

INTRODUCTION

School social workers are integral in promoting and maintaining a positive school climate by facilitating overall respect and trust amongst students and staff. The Center for Research on School Safety, School Climate and Classroom Management (2006) states that “a positive school climate exists when all students feel comfortable, wanted, valued, accepted and secure in an environment where they can interact with caring people they trust.” By improving a school climate, culture and conditions, students’ learning also improves. Positive school climate includes the physical structure of a school building and the interactions between students and teachers (Marshall, 2003).

RATIONALE

Research has shown that positive school climate has been associated with fewer behavioral and emotional problems for students (Kuperminc et al 1997) and can increase achievement levels and reduce maladaptive behavior (McEvoy & Welker, 2000). In addition, there is an increased job satisfaction for school personnel (Taylor and Tashakkori 1995). School social workers help promote a positive school climate by communicating with parents about their child(ren), meeting with staff and administration when there are concerns and fostering a climate of respect for all.

DETERMINING WHEN TO USE THIS INTERVENTION

The Center for Research on School Safety, School Climate and Classroom Management (2006) suggests the following possible interventions to improve school climate:

• Increased parent and community involvement
• Implementation of character education or the promotion of fundamental moral values in children
• Use of violence prevention and conflict resolution curricula
• Peer mediation
• Prevention of acts of bullying (Peterson & Skiba, 2001)
• Teachers and principals treat students fairly, equally, and with respect
• Provide a safe environment for staff and students (Harris & Lowery, 2002)
• Personalization through adopt-a kid-programs, honoring most improved students, and block scheduling (Shore, 1995).

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

According to the Center for Research on School Safety, School Climate and Classroom (2006) positive school climate includes:

• Respect
• Trust
• High morale
• Opportunity for input
• Continuous academic and social growth
• Cohesiveness
• School renewal
• Caring

The School Climate Survey contains seven dimensions of school climate:
• Achievement motivation
• Fairness
• Order and discipline
• Parent involvement
• Sharing of resources
• Student interpersonal relationships
• Student-teacher relationships

Joyce Epstein (1995) states that frequent and positive school-to-home-communication helps parents feel more self-confident, more comfortable with the school and more likely to become involved. She points out the need for teachers and schools to increase their understanding and respect for student and family diversity. School staff can let parents know that they are valued and acknowledge their time constraints and familial obligations (Epstein 1995) thus establishing a positive relationship with families.

REFERENCES


LITERATURE REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

The School Climate Survey School Development Program - Yale

The NASSP School Climate Survey National Association of Secondary School Principals

Charles F. Kettering Ltd School Climate Profile

Comprehensive Assessment of School Environments Keefe & Kelley, 1990

Organizational Climate Index Hoy, Smith, Sweetland, 2002

WEBSITES

The Center for Research on School Safety, School Climate and Classroom Management
[http://education.gsu.edu/schoolsafety/](http://education.gsu.edu/schoolsafety/)
Preassessment Teams

INTRODUCTION

In Minnesota, the legal definition of the teams’ purpose is early identification of needs and prevention initiatives for student chemical use problems (Alcohol, Tobacco and Other Drugs, Minnesota Statutes § 121A.25-27 Pre-assessment Teams and Advisory Committee). However, in many schools, the pre-assessment team deals with other issues. An example is a pre-assessment team that is a school student services team that provides a process to address student assistance needs and address behaviors of concern that are interfering with student learning, growth and development.

RATIONALE

The team function is to select the most appropriate plan/referral for the student’s problems. School social workers are the members of pre-assessment teams that address social and emotional needs and help the team recognize the strengths of every student.

DETERMINING WHEN TO USE THIS INTERVENTION

The pre-assessment team as described here is used to determine what further services a student needs and what level of response is suggested. School staff can provide the needed services or an outside community resource may be needed. When the problem is an academic one, the student may be referred to special education. When there is a need for case management by a case manager or case monitor, one will be assigned.

KEY ELEMENTS OF A SUCCESSFUL PROGRAM

According to the Minnesota Comprehensive Prevention Model for Schools, the four coordinating strategies are:

• Engaging school and community partners
• Assessment of need, setting goals
• Planning and implementation
• Evaluation

REFERENCES

Minnesota Department of Education, Safe and Healthy Learners
Ruth Ellen Luehr, MS, RN, FNASN
Telephone 651 582 8403
Fax 651 582 8499
E-mail ruthellen.luehr@state.mn.us

Roger Svendsen, MN Institute for Public Health and Central CAPT

Center for Disease Control and Prevention, Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, 1994
Minnesota Statutes:
121A.25-27  Pre-assessment Teams and Advisory Committee
121A.29     Reporting: chemical abuse


**EXAMPLES OF MODELS, RESOURCES & PROGRAMS**

Minnesota Department of Education, Safe and Healthy Learners
Responsibilities of Concerned Educators
Sharing concerns with the student: Six Steps to ‘See it, Say It”
Talking to Students about factors that interfere with learning: The Five A’s

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the publication of a new issue of its Substance Abuse in Brief Fact Sheet addressing co-occurring substance abuse and mental disorders.
800-729-6686 or 240-221-4017 (Phone)
800-487-4889 (TDD hearing impaired)
877-767-8432 (toll free) Hablamos Español
Web: www.ncadi.samhsa.gov
The issue is also available online at www.kap.samhsa.gov

**WEBSITES**

**Minnesota Department of Education** http://education.state.mn.us  See Learning Supports and Addressing behavior of concern via student assistance teams.
Respect for Diversity

INTRODUCTION

School social workers provide services to many cultural and ethnic groups within the school setting. The National Association of Social Workers (NASW) Standards for Professional Practice for School Social Workers state that “school social workers shall ensure that students and their families are provided services within the context of multicultural understanding and competence that enhance family’s support of students’ learning experience.” NASW Code of Ethics for all social workers states that social workers should follow the ethical standards of cultural competence and social diversity.

RATIONALE

School social workers must have more than just a respect for diversity, but should strive for cultural competency. Due to the high rate of drop out, mental health concerns present in schools and retention, it is imperative that school social workers provide culturally relevant social work services and mental health interventions to this population of students. In order to perform effective practice, social workers should relate to all students and their families within their cultural context. Without a respect for diversity, student problems may increase due to a cultural misunderstanding.

DETERMINING WHEN TO USE THIS INTERVENTION

Competent assessment practices should be the basis for which intervention decisions are made. Assessment of problems may include psycho-educational or mental health screening/evaluation in the areas of cognition, academic achievement, learning and sociobehavioral functioning using tools that are both norm-referenced as well as other tools that gather qualitative information. For example, student, family and staff interviews are equally important in gathering information. School staff MUST consider all assessment information within the social cultural context of the student and his or her family.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

“Cultural competence refers to a set of congruent practice skills, knowledge, behaviors, attitudes and policies that come together in a system that enables the system to work effectively in cross cultural situations” (Lambros, K.M. & Barrio, C., 2006).

• When a student is referred for screening, evaluation or service, carefully review the referral reason and consider it within the cultural norms and expectations of the student, family, teacher, classroom environment and school.
• Remember that families may differ in term of their family composition, childrearing practices, response to disobedience and perception of disability/health, communication and interpersonal styles.
• Refine the ability to recognize the limits of your own multicultural competence.
• All educators should seek educational, consultative and training experiences to improve multicultural knowledge.
REFERENCES


LITERATURE REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

NASW Cultural Competence http://www.socialworkers.org/sections/credentials/cultural_comp.asp

Minnesota Department of Education Reducing Bias http://www.education.state.mn.us/

WEBSITES

PeaceWorks PEI http://www.isn.net/cliapei/peaceworks/index2.htm

The National Center for Culturally Responsive Educational Systems www.nccrest.org
Response to Intervention

INTRODUCTION

The University of California Los Angeles Center for Mental Health in Schools states that the Federal Government is “pushing” schools to use Response to Intervention (RTI) as a method to reduce inappropriate diagnoses for special education. The intent is to use “well designed and well implemented early intervention” in the regular classroom as a way to deal with student behavior. The goal is to also determine if more intensive assistance is required (UCLA Center, 2006). School social workers can play a key role in developing interventions for the regular education classroom teacher to use for students whose behavior warrants additional intervention. The school social worker can also assist in implementing and reviewing the intervention to determine its effectiveness.

The School Social Work Association of America (SSWAA) supports “utilizing the specialized skills of school social workers in designing, implementing and evaluation interventions to determine which students might benefit from additional assessment possibly leading to the provision of special education and related services” (Resolution, 2006).

RATIONALE

RTI addresses learning and behaviors in the classroom by assessing student responses. The data is then used to develop in-classroom strategies, then modifying the strategy and developing other interventions as needed until it is evident that a student’s problems cannot be resolved through classroom interventions alone. At that point, other special assistance outside the regular classroom may be utilized (UCLA Center).

DETERMINING WHEN TO USE THIS INTERVENTION

Response To Intervention can be used in classrooms as a means to reduce inappropriate diagnoses for special education. RTI can also be used in classrooms to manage behavior and accommodate different learning styles. RTI is utilized to ensure success in the general education setting by providing appropriate, ongoing interventions to students.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

The RTI system includes “high quality interventions and behavioral supports, evidence-based interventions, and frequent assessment and monitoring of student performance and progress” (SSWAA resolution, 2006). School social workers may provide primary prevention strategies to all students in the general education classroom, such as defining behavioral expectations. They may also provide interventions to reduce the barriers to learning by addressing lack of adequate social skills, lack of parental support and reducing cross-cultural barriers. More intensive interventions may include goal orientated casework, short-term mental health counseling or functional behavioral assessment (SSWAA Resolution, 2006).

The UCLA Center for Mental Health in Schools (2006), suggests the following keys for a successful RTI program:

• Ensure an optimal teaching environment, with personalized teaching - this includes
motivation-orientated strategies to engage students in classroom instruction

• Use special assistance strategies stressing the least intervention needed to maintain a healthy classroom environment
• Develop “well-designed interventions” with the assistance of student support staff including school social workers
• Training for staff on how to implement successful interventions
• Allow enough time for implementation

The UCLA Center also suggests enhancing motivation by following these practices:

• Regular use of informal and formal conferences with students
• Use of a broad range of options from which learners can make choices about learning content, activities, and desired outcomes
• Use a broad range of options from which learners can make choices about their need for support and guidance
• Active decision-making by learners in evaluating their motivation and capability
• Establishment of program plans and mutual agreements about the relationship between learners and personnel
• Regular reevaluations and reformulation of plans

REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

National Center for Learning Disabilities http://www.nclld.org/content/view/1002/389/

National Center of State Directors of Special Education http://www.nasdse.org/projects.cfm

WEBSITES

School Social Work Association of America www.sswaa.org

UCLA Center for Mental Health in Schools www.smhp.psych.ucla.edu


Intervention Central http://www.interventioncentral.org/

National Center for Learning Disabilities http://www.nclld.org/content/view/1002/389/
Screening

INTRODUCTION

School social workers can utilize a number of screening tools to better assess the needs of students. For example, screening for substance abuse, risk of suicide, mental health and other emotional and behavioral problems gives school staff a basis for underlying concerns. Since school social workers are educated in recognizing the early warning signs of mental illness, as well as ruling in or out a number of other concerns, they can be integral in the planning and implementation of interventions. Using a variety of screening tools also assists teachers and other staff to recognize the need for increased services and/or referring for a special education evaluation.

Susan De La Paz and Steve Graham state that when Congress enacted Public Law 94-142, the Education for All Handicapped Children Act, in November, 1975, it requires that all children with disabilities receive a free and appropriate public education. Determining who has a disability and who is eligible for special services, however, is not an exact science. It is complicated by vague definitions and varying interpretations of how to identify specific disabling conditions (Hallahan & Kauffman, 1991).

RATIONALE

Recent government figures indicate that 7 percent of children and youth from birth to 21 are identified as having a disability that requires special intervention (Hunt & Marshall, 1994). Providing screening to determine if the student has a disability or other possible health concern is one of the roles of a school social worker.

School social workers may also screen families in order to provide appropriate links to community resources, when needed.

DETERMINING WHEN TO USE THIS INTERVENTION

While practices differ greatly both across and within states (Adelman & Taylor, 1993), screening is an important part of the assessment process mandated by Public Law 94-142. Screening for the purpose of special diagnoses begins at birth and continues throughout the school years. In the first few years of life, most forms of screening center around developmental norms for physical, cognitive and language abilities. Many children with severe disabilities (Down’s syndrome, autism, severe sensory impairments, or children with multiple disabilities, for example) are identified early in life by physicians and other health professionals. However, other children, such as those with learning disabilities, attention deficit disorders, behavioral problems and so forth, may not be formally identified until they start school.

Screening procedures are an important part of the assessment process to identify children and youth who have disabilities. Such procedures must be used with care, however, as they provide only a preliminary sign that a child has a disability. Additional testing is required to affirm or disprove the presence of a disabling condition. If a disability is identified during follow-up assessment, the focus shifts to providing the student with an appropriate education, which could include a 504 Plan or Individual Education Program.
Screening is an important part of the prereferral process. School social workers are educated in providing appropriate screening for mental health issues, emotional behavioral disorders and other school-related problems. Completing a social developmental history is also a good tool to use get more information about the family.

Screening can also be used to implement interventions because it allows school staff to understand the possible underlying behavior of the individual student. Screening may also be completed by the school social worker during the preschool screening, as well as the mental health screening to meet Emotional Behavioral Disorder criteria and after a student is suspended for 10 days.

KEY ELEMENTS OF SUCCESSFUL Programs

It is important to understand that there is no standard or uniform battery of tests, checklists, or procedures to follow for the identification of most students with disabilities. While there is a basic structure to the identification process, there is considerable variability in how students may come to be identified, including the types of tests used in screening and the processes by which they are referred.

A common prereferral intervention approach includes a pre-assessment team which may include teachers, principal, nurse, school counselor, school psychologist, alcohol, tobacco and other drug counselor, liaison officer and the school social worker. The team works to provide appropriate interventions to use in the classroom to accommodate student needs better. If the interventions do not produce results, the school social worker may screen the student for possible emotional behavioral disorder, mental health concern or environmental factors.

LITERATURE REFERENCES, MODELS AND WEBSITES


REFERENCES


**MODELS**


**Columbia Teen Screen** [www.teenscreen.org/](http://www.teenscreen.org/)

Please see mental health screening section and social developmental history example in appendix.

**WEBSITES**

**Screening and early detection of mental health problems in children and adolescents** [www.SAMHSA.gov](http://www.SAMHSA.gov)

**Ericae: Clearinghouse on Assessment and Evaluation:** [http://ericae.net/db/edo/ED389965.htm](http://ericae.net/db/edo/ED389965.htm)

Social/Emotional Learning

INTRODUCTION

Social and emotional education is school-based programming that focuses on positive youth development, health promotion, prevention of problems behaviors and student engagement of learning. School social workers play a key role in the social and emotional development of students by attending to their basic needs, developing social skills and fostering a caring and nurturing environment. According to The Collaborative for Academic, Social and Emotional Learning (CASEL) (2004), social and emotional learning (SEL) is “the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships and handle challenging situations effectively. Research has shown that SEL is fundamental to children’s social and emotional development - their health, ethical development, citizenship, academic learning and motivation to achieve.

RATIONALE

Social Emotional Learning (SEL) promotes students’ attachment to school. SEL also has a critical role in improving children’s academic performance and lifelong learning (Zins, 2004). Studies have shown that emotions can facilitate or hamper students’ learning and their ultimate success in school. Because social and emotional factors play such an important role, schools must attend to this aspect of the educational process for the benefit of all students (Zin, 2004). Researchers have also found that prosocial behavior in the classroom is linked with positive intellectual outcomes.

DETERMINING WHEN TO USE THIS INTERVENTION

Social emotional skills can be infused into the regular academic curriculum (Zins, 2004). Teachers can be trained to promote social emotional skills during regular instruction. School social workers can assist teachers in the development of the skill training, or they can complete a whole classroom discussion/lesson about social emotional skills. School social workers may also pull specific students out of the classroom for small group or individual promotion of social emotional skills.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Successful programs include a person-centered focus, along with a supportive environment. SEL education involves teaching children to be self-aware, socially cognizant, able to make responsible decisions and competent in self-management and relationship management skills so as to foster their academic success (Zins, 2004).

According to Zins (2004) essential characteristics of effective SEL programming:
• Carefully planned, theory and research-based interventions
• Teaches SEL skills for application to daily life
• Addresses affective and social dimensions of learning
• Leads to coordinated, integrated and unified programming linked to academic outcomes
SEL education promotes safe and caring learning environment, monitors intervention, provides leadership, institutional policies aligned with SEL goals, professional development, involves families and community partnerships and uses program evaluation for continuous improvement.

REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

**Seattle Social Development Project** http://depts.washington.edu/ssdp/

**Resolving Conflict Creatively Program** http://www.edutopia.org/php/orgs

**Promoting Alternative Thinking Strategies** http://www.colorado.edu/cspv/blueprints/model/programs/PATHS.html

**Child Development Project** http://www.devstu.org/cdp/

**Responsive Classroom** www.responsiveclassroom.org/about/aboutrc.html

WEBSITES

**The Collaborative for Academic, Social, and Emotional Learning** www.casel.org

**About our kids** http://www.aboutourkids.org/aboutour/articles/socialemotional.html

**Social Emotional Learning Resources** http://www.nprinc.com/soc_emot/index.htm
Social Problem-Solving

INTRODUCTION

Social problem-solving skills are defined as a set of specific attitudes, behaviors and skills directed toward solving a particular real-life problem in a social context (D’Zurilla, 1986). Elias and Clabby (1992) say that social problem-solving skills are skills that students “use to analyze, understand and prepare to respond to everyday problems, decisions and conflicts.” School social workers often help students in small group settings systematically learn social problem-solving skills.

RATIONALE

Children need to know how to use a problem-solving strategy to effectively solve problems they encounter at school, home and community. Without this skill, maladaptive responses to problems may lead to negative peer or family relationships, unhealthy behaviors such as teen pregnancy and drug addiction and academic failure. Students with learning and behavior problems often need extra help in the area of social problem-solving (Nelson, Dykeman, Powell, and Petty, 1996). Learning these skills helps students improve their ability to cope with stress and more effectively handle interpersonal relationship difficulties. When students learn how to analyze situations better, they can then have more control over events and make better decisions.

DETERMINING WHEN TO USE THIS INTERVENTION

Research shows that optimal results occur when problem-solving skills are taught school-wide and over a period of years where skills continue to be reinforced. School social workers can help assess the need for which students would benefit from extra small group work in social problem-solving techniques.

KEY ELEMENTS OF A SUCCESSFUL PROGRAM

Social problem-solving skills can be worked into the curriculum or taught in small group settings. Peer mediation programs are also a popular forum for teaching students conflict resolution and problem-solving skills (Cangelosi, 2000). The basic format is:

• State the problem
• Gather information from self and others
• Think of possible solutions
• Evaluate each solution
• Choose the best, mutually acceptable solution
• Try out the solution
• Decide what to do next time

Through this process, students can also learn empathy skills and active listening. They would then have more skills to enjoy satisfying peer friendships, since good listening and caring are primary components in making and keeping friends. Some small group activities could include role play, building a feelings vocabulary, therapeutic games that increase social problem-solving skills, as well as encouraging outside of school activities such as extracurricular activities, drawing, listening to music, journaling and exercise.
REFERENCES


EXAMPLES OF MODELS, RESOURCES, AND PROGRAMS

Second Step
Steps to Success
LifeSkills

WEBSITES

American Psychological Association www.apa.org
Substance Abuse Prevention

INTRODUCTION

Substance abuse prevention efforts, which includes prevention of alcohol, tobacco and other drugs (ATOD) use, have often been school-based, since schools have the greatest access to the majority of the nation’s children and are well-known for providing education and collecting data from students about substance use and abuse (Burke, 2002). It is important for our students not only to be drug and alcohol free, but to learn the coping skills and problem-solving skills accompanied by good self-esteem, that will be beneficial in launching them into a healthy adult life.

RATIONALE

The consequences of substance use are serious, costly and expensive, with immediate physiological influences while interfering with perception and rational judgment (McWhirter, McWhirter, & McWhirter, 2004). Adolescents may be more involved with risk-taking behaviors while under the influence, as well as having higher incidences of fatal accidents and crime (US Dept. of Health and Human Services, 2000). Also, heavy drinking and smoking can lead to diseases such as cancer, heart disease, liver-related and sexually transmitted diseases (Center for Disease Control, 2004). Finally, substance abuse has detrimental effects on the mental health of adolescents and has been associated with poor educational outcomes and academic failure (National Commission on Drug-Free Schools, 1990).

DETERMINING WHEN TO USE THIS INTERVENTION

Education in substance abuse prevention and social skills are most effective when implemented school and community wide, beginning in the elementary school years. The American Academy of Pediatrics (1998) stated that the prevalence of substance use and abuse among school children is occurring among younger students. Earlier onset of substance abuse is significantly related to heavier use and more addictive symptoms in later years, as well as more difficult rehabilitation if a problem emerges (Jenson & Howard, 1991; Knowles, 2001).

The Minnesota Student Survey gives information about particular communities across the state and is helpful in designing a prevention program that fits the needs of one’s own school district. Districts can institute their own ATOD and violence prevention program committees that include community members such as public health, law enforcement and human services for a broader view, as well as maximizing support and coordination of services within each community.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Many programs have been introduced to help children and adolescents refuse alcohol, tobacco and other drugs (programs can be found on the internet on the National Registry of Effective Prevention Programs), but one of the most effective to date is called Life Skills Training (LST). Research on the effectiveness of this program indicates a 50-87% reduction in the prevalence of ATOD (National Health Promotion Associates, 2002). This is designed for the complete
student population in a student to provider ratio of 25:1 to allow for discussion. The main objectives in the program include:

• providing students with skills to resist peer pressure, developing greater self-esteem and self-confidence
• helping students learn to cope with social anxiety
• increasing students’ knowledge of the consequences of use
• enhancing students’ cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors (National Health Promotion Associates, 2002)

Overall goals of a successful program will include teaching prevention-related information, promoting anti-drug norms, teaching drug refusal skills and fostering the development of personal self-management skills and general social skills (National Health Promotion Associates, 2002).

It is helpful for the entire community to support substance abuse prevention and can do so in a variety of settings, including summer camps, after-school programs and community-based organizations (NHPA, 2002). Also, many schools often offer small group opportunities through their school social worker or other support staff, providing additional support and education for high-risk students.

In the National Institute on Drug Abuse website (see below), it is stated that the most important protective factors, as well as risks, come from within the family, but include factors that influence a child in other environments. Among protective factors identified by NIDA research are strong bonds and clear rules of conduct within a family, involvement of parents in a child’s life, successful school performance, strong bonds with positive institutions such as school and religious organizations and a child’s agreement with the social norm that drug use is not acceptable.

REFERENCES


EXAMPLES OF MODELS, RESOURCES, AND PROGRAMS

LifeSkills
Seattle Program (Hawkins)
SEARCH Institute

WEBSITES

National Institute on Drug Abuse www.nida.nih.gov/
American Public Health Association www.apha.org/
American Council for Drug Education www.acde.org
Substance Abuse and Mental Health Services Administration www.samhsa.gov
Violence Prevention and Risk Assessment

INTRODUCTION

School social workers are integral in the development and implementation of programs that will combat the rates of violence and harassment in schools. Highly publicized school shootings have brought the issues of school violence to the forefront of efforts by schools, parents and communities to promote safety in schools. School social workers play an “increasingly important role in shaping and implementing policy, interventions, and procedures that make US schools safer” (Astor et al, 2006). Since children spend so many hours in school throughout their lives, “programs in the school setting have the potential to have a strong impact on their attitudes, knowledge, and beliefs about violence” (Astor, et al, 2006).

RATIONALE

Staggering statistics demonstrate the need for violence prevention education in the schools. Research concludes that fourteen percent of high schools students carry weapons to school (Mattaini, 2006). Rates of harassment, bullying, threat, coercion, humiliation and intentional exclusion among children and youth are much higher than adults usually recognize (Mattaini, 2006). One-third of US high school students do not feel safe at schools (Mattaini, 2006). Since violence is a learned behavior, an approach to violence prevention which builds on a combination of community and systemic action along with a focus on family and individual resiliency is necessary (Culross, et. Al, 2006).

DETERMINING WHEN TO USE THIS INTERVENTION

School social workers need tools to assess and monitor rates of school violence and of risk and protective factors that have probabilistic linkages to its occurrence (Mattaini, 2006). Determining which violence prevention program to use may be overwhelming. Therefore, Mattaini suggests drawing on data from the individual schools, determining needs and choosing a program based on the needs. However, he also counsels awareness of the resources available to implement the program. For example, assess the staffing requirements and financial requirements of successfully implementing the program (Mattaini, 2006).

Bowen (2006) suggests using the following steps to identify issues that will help overcome barriers that restrict prevention strategies:

• Conduct a status quo assessment
• Define desired results
• Identify key partners and allies
• Develop an action plan with each partner and ally
• Specify the role and responsibilities of the performance team
• Develop a monitoring and evaluation plan
• Develop plans to overcome potential implementation hurdles

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Violence prevention programs are more successful when schools complete a risk assessment to determine their level of intervention.
Astor et al (2006), recommend the following key points when developing a successful violence prevention program:

- Comprehensive, intensive, ecological, and require “buy in” from school and community
- Raise the awareness and responsibility of students, teachers, and parents regarding the types of violence in their schools
- Create clear guidelines and rules for all members of the school community
- Target the various social systems in the school and clearly communicate to the entire school community what procedures should be followed before, during and after violent events
- Focus on getting the school staff, students, and parents involved in the programs.
- Often fit easily into the normal flow and mission of the school setting
- Use faculty, staff, and parents in the school setting to plan, implement, and sustain the program
- Increase monitoring and supervision in non classroom areas
- Include ongoing monitoring and mapping, which provide information that schools can use to tailor a program to their specific needs and increase its chance of success

Mattaini (2006) indicates that cultures that are effective in reducing violence are characterized by four interlocking components:

- Recognizing contributions and successes
- Acting with respect
- Sharing power to build community
- Making peace

REFERENCES


LITERATURE REFERENCES


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**EXAMPLES OF MODELS, RESOURCES & PROGRAMS**

Community BuildersMetzler et al. 2001

Get.a.voice ™ Project

I can Problem Solve

PeaceBuilders® Flannery et al. 2003

Good Behavior Game Embry 2002

Bullying Prevention Program www.clemson.edu/olweus Multicomponent bullying reduction and prevention program for grades 1-9

Child Development Project Ecological approach to intervention that involves teachers, parents and students working to influence school community http://www.devstu.org

FAST Track- Families and Schools Together long-term comprehensive intervention that encompasses multiple facets of children’s social contexts. http://www.fasstrackproject.org


School Success Profile http://www.schoolsuccessprofile.org/

**WEBSITES**

Prevention Institute http://www.Preventioninstitute.org/

Center for Disease Control National Center for Injury Prevention and Control: Division of Violence Prevention: http://www.cdc.gov/ncipc/dvp/bestpractices.htm

Department of Education Safe and Drug Free Schools: http://www.ed.gov/about/offices/list/osdfs/index.html?src=mr

U.S. Department of Health and Human Services Prevention Research Center for the Promotion of Human Development http://www.prevention.psu.edu
Conferences

Most schools have a special time set aside once or twice a year when the parent of the students are invited into the school for a meeting with the teacher about how their child is doing in school. Parents of students in special education are invited to meet with school personnel generally twice a year. School social workers often play an important role in helping parents attend and feel positive about these meetings.

INTRODUCTION

School social workers help bridge the gap between the home and the school through their frequent contact with the student’s parents. They can help parent know what to expect when attending meetings at school and can help them understand and be prepared for the process used to conduct these meetings. School social workers can also meet with school personnel to help create a welcoming climate for diverse parents. Additionally, school social workers can facilitate efforts to reach out to the families with children in the schools they serve.

RATIONALE

The literature documents the importance of parent involvement in the education of their children and adolescents and shows that students who have families which are committed to their education do better academically and behaviorally (Epstein, 1991; Henderson & Berla, 1994; Wang, Wildman & Calhoun, 1996; Fisher, 2003). Parents often face barriers in attending school conferences and meetings to discuss their child. Problems such as transportation, scheduling, need for translation or a past negative experience with the school system may serve as major disincentives. School social workers can help mediate these problems by arranging for transportation, advocating for a meeting time when parents can attend, locating translators and meeting with the parents ahead of time so that they understand how important they are to the process of their child’s education. School social workers can also work with school personnel to make sure that the school environment is welcoming for parents by having someone who can greet them warmly when they come into school and offer a beverage if they have to wait.

DETERMINING WHEN TO USE THIS INTERVENTION

Efforts to connect positively with parents should be ongoing.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Epstein and Janson (2004) suggest the following are steps to encourage and support parents’ involvement in school conferences and meeting:

• Ask the school administrator to let families know how important it is to attend these events
• Ask the school administrator encourage the faculty to reach out to parents
• Publicize these conference and meetings throughout the year in flyers and newsletters
• Set goals for parent attendance at conferences and meetings and monitor progress on the goals
In addition to the above suggestions school social workers can talk with teachers about strategies for successful parent-teacher conferences. For example, it is always nice to start by first asking parents what questions or concerns they have about school and their child. This shows the parents that their concerns are important enough to be given priority. School social workers can also talk with teachers about the value of identifying and sharing a student’s strengths before describing behaviors that may be a concern. All students have strengths and it can be relationship building when parents learn that the teacher recognizes their child’s strengths.

At times, when parents are not able to attend conferences and meetings at school, a school social worker can work with faculty to come up with more accessible locations. Akron, Ohio moved parent-teacher conferences to a local shopping mall because of low attendance. Interestingly, the move resulted in higher turnout (Curriculum Review, 2004). Another more common form of reaching out when parents cannot come into school is for school social workers to set up and accompany teachers on home visits to meet with the parents. This approach can be helpful for several reasons. School social workers are familiar with the practice of making home visits which can help the faculty member feel more comfortable leaving the school to go out to a home. Parents may appreciate the special time and effort taken to reach out to them and are often more comfortable in their own environment.

REFERENCES


Family consultation in school social work practice is a process whereby schools, social workers and family members share their respective expertise about a student and his or her situation. The purpose of the consultation is to collaboratively develop a plan to help the student experience more success in school.

INTRODUCTION

Research shows that students generally do better in school when their families are involved (Henderson & Mapp, 2002). One vital function of school social work services is consultation with family members of students who are having or who are likely to have difficulty in school. Consultation is an “indirect service delivery model” for working with students’ families (Albers & Kratochwill, 2006, p.971). It is also a collaborative problem-solving process where the consultant (the school social worker) and the consultee (the family members) each contribute valuable information (Gianesin, 2007). It is important to recognize that families bring a wealth of information about their family members to the consultation process. They are in a good position to know when one of the children or adolescents in the family may have a problem or is having a problem at school. For example, a child who is teased at school may resist getting ready and leaving for school in the morning. The family will generally be aware of this problem long before the school personnel know about it. In situations like this, family members can work with the school social worker to find a solution to the problem.

Consultation is preventative when people in a student’s life communicate proactively about difficulties that the student may be facing and together they can develop a system of support for that student to reduce stress. For example, family members may also contact the school social worker when their child experiences some type of trauma such as a death of a loved one or a divorce. Together through the consultation process the school social worker and the family can come up with ways to help the student deal with painful feelings at school and at home.

School social workers can use multiple methods (school newsletter, flyers sent home with students, link on school web page, presentation at Parent Teacher Association meetings) to let the families in the school know that they are available for consultation so that parents or guardians can feel free to pick up the phone and call or just drop in to visit when they have concerns about how their child is doing in school.

RATIONALE

The literature provides ample evidence regarding the effectiveness of the consultation process (Albers & Kratochwill, 2006, p.971). In addition consultation “is considered to be a cost-effective model of service delivery” because it is often more efficient to assist people who will remain in the student’s life to acquire the needed knowledge, skills and resources (Albers & Kratochwill, 2006, p.971).

DETERMINING WHEN TO USE THIS INTERVENTION

There are times when a more direct intervention than consultation is required. For example, in the case of a student who is talking about suicide, it is best if the school social worker can talk
directly with the student to assess the risk level. In follow-up sessions with the family, the social worker will likely employ a consultative process, providing the family with important information about warning signs and action steps. The school social worker may also consult with the family using a solution-focused (DeJong & Berg, 2002) approach regarding events that led up to the talk of suicide to develop a proactive plan to improve the situation.

**KEY ELEMENTS OF SUCCESSFUL PROGRAMS**

Establishing a good relationship is an essential first step in any consultation. This requires mutual respect, an openness to explore issues related to a problem and potential solutions. Giannesin (2007) identified the following six steps:

1. building the relationship
2. agreeing upon the purpose of the consultation and the expected outcome (goals)
3. identifying a problem as specifically as possible
4. exploring alternative courses of action
5. developing a plan for intervention
6. evaluating the plan and the intervention

Sabatino (2002) also points out that consultation is based on a voluntary relationship where “the objective is to solve a work-related problem of the consultee” so that the “consultee is better prepared to deal with similar problems in the future” (p. 211).

**REFERENCES**


Family Support Programs

INTRODUCTION

School social workers use their unique skills and systems knowledge to support a variety of activities that overcome the barriers to educational success of students. Family support programs are a method used by social workers and other school staff that have the capacity to increase the school success of all students through the engagement and welcoming of families into the school environment.

RATIONALE

Is it widely accepted among educational professionals that parental involvement with school has been linked to academic success, good school attendance, and positive behavior and social skills (Alameda, 2003; Epstein, 1996; Henderson & Mapp, 2002; McNeal, 1999). Despite this, many family members are hesitant to become involved with their child’s education. One reason for this hesitation may be that they had a negative personal experience with school during their childhood and adolescence. Parents or other family members may feel intimidated or judged by school personnel. In addition, many family members of children with disabilities or other barriers to learning often receive multiple negative messages about their child from educators. This may lead to defensiveness and poor communication.

DETERMINING WHEN TO USE THIS INTERVENTION

Family support programs are commonly used when parents appear to lack the skills, time or motivation to become involved in the school environment in traditional (volunteering in a classroom, attending parent-teacher conferences). Careful assessment of families' needs, families' strengths and community resources available should be considered when deciding the type of family support program a school may want to implement. Examples of family support program activities may include, but are not limited to:

- Parent support groups to connect parents with one another
- Food or clothing shelves available at a school
- Information and referral to community agencies that will support families
- Recreational or cultural events at school that allow families to have fun together
- Educational opportunities that may focus on parenting skills

KEY ELEMENTS OF A SUCCESSFUL PROGRAM

In order to build successful partnerships with families there are several basic assumptions and beliefs that school social workers utilize in their work. School social workers believe that parents are the first and most important educator in their child’s life and that parents love their child more and know their child better than any of the staff at school.

If school staff truly believes that a parent or guardian’s presence at school is valued and necessary, parents will feel more welcomed and respected. This is key to building the trust that is needed for effective communication between parents and school staff.

Family support programs can be an effective way to increase parental involvement with
a school. School social workers can be a vital component of a successful family support program, linking home, school and community. A successful family support program may require that schools ask the question “How can the school support parents and families” rather than “How can parents help the school” (Franklin, 2006).

REFERENCES


NASW Standards for School Social Work Services

EXAMPLES OF MODELS, RESOURCES & PROGRAMS

Epstein Model of Parental Involvement http://www.naperville203.org/parents-students/EpsteinModelPS.asp

WEBSITES


http://www.nwrel.org/cfc/publications/familyinvolvement.html
Grandparents

“Grandparent caregivers are real-life safety nets, keeping the children they love safe and their families together when birth parents are unable or unwilling to parent” (Minnesota Board on Aging, 2007).

INTRODUCTION

In 2007, the Minnesota Kinship Care Association reported that there were 33,975 children in the state who lived in households headed by grandparents. Many live with their grandparents because their parents are deceased or have a drug or alcohol addiction or a serious emotional, behavioral and/or physical problem (Pebley & Rudkin, 1999). Often, the children and the grandparents are both in need of support and community resources to deal with the stress and adjustment that comes with the new family configuration and the trauma of dealing with feelings about whatever incapacitated the parent. It is important for the grandparents and the children to receive the support and resources they need for the children to do well in school (All Family Resource Organization, 2007). School social workers are well-equipped to assist these families in connecting with the needed resources (Edwards & Daire, 2006).

RATIONALE

Grandparents who assume the responsibility of raising their grandchildren generally do it to keep them safe and out of the foster care system and because they may be “the only family members willing to assume care of these children” (Edwards & Daire, 2006, p. 113). The All Family Resource Organization (2007) points out grandparents often underestimate the significant financial and emotional burdens involved in their new role as parents. Resuming primary parental responsibilities at a time in life when grandparents are looking forward to more freedom and free time can be very stressful and create a range of negative feelings. In fact, “assuming full-time parenting responsibilities for grandchildren is associated with increased psychological distress in grandparent caregivers” (Kelly, Yorker, Whitley & Sipe 2001, p.29). School social workers can help reduce stress and social isolation by connecting grandparents with others in a similar situation and by accessing needed resources such as respite care and after-school programs.

DETERMINING WHEN TO USE THIS INTERVENTION

School social worker should talk with their building administrators about regularly (at least quarterly) sending information home with students about resources and services available for grandparents who are the primary caregiver for their grandchildren. It would be important to obtain permission from the administrator to ask teachers to distribute resource information for grandparents who have custody of their grandchildren at parent-teacher conference.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Edwards and Daire (2006) identify the following key elements of successful programs for working with grandparents who are parenting their grandchildren:

• Use a strengths-based approach (grandparents have a lot to offer the child and the school in terms of insight and perspective)
• Let grandparents know about resources that can provide respite support groups that are available community-based counseling after-school services medical and dental care financial assistance recreational activities such as sports and music program summer camps extra-curricular activities assistance coordinating services homework help

School social workers can meet with grandparents who are parenting their grandchildren to learn from them if there are areas in which they would like additional support. Once an area of need has been identified by the grandparents, the school social worker can provide contact information and can facilitate the process of accessing that resource. School social workers can also serve as school-based case managers for grandparents who may need assistance coordinating the multiple services their grandchild may require. It is also important for school social workers to consult with school personnel to make sure that all types of families, including those headed by grandparents, feel welcome and valued when interacting with the school.

A wonderful resource for grandparents who care for their grandchildren is First Steps: Getting Started Raising Relatives’ Children by the Minnesota Kinship Caregivers Association (2007). This resource manual offers information about common feelings grandparent caregivers have, documentation that they should keep, journaling tips, legal options, financial help, health insurance, affordable child care, understanding children’s issues, children’s mental health services, fetal alcohol syndrome and talking with children about their parents.

REFERENCES


Nursing Scholarship, 25, 331-337.


EXAMPLES OF MODELS, RESOURCES & PROGRAMS


WEBSITES

Minnesota Board on Aging
Toll-free: 1-800-882-6262
E-mail: mba@state.mn.us
http://www.mnaging.org/

AARP – Grandparent Information Center
Toll-free: 1-800-434-3410
An extensive range of services, including a listing of local support groups, newsletters, and useful publications. http://www.aarp.org

Minnesota Children with Special Health Needs (MCSHN), MN Department of Health. Toll-free:
1-800-728-5420 http://www.health.state.mn.us

Parent Advocacy Coalition for Educational Rights (PACER)
Toll-free: 1-800-537-2237

A US Government website on Grandparents Raising Children. It has many resources regarding financial program and research http://www.usa.gov/Topics/Grandparents.shtml


CCDF is a significant source of federal support to improve the affordability, supply, and quality of child care in the United States. CCDF assists low-income families, including families receiving or transitioning from temporary public assistance, in obtaining child care so they can work, or at State option, attend training or education. http://www.acf.dhhs.gov/programs/ccb/ccdf/rtc/rtc2002/rtc_general/2002_2003.htm

A Web log (Blog) where grandparents share ideas: http://www.raisingyourgrandchildren.com/

Minnesota Board on Aging http://www.mnaging.org/admin/grandparents.htm

Minnesota Board on Aging senior link line for resources statewide information and assistance service of the Minnesota Board on Aging provided by six Minnesota Area Agencies on Aging. Phone toll-free 1-800-333-2433. http://www.mnaging.org/advisor/SLL.htm

Minnesota Kinship Caregivers Association: http://www.mkca.org/
Homework and Academic Assistance

INTRODUCTION

Considerable research documents that children generally do better in school when their families are involved in positive ways with their education (Epstein, 1991; Henderson & Berla, 1994). School social workers can assist families in understanding what the research says about family involvement in the education of their children and how important they are to the process.

RATIONALE

When parents are involved, students often “have better attendance records, drop out less often, have higher aspirations and more positive attitudes toward school and homework” (Bogenschneider & Johnson, 2004, p. 20). Helping children learn at home is the type of family involvement most likely to improve school success (Henderson & Mapp, 2002). School social workers function as home-school conduits and can assist in establishing ways families can help students successfully complete their homework.

DETERMINING WHEN TO USE THIS INTERVENTION

All families should be encouraged to have a daily homework time set each night. However, Berger (2006) reports that for some families who work long hours outside of the home and who have limited language or math skills it may be almost impossible for them to help their school-age family members with homework. In these situations school social workers can help the family connect with after-school programs that they might not know about such as the Girl's and Boy's Club where after-school help with homework is available.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

School social workers should encourage families to:
• Set a specific time each night for homework
• Help explain and monitor the homework
• Praise the effort put into the homework

School social workers can also problem-solve with parents about difficulties they encounter around homework. For example, they can help set up and encourage a sustained communication system such as a notebook of assignments that goes back and forth daily from the school to the home. This type of a system allows the family to know what homework is due the next day on a routine basis and provides a way for the family to let the teacher know how the homework session went. School social workers can also put “tip sheets” about how to help school-age children with homework in school newsletters and can make handouts for teachers to distribute at school conferences.

REFERENCES


WEBSITES

PATH (Pupils Ask Teachers Help) is a registered 501c3 non-profit organization which specializes in assisting students of any age with their homework-related questions. The organization offers 100% FREE internet based solutions to help parents and students with homework or other school related questions http://www.pathwhelp.org/

Effective Program Strategy: Hoops and Homework is a culturally specific, academically enriching, after school, child care program. Hoops and Homework provides homework supervision and tutoring, along with a variety of activities including: social, health and life skills, sports, Ojibwa language, traditional arts, dance, music and storytelling http://www.nccic.org/tribal/effective/whiteearth/hoopshomework.html
Home Visits

INTRODUCTION

Home visits are an important way to help the school connect with families. School social workers have been conducting home visits since the early 1900’s to increase the teamwork between home and school and to address a range of problems that have an impact on students’ ability to be successful in school (Shaffer, 2007). Home visits can foster communication, encourage family involvement and address problems that inhibit academic achievement (Sanders, 2000; Reglin, 2002).

RATIONALE

A home visit “provides a direct link between the school and the home; allows for observation and assessment of the home environment; makes services more accessible to some families; may minimize power imbalance in the helping relationship; allows for teaching and modeling of parenting skills in the natural environment” and is a way to engage families who lack the transportation and/or childcare necessary to attend school meetings or who are uncomfortable in the school setting (Allen & Tracy, 2004 as cited in Tracy & Usaj, 2007, p. 148). One study reported that more than 91% of 80 people surveyed agreed that home visits by school personnel were important to help better support their child’s education and their involvement (Reglin, 2002). That same study found that respondents felt it would be especially effective if the teachers actually made the home visit; however, according to other research, that rarely happens (Milian, 2001). School social workers can facilitate the process of teachers making home visits by inviting teachers to go with them. Having a school social worker (who is familiar with making home visits and can model protocol) accompany teachers who are not accustomed to this form of connecting with families, may help the teacher feel more comfortable with this approach. Home visits have been said to “break down walls of misunderstanding” because school personnel are able to gain a fuller appreciation for the family’s situation (Johnson, 2001, p. 6.).

DETERMINING WHEN TO USE THIS INTERVENTION

This intervention, home visits, should never be forced upon a family. Home visits should be used when:
• Families are new to a school
• Family members cannot come to school for meetings
• An assessment is being conducted on a student

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

• Communicate in a caring and respectful manner
• Prior to the visit learn about cultural customs that may be practiced by the family (for example, in some cultures it is not appropriate for a man and a woman to shake hands. However, do not assume that the family you are visiting practices that custom. It is important to ask about such things as how they prefer to be greeted)
• Contact the family by phone and/or in writing in advance asking for permission to make a home visit
• Clearly explain the purpose of the home visit (assessment, problem-solving, goal-
setting, etc)
• Give the family a choice of meeting at home, at school or some other location in the community where they might be more comfortable
• Inform the family approximately how much time the visit will take
• Use the home visit as a chance to identify strengths in the student and the family
• During the home visit identify with the family the barriers that prevent them from coming into the school and work together to eliminate the barriers
• During the home visit really listen to what the family has to say
• Use the home visit as an opportunity to let the family know that their insights and opinions are very important
• Find out what concerns and suggestions the family has regarding their child’s education

REFERENCES


Sandham, J. Home visits lead to stronger ties, altered perceptions, Education Week, 19(14), 6.


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

Multisystemic Therapy (uses a home-based model of service delivery to overcome barriers to service access and provide treatment where problems actually occur – in home, school, and community settings) http://www.musc.edu/psychiatry/research/fsrc/mst.htm

Parents as Teachers (uses home visits and a variety of other methods to provide parents with child development knowledge and parenting support) www.patnc.org
Services to Homeless Families

School social workers are important advocates for students who are homeless as they have a working relationship with staff at community agencies and have experience serving as a liaison between students, parents, school personnel and community resources.

INTRODUCTION

Homelessness has been described as “an extreme condition of poverty that has been a long-standing concern of the social work profession” (Jozefowicz-Simbeni & Israel, 2006, p.37). It is a serious problem in Minnesota especially for the large number of children and youth under the age of 18 who are homeless. According to Wilder Research (2005), nearly 3000 children who were with their parents, and 500 to 600 youth who were on their own, were homeless on a single night in October 2003 when data across the state of Minnesota was collected. The Wilder study defined homelessness with the same criteria used in the McKinney Act (P.L. 100-77, sec 103(2) (1), 101 stat. 485 [1987]) which is as follows:

The term “homeless” or “homeless individual” includes an individual who
(1) lacks a fixed, regular, and adequate nighttime residence and
(2) has a primary nighttime residence that is
   (a) a supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill),
   (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or
   (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

School social workers are knowledgeable about laws regarding access to education and community resources that can provide much needed services for homeless children and youth. With this expertise, school social workers provide valuable services to children and youth who are homeless. School social workers also advocate locally and state-wide for resources to provide an adequate level of support for youth and their families to prevent homelessness (Holloway, 2002).

RATIONALE

Youth under the age of 18 who are homeless face circumstances that generally have a detrimental impact on their academic success. For example, Wilder Research (2005) found that more than half of the homeless youth in Minnesota reported being physically or sexually mistreated. Nation-wide, homeless youth experience more problems with health, nutrition, hunger, behavior and emotions than youth with stable housing (Yamaguchi & Strawser, 1997). Problems associated with homelessness make attending and doing well in school very difficult. As a result, homeless youth score lower on standardized reading and math assessments, are more likely to have poor attendance and drop out of school at higher rates than those who have homes (Rafferty & Shinn, 1991). In Minnesota, homeless youth are also disproportionately over-represented in special education (Wilder Research, 2005).
The US Congress recognized the physical, emotional, social and academic challenges faced by homeless youth with the reauthorization of the McKinney-Vento Act with the 2001 passage of the No Child Left Behind Act. This legislation provides funding to states for homeless children and requires that each state appoint a Coordinator for Education of the Homeless and that each local educational agency provide a liaison to serve as a point-person and coordinate services for homeless youth. School social workers are often asked to serve as the liaison because “the role and functions of the homeless liaisons are so consonant with the role and function of social work” (Jozefowicz-Simbeni & Israel, 2006, p.41). School social workers are well-prepared for work with homeless populations because much of their professional education focuses on the ability to work across systems and intervene at the individual, agency, community and policy levels.

DETERMINING WHEN TO USE THIS INTERVENTION

School social workers should be on a first-name basis with staff at local shelters and should have a system of communication established so that they will be contacted immediately when a new child or youth enters the shelter. School social workers also need to monitor attendance of students who miss school and check on students with attendance problems to determine what services would be helpful. In addition, school social workers can work at the community and policy level to make their voice heard about the need for affordable housing and support services for students who are homeless.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Key elements of successful programs for youth and children who are homeless include school-community partnerships and reducing barriers to education (Gonzalez, 1991). A major barrier is the lack of awareness among school district personnel and homeless families about the McKinney-Vento Act and the rights protected under this Act (Jozefowicz-Simbeni & Israel, 2006). According to the McKinney-Vento Act, families of youth who are homeless must be informed of available assistance and the local liaison contact information. This information has to be communicated in a manner that the parents can understand. Under McKinney-Vento Act homeless youth have the right to be:
• immediately enrolled in school
• included in with the general school population and not segregated or stigmatized by school personnel
• allowed to stay in their current school for the remainder of the school year
• transported to and from school
• provided meals through school meal programs

Yamaguchi and Strawser (1997) delineate services that should be offered to students who are homeless. These services include school personnel who:
• act as a liaison with the shelters
• identify students at shelters
• welcome students referred by the shelters to the school
• assist with enrollment
• work with parents on needs
• provide clothing and school supplies
• arrange for one-on-one tutoring
• arrange transportation
• provide academic assessment
• provide counseling and emotional support
• provide breakfast and lunch
• offer staff training to be sensitive to the needs of the student and ways to be supportive

The Wilder Research (2005) study found that “out of all services used by youth, those considered most helpful were food stamps (26%), transportation assistance (22%), other social services (19%), medical benefits (18%), and outreach services (18%)” (p.9). It is important to develop strategic partnerships. For example, a partnership between a non-profit organization and the Denver Department of Human Services showed positive results (Van Leeuwen, 2004). The partnership provided housing, case management and psychiatric services for youth based on a continuum of care. By 2003 the partnership “helped more than 400 young people transition off the streets at a cost of approximately one-tenth that of incarceration or residential treatment” (Van Leeuwen, 2004, p.466).

Other programs have also shown promise. For example, the SAFE project was developed to prevent teen homelessness; it offered master’s level phone-line consultation for parents, support groups and workshops for parents and youth, a resource library, and community presentations on promoting healthy family functioning (National Alliance to End Homelessness, 2007). Outcome data showed a significant increase in parent’s perception of their ability to interact with their child. A majority (91%) of the youth in the SAFE project either graduated from school or received a GED. This is significant when you consider that each high school graduate saves the United States $127,000 in costs associated with reduced probability of being involved in crime, or needing Medicaid, public housing, food stamps, or Temporary Assistance for Needy Families (TANF); high school graduates and people with GED certificates also pay more taxes than those who do not complete high school (Levin, Belfield, Muennig, & Rouse, 2007).

REFERENCES


**EXAMPLES OF MODELS, RESOURCES & PROGRAMS**

Several Best Practice Models on the National Alliance to End Homelessness website http://www.endhomelessness.org/content/article/browse/?type=31&topic=Youth

Project Upstart http://studentservices.dadeschools.net/upstart/index.htm


**WEBSITES**


**Minnesota Coalition for the Homeless** http://www.mnhomelesscoalition.org/

**National Coalition for the Homeless** http://www.nationalhomeless.org/

**US Housing and Urban Development** http://www.hud.gov/
Services to Immigrant Families

“Over the past several decades, tens of thousand of immigrants have arrived in Minnesota. They have come from all over the world, and settled throughout the state. They’ve come for the same reason that attracted immigrants in the past: opportunity and they experience the same difficulties of adjusting to life in a new country—language barriers, culture shock, a sense of loss and isolations.” The Minneapolis Foundation, 2007

INTRODUCTION

It is important for schools to be skilled at “welcoming new Americans and building upon their many strengths” (Quinn, 2007, p.117). School social workers are often “among the first to become aware of language needs of students or cultural or racial concerns of the parents" and are knowledgeable about the challenges, programs, legal protection and resources offered children and their families who have moved to the United States (Nettles, 2007, p. 254).

RATIONALE

Quinn (2007) points out that “The 2000 Census confirmed….that the United States is undergoing the largest wave of immigration in the nation’s history. Many schools are struggling to catch up with this reality, including the fact that more of their students are English as a second language learners, many of the students parents may not be literate in their native languages, and some students arrive in middle school with no prior formal education. At the institutional level, schools have such challenges as under-prepared teachers and staff who do not speak the languages of the recent arrivals” (p.117). Many people who have recently moved to the United States find it difficult to become involved with the school because of language barriers, feelings of discrimination (Sohn & Wang 2006), lack of time due to having to work two low-paying jobs to support their families, lack of daycare, post traumatic stress from experiences in their country of origin or their passage into the United States, or fears regarding undocumented status. Further, they may come from a culture where teachers were expected to take care of education and parental involvement with the school was not the norm (Adult Learner Resource Center, 2003). School social workers can serve as a point of connection for these families and can assist school personnel in creating conditions that foster family involvement. They can also advocate for the schools they serve to implement the ideas presented below in the Key Elements of Successful Programs section.

DETERMINING WHEN TO USE THIS INTERVENTION

Every school, whether they serve families that have recently immigrated or taken refuge in the United States or not, could use the interventions mentioned above to strengthen home-school collaboration because “the most significant role that school consultants can play as change agents for equity is to assist parents in bringing their voices into discussions about the education of their children and to encourage school personnel to welcome these voices” (Whitehouse & Colvin, 2001 as cited in Lott & Rogers, 2005, p. 11).

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

The Minneapolis Foundation suggests the following approaches for working with families that
have moved to the United States:
• Avoid relying on children as family interpreters
• Be mindful of body language
• Be aware that family decision making patterns can vary from patriarch to collaborative with an extended clan
• Be sensitive to and accepting of religious differences

The Adult Learner Resource Center (2003) suggests the following strategies for working with people with school-age children who are new in the country:
• Create a welcoming atmosphere in the school with pictures and artifacts that represent the families in the attendance area
• Provide translated student handbooks
• Follow up written materials that are sent home with a phone call or visit to see if there are any questions
• Offer orientation sessions
• Give out “welcome videos” done in the family’s first language
• Set up a mentor program for new families
• Draw upon the strengths of bilingual families and solicit their ideas about how to improve services for families where English is not the first language
• Partner with other programs and agencies such as family literacy programs
• Provide in-service and training for school personnel on cultural considerations
• Vary the day and time of activities
• Offer on-site ESL classes

Additionally, schools can hire people from the local refugee or immigrant community “who speak the language and understand the culture of their neighbors” (Quinn, 2007, p. 117). Schools can also distribute copies of the student welcome letters and school newsletters in the family’s primary language and they can reach out to the newly arrived Americans by hosting regular welcoming and informational sessions (with translators) in community centers where the local families tend to gather (Bye, 2007). Schools could have a parent lounge/resource room where parents could gather and “relate to peers, socialize with compatriots, learn from counterparts,” have a cup of coffee or tea and pick up books and literature on social services in the community (Shurr, 1993, p. 4).

REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

Effective Programs for Latino Students in Elementary and Middle Schools http://www.ncela.gwu.edu/pubs/hdp/2/

In Hispanic Education, U.S. Department of Education/Hispanic Dropout Project, or Hispanic Students: Three Elementary School Programs http://www.ncela.gwu.edu/pubs/hdp/advances/f96no2.htm

School Reform and Student Diversity:  Case Studies of Exemplary Practices for LEP Students http://www.ncela.gwu.edu/pubs/schoolreform/

WEBSITES

Involving immigrant and refugee families in their children’s schools: Barriers, challenges and successful strategies (Adult Learner Resource Center, 2003) http://www.isbe.net/bilingual/pdfs/involving_families.pdf

Serving English language learners in Minnesota (Schools web resources for schools and districts) http://children.state.mn.us/MDE/groups/englishlang/documents/report/002155.pdf

AFT Toolkit for Teachers Reaching Out to Hispanic Parents of English Language Learners (toolkit and background information on Hispanic families, helping parents contribute to the literacy development of their children, also has videos and worksheet for parents) http://www.colorincolorado.org/afttoolkit.pdf

Minnesota Department of Education English Language Learners staff contact information http://children.state.mn.us/MDE/groups/englishlang/documents/publication/007995.pdf

Minnesota Department of Education ELL Education Guideline: Parent Involvement (Provides information on Section 1118 Parent Involvement from the No Child Left Behind Federal Law). http://children.state.mn.us/mdeprod/groups/EnglishLang/documents/Manual/008181.pdf
Child Protection Services

INTRODUCTION

All communities have formal and informal standards for acceptable ways for parents or guardians to raise and discipline children. There are different rules in different parts of the United States and in different parts of the world. Some parents and guardians do not agree with the legal standards and see Child Protection Services (CPS) as a way for the majority culture to tell them how to raise their children.

RATIONALE

Parents and guardians need to know that it is their responsibility to discipline their children and teach them right from wrong, but discipline cannot involve injury to children.

DETERMINING WHEN TO USE THIS INTERVENTION

A report is required whenever abuse is suspected. When a report is made, the county CPS has the responsibility to determine if abuse has occurred and implement a plan. Contact CPS when you have a concern.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

In Minnesota, CPS are provided by the county and the goal is to prevent maltreatment of a child that results in harm or injury including:

- Physical abuse
- Sexual abuse
- Physical neglect
- Emotional abuse and neglect

As professionals or professionals’ delegates engaged in the process of education, all school staff is mandated to report suspected child abuse. By law, reporters remain anonymous. Some schools assign this responsibility to the school social worker. The county may have a maltreatment form that includes the information the county needs to know. If the child is perceived to be in immediate danger, law enforcement must be called. If the danger is not perceived to be immediate, the referral is made right away to the county CPS. If the school employs the alleged perpetrator and the child is a student in the school, the Minnesota Department of Education must be contacted.

CPS county social workers assess the risk to the child based on the reported information and other information they may have about the child and family. If the risk factors meet the state requirements for investigation, CPS will investigate.
REFERENCES
Prevent Child Abuse Minnesota
Statewide Office
1821 University Ave, Suite 202-S
St. Paul, MN 55104
651 523 0099 phone
651 523 0380 fax
800 621 6322 toll free

Northern Minnesota Office
9057 Sunset Strip
Pequot Lakes, MN 56472
218 821 6429 phone
218 543 6342 fax
800 970 6429 toll free

Southern Minnesota Office
1117 East Main Street
Albert Lea, MN 56007
507 377 7665 phone
507 377 3101 fax
800 813 8713 toll free

Minnesota Department of Human Services Child Welfare Report for April 2004

EXAMPLES OF MODELS, RESOURCES AND PROGRAMS

The Abuse Prevention Project http://pacer.org

Student Maltreatment
mde.student-maltreatment@state.mn.us
1500 Highway 36 West
Roseville, MN 55113
Safe Child http://www.safechild.org/index.htm

WEBSITES

Prevent Child Abuse Minnesota www.pcamn.org
Child Welfare

INTRODUCTION

Child welfare services from the county may be offered when families’ care of their children does not meet the minimal community standards and children are negatively impacted. Areas of concern for school social workers could be attendance, academic achievement, before and after school care, death or illness of a family member, lack of heat and/or water in the home, lack of hygiene, homelessness or extremely overcrowded living conditions, dental health, mental health, medical health, domestic violence, substance abuse and/or a need for counseling, mentoring, clothing and food.

RATIONALE

School social workers can connect families to culturally appropriate community resources that can help with the above problems or meet with families to help them develop strategies to improve the above situations. Often these issues occur in families who live in poverty and providing food, clothing and shelter are taking all of the energy and time the parents have.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Families do not like help imposed on them without their agreement to the services. Services must always consider the cultural values of the family.

REFERENCES

Minnesota Department of Human Services Child Welfare Report for April 2004
Juvenile Justice

INTRODUCTION

School social workers have contact with officers of the court and probation officers when juveniles from their school are involved in the juvenile justice system.

RATIONALE

School social workers are sometimes called to juvenile court to give information about attendance when truancy is an issue.

DETERMINING WHEN TO USE THIS INTERVENTION

When a juvenile age 10 to 17 at the time of the offense is apprehended, the case is referred to the juvenile court and is considered a rehabilitative or justice-related case. The juvenile court may be in the juvenile’s county of residence or the county where the offense occurred. Law enforcement officials refer the case to a probation officer or to a county attorney, depending on the county’s intake procedure. After intake, if enough evidence exists to prosecute the case, the county attorney files a petition with the juvenile court asking it to make a finding of delinquency. This starts the formal court processing of the case. The court then sets a date for the arraignment, when the youth appears before the court for the first time to answer the charges. If the youth admits to the charges, the court can impose the disposition — the conclusion of a juvenile case by the court and the subsequent consequence — at that time or order a predisposition investigation and set a date for the disposition hearing. If the youth denies the charges, a trial date is set.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

In Minnesota, the juvenile justice system differs from the adult criminal justice system in several ways, including some of the terminology used. For example, an adult is arrested by police, charged with a crime, found guilty by a court, sentenced to an adult correctional facility and incarcerated for a specified period of time. A juvenile is apprehended by police, petitioned for an offense, found to have committed an offense by a court and receives a disposition to be placed in a juvenile correctional facility.

Most juvenile court trials are bench trials, where the judge is the sole fact-finder. After the case is heard and if the petition offense is proven, the judge finds the youth to be delinquent and sets a date for the disposition hearing. If the petition is not proven, the judge dismisses the case. At the disposition hearing the judge decides the type of rehabilitation the juvenile will receive.

REFERENCES

Office of Juvenile Justice Programs [http://www.ojp.state.mn.us/cj/system/flowjuv.html](http://www.ojp.state.mn.us/cj/system/flowjuv.html)

WEBSITES

Office of Justice Programs Statistical Analysis Center [http://www.ojp.state.mn.us/cj/system/steps.html#juv](http://www.ojp.state.mn.us/cj/system/steps.html#juv)
Effective Referrals

INTRODUCTION

Providing effective referrals is a cornerstone of good school social work practice. When school social workers work with students and their families, they generally complete a social history as well as a current needs assessment. Whether the needs assessment is formal or informal, it helps the school social worker understand the stressors of the home environment that may be impacting the student. School social workers must have knowledge about community and school resources that can assist students and families when in need.

RATIONALE

Students come to school with a number of stressors from the community, the family and the school setting. For example, homelessness, financial hardship, abuse, alcoholism and bullying are all stressors that will affect the academic progress of students. A school social worker may be able to help alleviate some of those stressors by providing an effective referral to a school-based or community resource.

DETERMINING WHEN TO USE THIS INTERVENTION

Providing effective referrals is best utilized when a relationship and trust is developed between the school social workers and the family and student. When both parties are honest and open about acceptable ways to meet needs and if culturally appropriate resources are available, the referral will be successful. This intervention is best used when the needs are discussed and the student and/or family are open to the appropriate resources.

School social workers must also understand that, at times, families or students are not open to receiving help from others outside of their immediate family. Therefore, it is very important that the school social worker talk with the family/student to discuss possibilities and the willingness to accept help. Sometimes outside services are not accepted when first offered but may be an option at another time.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

- Determining the needs of the student and families is the key to beginning the process
- Talking to the family and/or student about how they view the problem
- Understanding the available resources within the school or in the community
- Offering appropriate suggestions to the family about possible referrals/resources
- Providing the families with names, phone numbers, addresses, e-mail, or websites of the resource
- Perhaps calling ahead to give the receiving resource background information if the family is willing and grants permission
- Follow up with the family and student to see if further assistance is needed

School social workers always view new students in relationship to their environments.
EXAMPLES OF MODELS, RESOURCES & PROGRAMS

Local American Indian resources  Local Hmong agencies

La Familia, CLUES, or other Local Latino serves African American Family Resources or other local agencies

United Way African family support services
Collaboration with Community-based Services

INTRODUCTION

School social workers are educated to function as the link between home, school and community to include mental health agencies, mentors, recreation centers, volunteers etc. Therefore, collaborating with communities is a natural job expectation. School Social workers work with the “whole child,” and collaborating with families and outside agencies that may provide services to the student is a common intervention. This sometimes called “wraparound service.”

RATIONALE

Adelman and Taylor (2006) state that “comprehensive collaboration is seen as a promising direction for generating essential interventions.” School social workers work at the core of these interventions by collaborating with teachers, students, families and other outside professionals to develop appropriate interventions that will best serve the student. Successful community collaborations are also developed to strengthen the neighborhood around the school. If organizations, businesses and other agencies are tied to the school, parents and students will feel tied to the community.

DETERMINING WHEN TO USE THIS INTERVENTION

Collaborating with communities is best used as a supplemental service when students demonstrate additional needs that require outside assistance. When outside agencies are invited to make donations, refer volunteers, or provide service, schools are able to strengthen their ties to the neighborhood.

This intervention may be used to meet a need that the school is currently lacking such as school supplies, mentors and presentations on specific issues or staff development.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Key elements of successful collaboration include:
• Working closely with all the professionals involved with the family and student
• Reviewing periodically to insure that everyone is working toward the same goals
• Open communication between all professionals on the team (releases of information will be required)
• Involving parents in all steps of intervention to ensure consistency
• Understanding the limitations of the school program by seeking alternative interventions/community resources when needed

REFERENCES

Resource Mapping

INTRODUCTION

Resource mapping is a technique utilized by schools and school districts to assess their current resources which include staff, finances, buildings, community partners and work toward filling in the gaps. Mapping provides the “basis for developing a comprehensive, multifaceted and cohesive system” (Adelman & Taylor, 2006). It allows a school to brainstorm possible connections and collaborations within and outside of the school. School social workers are vital during this exercise because of their knowledge of community resources. School social workers also coordinate multiple services for students, therefore, coordinating and integrating existing resources for the school is a natural appointment.

RATIONALE

Since schools and school districts are already stretched thin in regards to finances and available resources, resource mapping provides a low-cost and effective way to fill gaps in services over time (Adelman & Taylor, 2006).

DETERMINING WHEN TO USE THIS INTERVENTION

Resource mapping can be used at any time by schools. By identifying needs as well as available resources, schools can begin to fill in gaps where needed.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

Adelman and Taylor suggest detailing what the school already has and who provides the support. After the self-assessment, list what services and support are needed and decide if it is best met through available school resources. Following this, collaborate with other community agencies by advertising the needs and determining when additional resources are available in the community and how they may be accessed.

REFERENCES


EXAMPLES OF MODELS, RESOURCES & PROGRAMS

National Center on Secondary Education and Transition http://www.ncset.org/publications/essentialtools/mapping/

WEBSITES

Center for Mental Health in schools (resource mapping and management to address barriers to learning an intervention for systemic change) http://smhp.psych.ucla.edu/

Asset Mapping Northwest Regional Educational Laboratory http://www.nwrel.org
Assessing Outcomes of School Social Work Practice

Measuring school social work outcomes involves identifying clear and measurable goals and finding tools and methods to track and measure progress toward those goals.

INTRODUCTION

The National Association of Social Work Code of Ethic (1999) requires that all social workers “monitor and evaluate policies, the implementation of programs, and practice interventions,” and “critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.” To ensure best practice social workers need to objectively assess if their intervention are helping, harming or having no impact therefore “evaluating outcomes is essential for problem solving” (Gambrill, 1997, p. 476).

RATIONALE

Why measure outcomes?

It is important for school social workers to measure outcomes for several reasons:

• Ethical practice requires that we “use the most effective and efficient means of helping students overcome academic and socio-emotional barriers to participation in school” (Johnson-Reid, 2007, p. 226). How will you know and how can you show that your intervention was effective if you do not have a reliable (accurate over time) and valid (measures what it was intended to measure) way to measure change?

• Educational funding requires performance data that demonstrates that the money is being well spent. For example, the No Child Left Behind law resulted in schools being denied funding because of poor academic performance. School social workers must be able to clearly document how their services help students to be more successful in school.

• Accountability requires that we “justify the expenditure of public tax dollars on school social work services” especially when school program are being cut due to financial retrenchment (Dupper, 2007, p.213)

DETERMINING WHEN TO USE THIS INTERVENTION

Outcomes of every intervention should be assessed and recorded. At least once a year, it is helpful to summarize the data on the number of interventions and the effectiveness of these interventions so that this information can be shared with administrators and the general public.

KEY ELEMENTS OF SUCCESSFUL PROGRAMS

How do I measure outcomes?

• An outcome is the change that is desired—The first step is to work with the student, the family, the teachers and any community partners to specifically identify the desired change. The following list provides a few examples of school social work outcomes:

  • Improved attendance
  • Increased parent involvement in student’s education
• Decreased acts of physical or verbal aggression
• Increased rate of completing school work on time
• Increased positive interactions with peers
• Increased positive interactions with faculty and staff
• Decrease in use of alcohol or drugs
• Decrease in weapons violations
• Increase the quality of school work

Measurement—before you implement your intervention you need to get a baseline measurement so you can determine and demonstrate if a change occurs. The baseline measure is a specific measure of what is happening before you started using an intervention. For example, a baseline measure on attendance could be the number of days a student missed school on average over the past week, month or year. Table 1 gives suggestions for ways to obtain possible baseline measures for each of the outcomes listed above. Often it is best to measure specific observable behaviors. However, you can also measure changes in attitude or feelings by asking students, teachers and parents to rate them on a scale of one to ten with one being the negative end of the scale and ten being the positive end of the scale. For example, you could ask teachers to rate the level of positive interactions a student has with peers (Nelson, 1996). There are also standardized assessments such as the Child Behavior Checklist (Achenbach & Edelbrock, 1981) (available at http://www.aseba.org/products/cbcl6-18.htm) that can be used to assess behavior change over the course of the year.

Measurement—after you implement your intervention you can periodically assess the progress on the outcome. For example, if a student is working on completing school work on time you could meet with the student at the end of each day or each week and chart the number of assignments that were completed on time. This, of course, means you would need to arrange a simple way for the teachers to let you know how many assignments the student completed on time such as a daily or weekly log that the student has signed by the teachers.

Seeing progress or lack of progress on a chart can be a powerful motivation for some students. Some school districts have a contact log that school social workers can use to record outcome data. For example, school social workers in the Rochester, Minnesota Public School System use a contact log similar to the following example.

<table>
<thead>
<tr>
<th>STUDENT SUPPORT SERVICES DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT(S)/GUARDIAN(S) CONTACT SHEET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Learner’s Full Name</th>
<th>Parent(s)/Guardian(s)</th>
<th>Telephone</th>
<th>Home</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of contact</td>
<td>T=telephone</td>
<td>L=letter</td>
<td>C=conference</td>
<td>H=home visit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Person</th>
<th>Type of Contact</th>
<th>Reason</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>


Monitor and adjust—if after a certain period of time (a week or two) an intervention does not show any positive change in behavior then the intervention needs to be modified.

Who do I share outcomes with?

- **Principals**—are the most important person with whom to share your outcome data. Many schools have site-based management teams that help make decisions about funding and the principal can make sure that your outcome data is shared at those meetings.
- **Lead social workers**—if you have a lead school social worker in your district or cooperative it is important to share your outcome data with him or her because that person is in generally in the position of dealing with the administration and broader public.
- **School Board**—work with your building principal to get on the school board agenda to share your outcome data. School board members often are not aware of what school social workers do or how they contribute to the overall mission of the school district.
- **Professional conferences**—the Social Work Code of Ethics requires that social workers share knowledge with each other and an excellent way to do this is through social work conferences. The Minnesota School Social Workers Association has two conferences a year (see [http://socialservicenetwork.com/conferences_social_service_net.html](http://socialservicenetwork.com/conferences_social_service_net.html)) Also there is a Midwest school social work conference and the School Social Association of America hosts an annual conference (see [http://www.sswaa.org/news.html](http://www.sswaa.org/news.html)).

### Table 1

<table>
<thead>
<tr>
<th>Outcomes and Measurement Indicators</th>
<th>Improved attendance</th>
<th>Increased parent involvement in student’s education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of days absent in previous month or year</td>
<td>Percentage of time the student arrives on time for class</td>
<td>Number of times the parent attends school meetings</td>
</tr>
<tr>
<td>Percentage of classes the student attended in previous month</td>
<td></td>
<td>Number of home visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of times parent works with student on homework for 10 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of times parent talks with school personnel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of times parent initiates contact with school personnel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of times parent volunteers at school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of school activities parent attends</td>
</tr>
<tr>
<td>Table 1</td>
<td></td>
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<td>------------------------------------------------------------------------</td>
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<td>Outcomes and Measurement Indicators</td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decreased acts of physical or verbal aggression</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of times student is reported for acts of aggression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of times student is sent to the office or support staff for aggression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of times student is suspended for aggression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of times the police are called because of student's aggression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The self-reported number of times student was upset but did not resort to acts of aggression</td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Increased rate of completing school work on time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The percentage of time the student completes his or her reading (math, social studies, etc) assignments on time</td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Increased positive interactions with peers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of times the student initiates friendly interactions with peers during recess or lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of times or the percentage of classes when the student works cooperatively with other during the school day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of times the teacher observes the student doing something helpful or kind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of extra curricular activities the student successfully remains in without problems interacting with others</td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Increased positive interactions with faculty and staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of times the student stays after school to help the teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of times the student greets the faculty or staff in a positive and appropriate manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of classes that the student interacts with the faculty and staff in a positive and appropriate manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of days a student has without being reported for disrespectful behavior toward school personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student's self-rating on a scale regarding how well he or she is relating to school personnel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1
Outcomes and Measurement Indicators

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| Decrease in use of alcohol or drugs          | Lab tests on blood and urine  
Student self report of frequency and amount of alcohol or drug use can be obtained with  
the following assessments available at http://pubs.niaaa.nih.gov/publications/Social/Module4Screening/Module4.htm  
The Alcohol Use Disorders Identification Test (AUDIT) (Allen, Litten, Fertig, & Babor, 1997)  
The CAGE assessment  
The T-ACE  
The TWEAK                                                                                                                                 |
| Decrease in weapons violations              | The number of times the student is reported for bringing weapons to school  
The number of times the student is reported for talking/emailing/text-messaging about bringing weapons to school |
| Increase the quality of school work         | The percentage of correct answers in math assignments  
The number of errors in writing assignments |

REFERENCES


Chapter VII
Special Education Policy For Social Work Services In Schools

IDEA
Due Process
SSW as a related service on an IEP
Section 504 of the Rehabilitation Act
MDE Resources
Chapter VII: Special Education Policy and Procedures for Social Work Services in Schools

Objective: To describe the special education mandates that guide the provision of social work services to children and youth with disabilities.

To appropriately provide special education services in the educational setting it is critical to understand federal and state laws and regulations that guide the provision of social work services for children and youth with disabilities. It is important that social work services in schools meet the established federal and state regulations as well as meet the professional standards of practice as stated in Chapter II School Social Work Practice in this manual.

This manual references federal and state regulations that were current at the time of publication and therefore the information will not reflect changes to state and federal regulations or further interpretations which occur after the publication date.

Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) (34 C.F.R. Parts 300, 301, and 304) is the nation’s special education law. First enacted in 1975, IDEA ensures that all children with disabilities have available to them a free appropriate public education (FAPE) in the least restrictive environment (LRE) that emphasizes special education and related services designed to meet their unique needs. IDEA requires states to provide an education for children with disabilities if they provide an education for children without disabilities. The statute also contains detailed due process provisions to ensure the provision of FAPE.

What is special education?

Special education is instruction that is specially designed to meet the unique needs of children who have disabilities provided at no cost to parents. Special education can include special instruction in the classroom, at home, in hospitals or institutions or in other settings. Specially designed instruction is to meet the child’s unique needs (that result from having a disability) and to help the child learn the information and skills that other children are learning.

Statute requires that there be a link between the needs of the child and the services provided and that there be an education-related outcome. School personnel must show the linkage between the planned instruction or intervention and the educational outcome and provide evidence of direct or indirect benefit.

Who is eligible for special education?

According to the IDEA, the disability must affect the child’s educational performance. Then the question of eligibility comes down to a question of whether the child has a disability that fits in one of the disability categories and whether that disability affects how the child does in school. That is, the disability must cause the child to need special education and related services.
What is Specially Designed Instruction?

Specially designed instruction means adapting, as appropriate, the content, methodology, or delivery of instruction to address the unique needs of the child that result from the child’s disability. Specially designed instruction ensures the child’s access to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children (34 C.F.R. § 300.39(b)(3)).

What are Related Services?

The term related services means the developmental, corrective and other supportive services required to assist a child with a disability to benefit from special education and receive FAPE. The list of related services is not exhaustive and may include other developmental, corrective or supportive services if they are required to assist the child with a disability to benefit from special education in order for the child to receive FAPE. Therefore, if it is determined through the evaluation and IEP requirements that the child with a disability requires a particular supportive service in order to receive FAPE, regardless of whether that service is included in these regulations, that service can be considered a related service under IDEA and must be provided at no cost to the parents (34 C.F.R. § 300.24 and discussion on page 12548 (IDEA 1997)). Related services include:

- transportation
- speech-language pathology and audiology services
- psychological services
- physical and occupational therapy
- recreation, including therapeutic recreation
- early identification and assessment of disabilities in children
- counseling services, including rehabilitation counseling
- orientation and mobility services
- medical services for diagnostic or evaluation purposes

The term also includes school health services, social work services in schools, and parent counseling and training (34 C.F.R. § 300.34(a)).

How does IDEA Define Social Work Services in Schools?

Issues or problems at home or in the community can adversely affect a student’s performance at school, as can a student’s attitudes or behaviors in school. Social work services in schools may become necessary in order to help a student benefit from his or her educational program.

Social work services in schools includes:

(i) Preparing a social or developmental history on a child with a disability;
(ii) Group and individual counseling with the child and family;
(iii) Working in partnership with parents and others on those problems in a child’s living situation (home, school and community) that affect the child’s adjustment in school;
(iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
(v) Assisting in developing positive behavioral intervention strategies (34 C.F.R. § 300.34(c) 14).
Due Process Procedures

The role of the school social worker can be an essential component in the special education due process from identification to transition planning. IDEA describes due process as the safeguards and rights designed to assure children’s educational interests are protected and parents are afforded rights.

The following information is taken from the Total Special Education Systems Manual (TSES) 2006 Edition. The TSES Manual is designed to assist districts and local education agencies in achieving compliance with special education mandates and funding requirements.

The 2006 TSES Manual includes (1) descriptions of policies that local education agencies are required to develop; (2) suggested, but not exhaustive, supplemental items that may be used to demonstrate compliance; and (3) relevant laws and regulations. It does not include generic policies; local education agencies must develop their own policies and procedures.
http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Total_Special_Education_System_Manual/index.html

Identification

Identification means the continuous and systematic effort by the district to identify, locate and screen students, birth through age 21, in need of special education services. Identification encompasses the district’s public awareness efforts within the community; efforts to identify children in private schools; and comprehensive child find efforts that include programs to identify homeless and migratory children and children who may need special education even though they are advancing from grade to grade.

Response to Intervention (RTI)

An RTI model is a collaborative general and special education process which provides increasingly intensive interventions in a three-tier system to students who are not achieving to expectations in general education.

RTI is a school-wide process designed to identify skill-specific deficits and to provide a system of ever intensifying interventions for students. The goals of this system are to:
• improve the achievement level of students who are not making sufficient progress in the general education curriculum;
• include a progress monitoring system; and,
• check on the fidelity of implementation of the program.

Prereferral Intervention

Before a pupil is referred for a special education assessment, the district must conduct and document at least two instructional strategies, alternatives, or interventions while the pupil is in the regular classroom. The pupil’s teacher must provide the documentation. A special education assessment team may waive this requirement when they determine the pupil’s need for the assessment is urgent. This section may not be used to deny a pupil’s right to a special education assessment (Minn. Stat. § 125A.56(a)).
Referral

Referral is a formal, ongoing process for receiving and responding to requests when a student shows signs of potentially needing special education and related services. The referral process includes a review of screening and other information on referred students and the team decision about whether to conduct a formal special education evaluation.

Evaluation or Reevaluation

Evaluation or reevaluation is the process of utilizing formal and informal procedures to determine specific areas of a child’s or student’s strengths, needs and eligibility for special education services. Each district must conduct a full and individual evaluation of a child or student for the purposes of special education that meets all state and federal requirements. Such an evaluation includes, but is not limited to: providing the parent(s) with prior written notice of each proposed evaluation; ensuring tests or evaluation tools are administered by trained and knowledgeable personnel; assessing the child or student in all areas related to the suspected disability; presenting all evaluation results to the parent(s) in writing within state and federal timelines; determining whether the child or student meets state eligibility criteria; and, in evaluating each child with a disability, ensuring the evaluation is sufficiently comprehensive to identify all of the child’s or student’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.

Functional Behavioral Assessment (FBA)

Functional behavioral assessment or “FBA” means a process for gathering information to maximize the efficiency of behavioral supports. An FBA includes a description of problem behaviors and the identification of events, times and situations that predict the occurrence and nonoccurrence of the behavior. The FBA identifies antecedents, consequences and reinforcers that maintain the behavior, possible functions of the behavior and positive alternative behaviors. An FBA includes a variety of data collection methods and sources that facilitate the development of hypotheses and summary statements regarding behavioral patterns (Minn. Rule 3525.0210, subp. 22).

Eligibility

Children with disabilities are eligible for special education and related services. According to IDEA, a “child with a disability” is a child that has been evaluated and meets criteria in one of the following disability categories:

• autism spectrum disorder
• deaf-blind
• emotional or behavioral disorder
• deaf and hard of hearing
• developmental cognitive disability
• other health disabilities
• physical impaired
• severely multiply impaired
• specific learning disability
• speech or language impaired
• visually impaired
• traumatic brain injury
• developmental delay (Birth to age 7)

(34 C.F.R. § 300.8(a)(1)(i) and Minn. Rule 3525.1325-1350 for state criteria for each disability area and; 34 C.F.R. §§ 300.304-300.324 for federal procedures for evaluation and reevaluation).

Criteria Checklists are available at: http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Special_Education_Monitoring/Traditional_Review/Criteria_Checklists/index.html

IEP/IFSP/IIIP

Individualized education program (IEP) planning and individualized family service plan (IFSP) planning are the processes of determining a child’s or student’s educational needs based on assessment data and then completing a written statement, such as an IEP or IFSP, that is developed, reviewed and revised by a team of individuals. The team must consist of the required individuals as specified in state and federal law.

Each IEP or IFSP describes the educational program designed by the team to meet the child’s or student’s unique needs and must contain specific information about the child or student, as required by state and federal law. The district has a responsibility to ensure an IEP or IFSP is in effect for each eligible child or student and that it is implemented as soon as possible after the team meeting. The IEP and IFSP must be reviewed at least annually to determine whether the annual goals for the child or student are being achieved.

The district must also provide special education and related services to an eligible child or student in accordance with the IEP or IFSP and make a good faith effort to assist the child or student to achieve the goals and objectives listed in the IEP or IFSP.

Individual Interagency Intervention Plan (IIIP)

Individual interagency intervention plan (IIIP) means a standardized written plan describing those programs or services and the accompanying funding sources available to eligible children with disabilities (Minn. Stat. § 125A.023, subd. 3(c)).

A standardized written plan means those individual services or programs available through the interagency intervention service system to an eligible child other than the services or programs described in the child’s individual education plan or the child’s individual family service plan (Minn. Stat. § 125A.023, subd. 3(f)).

Goals and Objectives

The individualized special education program plan for each child with a disability must include a statement of measurable annual goals, including benchmarks or short-term objectives, related to meeting the child’s needs that result from the child’s disability to enable the child to be involved in and progress in the general curriculum (i.e., the same curriculum as for nondisabled children), or for preschool children, as appropriate, to participate in appropriate activities; and meeting each of the child’s other educational needs that result from the child’s disability (34 C.F.R. § 300.320(a)(2) and Minn. Rule 3525.2810, subp.1A(2)).
Adaptations and Accommodations

The IEP must also include a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable to be provided to the child or on behalf of the child. The IEP must also include a statement of the program modification or supports for school personnel that will be provided to enable the child to advance appropriately toward attaining the annual goals. Adaptations and accommodations should enable the child to be involved and make progress in the general curriculum, to participate in extracurricular and other nonacademic activities and to be educated and participate with other children with disabilities and nondisabled children (34 C.F.R. § 300.320(4)).

The term supplementary aids and services means aids, services and other supports that are provided in general education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with LRE and placement regulations (34 C.F.R. § 300.42).

Aids means equipment, devices and materials, and curriculum adaptations, which enable a child to achieve satisfactorily in the general classroom (Minn. Rule 3525.0210, subp. 3).

Indirect Services for a Pupil with a Disability in the General Education Classrooms or Settings

“Indirect services” means special education services which include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials, or equipment; and direct contact with the pupil to monitor and observe. Indirect services may be provided by a teacher or related services professional to another regular education teacher, special education teacher, related services professional, paraprofessional, support staff, parents, and public and non-public agencies to the extent that the services are written in the pupil’s IEP or IFSP (Minn. Rule 3525.0210, subp. 27).

Direct Services for a Pupil with a Disability in the Special or General Education Classrooms or Settings

“Direct services” means special education services provided by a teacher or a related service professional when the services are related to instruction, including cooperative teaching (Minn. Rule 3525.0210, subp. 14).

Service Coordination

The district shall assign a teacher or licensed related service staff who is a member of the child’s IEP team as the child’s IEP manager to coordinate the instruction and related services for the child. The IEP manager’s responsibility shall be to coordinate the delivery of special education services in the child’s IEP and to serve as the primary contact for the parent. The district may assign the following responsibilities to the child’s IEP manager: assuring compliance with procedural requirements; communicating and coordinating among home, school and other agencies; coordinating general and special education programs; facilitating placement; and, scheduling team meetings (Minn. Rule 3525.0550).
School Social Work Services for Students with Disabilities

The purpose of this section is to provide guidance to the school social worker when participating as part of the team that delivers special education and related services to children with disabilities. School social workers who work with children and youth with disabilities must know and understand special education laws and regulations in order to provide effective social work services to children with disabilities and their families.

The Individuals with Disabilities Education Improvement Act (IDEA 2004) states that social work services in schools include:

(i) Preparing a social or developmental history on a child with a disability;
(ii) Group and individual counseling with the child and family;
(iii) Working in partnership with parents and others on those problems in a child’s living situation (home, school, and community) that affect the child’s adjustment in school;
(iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
(v) Assisting in developing positive behavioral intervention strategies (34 C.F.R. § 300.34(c) 14).

There are three essential social work functions evident in this definition: evaluation and assessment; individualized program planning and intervention; and, service coordination and case management.

Evaluation and Assessment

A comprehensive educational evaluation is a process that is designed to provide decision-makers with the information they need to determine:

a) if the student has a disability and needs special education and related services, and, if so, b) an appropriate educational program for the student.

The evaluation process involves gathering assessment data that is relevant to the child’s functioning and development from multiple sources and in all areas of suspected disability.

The evaluation is the foundation upon which appropriate special education programming can be designed. It also identifies the related services a student will need in order to benefit from the specialized instruction provided by special education. The assessment data helps determine the instructional strategies that are most effective and provides baseline information upon which future progress is measured.

The School Social Work Role in Evaluation and Assessment

Social Developmental History
IDEA describes the social developmental history as a core function for a school social worker in the evaluation process for a child with a disability. School social workers conduct a developmental and social history with the child and family to gather information needed to determine whether the child is eligible for special education services.

(Chapter V: Student Evaluation and Assessment Procedures in this guide provides an overview of the assessment and evaluation processes used by school social workers. p. 37)
Family Engagement
School social work assessment that includes a social history interview with the family produces significantly more data about a child’s strengths and special needs from the family perspective. School social workers are professionally trained to engage with families in problem-solving. The school social worker often acts as the liaison between the school and family. The school social worker supports and empowers families to ensure that family information is included in the decision-making process.

Functional Behavior Assessment
Research has demonstrated the effectiveness of special education program planning when data from a functional behavioral assessment is used. NASW’s Standards for Social Work Services promote the use of a functional approach to assessment from an ecological perspective. School social workers use a functional approach to analyzing a child’s behavior as a strategy for understanding and determining student needs. (Chapter II: School Social Work Practice in this guide provides a link to the NASW Standards for Social Work Services; page 18) (Chapter V: Student Evaluation and Assessment Procedures in this guide provides an overview of the FBA procedures used by school social workers; page 40)

Individualized Program Planning and Intervention
The IEP is a written statement of the child’s present levels of academic achievement, functional performance and developmental level. The IEP team determines how the child’s disability affects the child’s involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children) (34 C.F.R. § 300.320(a)(1)).

Part of developing the IEP includes specifying “the special education and related services and supplementary aids and services… to be provided to the child or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child.” (34 § C.F.R. 300.320(a)(4))

Based on the evaluation results, the IEP team discusses, decides upon and specifies the special education and related services that a child needs. Making decisions about how often a related service will be provided, where and by whom is also a function of the IEP team. The IEP team looks carefully at the evaluation results and decides which measurable goals, adaptations and accommodations are appropriate for the child.

Once the IEP team has determined which related services are required to assist the student to benefit from his or her special education, these services must be listed on the IEP. The IEP must also specify when the services will begin, the anticipated frequency, location and duration of the services and modifications (34 C.F.R. § 300.320(a)(7)).

Needed adaptations are written into a child’s IEP. Adaptation refers to both accommodations and modifications needed to help a child benefit from specialized instruction. Adaptations vary depending upon the individual needs of the child and circumstances such as age, disability and setting. For a child with a disability, both accommodations and modifications must be available. The accommodations or modifications are chosen based on the evaluation data regarding the child’s individual learning style and how the disability affects the child’s school performance.
An accommodation allows the student to complete the same assignments or test as other children, but with changes in time, format, setting and/or presentation. The adjustment does not change the rigor of the work. The child’s scores would be comparable to the rest of the students.

A modification is an adjustment to the assignment or test that changes the standard for a child. A modification alters what is expected of the student. The child may do part of the required assignment or use a text that is at the student’s reading level.

The IEP is a written commitment for the delivery of services to meet a student’s educational need.

The Role of the School Social Worker in Developing an IEP

School social workers provide many of the related and supportive services that are necessary to help a child with a disability benefit from their special education program. When the school social worker provides a direct or indirect service to the child, it is important that the social work services be tied directly to an IEP goal and need identified in the evaluation report (ER). Goals and objectives in a student’s IEP focus on the skills and behaviors the student needs to learn in order to be involved and progress in the general curriculum. Goals are broad statements which describe what a student can reasonably be expected to accomplish within a twelve-month period of time in a special education program. The need for a related service is determined on a case-by-case basis.

IDEA specifically assigned these duties to school social workers:
• Group and individual counseling with the child and family;
• Working in partnership with parents and others on those problems in a child’s living situation (home, school and community) that affect the child’s adjustment in school;
• Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and,
• Assisting in developing positive behavioral intervention strategies (34 C.F.R. § 300.34(c) 14).

School Social Work Services on the IEP

School social workers provide direct services to a child with a disability if it is determined to be a necessary service related to the students’ disability and needed for the child to make progress on the IEP. Direct services are tied directly to an IEP goal and are measurable in order to determine student progress toward achieving the goal. Counseling services and positive behavior interventions and supports are examples of direct services that school social workers provide to students in the educational setting. Social work services in schools should be reflected on the services grid on the IEP document.

Counseling Services are services provided by a qualified social worker, psychologist, guidance counselor or other qualified personnel (34 C.F.R. § 300.34). (Chapter VI: School Social Work Services in this guide defines and provides resources for counseling services; page 59)
Positive Behavior Interventions and Supports (PBIS)

The IEP team shall, in the case of a child whose behavior impedes his or her learning or that of others, consider, if appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior (34 C.F.R § 300.346(a)(2)(i) and Minn. Rule 3525.2810, subp. 2B(1). (Chapter VI: School Social Work Services in this guide defines and provides resources for PBIS; page 80)

Adaptations

The indirect school social work services provided to a child with a disability can be listed as part of the Adaptations in General and Special Education section of the IEP. Listed are a few examples of adaptations commonly listed on a student’s IEP. Social work services such as:

- Crisis Intervention;
- Family Support Services (see parent counseling and training below); and,
- Brief, solution-focused intervention (social problem-solving, anxiety reduction support, etc).

Parent counseling and training means assisting parents in understanding the special needs of their child:

- Providing parents with information about child development; and
- Helping parents to acquire the necessary skills that will allow them to support the implementation of their child’s IEP or IFSP.

Parent counseling and training is an important related service that can help parents enhance their ability to support and understand their child with a disability.

Service Coordination and Case Management

The process of finding and accessing appropriate and available services in the community for a child and family with needs is a specialty of the school social worker.

IDEA states that “the district shall assign a teacher or licensed related service staff who is a member of the pupil’s IEP team as the pupil’s IEP manager to coordinate the instruction and related services for the pupil. The IEP manager’s responsibility shall be to coordinate the delivery of special education services in the pupil’s IEP and to serve as the primary contact for the parent. A district may assign the following responsibilities to the pupil’s IEP manager: assuring compliance with procedural requirements; communicating and coordinating among home, school and other agencies; coordinating regular and special education programs; facilitating placement; and scheduling team meetings.” (Minn. Rule 3525.0550)

The School Social Work Role as a Service Coordinator and Case Manager

School social workers are professionally trained to identify, mobilize and coordinate community resources and services to help a child and family receive the services that are needed to help a child and his or her family.

Service Coordination and case management are similar functions:

- Assisting and educating individuals and families in identifying available services and making informed decisions about the services they want and need;
• Coordinating services across multiple programs, agencies, case managers and assessments;
• Supporting the overall system in meeting the needs of the child and family; and,
• Assuring that the families have information regarding services, advocacy and rights.

School social workers are trained in a strengths-based ecological model to help children and families reduce the barriers that are causing problem in their lives. The primary goal of service coordination is make the services more effective for the child and family.

MNSIC Newsletter (Fall 2001)

Section 504 of the Rehabilitation Act

Section 504 of the Rehabilitation Act is a federal civil rights statute that assures individuals that they will not be discriminated against based upon their disability. Any learner with a disability is protected, whether or not they receive special education services. Because all school districts receive federal funding, they are responsible for implementation of this law.

Section 504 Manual "Meeting the Needs of Learners" is available at: http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Section_504_of_the_Rehabilitation_Act/index.html.

Specialist Contact: Adele Ciriacy, 651-582-8249 or e-mail: Adele.Ciriacy@state.mn.us
IDEA/504 FLOW CHART

Learner Need

**CONSIDERATION OF IDEA**

Disability adversely affects educational performance

- yes: IDEA eligibility
  - Education reasonably designed to confer benefit
    - Specially designed instruction
      - Related services
        - Individualized Education Program (IEP)

- no: not eligible

**CONSIDERATION OF 504**

Disability substantially limits one or more major life activities

- yes: *504 protected
  - Education comparable to that provided to non-disabled
    - Accommodations
      - Physical
      - Instructional
        - Specialized education
          - Related aids and services
            - Accommodation Plan

- no: not eligible

FREE APPROPRIATE PUBLIC EDUCATION

*Based on evaluation results, the team may determine need to examine IDEA eligibility.*
Due Process Forms

Due process forms are used to help school districts stay in conformance with federal and state laws and regulations by providing forms that reflect all of these requirements. The recommended special education due process forms include: information on parents’ and students’ rights and due process options, as well as documents a district may choose to use to communicate with the parent, track a student’s progress and create and maintain Individualized Education Programs.  http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Recommended_Due_Process_Forms/index.html

For special education due process forms in languages other than English, please see Due Process Form Translations at: http://education.state.mn.us/mde/Learning_Support/Special_Education/Evaluation_Program_Planning_Supports/Cultural_Linguistic_Diversity/index.html

For Individual Interagency Intervention Plan forms, see: http://education.state.mn.us/mde/Accountability_Programs/Compliance_and_Assistance/Special_Education_Monitoring/Monitoring_Resources/IIIP/index.html

Discipline

The Pupil Fair Dismissal Act sets out the procedures for districts to follow when suspending or expelling/excluding a student from school.  http://education.state.mn.us/mdeprod/groups/Compliance/documents/LawStatute/006695.pdf

Specialist Contact: Marikay Canaga Litzau, 651-582-8459 or e-mail: Marikay.Litzau@state.mn.us

Cultural and Linguistic Diversity

MDE has developed several resources to assist parents and special educators in working with students who are culturally, linguistically and/or racially diverse and who may be in need of special education services:


For general information concerning programs for English Language Learners (ELL), and to access a searchable database of interpreters for Spanish, Hmong, Somali and other world languages  http://education.state.mn.us/InterpreterDB/

Specialist Contact: Elizabeth Watkins, 651-582-8678 or e-mail: Elizabeth.Watkins@state.mn.us
Statewide Assessment for Students with Disabilities

To comply with the federal requirements of the Individuals with Disabilities Education Act ’04 and the No Child Left Behind Act, all Minnesota students, including students with disabilities, must participate in statewide assessments: Minnesota Comprehensive Assessments (MCA-II) and/or the Minnesota Alternate Assessments.

Determinations about how an individual student with a disability will participate in statewide testing must be made by the Individual Education Program (IEP) team. The determinations will vary by student and may include a combination of the two tests. For example, a student may take the Minnesota Comprehensive Assessment (MCA-II) in math – with or without accommodations – but take the Minnesota Alternate Assessment in reading.

Directions and report forms for the Minnesota Alternate Assessments and guides, by subject and grade level (including individual decision making process) to assist IEP teams in determining the most appropriate assessment for each student [http://education.state.mn.us/mde/Learning_Support/Special_Education/Evaluation_Program_Planning_Supports/Statewide_Assessment_for_Students_Disabilities/index.html](http://education.state.mn.us/mde/Learning_Support/Special_Education/Evaluation_Program_Planning_Supports/Statewide_Assessment_for_Students_Disabilities/index.html)

Secondary Transition

Access information to enhance, develop and support effective secondary transition programs and services for youths with disabilities ages 14-21. For current Minnesota rule language regarding secondary evaluation, planning and services, see Minnesota Rule 3525.290.

Specialist Contact: Jayne Spain, 651-582-8515 or e-mail: Jayne.Spain@state.mn.us

Third Party Reimbursement

Minnesota Department of Education offers parents and educators information, forms, tools and data about accessing third party revenue for Individual Education Program health-related services and the Health Insurance Portability and Accountability Act (HIPAA) as it relates to schools. The Minnesota Legislature has mandated that all schools in Minnesota must seek payments from “third parties” when the cost of services given by the district are covered by a student’s public or private health plan. A key resource for school administrators about these changes is the Special Education Funding and Data Manual (especially pages 5:1-5:11). [http://education.state.mn.us/mde/Accountability_Programs/Program_Finance/Special_Education/EDRS-Funding/index.html](http://education.state.mn.us/mde/Accountability_Programs/Program_Finance/Special_Education/EDRS-Funding/index.html)

MDE Contact Information: Cathy Griffin, Third Party Reimbursement Policy Specialist: 651-582-8263 or e-mail: Cathy.Griffin@state.mn.us

Department of Human Services Contact Information: Genie Potosky, IEP Policy Coordinator 651-215-1075 or e-mail: Genie.Potosky@state.mn.us

References

Chapter VIII
Children’s Mental Health

Introduction
School-based Mental Health Supports and Services
School-based and School-linked Social Work Services
Mental Health Diagnosis and Treatment Planning
Collaboration and Intervention
Web-based Resources
Coordinated Services
Third Party Billing
Chapter VIII: Children’s Mental Health

Objective: To describe the role school social workers have in identifying, providing treatment and coordinating services for children and youth with mental health disorders.

Introduction

Both special education and general education students may present with mental health problems ranging from difficulty adjusting to a new school or a family change, to bullying behaviors, to more serious psychiatric and developmental disorders. Addressing students’ mental health needs plays a critical role in improving their academic performance. School social work services such as individual or group counseling, referrals and developing behavior intervention plans are aimed at addressing mental health needs of students. School social workers may conduct mental health screenings as a required component of Social/Emotional/Behavioral evaluations for special education. All students who meet eligibility criteria for Emotional/Behavioral Disorder must have a mental health screening as part of their evaluation.

School social workers, as licensed mental health professionals and practitioners employed by school districts provide a valuable service to both students/families. School social workers also provide a service to school staff members (teachers, administrators, paraprofessionals) that may have little training and experience in the area of children’s mental health. School social workers provide information about mental illness to school staff in many informal ways. By acting as “translators” with teachers and administrators, social workers are able to help them understand a student’s behavior as it relates to their mental health disorder. School social workers also work cooperatively with teachers and other staff to develop interventions for those students at school to help accommodate for their disability. “A Teacher’s Guide to Children’s Mental Health” published by the Minnesota Association for Children’s Mental Health can be a valuable resource for helping teachers and administrators understand common mental health disorders in children.

School social workers should familiarize themselves with resources available in the community for students and families who may need mental health services outside of school. For students with severe emotional disturbance (SED), school social workers may make a referral to the local county system for case management services. Given their training and standards, school social workers are uniquely positioned within the school community to provide coordination of services to students and their families. They are an integral part of the school team, and they understand school, family and social systems. School social workers focus on both internal and external factors that influence learning. They are skilled in bringing diverse individuals or groups together and fostering an environment that is safe and respectful.

Some school districts require school social workers to document and bill a third party for mental health services they provide to special education students that have social work as part of their Individual Education Program. These social workers may be involved in completing diagnostic assessments, provide individual or group skills training and supervise paraprofessionals that provide personal care services to students.
School-based Mental Health Supports and Services

Schools have a long history of providing mental health supports and services to children and youth. The term “school-based mental health supports and services” is understood to mean any mental health supports and services delivered in a school setting.

Mental health and other health-related problems left untreated can have a negative effect on learning and school performance. There are various programs and initiatives in the education setting that have been developed for purposes of prevention, promotion of positive social and emotional development in children, early intervention, crisis intervention and referral for mental health diagnosis and treatment. Student support service programming in schools addresses a range of concerns (e.g., school adjustment, attendance problems, dropout prevention, abuse, relationship difficulties, emotional upsets, delinquency and violence). National estimates indicate that 70-80 percent of children and youth with diagnosed mental health disorders receive mental health services from the school, and for many, the school system is their sole source of care (Rones & Hoagwood, 2000; Burns, Costello, Angold, Tweed et al., 1995).

The 1999 report entitled Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services, 1999) stated that one in five children and youth have a significant mental health need during their school years. Mental health disorders in children and youth put them at increased risk for poor school performance, delinquency, early pregnancy, substance abuse and violence (Minnesota Department of Human Services, 2000).

Schools have developed many strategies to meet the mental health needs of their students. The three-tiered model for school-based mental health supports and services refers to the full continuum of programs and services that encompass efforts to promote positive development, prevent problems, respond as early-after-onset as feasible and to offer access to and coordination of diagnostic and clinical mental health treatment services. In an integrated...
service system, student support services personnel (school social worker, school psychologist, school nurse and school counselor) services are embedded with the instructional efforts of the school. This personnel promotes healthy development and serves as the link to community-based resources.

The logic of this three-tiered approach is derived from the public health approach to disease prevention. Primary school-wide prevention is provided to all students and focuses on giving students the necessary pro-social skills that prevents the establishment and occurrence of problem behavior. Schools that implement school-wide systems of mental health supports and services increase their capacity to support students who present challenges by shifting away from solving behavior problems through traditional responses such as suspension and exclusion.

Some students will be unresponsive or unsupported by school-wide prevention strategies, and more specialized interventions will be required. Secondary or targeted group/individual interventions are characterized by instruction that is more specific and more engaging. The goal of targeted intervention is to reduce or prevent the likelihood of problem behavior occurrences by students identified as at-risk. Early identification for students with or at risk for mental health disorders followed by early intervention can mitigate the severity and duration of these problems and reduce personal, social, educational and financial costs to the student, and family, as well as the education and health systems.

At the secondary level, building teams begin to analyze data on individual students and groups of students with similar needs in order to provide more individualized and targeted instruction and intervention.

A small proportion of students will require highly individualized and intensive interventions. The goal of tertiary level interventions is to reduce the intensity, complexity and impact of the diagnosed mental health disorder by providing supports that are appropriate and person-centered and coordinated with community-based services. Wraparound and interagency planning are common at the tertiary level.

Student support staff will have a significant role in the implementation and viability of the three-tiered model of mental health supports and services in Minnesota Schools.

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School-based and School-linked Social Work Services

School-based (school employed) social workers are hired by the school district to provide services, including mental health services to students and families, such as prevention, assessment, treatment and coordination and collaboration. School-linked or co-located social work services (contracted) are social workers hired by an outside community agency to provide supplemental services in the school setting. Both school social workers and community social workers are licensed by the Minnesota Board of Social Work and are licensed mental health professionals or practitioners. School-based social workers are also licensed by the Minnesota Department of Education. There are many factors that must be considered when contracting for an outside agency to provide school linked services. Some factors may include confidentiality, on site supervision, billing and available office space. It is important to recognize that school social workers adhere to the same code of ethics, including confidentiality that agency social workers must follow. School-based social workers, as members of the school team, may provide mental health services to all students, including therapy. A school social worker who holds a Masters Degree in Social Work and is a Licensed Independent Clinical Social Worker can bill a third party for mental health services provided in the schools. School-linked social workers may provide specific mental health services such as a mobile team completing assessments or grief and loss groups. It is extremely important that school-based social workers are involved with the discussions, contracting and implementation of school-linked social work services. This will help ensure that services are not duplicated and that effective collaborations between schools and community agencies will flourish. It is also important to note that school-based social work services can provide continuity of care since they are available during the school day for crisis and other non-scheduled events.

Mental Health Diagnosis and Treatment Planning

School social workers are often consulted about students who have been diagnosed with mental illnesses or when there is a concern that a mental illness that has not been diagnosed exists. School social workers who are licensed at the Licensed Independent Clinical Social Worker (LICSW) level may be involved in diagnosing students in schools. At other times, diagnosis of a mental illness is done outside the school setting by other mental health professionals in the community. In such a situation, the school social worker often performs a case management role for the student and family within the school setting, communicating with
the various other professionals who also work with the student outside the school and with the members of the Individual Education Program (IEP) team within the school setting.

In the role of case manager, the school social worker is frequently the person who serves to explain the diagnosis to members of the interdisciplinary team and helps them understand the illness, the diagnosis and best practices for intervention. The Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR Text Revision is commonly used for diagnosis of mental disorders. It uses a five-axis classification system. Axes I and II are used for the majority of mental disorders. Axis I is used for most mental disorders, but Axis II is used for such chronic conditions as cognitive impairments and personality disorders. Axis III presents general medical conditions that are relevant to understanding a mental disorder. Axis IV reports information related to a student’s psychosocial environment (e.g., family issues or a history of abuse). Axis V is reserved for the Global Assessment of Functioning (GAF) scores on a 100 point scale (Pomeroy & Hopson, 2006).

The school social worker should remain current on best practices for treating the mental health disorders likely to arise in the setting in which he or she works and be able to help the IEP team determine ways to help make the school-based interventions, as documented in the IEP, compatible with interventions the student may be receiving away from the school (such as hospitalization for the mental illness, medication, and/or therapy with a psychiatrist). Communicating with outside treatment sources often is best done by the school social worker, always after obtaining informed permission from the parent or guardian.

In some situations, county agencies provide additional mental health services for students with diagnosed mental illness and their families and the school social worker may also coordinate with the county services through collaborative teams that provide wraparound services to students. As a member of these “wrap” teams, the school social worker may also be the person to contact emergency mental health services should a crisis arise with the student during the school day.

In the role of case manager, the school social worker communicates with family members about the services being provided and the student’s progress at school and about changes in treatments and family situations that may arise.

When the IEP team determines that mental health services are needed and appropriate, the school social worker may be one of the providers of mental health services within the school setting, including crisis intervention and individual or group skills training.


**Children’s Mental Health Collaboration - Intervention**

School social workers are in a unique position given their skills in social work and their location within schools to facilitate collaboration with teachers, parents and community services to meet the mental health needs of students at school. For one hundred years, school social workers have been the link between school, home and community resources in the effort to reduce
barriers to school access and achievement for all students. School social workers combine their case management skills with their knowledge about children’s mental health prevention, identification and treatment to increase services to students with mental health needs at school through collaboration. As school-based mental health providers, school social workers have greater natural access to students, staff and parents than other community services. This greater natural access increases student access to mental health diagnosis, treatment, referral and coordination of services across home, school and community. Coordinated services and school-based mental health services improve outcomes for students with mental health needs.

Working in collaboration with school social workers promotes children’s mental health and school-wide social emotional learning interventions, provides in-service training on recognizing signs and symptoms of mental health needs in children, facilitates early identification and treatment, develops needed supports and services and consults with teachers on how to understand and apply therapeutic strategies within the classroom that target the emotional and behavioral needs of the student. Through consultation and collaboration, a school social worker increases staff confidence, skills and sense of control in implementing emotional and behavioral interventions for differing mental health needs. Increased staff skills in implementing strategies for emotional and behavioral needs helps students generalize therapeutic skills learned during specialized services to school environments, playground, classroom, bus, hallways and lunchroom.

Working in collaboration with school social workers helps parents recognize signs and symptoms of mental health needs, connect and access school and community supports and services; interpret diagnostic and treatment information, understand emotional and behavioral needs; develop skills and confidence in implementing strategies and interventions at home, and coordinate school and community resources. Parents gain confidence with an increased understanding and skill in applying strategies for the emotional and behavior needs of their child. When home and school collaborate and coordinate strategies the student is helped to generalize therapeutic skills across environments which improves outcomes for students with mental health needs.

Wraparound planning is a collaborative intervention approach utilized by school social workers to coordinate home, school and community resources for students with emotional and behavioral needs. Wraparound increases a student’s chance of school success through additional resources and supports that are coordinated through a team process. The Wraparound approach is a child and family strength-based needs-driven process that utilizes both formal and informal resources. The Wraparound team is identified by the family and often comprises of the child, family, friends, natural supports, teachers, agency service providers and other significant persons in the child’s life. This team works together to create an individualized service plan. The Wraparound plan reflects child-family strengths, sets goals and implements strategies utilizing formal and informal resources across school, home and community. Wraparound goals have measurable outcomes and are monitored on a regular basis. School social workers can act as resource coordinators and facilitate the wraparound process or participate as a team member through their school involvement with the student and family.

School social workers work in collaboration with other community agencies to identify and develop resources to address the unmet mental health needs of children, reduce fragmentation of mental health services for school age children and reduce barriers to treatment and care. As school-based mental health providers, school social workers coordinate any school linked
mental health services provided through their school.


**Web-based Resources**

Links to internet sites related to children’s mental health issues are intended as a public service. Their presence on this document does not constitute an endorsement of their content, which MDE does not control. The information offered on these sites is not necessarily consistent with MDE or other Minnesota state government positions or policies. MDE makes no claim regarding any commercial or other services offered by sites whose links appear on this page.

EASY FIND: Minnesota Department of Education: http://education.state.mn.us/mde/index.html Learning Supports -> Special Education -> Mental Health

**Web-based Resources Document**

**Module # 2: The Impact of Mental Health Disorders on Children’s Learning and Everyday Functioning**

- Anxiety and Related Disorders
- Depression and Related Disorders
- Attention and Behavior Disorders

**Background information about Children’s Mental Health**

**Mental Health: A Report of the Surgeon General**
http://www.hhs.gov/surgeongeneral/library/mentalhealth/home.html

**President’s New Freedom Commission Report**
http://www.mentalhealthcommission.gov

**Fact Sheets about Mental Health Disorders**

**Minnesota Association for Children’s Mental Health**
Mental Health Fact Sheets in English and Spanish
Early Childhood Mental Health Fact Sheets
www.macmh.org

**Minnesota Department of Human Services**
http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_003704.hcsp
Link to Fact Sheets on Anxiety, Depression, Autism, ADHD, Conduct Disorder in English, Spanish, Vietnamese, Somali and Hmong

**NAMI Fact Sheets**
http://mn.nami.org/info.html#facts

**National Institute of Mental Health**
Health Information Quick links
http://www.nimh.nih.gov/nimhhome/index.cfm

**National Association of School Psychologists**
NASP Fact Sheets and position papers
http://www.naspcenter.org

**School Psychology Resources Online**
http://www.schoolpsychology.net

**Teen Mental Health Problems: What are the Warning Signs?**
National Mental Health Information Center
http://www.mentalhealth.org/publications/allpubs/ca-0023/default.asp

**Being Alert to Indicators of Psychosocial and Mental Health Problems**
UCLA School Mental Health Project/Center for Mental Health in Schools
http://smhp.psych.ucla.edu/
(Search Resource Aid Packets: Screening/Assessing Students: Indicators and Tools)

**Parent/Family Resources**

**Children’s Mental Health Network**
www.cmhn.org

**Minnesota Association for Children’s Mental Health**
www.macmh.org

**National Alliance for the Mentally Ill-Minnesota**
http://mn.nami.org/

**PACER Center**
Parent Advocacy Coalition for Educational Rights
http://www.pacer.org

**Resource Mapping**

**School Mental Health Project /Center for Mental Health in the Schools**
http://smhp.psych.ucla.edu/
(Search: Technical Aid Packets-Resource Mapping)

**Evidence-based Practices**

**Center for Early Education and Development**
University of Minnesota
http://education.umn.edu/ceed/
Positive Behavioral Interventions and Supports (PBIS)
http://www.pbis.org/main.htm

The Collaborative for Academic, Social and Emotional Learning
http://www.casel.org/home/index.php

Intervention Central
http://www.interventioncentral.org

What Works Clearinghouse (US Dept of Education)
http://www.w-w-c.org

Links to other web resources

Center of Excellence in Children’s Mental Health
University of Minnesota
www.cmh.umn.edu

Center for School Mental Health Assistance
http://csmha.umd.edu/

Minnesota Department of Health
Minnesota Children with Special Health Needs
www.health.state.mn.us/mcschn

Minnesota Department of Human Services
Children’s Mental Health
http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_000162.hcsp

National Early Childhood Technical Assistance Center
http://www.nectac.org/default.asp

National Technical Assistance Center for Children’s Mental Health
Georgetown University Center for Child and Human Development
http://gucchd.georgetown.edu/programs/ta_center/index.html

Research and Training Center on Family Support and Children’s Mental Health
Portland State University
http://www.rtc.pdx.edu/

School Mental Health Project-UCLA
http://smhp.psych.ucla.edu/

Research and Training Center for Children’s Mental Health
University of South Florida-Tampa
http://rtckids.fmhi.usf.edu/

The American Indian Health web site is an information portal (links to many other Native websites) to issues affecting the health and well-being of American Indians.
Student Support Services Organizations
American School Counselor Association
www.schoolcounselor.org

Minnesota Association of Resources for Recovery and Chemical Health (MARRCH-school section)
www.marrch.org

Minnesota Department of Education - Special Education
http://education.state.mn.us/mde/Learning_Support/Special_Education/index.html

Minnesota Department of Education - School Health
www.mnschoolhealth.com

Minnesota School Counselors Association (MSCA)
www.mnstate.edu/msca/

Minnesota School Psychologist Association (MSPA)
www.mspaweb.org

Minnesota School Social Worker Association (MSSWA)
www.msswa.org

National Association of School Nurses
www.nasn.org

National Association of School Psychologists
www.nasponline.org

School Nurse Organization of Minnesota (SNOM)
www.minnesotaschoolnurses.org

School Social Worker Association of America
www.sswaa.org
POSITION PAPER: THE ROLE OF SCHOOL SOCIAL WORKERS IN COORDINATED SERVICES

By Debra Schreiner-Brecht, Kathy Lowry, Anne McInerney and Pat Juaire, Minnesota School Social Work Association
Cindy Shevlin-Woodcock, Minnesota Department of Education

The National Association of Social Workers (Standard #14) states: “social workers as systems change agents shall identify areas of need (and) work collaboratively to create services.” It is the position of the Minnesota School Social Work Association that school social workers are uniquely qualified and positioned to mobilize the resources of local education and community agencies, working across systems to meet the needs of students and families.

History of Social Work

Social work history is rich with examples of coordinated services. In the early 19th century, social workers worked with immigrant families in large industrial cities to develop needed services. This was accomplished through collaboration and coordination with school and community leaders, politicians, clergy, and employers. Social work services at school began when “visiting teachers” made home visits to parents and their students. This communication resulted in better attendance and school success.

School social workers today continue this rich tradition, with a central focus on coordination of services. Training and standards of practice provide the framework that defines this role.

Social Work Training and Standards of Practice

Minnesota school social workers have a Bachelor’s or Master’s Degree in Social Work, and are licensed by both the Board of Teaching and the Board of Social Work. Professional preparation and experience in problem-solving, systems theory, empowerment perspective, and strengths-based approach give school social workers the training necessary to facilitate the coordination of services for students and their families.

Social workers follow standards of practice determined by the National Association of Social Workers (NASW). Several standards, including #14 in the opening paragraph, speak to the role of social workers in collaboration and coordination of services. Standard #9 states, “social workers shall work collaboratively to mobilize the resources of local education and community agencies to meet the needs of students and families.”

IDEA, the Individuals with Disabilities Act, states that school social work services include “mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program” and that school social workers “work in partnership with parents and others on those problems in a child’s living situation (home, school, and community) that affect the child’s adjustment to school.”

Finally, one of eight objectives in Minnesota Statute 125A.023 states that school social workers should “coordinate multi-disciplinary evaluation and assessment of children with disabilities.”
How School Social Workers’ Provide Coordination of Services

Given their training and standards, school social workers are uniquely positioned within the school community to provide coordination of services to students and their families. They are an integral part of the school team, and understand school, family, and social systems. School social workers focus on both internal and external factors that influence learning. They are skilled in bringing diverse individuals or groups together, fostering an environment that is safe and respectful.

The coordination of services begins when the school social worker learns of a student experiencing difficulties at school. The school social worker then provides leadership to:
1) Help determine the area(s) of concern affecting school progress. At this point the student may begin to receive individual or group counseling/therapy with the school social worker.
2) Identify school personnel, family members, and/or agencies who could be helpful as part of a collaborative team.
3) Bring the identified team together to facilitate communication and joint planning in identifying strengths and areas of concern, goals, strategies, including the active role of each team member in supporting the plan.
4) Work to create resources and/or services that are not yet available.
5) Monitor the action plan by communicating with team members.
6) Call a meeting of the team to share information, evaluate progress of plan, and make necessary changes.

Conclusion

School social workers are trained, qualified professionals who work with families and communities to coordinate services across systems. These services are necessary to help children and youth achieve success in the academic setting, secure future employment, and promote good citizenship.

School social workers are an integral part of the interagency service system in every community.

November 2003
Third Party Billing

School social workers may be involved with a school district’s efforts to seek third party reimbursement for mental health services and/or personal care services provided to students. This is a brief summary of the school social workers role in third party billing.

Legislation Mandating Third Party Billing

Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) and amended section 1903(c) of the Individuals with Disabilities Education Act (IDEA) permit Medicaid payment for medical services through the IEP. Since July 1, 2000, Minnesota Statute 125A.21 mandates that school districts seek reimbursement from insurers and similar third parties for IEP health-related services. Receiving payment for an IEP health related service requires that a student meet eligibility for special education. IEP health related services include speech therapy and audiological services, occupational therapy, physical therapy, mental health services, nursing, paraprofessional services, special transportation services, oral language interpreters and assistive technology devices.

Mental Health Services & School Social Work as an IEP Health Related Service

Since the legislation above was passed, several school districts have developed procedures allowing them to receive third party reimbursement for IEP health related services. Mental health services are identified as billable IEP health related services. Mental health services that are eligible for reimbursement as IEP health related services are individual and group skills training, crisis assistance, psychological testing and IEP evaluations. IEP evaluations are billable only if completed by a mental health professional or school psychologist and psychological testing is only billable when completed by a licensed psychologist. Skills training and crisis assistance are eligible for reimbursement when provided by a mental health professional (e.g. a school social worker licensed as a LICSW) or a mental health practitioner under the clinical supervision of a mental health professional. In order to receive third party payment for skills training and crisis assistance, a student must meet the criteria for emotional disturbance (ED), severe emotional disturbance (SED) or serious and persistent mental illness (SPMI). One component of meeting this criterion is completion of a diagnostic assessment that is completed initially and updated annually.

When school social work service is listed as a related service on the service grid and in the adaptations section of an IEP, these direct services may be eligible for third party reimbursement. Many school social workers complete special education evaluations and provide special education students with crisis assistance. Many of these services are eligible for third party reimbursement. School social workers licensed at the LICSW level, may also provide supervision to paraprofessionals providing billable personal care services to students.

For a complete description of billable services and requirements, reference the Minnesota Department of Human Services website for IEP Program Providers at www.dhs.state.mn.us/provider/iep. The IEP Technical Assistance Guide provides school districts with information needed to seek third party reimbursement for all IEP health related services.
Chapter IX

Social Work Professional Associations and Professional Resources

Minnesota School Social Workers’ Association
Midwest School Social Work Council
School Social Work Association of America
National Association of Social Work
Council for Exceptional Children
Chapter IX: Social Work Professional Association and Professional Resources

Minnesota School Social Workers’ Association (www.msswa.org)

MSSWA is a politically responsive, statewide organization committed to the improvement of the school social work profession and to the well-being of children and their families. The MSSWA is a Minnesota association that represents Minnesota school social workers. It offers membership and conference information, database of current members, database to track student contact information and position papers and local legislative information. Publications available include:

• Coordinated Services position paper http://www.msswa.org/prof-articles/

Midwest School Social Work Council (www.midwest-ssw.org)

Funded through revenues generated by School Social Work services, the Council provides a forum for its member states to collectively address new trends and developments in the field, and to develop and share methods of promoting school social work services. The Council also considers and responds to critical issues affecting the profession. The website offers a variety of resources and information including:

• Midwest area chapters of school social work associations
• Contact information and history of council
• PowerPoint for how “School Social Workers make a difference”

School Social Work Association of America (www.sswaa.org)

The School Social Work Association of America is a national membership-based association dedicated to promoting the profession of School Social Work and the professional development of school social workers in order to enhance the educational experience of students and their families. SSWAA publishes certain titles for distribution. Current publications which are available include one which describes the role of a school social worker, and a technical guide to completing a functional analysis and behavior intervention plan. Other publications available:

• Resolutions on school social worker to student ratio http://www.sswaa.org/about/publications.html

National Association of Social Work (www.naswdc.org)

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with 150,000 members. NASW represents all social workers and works to enhance the professional growth and development of its members, to create and maintain professional standards and to advance sound social policies. The website offers a variety of resources including:
Other resources available on the website include:

- NASW Standards for Cultural Competence in Social Work Practice

**Council for Exceptional Children (www.cec.sped.org)**

The Council for Exceptional Children (CEC) is the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities and/or the gifted. CEC advocates for appropriate governmental policies, sets professional standards, provides continual professional development, advocates for newly and historically underserved individuals with exceptionalities and helps professionals obtain conditions and resources necessary for effective professional practice. Services provided:

- Professional development opportunities and resources
- 17 divisions for specialized information
- Journals and newsletters with information on new research findings, classroom practices that work, federal legislation and policies
- Conventions and conferences
- Special education publications
Chapter X
APPENDIX

Role of the School Social Worker Brochure
Social Development History
Observation Forms
Mental Health Screening Instrument Matrix
Table of Standardized Assessments
Normed/Criterion References Behavior Rating Scale
Understanding Children’s Mental Health Issues and the Impact on Learning and Everyday Functioning Training Series
Comprehensive List of Scope of Practices
Understanding the Key Warning Signs of Mental Health Problem in Children and Adolescents Trainings Guidelines
SSWAA Confidentiality Paper
Confidentiality Checklist
School Social Workers are the link between home, school, and community. As members of the educational team, School Social Workers promote and support students' academic and social success by providing specialized services that may include:

- Assessment of student needs through observation, interviews, and testing.
- Treatment of mental and emotional disorders.
- Individual and group therapeutic services.
- Crisis prevention and intervention.
- Consult with mainstream and special education teachers to develop and implement pre-referral interventions.
- Design and implement behavior management plans.
- Participate on the child study team.
- Provide social, emotional, functional, and adaptive assessments.
- Educate parents and school personnel regarding the Individuals with Disabilities Education Act (IDEA).
- Advocate for students, parents, and the school district.
- Education and training for parents and guardians.
- Information and referral.
- Professional case management.
- Collaboration and consultation with community agencies, organizations, and other professionals.
- Staff and policy development.

School Social Workers help students to:

- Increase academic success.
- Improve interpersonal relationships.
- Cope with difficult and crisis situations.
- Develop self-esteem and self-discipline.
- Learn problem-solving, conflict resolution, and decision-making skills.
- Enhance students' school success.
- Provide ongoing emotional and behavioral support to students.
- Communicate information about how factors such as family, culture, socioeconomic status, physical and mental health can affect students' performance.
- Identify and report child abuse and neglect situations.
- Coordinate community resources to meet students' needs.
- Mediate disputes between students, parents, and school systems.

School Social Workers help educators by:

- Developing and implementing plans to enhance students' school success.
- Providing ongoing emotional and behavioral support to students.
- Communicating information about how factors such as family, culture, socioeconomic status, physical and mental health can affect students' performance.
- Identifying and reporting child abuse and neglect situations.
- Coordinating community resources to meet students' needs.
- Mediating disputes between students, parents, and school systems.

School Social Workers' role in special education is to:

- Consult with mainstream and special education teachers to develop and implement pre-referral interventions.
- Design and implement behavior management plans.
- Participate on the child study team.
- Provide social, emotional, functional, and adaptive assessments.
- Educate parents and school personnel regarding the Individuals with Disabilities Education Act (IDEA).
- Advocate for students, parents, and the school district.
- Education and training for parents and guardians.
- Information and referral.
- Professional case management.
- Collaboration and consultation with community agencies, organizations, and other professionals.
- Staff and policy development.
State Certification, Legal Regulations and Professional Credentials

- The Minnesota Board of Social Work requires all School Social Workers to hold one of four levels of licensure:
  - Licensed Independent Clinical Social Worker (LICSW)
  - Licensed Independent Social Worker (LISW)
  - Licensed Graduate Social Worker (LGSW)
  - Licensed Social Worker (LSW)
- School Social Work license obtained through the Minnesota Department of Education.
- School Social Workers adhere to a Code of Ethics set forth by the National Association of Social Workers.
- Core values of service of School Social Workers include service, social justice, dignity, worth of the person, importance of human relationships, integrity and competence.

Minnesota School Social Worker Association

- An association of School Social Workers throughout Minnesota who work with students and families to provide mental health related services and support in the school system.
- MSSWA has been serving children through their school, home, and community for 35 years.
- MSSWA is a politically responsive, statewide organization committed to the improvement of the school social work profession and to the well being of children and their families.
- To speak with a MSSWA member in your district visit [www.msswa.org](http://www.msswa.org)
SOCIAL DEVELOPMENTAL HISTORY

Identifying Information

Date:
Name of Student:
Date of Birth:
Age:
Grade:
Teacher:
School:

Family Information/Background

Parents names:
Address:
Age:
Employment:
Level of education:
Work hours:
Contact information: Phone, Fax, E-mail
Primary Language:
Step Parents:

Does your child live with both parents?
What is your current marital status?
What is your current living arrangement?
How much time does your child spend with their mother/father?
What is your legal custody agreement?
How long has in the current living situation?
What were the circumstances for the current living situation?
How do you think your child has adjusted to the current living situation?
How would you describe your relationship with your child?
How would you describe your spouse relationship with your child?
Does your child have any other primary care givers? Living in your home? Outside your home?
Does your child have other significant relatives they see regularly?
Is there anything that we need to know or understand about your child’s culture?

Brothers and Sisters

Name
Age
Gender
School
Do any of your other children have any concerns, special needs at home, community or at school with? Do they live at home?
How would you describe your child’s relationship with their siblings?
What do they enjoy doing together?
When do they not get along?

Are there any other significant people in your child's life?
Describe your child’s relationship with them.
Do you use child care?
How does your child do at childcare?
What concerns if any have been expressed to you by the childcare provider regarding your child’s learning, social skills, emotions or behavior?
Have any members of your family or relatives ever experienced difficulties related to learning, attention, behavior, emotions?
Have there been any mental health concerns?
Are there any significant medical conditions in your family?
Has your family experienced any family stress events that may affect your child’s academic or behavior functioning within the past year?
Divorce, Separation, death, move, change of schools, family illness, change of parental jobs, domestic violence, incarceration of a family member, financial problems, foster care, alcohol or drug use or treatment, gambling, mental health diagnosis, others.
How well does your child get along with their mother, father?
What activities does your child like to do with mother, father?
What activities do you do together as a family?
What are your child’s strengths and interests?
What do you think your child is really good at? What special talents do they have?
What is your concern for your child?
What would you like to see for your child in the future?

School History

Did your child go to pre-school/daycare? Age, length of time?
What do you remember the pre-school/daycare teacher sharing about your child?
Were there any problems or concerns shared with you?
How did your child learn, behave and get along with others?
Where did your child attend Kindergarten?
What do you remember the Kindergarten teacher sharing about your child?
Were there any problems or concerns shared with you?
How did your child learn, behave and get along with others?
Tell me about your child’s elementary school history.
Other schools your child attended.
Has your child ever repeated a grade?
Does your child like school?
How is your child’s attendance?
Do you ever have difficulty getting your child to go to school?
What are your child’s academic strengths? What subjects does your child like best?
What are your child’s academic weaknesses? What subjects does your child like least?
What concerns have been raised in various grades about your child in school?
What are your child’s current school concerns? Learning, behavior, social, emotional?
What do you think your child likes best about school? Least?
What do they feel the most confident about? Least Confident about?
How does your child handle homework?
Does your child willingly complete homework?
How does your child respond to help with homework?
Does your child have a place and time to do homework?
How independent is your child with reading and writing?
Are you satisfied with your child’s progress in school? Academic, social, emotional, behavior?
Has your child participated in any extra programs or services at school?
What kinds of things have you tried to help you child with concerns at school?

Developmental History

Describe your pregnancy.
Where there any concerns or complications with your health or the pregnancy?
What medications did you take during your pregnancy?
Did you smoke, use alcohol or drugs during the pregnancy?
What was the length of the pregnancy?
Were there any complications with labor or delivery for you or your child?
What was the baby’s condition at birth?
Were there any health or developmental concerns?
What was your child’s disposition as a baby easy, difficult?
How did your child eat, sleep?
Were there any complications after birth in the early weeks of life?
How would you describe your child’s development?
What do you recall regarding milestones: sitting, crawling, walking, talking, feeding, toilet training, independence, self care, hygiene?
Were there any problems with motor skills?
What kinds of activities did your child enjoy as a toddler?
Were they an easy or difficult toddler for you to parent?

How did your child respond to you as a parent when their behavior needed to be redirected?
What experienced did your child have as a preschooler to play with other children?
Did you have any concerns regarding your child’s social interaction with other children?
Was your child easy, average or difficult to handle as a three and four year old?
Do you have any current concerns about your child’s social, emotions, behavior, and physical development?

Medical History

How would you describe your child’s health?
Do you have insurance?
Who is your child’s doctor?
Does your child get dental care?
Does your child take any medications?
What are the medications treating?
Has your child ever had any adverse reactions to medications?
Are there any eating problems?
Is there a history of ear infections?
Is there a history of Colic?
Are there any sleeping concerns?
Are there any concerns with wetting or soiling?
Have there been any significant accidents, injuries or illnesses?
Has your child experienced any significant fevers?
Have there been any head injuries or loss of consciousness?
Has your child ever been hospitalized?
How is your child’s vision and hearing?
Does your child have any allergies?
Is there any history of exposure to lead?
Does your child complain of any physical complaints, headache, stomach aches,
Does your child show any behaviors of tics, rocking, nail biting, grinding teeth?
Has your child ever had psychological testing, counseling, therapy, social work services, or been in family counseling?
Has your child ever had a neurological examination or psychiatric examination?

Social/Emotional/Behavior History

Does your child have friends?
Do you think your child knows how to make and keep friends?
Does your child like to play alone or with others?
Does your child invite others to play at your home? Go to others homes?
Does your child play with children that are younger, older or the same age?
What does your child like to do with friends?
How does your child handle play conflicts with other children?
What have you noticed over time about your child and friendships?
What kinds of activities does your child participate in? Team sports, clubs, church groups, music, arts, sciences......
Have child care providers or teachers ever shared concerns about your child’s interaction with other children?
Have you ever been concerned that your child is withdrawn or shy?
Do you have any concerns about how your child interacts with other children?
Is your child satisfied with their friendships? Do they ever share concerns about making and keeping friends?
How do you think your child’s social skills have developed?
Does your child ever report being teased or bullied by other children? home, school, bus?
How would you describe your child?
Describe your child’s personality? Temperament?
What do you enjoy the most about parenting your child?
What do you find most difficult about parenting your child?
How is your child’s behavior at home? In the community? At school?
Do you experience your child easy or difficult to interact with?
How active is your child? Over, under, average, fidgety?
What types of discipline techniques do you use with your child?
How does your child respond to discipline?
Does your child require much discipline?
What do problem behaviors typically look like at home?
Can you predict when a problem behavior will occur?
What do you see in your child before a problem behavior begins?
How does your child respond to commands or directions?
Which discipline techniques work best with your child?
Which discipline techniques work the least or make the behavior worse?
Does your child respond to one parent more than the other?
How does your child respond to babysitters or other adults?
Do you have any concerns about your child using foul or obscene language?
Do you have any concerns with your child’s honesty? Lying, stealing, cheating?
Is your child able to accept responsibility for their behavior?
How would you describe your child’s emotions?
What does your child do when they are happy, angry, sad, frustrated, worried?
Are there any emotions you think your child has difficulty expressing?
How well does your child respond and adapt to changes?
How does your child respond to new experiences and people?
How would you describe your child’s ability to sustain attention and focus on a task?
What types of situations create anger and frustration in your child?
What does your child do when they experience anger and frustration?
Is your child shy or withdrawn?
Do you have any concerns that your child is anxious or depressed?
How much attention does your child need?
Does your child have self-control?
Does your child have any fears?
How is your child’s energy level?
Is your child able to calm themselves after being upset?
What kinds of responsibilities does your child have at home?
How does your child do with the responsibilities and chores given to them?
What is your child’s daily routine like?
How well does your child follow directions?
How does your child react to success? Failure?
How does your child respond to praise and rewards?
How does your child respond to affection?
What kinds of affection are shown at home?
How do you think your child feels about themselves?
Systematic Observation Procedures

A minimum of three 20-minute observations are needed.

1. Choosing times to observe

We want to document “an inability to manage or complete classroom tasks within routine timelines.” Be selective and prearrange times with classroom teachers. Choose 20-minute blocks of time without transitions. Choose instruction times, i.e. times when listening/attention is required or independent work times. Choose a variety of settings, teachers, activities and subjects.

2. Basic Method

We are using a “partial interval” observation method with six-second intervals.

a. Situate yourself in the room so that you have a clear view of the target student.

b. Identify comparison students: at least two or three same sex students whom you can also see well.

c. Observe the target student. Record at the end of the interval. Next, observe a peer and then record. Observe target and record. Observe second peer, etc. Alternate between target and peers for 20 minutes. (You will then have 100 data points for each).

3. Recording Codes

a. Basic codes are on “+” and off “o” task.

The definitions of “on” and “off” task are very important. Define them for yourself in terms of observables and concretes. Avoid inference.

**On-Task**

- Appropriate behavior for classroom
- Meets teacher expectations or acceptable behavior in the classroom
- Eyes on work
- Writing or group responding at appropriate time
- Eyes on teacher
- Eyes on student who is responding
- Eyes on visuals used by teacher
- Doing as expected even if accompanied by body movements

**Off-Task**

- Doing something that is not allowed
- Out of seat when not permitted
- Talking out/blurring out
- Doing something inappropriate
- Not following teacher directions
- Motor behavior, e.g. playing with something
- Talking when not allowed
- Passive staring
- On wrong page in book
- Working on wrong assignment, page
b. More sophisticated codes allow more information about off-task behaviors: e.g. “V”=verbal off-task “P”=passive off-task “M”=motor off-task

c. Most sophisticated – use additional codes
   Instead of “V” can use “SV”=social verbal
   Instead of “M” can use “OOS”=out of seat, “MG”=gross, “MF”=fine
   Instead of just “+” can use “+M” to indicate on-task but excess motor movement
   (kicking feet, chewing pencil, playing with hair)
   “EC”=made eye contact with observer

Your comments are very important. Record on the observation sheet as soon as possible after the observation. Include date, time of day, situation/activities, demand/expectations on the student, observations not able to be coded and anything else significant such as physical location of the student in the room.

4. *Calculation and Reporting Time On-Task and Discrepancies*

   a. Calculation percentage of time on-task

   \[
   \frac{\text{# of intervals on-task}}{\text{# of intervals observed}} \times 100 = \text{percentage of time on task}
   \]

   Example: \[
   \frac{63 \text{ intervals on-task}}{100 \text{ intervals observed}} \times 100 = 63\% \text{ on-task}
   \]

   We generally calculate and report the type of behavior we want to increase (i.e. on-task behavior). The results of this calculation should be reported as “target child was observed to be on-task during x% of the observed six-second intervals”, not as “target child was on-task x% of the time”.

   b. Calculating discrepancies

   \[
   \frac{\text{% on-task peers}}{\text{% on-task target}} = \text{discrepancy}
   \]

   Note: Use this formula only when peers are more on-task that target

   Example: Peers were on-task 90% = 1.5
   Target was on-task 60%
   “Target student was 1.5 times more off-task than his/her peers”.

   We are recommending the use of a 1.5 or larger discrepancy as significant. This level is equal to the target being off-task about two thirds as often as peers. A discrepancy of 2.0 means target was on-task only half as often as peers. A discrepancy of 1.0 means no discrepancy – they were on-task the same proportion of time.
## Partial Interval Recording Form

**Child’s Name** _______________________________ **Date** ___________ **Grade** _____

**Teacher** _____________________________ **# of Students in Class** ______ **# of Males** ______

**# of Females** ______ **Observer** _______________________________ **Title** ___________

**Setting** _____________________________ **Time** _____________

**Codes:**
- **On-task:** +
- **Off-task:** “V” = Verbal
  “S” = Social
  “M” = Motor
  “P” = Passive
  “OOS” = Out of seat
  “O” = Other or not determined

<table>
<thead>
<tr>
<th>Time</th>
<th>10</th>
<th>30</th>
<th>50</th>
<th>70</th>
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### Target
- **# of intervals on-task** = _____ = _____%
  **% on-task target** = ______

### Peer
- **Total # of intervals** = _____ =

### Peer: **# of intervals on-task** = _____ = _____%
  **DISCREPANCY:** _____________

**COMMENTS:** _________________________________________________________________
Duration Recording

Duration recording requires the observer to measure the total amount of time that the child engages in the target behavior. The observer records the time at which the target behavior episode begins and the time at which it ends. For both event and duration recordings, the target behavior must be defined so that the behavior that marks the start of an episode is clearly specified as are the conditions that are considered to mark the end of the episode.

In the example of Sam and his temper tantrums, the teacher could record the length of time each of the five tantrums endured (e.g. 2’20”, 5’45”, 3’15”, 8’05” and 1’50”). While this data could be averaged to tell us that Sam’s tantrums last an average of 4 minutes, 30 seconds, the proper interpretation for behavioral rate data is to find the total amount of time that Sam was tantruming (21’15”) and divide that by the total time spent observing (3 hours or 180 minutes) to find that Sam spent almost 12% of his preschool class engaged in temper tantrums. If part of Sam’s IEP called for decreasing his tantrum behavior, then both event and duration recording data would be useful as a pre- and post-intervention data.
Duration Recording Form

Child’s Name _____________________________ Date ___________ Grade __
Teacher _____________________________ # of Students in Class ______ # of Males ______
# of Females ______ Observer _____________________________ Title _______________
Setting _____________________________ ______ Time _______________

Target Behavior:

<table>
<thead>
<tr>
<th>EPISODE</th>
<th>STARTING TIME</th>
<th>STOPPING TIME</th>
<th>TOTAL LENGTH OF EPISODE</th>
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</table>

Total ______________________
Event Recording

In event recording, the number of times that a target behavior occurs is recorded in contrast to time sampling and interval recording. Event recording is appropriate as the method of observation for behaviors that occur either very seldom or very often. An example of an appropriate behavior to be recorded might be temper tantrums.

Event recording requires the observer to note exactly when a behavior starts and stops so that each “event” can be recorded as a single incidence of the behavior. This data is transformed to rate data at the end of the observation period by dividing the number of times the behavior occurred by the total number of minutes (or hours) in the observation period. The resulting number reflects the rate at which the target behavior occurred per minute (or hour).

In the case of temper tantrum data, for example, the teacher might note that Sam has five temper tantrums in the course of a three-hour preschool class. Dividing the five tantrums by the three hours in the observation period indicates that Sam had 1.67 tantrums per hour. Another way to report the data would be to say that Sam had a tantrum approximately once every 36 minutes (180 minutes divided by five tantrums). However, caution should be exercised in reporting this data since the rate data can suggest a regularity in behavior that may not exist (e.g. if the child has five tantrums within the first hour of class, the rate would still be 1.67 tantrums per hour).
Event Recording Form

Child's Name _____________________________ Date ____________ Grade _____
Teacher _________________________ # of Students in Class _____ # of Males _____
# of Females _____ Observer _______________________________ Title ________________
Setting ___________________________________ Time ________________

Target Behavior: (Defined so that it is clear when a behavior episode begins and ends).

How many times did the behavior occur (count each entire episode as one time)?

Divide the number of episodes by the total time observed (minutes if the behavior occurs very often; hours if the behavior occurs rarely). The target behavior occurred at the rate of
___________ episodes per ____________________ (time/unit).
Latency Recording

It is often useful to know how much time elapses between a specified event (such as a parent request that a child come to dinner) and the defined behavioral response to that event (the child’s arrival at the dinner table). The measure of time that elapses between these two events results in a latency recording. Recording begins at the end of the first event and continues until the onset of the second event. Latency recording is most useful with problems of compliance. The times recorded are averaged over the number of times the event pairings were observed.

A mother might record the coming-to-dinner behavior of her child every night for a week in order to establish a baseline. At the end of the week, she would add the recorded latencies and divide by seven. She would then know, on average, how long it took her child to respond to her request to come to dinner. Such data might provide the basis for an intervention plan to shorten the average latency, thereby improving the child’s compliance behavior.
Latency Recording Form

Child’s Name _______________________________ Date ___________ Grade _____
Teacher ________________________________ # of Students in Class _____ # of Males _____
# of Females _____ Observer _______________________________ Title __________________
Setting _________________________________ Time _______________

Target Behavior:

What stimulus will mark the beginning of the observation period?

What behavior on the part of the child will indicate the end of the observation latency, that is, what suggests that compliance has begun?
# Latency Recording Form

Name: ___________________________  Date: ______________________

<table>
<thead>
<tr>
<th>TIME</th>
<th>MUSIC THERAPY</th>
<th>SPEECH THERAPY</th>
<th>OCCUPATIONAL</th>
<th>ABA THERAPY</th>
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**Total % of Intervals**

**Coding Key:**

- E = Actively Engaged
- A = Attending
- N = Not Engaged
- I = Inappropriate Behavior
Directions for using the group instruction observation chart

This observation chart is designed to record student information in 5-minute intervals. The items – group type, topic, check for comprehension and comments – will be recorded once per observation. The other categories will be recorded at each 5-minute interval of the group time.

**Time:**
Record the start time of the group. Continue for each 5-minute interval.

**Group Type:**
Check box to indicate where students are receiving instruction – at their desks or in group of the floor (record this only once at the start of observation).

**Topic:**
What is the topic of instruction (e.g. math tallies)? (Record this only once at the start of observation).

**Attend:**
Did the student attend during each 5-minute interval?

**Visual Information:**
Describe visual information available to student during each 5-minute interval.

**Redirect:**
Tally the number of times the student needed to be redirected to speaker during each 5-minute interval.

**Behavior:**
If student engaged in non-attending behavior during the 5-minute interval, describe the behavior (e.g. talked to neighbor, played with materials on desk, laid down, etc.).

**Check for Compliance:**
If an activity follows group instruction, ask the student to tell you what he/she needs to do to begin, and so on. (Record once at end of group).

**Comments:**
Enter any comments e.g., student was able to explain what he needed to do, required verbal cues to begin, or student initiated activity but forgot the sequence of steps to complete the activity etc. (Record once at end of group).
# Observation Group Instruction

Name: ________________________________  Date: ________________________________

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<tr>
<th>TIME</th>
<th>GROUP TYPE</th>
<th>FLOOR</th>
<th>DESK</th>
<th>TOPIC</th>
<th>ATTEND</th>
<th>VISUAL INFORMATION</th>
<th>RE-DIRECT (TALLY #)</th>
<th>BEHAVIOR</th>
<th>CHECK FOR COMPREHENSION</th>
<th>COMMENTS</th>
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</tbody>
</table>
How Many Times Count Chart

Student: ________________________________________________

Class or Time Period: _______________________________________________________

Describe behavior being monitored: ______________________________________________

Cross out a number each time the behavior occurs on that day or during the particular
class or time period.

24 24 24 24 24 24 24 24 24 24 24 24 24
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 9   9   9   9   9   9   9   9   9   9   9   9   9
 8   8   8   8   8   8   8   8   8   8   8   8   8
 7   7   7   7   7   7   7   7   7   7   7   7   7
 6   6   6   6   6   6   6   6   6   6   6   6   6
 5   5   5   5   5   5   5   5   5   5   5   5   5
 4   4   4   4   4   4   4   4   4   4   4   4   4
 3   3   3   3   3   3   3   3   3   3   3   3   3
 2   2   2   2   2   2   2   2   2   2   2   2   2
 1   1   1   1   1   1   1   1   1   1   1   1   1
 0   0   0   0   0   0   0   0   0   0   0   0   0

Dates: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ ____

Adapted from Shae & Bauer (1986)
Anecdotal Observation Form

Student Name: ________________________ Grade: _____ Age: _____ School: _______________________

Classroom Teacher: ____________________ Setting/Activity: _______________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME OBSERVED</th>
<th>BEHAVIORS OBSERVED</th>
</tr>
</thead>
</table>

Signature: ____________________ Position: ____________________
## Interval Frequency Count Form

Student Name: __________________________ Grade: _____ Age: _____ School: ______________________

Teacher: ___________________________ Observer: ___________________________ Date: __________

<table>
<thead>
<tr>
<th>INTERVAL (TIMES)</th>
<th>BEHAVIOR 1</th>
<th>BEHAVIOR 2</th>
<th>BEHAVIOR 3</th>
<th>ACTIVITY/CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**TOTALS:**

___________  ___________  ___________

Behavior 1: __________________________________

Behavior 2: __________________________________

Behavior 3: __________________________________
### Interval Frequency Count Form

**Student Name:** Jane Smith  
**Grade:** 6  
**Age:** 11  
**School:** Sunny Brook  
**Teacher:** John Public  
**Observer:** Jill Jones  
**Date:** 9/20/06

<table>
<thead>
<tr>
<th>INTERVAL (TIMES)</th>
<th>BEHAVIOR 1</th>
<th>BEHAVIOR 2</th>
<th>BEHAVIOR 3</th>
<th>ACTIVITY/CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 9:30</td>
<td>III</td>
<td>I</td>
<td>I</td>
<td>Small group reading</td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td>II</td>
<td>0</td>
<td>II</td>
<td>Transition to music</td>
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<tr>
<td>10:00 – 10:30</td>
<td>IIIIII</td>
<td>I</td>
<td>0</td>
<td></td>
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<tr>
<td>10:30 – 11:00</td>
<td>II</td>
<td>0</td>
<td>0</td>
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<tr>
<td>11:00 – 11:30</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>11:30 – 12:00</td>
<td>III</td>
<td>0</td>
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<tr>
<td>12:00 – 12:30</td>
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<tr>
<td>12:30 – 1:00</td>
<td>IIIIII</td>
<td>IIIII</td>
<td>III</td>
<td></td>
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<td>1:00 – 1:30</td>
<td>0</td>
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<td>1:30 – 2:00</td>
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<td>2:00 – 2:30</td>
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<tr>
<td>2:30 – 3:00</td>
<td>IIIII</td>
<td>IIIII</td>
<td>III</td>
<td>II</td>
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</tbody>
</table>

**TOTALS:** 30 10 8

**Behavior 1:** Negative Self-Statements

**Behavior 2:** Hitting, Kicking

**Behavior 3:** Attempting to Leave School Building
Duration Recording Form

Student Name: __________________ Grade: ____ Age: ____ School: ______________________

Teacher: ____________________ Observer: ____________________ Date: ____________

Behavior: ____________________

<table>
<thead>
<tr>
<th>EPISODE</th>
<th>DATE</th>
<th>STARTING TIME</th>
<th>STOPPING TIME</th>
<th>TOTAL LENGTH OF EPISODE</th>
<th>ACTIVITY/CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

Directions:
- Fill in identifying information and indicate the behavior to be observed.
- Record the time the behavior starts and the time the behavior ends for each episode.
- Subtract the starting time from the stopping time for the total length of episode.
# Duration Recording Form

Student Name: Jane Smith  
Grade: 6  
Age: 11  
School: Sunny Brook  
Teacher: John Public  
Observer: Jill Jones  
Date: 9/20/06  

Behavior: Temper tantrums

<table>
<thead>
<tr>
<th>EPISODE</th>
<th>DATE</th>
<th>STARTING TIME</th>
<th>STOPPING TIME</th>
<th>TOTAL LENGTH OF EPISODE</th>
<th>ACTIVITY/CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9/20/06</td>
<td>9:55</td>
<td>10:03</td>
<td>8 minutes</td>
<td>Jane fell to the floor and cried when asked to transition from sea work to gross motor.</td>
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</tbody>
</table>

**Directions:**
- Fill in identifying information and indicate the behavior to be observed.
- Record the time the behavior starts and the time the behavior ends for each episode.
- Subtract the starting time from the stopping time for the total length of episode.
Mental health screening is a brief, culturally sensitive process designed to identify children and adolescents who may be at risk of having impaired mental health functioning warranting immediate attention, intervention or referral for diagnostic assessment. The primary purpose for screening is to identify, using a valid, reliable screening instruments, the need for further assessment.
<table>
<thead>
<tr>
<th>Mental Health Screening Tool</th>
<th>Publisher</th>
<th>Qualifications of Screener</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Checkmate Plus</strong></td>
<td><strong>CHECKMATE PLUS</strong></td>
<td>Professionals in education, school psychologists, special education personnel.</td>
<td>Paper and computer product as well as on-line assessments. All symptom inventories have been translated into Spanish.</td>
</tr>
<tr>
<td>The checklists are used by various professionals in education (school psychologists, special education personnel) settings involved in the evaluation of emotional and behavioral problems.</td>
<td>PO Box 696 Dept D Stoneybrook, NY 11790-0696  <a href="http://www.checkmateplus.com">www.checkmateplus.com</a> Phone: 800.779.4292</td>
<td></td>
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<tr>
<td>• Early Childhood Symptom Inventory-4 (ECSI-4) Age 3-5</td>
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<tr>
<td>• Child Symptom Inventory-4 (CSI-4) Age 5-12</td>
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<tr>
<td>• Adolescent Symptom Inventory (ASI-4) Age 12-18</td>
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<tr>
<td><strong>Pediatric Symptom Checklist</strong></td>
<td>Michael Jellinek, M.D. Michael Murphy, Ed.D  Child Psychiatry Bulfinch 351 Massachusetts General Hospital Boston, MA 02114 Telephone: (617) 724-3163 Fax: (617) 726-9219 <a href="http://psc.partners.org">http://psc.partners.org</a></td>
<td>There are no special qualifications for scoring.</td>
<td>There are English, Japanese, and Spanish versions of the PSC available.</td>
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<tr>
<td>The PSC is a brief screening questionnaire that is used to improve the recognition and treatment or psychosocial problems in children</td>
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<tr>
<td>• Youth Self-Report (Age 11-16)</td>
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<tr>
<td>• Pediatric Symptom Checklist (Age 4-16)</td>
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<tr>
<td><strong>Temperament and Atypical Behavior Scale (TABS)</strong></td>
<td>Paul H. Brookes Publishing P.O. Box 10624 Baltimore, MD 21285-0624 <a href="http://www.brookespublishing.com">www.brookespublishing.com</a></td>
<td>Screener administered by early childhood providers.</td>
<td></td>
</tr>
<tr>
<td>Rapid screening tool to identify children in need of more thorough assessment for developmental issues such as temperament and self regulation.</td>
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<tr>
<td>Infants and young children 11-71 months</td>
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<tr>
<td><strong>Ages and Stages Questionnaires: Social-Emotional (ASQ: SE)</strong></td>
<td>Paul Brookes Publishing Co. P.O. Box 10624 Baltimore, MD 21285-0624 <a href="http://www.brookespublishing.com">www.brookespublishing.com</a></td>
<td>An administration manual provides information on using the system and scoring the questionnaires, and guidance is offered on how one might evaluate the useful of the system in their given program.</td>
<td>Estimated administration time is 10-30 minutes.</td>
</tr>
<tr>
<td>4-60 months of age</td>
<td></td>
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<tr>
<td>A parent-completed, child-monitoring system for social-emotional behaviors. <strong>ASQ:SE</strong> is a low-cost, culturally sensitive screening system for identifying young children at risk for social or emotional difficulties.</td>
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<tr>
<td><strong>Teen Screen</strong></td>
<td>Free training, software, instruments, and technical assistance. Only cost is computers for screening and paid time for staff. Columbia University (866) Teen Screen <a href="http://www.teenscreen.org">www.teenscreen.org</a></td>
<td>Self-administered paper and pencil or computerized questionnaire</td>
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<tr>
<td>Assesses suicidality as well as the likelihood of a diagnosis for the mental disorders most predictive of suicide risk: depression, anxiety, and substance abuse</td>
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<tr>
<td>All youth ages 9-18</td>
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</table>
### Strengths and Difficulties Questionnaire
The SDQ is a brief behavior screening tool for assessing problems with emotional issues, conduct. Hyperactivity/attention issues, peer relationships and prosocial behaviors. There are two versions for follow-up after intervention to gage changes in functioning.
- Self-report for ages 11-17;
- Parent or teacher form for ages 4-10.
- Parent or teacher form for ages 11-17.


<table>
<thead>
<tr>
<th>Diagnostic Interview Schedule for Children (DISC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured youth self-report interview that provides provisional DSM-IV diagnoses.</td>
</tr>
<tr>
<td>DISC Development Group Columbia University Department of Child &amp; Adolescent Psychology 1051 Riverside Drive Unit 78 New York, NY 10032 <a href="mailto:disc@childpsych.columbia.edu">disc@childpsych.columbia.edu</a></td>
</tr>
<tr>
<td>Administered by a lay interviewer</td>
</tr>
<tr>
<td>DISC translations currently in development: German, Chinese, Japanese, Dutch, Icelandic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Massachusetts Youth Screening Instrument (MAYSI-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The MAYSI-2 is designed to assist juvenile justice facilities in identifying youths 12 to 17 years of age who may have special mental health needs and substance abuse needs. It is intended for use at any point in the juvenile justice system.</td>
</tr>
<tr>
<td>Professional Resource Press P.O. Box 15560 Sarasota, FL 34277-1560 Web-site: <a href="http://www.prpress.com">www.prpress.com</a> Phone: (800) 443-3364 Fax: (941) 343-9201 Email: <a href="mailto:orders@prpress.com">orders@prpress.com</a></td>
</tr>
<tr>
<td>In-service training with instrument, no clinical experience.</td>
</tr>
<tr>
<td>The website: <a href="http://www.umassmed.edu/nysap/maysi2/what.cfm">http://www.umassmed.edu/nysap/maysi2/what.cfm</a> contains answers to frequently asked questions that may be helpful when deciding whether to use this instrument.</td>
</tr>
</tbody>
</table>

DISCLAIMER: This information is advisory only. The Minnesota Department of Education (MDE) provides this information upon request as a public service. Inclusion on this list does not necessarily mean that MDE supports or endorses the use of the screening instrument.
<table>
<thead>
<tr>
<th>Scale/Program &amp; Author</th>
<th>Publisher/website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Systematic Screening for Behavior Problems Hill M. Walker &amp; Herbert H. Severson</td>
<td>Sopris West <a href="http://www.sopriswest.com">www.sopriswest.com</a></td>
<td>Grades K–6 This resource allows you to screen and identify students who may be at risk of developing behavior disorders. The three-stage process makes use of teacher judgment as well as direct observation. Kit includes three manuals, training video (VHS, 80 minutes), an audiotape to prompt observation, and reproducible forms</td>
</tr>
<tr>
<td>Child Behavior Checklist Thomas Achenbach</td>
<td>Achenbach Systems of Empirically Based Assessments (ASEBA) <a href="http://www.aseba.org/products/forms.html">http://www.aseba.org/products/forms.html</a></td>
<td>Ages 4 to 16 A system of rating scales to emotional and behavioral problems</td>
</tr>
<tr>
<td>Beck Depression Inventory Aaron Beck</td>
<td>The Psychological Corporation</td>
<td>Adolescents and adults The Beck Depression Inventory Second Edition (BDI-II) is a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression</td>
</tr>
<tr>
<td>BASC-2 Cecil Reynolds and Randy Kamphaus</td>
<td>American Guidance Services <a href="http://agspearsonassessments.com/">http://agspearsonassessments.com/</a></td>
<td>Behavior Assessment System</td>
</tr>
<tr>
<td>Social Skills Rating System Frank Gresham &amp; Stephen Elliott</td>
<td>American Guidance Services <a href="http://agspearsonassessments.com/">http://agspearsonassessments.com/</a></td>
<td>Ages: 3-18; A Student Self Report can be used in Grades 3-12 Scores/Interpretation: Social Skills, Problem Behaviors, and Academic Competence scales</td>
</tr>
<tr>
<td>Conners’ Rating Scale C. Keith Conners</td>
<td>Conners’ Rating Scale C. Keith Conners</td>
<td>3 through 17 years Assesses students’ cognitive, behavioral, and emotional problems, providing both teacher and parent perspectives (and, in the case of adolescents, a self-report as well)</td>
</tr>
<tr>
<td>Instrument</td>
<td>Publisher/Website</td>
<td>Age Range</td>
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<tr>
<td>Coopersmith Self-Esteem Inventory</td>
<td>W. H. Freeman &amp; Co.</td>
<td>All ages</td>
</tr>
<tr>
<td>Australian Scale for Aspergers’ Syndrome</td>
<td><a href="http://www.udel.edu/bkirby/asperger/aspergerscaleAttwood.html">http://www.udel.edu/bkirby/asperger/aspergerscaleAttwood.html</a></td>
<td>Assesses for Asperger’s Syndrome</td>
</tr>
<tr>
<td>Revised Children’s Manifest Anxiety Scale</td>
<td>Western Psychological Services</td>
<td>6 to 9 years of age</td>
</tr>
<tr>
<td>Vineland Adaptive Behavior</td>
<td>American Guidance Services <a href="http://agspearsonassessments.com/">http://agspearsonassessments.com/</a></td>
<td>Birth to 18 years of age</td>
</tr>
<tr>
<td>Scales of Independent Behavior</td>
<td>Riverside Publishing [website]</td>
<td>Infancy to 80 + years</td>
</tr>
<tr>
<td>Social Competence Scale</td>
<td>Child Development Project [website]</td>
<td>Measures students' assessment of their own social skills</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Instrument</td>
<td>Purpose and Format</td>
<td>Authors</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>Child Behavior Checklist</td>
<td>Screens for internalizing and externalizing emotional and behavioral problems</td>
<td>Achenbach (1979)</td>
</tr>
<tr>
<td>Semi-structured Clinical Interview for Children and Adolescents</td>
<td>Open-ended questions and tasks in eight area; includes observation form</td>
<td>McConaughy and Achenbach (1994)</td>
</tr>
<tr>
<td>Social Skills Rating System</td>
<td>Assesses social skills, problem behavior, and academic competence from the teacher, parent, and student perspective</td>
<td>Gresham and Elliot (1990)</td>
</tr>
<tr>
<td>Conner’s Rating Scales - Revised</td>
<td>Screening instrument with forms for teachers and parents to rate problem behaviors related to attention deficit and hyperactivity</td>
<td>Conners (1997)</td>
</tr>
<tr>
<td>Coopersmith Self-Esteem Inventory</td>
<td>Student self-report checklist to assess how child/youth feels about self</td>
<td>Coopersmith (1981)</td>
</tr>
<tr>
<td>Borba Self-Esteem Tally</td>
<td>Teacher rating scale to identify student needs for security, selfhood, affiliation, mission, and competence</td>
<td>Borba (1989)</td>
</tr>
<tr>
<td>Child’s Ecomap</td>
<td>Ecomap designed for use with children entering placement</td>
<td>Fahlberg (1991)</td>
</tr>
<tr>
<td>Child Sexual Behavior Inventory</td>
<td>Parent assessment of how frequently child engages in sexual behaviors</td>
<td>Faller (1993)</td>
</tr>
<tr>
<td>Recent Exposure to Violence</td>
<td>Questionnaire that asks children about violence experienced or witnessed</td>
<td>Singer et al. (1999); Flannery, Vazsonyi, Torquati, and Friedrich (1994)</td>
</tr>
<tr>
<td>Instrument</td>
<td>Purpose and Format</td>
<td>Authors</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Parental Monitoring Scale</td>
<td>Questionnaire to determine extent to which parent monitors child's whereabouts</td>
<td>Singer et al. (1999); Flannery et al. (1994)</td>
</tr>
<tr>
<td>Culturalgram</td>
<td>Ecomap-like tool to gauge impact of different aspects of culture on the family (e.g. reasons for immigration and language spoken in home)</td>
<td>Hardy and Laszloffy (1995)</td>
</tr>
<tr>
<td>Ecomap</td>
<td>Visually depicts relationships between the family and the outside world</td>
<td>Hartman (1994)</td>
</tr>
<tr>
<td>Genogram</td>
<td>Diagram constructed by worker and family to depict family relationships extended over the past few generations</td>
<td>Hartman (1994)</td>
</tr>
<tr>
<td>Social Network Map</td>
<td>Gathers information about size and composition of personal social network, types of support available, and quality of network relationships</td>
<td>Tracy &amp; Whittaker (1990)</td>
</tr>
<tr>
<td>School Success Profile</td>
<td>Survey instruments to collect information from students about schools, neighborhoods, families, peers, and physical and psychological well-being</td>
<td>Bowen, Woolley, Richman, and Bowen (2001)</td>
</tr>
<tr>
<td>Australian Scale for Asperger’s Syndrome</td>
<td>Rating scale to identify students at risk of Asperger’s Syndrome</td>
<td>Garnett and Attwood (1995)</td>
</tr>
<tr>
<td>Sexualized Behaviors Screening</td>
<td>Preschool through grade 4 - chart of behavior that is normal, or concern or needs professional assessment</td>
<td>Cavanaugh-Johnson (1999)</td>
</tr>
<tr>
<td>Burns Depression Checklist</td>
<td>Screening tools</td>
<td>Burns (1999)</td>
</tr>
<tr>
<td>Revised Children’s Manifest Anxiety Scale</td>
<td>Measures anxiety</td>
<td>Reynolds and Richmond (1985)</td>
</tr>
<tr>
<td>Burns Anxiety Inventory</td>
<td>Screening tool</td>
<td>Burns (1999)</td>
</tr>
<tr>
<td>Student Self-Concept Scale</td>
<td>Measures self-concept</td>
<td>Gresham, Elliot, and Evans-Fernandez (1992)</td>
</tr>
</tbody>
</table>
Understanding Children’s Mental Health Issues and the Impact on Learning and Everyday Functioning Training Series

Module 1: Introduction to Children’s Mental Health: An Overview of Anxiety, Depression, Attention and Behavior Disorders
   Stress, Fear and Anxiety
   Depression
   Attention and Behavior Disorders

Module 2: The Impact of Mental Health Disorders on Children’s Learning and Everyday Functioning
   Anxiety and Related Disorders
   Depression and Related Disorders
   Attention and Behavior Disorders

Module 3: Integrating Mental Health Supports and Services into Education Program Planning

Module 4: Developing a Continuum of Mental Health Supports and Services in Schools

Minnesota Department of Education Website:  http://education.state.mn.us/MDE/Learning_Support/Special_Education/Birth_to_Age_21_Programs_Services/Mental_Health/index.html

For more information please contact: Cindy Shevlin-woodcock
Interagency/Mental Health Specialist
651-582-8656
cindy.shevlin-woodcock@state.mn.us
Comprehensive List of Scope of Practices

Assessment and Screening

IEP Teams
Building Consultation Teams
Kindergarten Screening
Depression/suicide screening
Abuse and neglect screening
Alcohol and other drug screening (AOD)

Counseling and Support Groups

Educational support groups: AOD, anger management, social skills, divorce, etc.
Individual counseling and problem-solving
Services to pregnant and parenting teens

Crisis Intervention

Traumatic events
Family crisis
Safety
Suicidal ideation
Mandated reports of suspected child abuse or neglect

Home-School Collaboration

Home visits and telephone contacts
Parent education and support

Advocacy

Student access to school-and community-based services and instruction
Family assistance in finding and utilizing community resources
School and district roles with the greater community

Classroom Instruction

Protective behaviors, AOD and other areas dealing with safety, prevention, health promotion and asset-building

Partnerships with Community-based Organizations

Coordination of student transition to/from foster care, corrections, detention and residential treatment
Educational resources to community groups
Coordination of community resources with school services
Development and management of collaborative relationships with community groups
Coordination of community resources with school services
Development and management of collaborative relationships with community agencies
Referrals to community resources

**Services to School Staff**
Consultation and problem solving
Employee assistance and wellness
Staff development

**Program, Resources and Policy Development**
Curriculum
Attendance and truancy
Building and district crisis response
Programs and services to meet the needs of specific populations: Homeless/mobile students, school-age parents, ESL students and families, students of color and their families, GLBTQ students, etc.
School climate and environment
Harassment and nondiscrimination
Discipline, suspension and expulsion
Grant writing and management
Confidentiality and release of records

**Systems Change to Improve Learning and Support Services**
Within the school
Between the schools and the greater community
Understanding the Key Warning Signs of Mental Health Problems in Children and Adolescents Training Guidelines

Purpose for Training

To meet requirement for licensure renewal
To become better informed about issue

CEU Requirement: The statute does not state the number of CEU’s needed to meet the requirement. This is a decision by local re-licensure committees.

Background Information

SONAR (Statement of Need and Reasonableness)

Overview of Content of Training

What is the continuum of mental health and mental illnesses for children and adolescents?
What is the education professional’s role and responsibility for early identification?
Causes and etiology of mental health disorders
Normal development as a context for understanding
Key warning signs and symptoms (not exclusive but training should cover these specifically)
  - Depressed mood
  - Excessive fears and anxieties, irritability etc
  - Changes in behavior and performance (frequency, duration and intensity)
  - Impaired concentration and thinking
  - Suicidal gestures
  - Educational implications
  - Potential connection to substance use
Knowledge of next steps-knows options and provides examples of the processes and procedures at local level
Coordination of mental health services at local level
Partnering with parents/guardians-understanding the home/school connection
How do cultural variables fit into mental illness symptoms?
Confidentiality and privacy concerns

Learner Objectives

The participant will:
  - Define the concepts of mental health and mental illness
  - Be able to identify the key warning signs of mental health problems in children and youth
  - Understand the impact that a mental health problem has a child’s ability to learn and function in daily life
  - Know the process and procedures in your school for next steps.
  - Understand confidentiality and privacy policies
Qualifications of Trainers

Student Support Services personnel that are trained in children's mental health issues. Interagency/community-based mental health professionals that work with children and adolescents. Parents from nonprofit organizations that have been trained and are knowledgeable about mental illness and treatment options.

Numerous training materials and resources are available on the MDE website: http://education.state.mn.us/mde/index.html ->Learning Supports -> Special Education ->Mental Health -> Mental Health Resources

November 22, 2005
Position Statement
School Social Workers and Confidentiality
School Social Work Association of America
Adopted March 15, 2001

Introduction

Standards of practice for school social workers require that “adequate safeguards for the privacy and confidentiality of information” be maintained. Confidentiality is an underlying principle of school social work and is essential to the establishment of an atmosphere of confidence and trust between the professionals and the individuals they serve.

Information is communicated to school social workers by students and families with the expectation that these communications will remain confidential. An assurance of confidentiality promotes the free disclosure of information necessary for effective treatment.

Ethical and Legal Responsibilities

Direct Services: Providing services to students in the school setting requires a careful balance between legal and ethical responsibilities. School social workers must be conversant with federal, state, and local laws and policies governing confidentiality. School social workers must follow the guidelines established by the state and school district in which they work, recognizing that those guidelines may differ from those governing private practice.

Most states recognize that communications between social worker and client are privileged; however, this privilege is not absolute. School social workers as members of a team of professionals may be confronted with situations where disclosure of information is critical to providing assistance to the student and family. It is the school social worker’s obligation to obtain informed consent, i.e., explain the limitations on confidentiality to the student and family, prior to service delivery.

Information should be shared with other school personnel only on a need-to-know basis and only for compelling professional reasons. Prior to sharing confidential information, school social workers should evaluate the responsibility to and the welfare of the student. The responsibility to maintain confidentiality also must be weighed against the responsibility to the family and the school community. However, the focus should always be on what is best for the student.

School social workers must be conversant with affirmative reporting requirements. All states now require school professionals to report suspected cases of child abuse and neglect. School social workers should be aware of school board policies and should ensure that such policies safeguard confidentiality of the reporting individual.

School social workers should familiarize themselves with school board policies and state and local laws governing reporting requirements for students who are HIV-positive or have AIDS. School social workers should also be aware of state statutes providing confidentiality to minor students who seek treatment for sexually transmitted diseases, information about and access to birth control, and pregnancy-related health care and counseling.
Therapists, including social workers, are under an affirmative duty to warn if there is a clear and present danger to the student or another identifiable individual. The social worker must warn any individual threatened by the student and must take steps to ensure the safety of a student who threatens suicide.

In all instances, school social workers must weigh the consequences of sharing information and must assume responsibility for their decisions.

**Written Material:** School social workers must be conversant with federal, state, and local laws and policies regarding confidentiality of and access to education records. Education records are all records which contain information directly related to a student and which are maintained by the educational agency or institution. Parents have the right to inspect and review education records. Social workers’ personal notes kept for use by only those individuals are not considered education records and are confidential.

School social workers should inform students and parents that information gathered under the individualized education program (IEP) process may be shared with all members of the IEP team. The team, which includes other school personnel and the parents, may use the social history compiled by the school social worker in making decisions about the student’s educational program and placement.

Documents maintained on a computer become education records if shared orally with another staff person. Sole possession records maintained on a computer are not considered part of the education record and are confidential. School social workers should also be aware that other staff members or computer technicians may have access to school-owned equipment. Saving sole possession records to an individual diskette and securing that diskette may provide greater assurance of confidentiality.

Confidential reports should be transmitted by facsimile only when absolutely necessary. Such reports should include a notation indicating that the material is confidential and is for professional use by only the designated recipient. The notation should also indicate that review, dissemination, distribution, or copying of the facsimile is prohibited.

**Conclusion**

The school social worker must carefully weigh the decision whether to preserve the confidentiality of information or to share the information, using the best interests of the student as a guide. Those decisions must be informed by federal, state, and local laws and policies, as well as the professional ethics of the school social worker.

**Endnotes**


3. Privileged communications are statements made by persons in a protected relationship,
which are legally protected from disclosure on the witness stand. The privilege is exercised by
the client, and the extent of the privilege is governed by state statutes. H.C. Black, Black’s Law

4. NASW Position Statement.


6. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; Individuals

7. IDEA, § 1412(a)(4).

html

Approved March 15, 2001
Confidentiality Checklist

[ ] I have clarified my own personal and professional values.

[ ] I have identified the primary stakeholders in the ethical issues.

[ ] I have identified the primary competing values.

[ ] I regularly provide ethical orientation to new clients.

[ ] I obtain informed consent (and informed assent) to treatment.

[ ] I have identified several courses of action.

[ ] I obtain clinical consultation about difficult issues.

[ ] I obtain legal advice about difficult issues.

[ ] I am familiar with the laws regarding the treatment and rights of minors.

[ ] I carefully consider the clinical implications.

[ ] I make sure the decision is impartial, generalizable and justifiable.

[ ] I review and document the process of decision-making.

[ ] I always keep my personal written notes in a locked file cabinet.

[ ] I always use a computer password to protect private electronic files.

[ ] I always write public documents in clear, unoffensive language.

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