School Social Workers

The Vital Link

School Social Work Practice Guide

Wisconsin Department of Public Instruction

Elizabeth Burmaster, State Superintendent
SCHOOL SOCIAL WORK 
PRACTICE GUIDE 

October 2006 

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Department of Public Instruction 
Madison, Wisconsin
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The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.
Forward

The Department of Public Instruction is pleased to offer the Wisconsin School Social Work Practice Guide as a means to help improve and raise awareness of school social work practice. School social workers are trained to utilize a strength-based, ecological approach that views clients and organizations as parts of systems. The functioning of and relationships within and between systems are enhanced to help students be more successful.

School social workers help students successfully address barriers to learning through:

1. assessment and screening,
2. counseling and support groups,
3. crisis intervention,
4. home-school collaboration,
5. advocacy,
6. classroom instruction,
7. partnerships with community-based organizations,
8. services to school staff,
9. program, resource & policy development, and
10. systems change to improve learning and support services.

Outcomes for students related to school social work services are increased achievement, safety, attendance, social-behavioral competency, and parent and community involvement.

This publication has been designed to be a “fluid” document. That is, it will be updated, as needed, to keep the information within it current. By using a “3-hole punched” format, school social workers may add additional items of their own choice to make the Guide a real asset to their professional practice. In the future, updates will be posted on the School Social Work home page on the Department of Public Instruction website and will be available for download at dpi.wi.gov/sspw/socialwork.html.

Feedback on this publication should be directed to Nic Dibble, Education Consultant, School Social Work Services, Department of Public Instruction, at nic.dibble@dpi.state.wi.us or (608) 266-0963.
Acknowledgments

There are many people and organizations who contributed to the development of the 2006 Wisconsin School Social Work Practice Guide.

The Michigan Association of School Social Workers (MASSW) developed an earlier guide of their own and shared a copy to serve as a model for Wisconsin’s guide.

The Wisconsin School Social Work Association (WSSWA) recruited volunteers to help review and select the resources to be included in the Practice Guide. Participating school social workers included Nichole Grube, Jacqie Harding, Jacquelyn Jackson, Cathy Klein, Norm McLure, Mary E. H. Paulson, Murrene Payton, Paula Phillips Bell, Kim Rivera-Kloeppel, Kendra Vandertie, and Nancy Young. In addition, the WSSWA Board granted permission to use the association’s logo for the cover of the Practice Guide.

Thanks to the following organizations for contributing the materials noted below for the Wisconsin School Social Work Practice Guide:

- The resolution on school social worker-student ratio from the School Social Work Association of America (SSWAA).
- The article entitled “A Lifeline for Troubled Students” from the American School Board Journal.
- From here in Wisconsin - One or more of their local resources from the Appleton Area, Beloit, Green Bay Area, Janesville, Madison Metropolitan, Manitowoc, Milwaukee, and West Bend School Districts.
- From other parts of the country – One or more resources from the Cleveland Heights-University Heights City School District in Ohio, the Pinellas County School District in Florida, and the state of North Carolina.

Special gratitude is extended to Lynn Au who was primarily responsible for a number of the sections of the Practice Guide, including the parts on assessment, most of the annotated articles, and the School Social Work Survey Report.

Nic Dibble, CSSW, CISW
Education Consultant
School Social Work Services
Department of Public Instruction
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• Performance Evaluations
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• Report Forms
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• DPI Publications
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  * Sharing Information Across Systems
  * Confidential Services Available to Youth in Wisconsin
  * Reporting Requirements for Sexually Active Adolescents: Suggested Procedures, Definitions, Available Resources & Statutes
  * Wisconsin Resources for Teen Parents
  * My Child’s Been Expelled …. Now What?
  * Answers to Frequently Asked Questions About School Attendance
* Educational Services for Children Placed in Out-of-Home Care
* Homebound Instruction: A Question & Answer Document for School Districts

School-Based Youth Suicide Prevention (on CD-ROM)
- Classroom Materials
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- Suicide Prevention
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- Dating Violence
How to Use This Guide

The purpose of the Wisconsin School Social Work Practice Guide is to improve school social work professional practice. The information below is to help the reader better understand how to use the information in this Guide.

School Social Work Roles

The services school social workers are qualified to provide are briefly and generally delineated in the outline entitled *School Social Work Roles*. This outline can serve as a handout to explain the range of school social work services.

The 2004-05 *School Social Work Survey Report* summarizes the current state of school social work practice in Wisconsin.

Certification & Continuing Education

In order to practice school social work in Wisconsin, an individual must meet requirements delineated in PI 34 and possess school social work certification through the Wisconsin Department of Public Instruction (DPI). These requirements are summarized in the document *Wisconsin Requirements for School Social Workers*.

In addition to being certified as a school social worker through DPI, many Wisconsin school social workers are also certified or licensed through the Wisconsin Department of Regulation and Licensing (DRL) to practice social work in a community setting. The two certifications have different continuing education requirements. These requirements are summarized in the document *Continuing Education Requirements – School Social Workers and Social Workers*.

Any school social worker receiving initial DPI certification after June 2004 must create and complete a professional development plan (PDP) every five years in order to receive continuing certification. Any school social worker who received initial DPI certification before June 2004 may choose the PDP option or complete at least six credits every five years. A sample PDP for a school social worker is included in this section. Resources to assist with development of a PDP are available at dpi.wi.gov/tepdl/pdp.html.

Ethics

All social workers, including school social workers, are held to a standard of ethical professional conduct that is delineated in the *Code of Ethics* approved and maintained by the National Association of Social Workers (NASW). A copy of the *Code of Ethics* is reprinted in this Guide with the permission of NASW.

It is common for social workers to occasionally encounter difficult ethical choices in their professional practice. That is, available courses of action may require a social worker to give more weight to one ethical standard over another. Under these circumstances, it is critical that a social worker be able to justify her/his course of action. The document *Ethical Decision-Making*
**Process for Helping Professions** is included to help social workers work through these ethical dilemmas.

Training in ethics and professional boundaries designed specifically for school social workers is available upon request by contacting Nic Dibble, Consultant, School Social Work Services, Department of Public Instruction, at (608) 266-0963 or nic.dibble@dpi.state.wi.us.

**School Social Work Associations**

There are a number of state, regional and national social work professional associations. These professional associations are membership organizations that exist because social workers choose to join them, i.e., they are sustained by the membership dues paid. The associations provide a variety of membership benefits, but most important is their promotion and support of the profession of school social work. One of the expectations in the NASW Code of Ethics is to join and support a professional social work association. Contact information is included for each of these organizations.

**School Social Work and Related Services as Delineated within Federal Law**

Both the No Child Left Behind (NCLB) Act and the Individuals with Disabilities Education Improvement (IDEA) Act make specific references to school social work and related services, all of which are listed in this summary. Included in the Elementary School Counseling Act, which is part of NCLB, are recommendations for student-staff ratios for school social workers and other pupil services professionals.

**School Social Work Resources (hard-copy)**

This section provides a variety of resources specific to school social work practice, including standards of practice, revenues, outcome evaluation, staff-student ratio recommendations, and an article from the American School Board Journal.

**Liability Protection**

This document summarizes the current immunity from liability for school social workers and other educators in the law and provides practical suggestions to help reduce liability risk.

**Special Education**

Most school social workers in Wisconsin spend a significant amount of time working in the area of special education. The Special Education Team in the Department of Public Instruction maintains a website with an exceptional collection of information and resources. In order to make it easier to find what an educator is seeking, an alphabetical index has been established with electronic links to each topic.
Assessment

This section summarizes the qualifications necessary to administer and interpret different assessment tools used in schools. Common behavioral and adaptive tools used by school social workers are described.

Disorders Commonly Diagnosed Among Children & Adolescents

This table lists disorders that are commonly diagnosed in children and adolescents and the evidence-based strategies for each.

Crisis

A number of brief resources from A Practical Guide for Crisis Response in Our Schools are reprinted with permission and included in this Guide. These resources cover suggestions for helping children following a tragedy, teacher guidelines, a checklist for early warning signs of violent behavior, and a guidance document for safety plans.

Homeless Education

One of the new provisions of the reauthorized Elementary and Secondary Education Act, i.e., No Child Left Behind, is the requirement to provide educational services to students who are homeless. School social workers are ideally suited to coordinate the services to these students and their families. This section of the Guide describes the requirements of the McKinney-Vento Homeless Assistance Act and provides suggestions on how to help educate homeless students.

Critical Statutes for School Social Workers to Access

School social workers are often looked to by school administrators and teachers for guidance regarding what state and federal laws require and allow school districts to do. A list of statutes commonly associated with school social work practice is provided, as well as how to access these statutes.

Websites (that every Wisconsin school social worker should have bookmarked)

The wealth of information available electronically through the Internet can be overwhelming and it continues to grow. This section of the Guide shares quality websites in areas commonly associated with school social work practice. For school social workers involved in providing special education services, it is especially important to become familiar with the home page of the Special Education Team at the Department of Public Instruction. This website provides valuable and specific information and technical assistance to all educators that provide referral, assessment and IEP Team services.
Annotated Articles

A variety of articles dealing with different aspects of school social work have been summarized to share the critical points that influence professional practice. If you are interested in reading one or more of the articles in its/their entirety and do not subscribe to the applicable journal, you may wish to contact school social work colleagues to borrow the journal to read.

School Social Work Resources (on CD-ROM)

This CD-ROM includes a variety of samples, including job descriptions, performance evaluations, and report forms. There is also information on assessment tools.

School administrators and teachers often look to school social workers for guidance in a variety of areas, including but not limited to, student records and confidentiality, school attendance and truancy, school and family crises, and connections between the school and community systems, e.g., human services, law enforcement and the juvenile justice system. This CD-ROM includes a variety of DPI publications that address these issues and provide guidance to school districts.

Note: Be sure to click on “all files.” While most are Word documents, some are in “pdf” or “rtf” formats.

School-Based Youth Suicide Prevention (on CD-ROM)

This resource has been updated since the original School Social Work Practice Guide was produced. Most notably, the PowerPoint presentation has been expanded greatly and includes the most currently available data regarding youth suicide in Wisconsin.

Units of Instruction on Mental Illness (on CD-ROM)

School social workers may be expected to provide small group and/or classroom instruction to promote safety and health and prevent risk-taking behaviors. This CD-ROM includes units of instruction on the following prevention topics: dating violence, mental illness, bullying, and suicide.

Feedback on the School Social Work Practice Guide

A feedback form is included at the end of the Guide. Taking the time to share your thoughts and opinions will help to improve future editions of the Guide.
School Social Work Roles

Social workers are trained to utilize a strength-based, ecological approach that views clients and organizations as parts of systems. The functioning of and relationships within and between systems are enhanced to improve people’s lives. The outcomes for students related to school social work services are increased achievement, safety, attendance, social-behavioral competency, and parent and community involvement. Unlike the vast majority of school staff, school social workers are not trained in a specific field of education. Rather, they are trained primarily and most importantly as masters-level social workers. However, just as high school teachers choose to specialize in a particular subject area, school social workers choose to concentrate their preparation on professional practice within the PreK-12 educational setting.

“The mission of school social work is to assure academic success, educational equity, and social justice for every student by reducing or eliminating the social, economic, and environmental barriers that may interfere with a student’s ability to maximally benefit from his/her education. Special emphasis is placed on students who live in poverty, belong to other disenfranchised groups, and/or whose families are in crisis.” Draft: Wisconsin School Social Work Standards and Practice Committee, 1998

The school social work roles listed below are best provided within the context of an organized pupil services model as part of a locally designed and sanctioned comprehensive school health program. This list is not exhaustive but represents a range of services that may be provided by school social workers. More detailed information about the services provided by Wisconsin school social workers is available from the Wisconsin School Social Worker Survey.

Assessment & Screening

- IEP Teams
- Building Consultation Teams
- Kindergarten screening
- Depression/suicide screening
- Abuse & neglect screening
- AOD screening

Counseling & Support Groups

- Educational support groups: AOD, anger management, social skills, divorce, etc.
- Individual counseling & problem-solving
- Services to pregnant and parenting teens

Classroom Instruction

- Protective behaviors, AOD and other areas dealing with safety, prevention, health promotion, and asset-building
Crisis Intervention

- Traumatic events
- Family crisis
- Safety
- Suicidal ideation
- Mandated reports of suspected child abuse or neglect

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

Home-School Collaboration

- Home visits and telephone contacts
- Parent education and support

Partnerships with Community-Based Organizations

- Coordination of student transition to/from foster care, corrections, detention, and residential treatment
- Educational resource to 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
- Team facilitation

Program, Resource & 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 & Support Services

• Within the school
• Between the schools and the greater community
Introduction

School social work practice has undergone numerous changes since its inception in the early 1900’s. School social workers have gone from being “visiting teachers” to focusing on social casework to a broad range of areas, including mental health, AODA, attendance, school age parents, school violence, and students with disabilities (Allen-Meares, 2004).

There is little research that further examines the tasks that school social workers perform and the amount of time spent on these tasks. Most studies that investigate the roles and responsibilities of school social workers were completed between the late 1960’s to late 1970’s. However, one recent study looked at the roles and responsibilities of school social workers, school psychologists, and school counselors. Agresta (2004) reported in her national study that school social workers spent at least 10% of their time on the following roles:

- Individual Counseling – 17.45%
- Administrator and Teacher Consultation – 11.26%
- Group Counseling – 10.28%

The school social workers that participated in Agresta’s study were asked to report the actual amount of time spent on different activities and the ideal amount of time they would like to spend on activities. The school social workers indicated they would like to spend more time on individual and group counseling and less time on administrator and teacher consultation.

In a different national study, Allen-Meares (1994) asked school social workers to indicate the level of importance of different tasks for entry-level school social workers, how often the task was performed, and if the task was mandated, preferred, or both. Five job dimensions emerged as being important by grouping together common tasks. The rank order for these five dimensions is:

1. Administrative and Professional Tasks
2. Home-School Liaison
3. Educational Counseling with Children
4. Facilitating and Advocating Families’ Use of Community Resources
5. Leadership and Policy-Making

Staudt (1991) performed a study of role perception of school social work practice in Iowa. She had school social workers, principals, and special education teachers report the amount of time the school social worker spent on a task. Six tasks were seen as being provided most frequently:

- Assessments
- Special Education
- Liaison Services
- Individual Consultation
- Referrals
- Crisis Intervention
While there are numerous descriptions of what services school social workers are qualified to deliver, there is limited recent research on the actual roles and responsibilities of school social workers. In order to better understand school social work practice in Wisconsin and how it may be changing over time, the Wisconsin School Social Work Survey was created and has been implemented triennially.

**Methods**

The Wisconsin School Social Work Survey was designed to identify 1) what content areas of responsibility Wisconsin school social workers are involved in, and 2) what professional strategies and programs they are using to address these content areas of responsibility. Content areas of responsibility on the survey fall into one or more of the following categories:

- Families
- Disabilities
- School-wide issues, e.g., school climate/environment, resiliency/protective assets, cultural competency/race issues
- Specific groups, e.g., students with disabilities, truants, dropouts, adjudicated delinquents, school age parents
- Violence prevention/response
- Discipline/legal issues

Professional strategies and programs fall into one or more of the categories identified by the Wisconsin Pupil Services Role Delineation Project:*

- Assessment, screening, and evaluation
- Individual and small group services for students
- Home-school collaboration
- Classroom instruction
- Collaboration and partnerships with community-based systems
- Services for staff
- Program and resource development, management, and evaluation
- Systems change and policy

The survey was administered three separate times during the 1998-99, 2001-02, and 2004-05 schools years through a cooperative effort of the Wisconsin School Social Work Association (WSSWA) and the Department of Public Instruction (DPI).

In 1998-99, the survey was only available in hard-copy and provided during meetings of school social workers to be completed and returned during these meetings. It is uncertain how many school social workers were reached through this method, but 146 school social workers participated.

*The Wisconsin Pupil Services Role Delineation Project is a collaborative effort to identify the roles of school counselors, nurses, psychologists, and social workers.*
The 2001-02 survey was emailed to a DPI email group as an attachment and respondents were responsible for mailing in the completed survey. The DPI email group is a voluntary list used to disseminate information that may be of interest to school social workers. The 2001-02 survey was likely to have reached more school social workers than the 1998-99 survey, because of the electronic dissemination, which resulted in a significantly higher number of school social workers participating (226).

The 2004-05 survey was available electronically on DPI’s website from September 2004 to February 2005. School social workers learned about the survey through correspondence to two school social work email groups. One group is operated by WSSWA and the other is the DPI email group from the 2001-02 survey. The WSSWA email group is a voluntary list for any member of the association who would like to receive information that may be of interest to them. Emails were sent three times over the six month period at approximate two-month intervals. The survey was also promoted at various school social worker meetings across the state during the first semester of the 2004-05 school year. Between direct emailing and forwarding of emails through the two email groups mentioned above, the 2004-05 survey likely reached in excess of 90% of the school social workers in Wisconsin.

The survey utilized a census sample that paralleled the distribution of school social workers in the different Cooperative Educational Service Agencies (CESAs) in Wisconsin (see Table 1). The response rates are provided in Table 2. There are 137 school districts in Wisconsin that offer school social work services and of these, 82 school districts (60%) participated in the survey. School social work services are not available in 289 school districts in Wisconsin.

Table 1. Distribution of School Social Workers by CESA

<table>
<thead>
<tr>
<th>CESA</th>
<th>No. of Respondents in 2004-05</th>
<th>Approximate % of Sample</th>
<th>Total No. of School Social Workers in the CESA during 2004-05</th>
<th>Overall % of School Social Workers during 2004-05</th>
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Table 2. Number of School Social Workers Who Participated

<table>
<thead>
<tr>
<th>No. of School Social Workers that Participated</th>
<th>Approximate No. asked to Participate</th>
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<td>1998-99</td>
<td>146</td>
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<td>2001-02</td>
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<tr>
<td>2004-05</td>
<td>276</td>
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</tbody>
</table>

XX = Data not available.

In 2001-02, the survey was modified to also ask the respondents the grade levels at which they work. Responses are provided in Table 3 for the 2001-02 and 2004-05 survey. The total number of responses is greater than the total number of respondents, because most school social workers reported working with multiple grade levels.

Table 3. Grade-Levels at which School Social Workers Work

<table>
<thead>
<tr>
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<th>3-5</th>
<th>6-8</th>
<th>9-12</th>
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<tbody>
<tr>
<td>2001-02</td>
<td>139</td>
<td>149</td>
<td>100</td>
<td>92</td>
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<td>2004-05</td>
<td>174</td>
<td>189</td>
<td>131</td>
<td>116</td>
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</table>

The survey gathered information in two areas: 1) content areas of responsibility, e.g., AODA, special education, discipline, etc., and 2) strategies and programs that school social workers utilize, e.g., consultation, advocacy, individual counseling, etc. For both areas, school social workers were asked to indicate how much time they devote to each item on the survey using the following scale:

1. High – indicating involvement at least a few times weekly
2. Medium – indicating involvement at least once weekly
3. Low – indicating involvement at least once monthly
4. Infrequent – indicating involvement less than monthly
5. Not at all

The option for infrequent was added to the 2001-02 survey, so is only available for the 2001-02 and 2004-05 surveys.

Results – Content Areas of Responsibility

There were some differences across the three surveys in regards to the content areas of responsibility on which school social workers spend the most time. The rankings for areas of responsibility also changed slightly (see Appendix A). The percentage scores in Appendix A are added percentages of school social workers who ranked involvement in the responsibility/content area as either high (at least a few times weekly) or medium (at least once weekly).
The totals of the percentages of school social workers indicating high or medium frequency of involvement in the content areas of responsibility decreased 5% or more on eight of 34 items in comparison to the 1998-99 survey (Table 4). Survey participants reported a particularly large reduction (20%) in time spent in the area of Children At Risk. These areas fall into four of the categories delineated earlier on in this report:

- Specific groups,
- Families,
- School-wide issues, and
- Violence prevention/response.

**Table 4. Areas of Responsibility that Showed at least 5% Decrease in Time Reported**

<table>
<thead>
<tr>
<th>Responsibility/Content Area</th>
<th>% in 1998-99</th>
<th>% in 2004-05</th>
<th>% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children At Risk</td>
<td>91</td>
<td>71</td>
<td>20</td>
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<tr>
<td>Juvenile Delinquency</td>
<td>52</td>
<td>42</td>
<td>10</td>
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<tr>
<td>Child Abuse &amp; Neglect</td>
<td>69</td>
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<tr>
<td>Human Growth &amp; Development</td>
<td>26</td>
<td>18</td>
<td>8</td>
</tr>
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<td>AODA</td>
<td>57</td>
<td>50</td>
<td>7</td>
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<tr>
<td>School Age Parents</td>
<td>26</td>
<td>19</td>
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</tr>
<tr>
<td>W-2</td>
<td>24</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Parent-Child Relationships</td>
<td>91</td>
<td>85</td>
<td>6</td>
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</table>

The totals of the percentages of school social workers indicating high or medium frequency of involvement in the content areas of responsibility increased 5% or more on six of 34 items in comparison to the 1998-99 survey (Table 5). Survey participants reported a particularly large increase (21%) in time spent in the area of homelessness. These areas fall into the same categories as identified above for the content areas of responsibility that indicated a decreased frequency of involvement, i.e., 1) specific groups, 2) families, 3) school-wide issues, and 4) violence prevention/response.

**Table 5. Areas of Responsibility that Showed at least 5% Increase in Time Reported**

<table>
<thead>
<tr>
<th>Responsibility/Content Area</th>
<th>% in 1998-99</th>
<th>% in 2004-05</th>
<th>% Increase</th>
</tr>
</thead>
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<tr>
<td>Homelessness</td>
<td>21</td>
<td>42</td>
<td>21</td>
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<tr>
<td>Antivictim Education/Protective Behavior</td>
<td>39</td>
<td>47</td>
<td>8</td>
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<td>Suicide Prevention</td>
<td>25</td>
<td>32</td>
<td>7</td>
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<tr>
<td>Basic Human Needs</td>
<td>71*</td>
<td>77</td>
<td>6</td>
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<td>Resiliency/Protective Assets</td>
<td>55</td>
<td>61</td>
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<td>Bilingual/Bicultural/ESL</td>
<td>24</td>
<td>29</td>
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</tbody>
</table>

* This figure comes from the 2001-02 survey. This item was not on the 1998-99 survey.
Results – Strategies and Programs

There was little difference among the three surveys relative to the strategies and programs used most frequently by school social workers. The order of the rankings for strategies changed little (see Appendix B). The percentage scores in Appendix B are added percentages of school social workers who ranked frequency of involvement in the strategy/program as either high (at least a few times weekly) or medium (at least once weekly).

The totals of the percentages of school social workers indicating high or medium frequency of involvement in the strategies and programs decreased on one of 37 items, i.e., supervision of school social work students, while increases were reported on 17 of 37 items. The professional strategies and programs that showed increased frequency of involvement of at least 5% are shown in Table 6. These areas fall into six categories delineated earlier in this report, with the first category being most heavily represented:

1. Individual and small group services for students,
2. Assessment, screening, and evaluation,
3. Services for staff,
4. Classroom instruction,
5. Systems change and policy, and
6. Program and resource development, management and evaluation.

Table 6. Strategies & Programs that Showed at least 5% Increase in Time Reported

<table>
<thead>
<tr>
<th>Strategy or Program</th>
<th>% in 1998-99</th>
<th>% in 2004-05</th>
<th>% Increase</th>
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</thead>
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<td>39</td>
<td>51</td>
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<td>68</td>
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<td>Classroom Instruction</td>
<td>18</td>
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<td>16</td>
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<td>85</td>
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<td>11</td>
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<td>75</td>
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<td>47</td>
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<td>6</td>
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<tr>
<td>Before/After/Summer School Programs</td>
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<td>80</td>
<td>85</td>
<td>5</td>
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<tr>
<td>Grant Writing/Management</td>
<td>7</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Employee Wellness Program</td>
<td>4</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

There were several strategies and programs that increased significantly in terms of proportions. The following strategies and programs nearly doubled the amount of involvement from 1998-99 to 2004-05:
• Classroom instruction
• Staff development/training/inservices
• Policy development
• Grant-writing/management
• Employee wellness program

While the percentage of school social workers indicating a high or medium level of involvement in employee wellness programs did increase, it should be noted that over half of the school social workers said they were not involved at all with employee wellness programs.

While some strategies and programs tend to have lower frequencies of school social worker involvement, it should be noted that the 2004-05 survey results indicated a high percentage of overall school social work involvement in some of these areas. For example, more than half of the school social workers reported being involved in grant writing/management. Over 75% of school social workers said they were involved with policy development and nearly two-thirds reported being involved with research.

There appears to be some evidence that Wisconsin school social workers are devoting more time to teaming activities. On the 2004-05 survey, 86% of respondents indicated at least monthly involvement with building consultation teams (compared to 76% in 1998-99), 78% of respondents indicated at least monthly involvement with pupil services teams (compared to 75% in 1998-99), and 62% of respondents indicated at least monthly involvement in intradistrict collaboration (compared to 54% in 1998-99).

A majority of respondents (84.4%) rated special education as high or medium in frequency. Almost all of the participants said they were involved in special education to some extent. For the 2004-05 survey, respondents were asked to indicate the amount of time they spent working on activities related to special education. Respondents were able to fill in a value from 0-100%. The mean percentage of time spent working on activities related to special education was 44.1%.

**Discussion**

There are numerous explanations for the changes in involvement across the broad range of responsibilities and the use of strategies and programs. Allen-Meares (1994) suggested numerous factors, especially those that are beyond the control of the school social worker, that impact his/her practice. Some of these factors included large caseloads, multibuilding assignments, and not enough school social workers to address needs.

In addition to the school system related factors mentioned above, there exist external factors that may have an impact on school social work practice. Different state and federal policies may affect the responsibilities and caseload of school social workers. For example, the increased focus on homelessness may be due to legislation that was passed since the 1998-99 survey. The McKinney-Vento Act’s reauthorization in Title X Part C of the No Child Left Behind Act of 2001 requires schools to ensure that each homeless child and youth has equal access to the same free, appropriate public education, including a public preschool education, as other children and youth.
The law also requires that each local education agency have a local liaison for homeless children and youth. The responsibilities of the local liaison closely match the skills of a school social worker, so it is understandable that the level of involvement in homelessness issues is increasing for Wisconsin school social workers since school social work may be the most appropriate profession to fill that role. Due to school social workers’ increased responsibilities in this area, it is important to ensure that they are familiar with the new requirements of the McKinney-Vento Act and the local resources for families who are facing homelessness.

The increase in school social workers’ involvement with before/after/summer school programs may be due to increased federal spending and commitment towards 21st Century Community Learning Centers since the 1998-99 survey. The program was re-authorized under Title IV, Part B, of the No Child Left Behind Act. The 21st Century Community Learning Centers are an opportunity for students and their families to continue to learn new skills and discover new abilities after the school day has ended. School social workers have effective skills working as a liaison between the school, family, and community.

The decrease in school social workers’ involvement with school age parents may be related to the reduction in teen births, which began back in the early 1990’s and continues.

Conclusion

There are several limitations to this study. The use of a self-reported survey may not truly reflect the amount of time spent on the different responsibilities and strategies that school social workers use. It is important to note that frequency of involvement does not necessarily represent level of involvement, amount of time on task, or importance of the task. There are some responsibility areas that may require more time to complete, therefore less frequent involvement. Additionally, some areas have low incidence rates, which would determine the frequency of involvement. Future research could use the self-report survey along with surveys completed by others who would be able to fully evaluate school social workers, e.g., school administrators, other pupil services professionals, etc., along with measures that accurately measure level of involvement and time on task. Additionally, these results are not generalizable beyond the study’s sample.

There are also several implications from the results of the study. One area of concern is the 20% decrease in school social workers’ involvement with children at risk. The number of children considered at risk has been increasing in the state. Based upon anecdotal data from site visits, it appears that these students are being handled more by administrative staff than pupil services staff, which may indicate a decrease in measures to support these students. School social workers should remain involved (and advocate for increased involvement) in working with children at risk due to their unique skills and training.

Another implication for practice is the result of the large increases in school social work involvement (in terms of proportions) for the following five areas:

- Classroom instruction
- Staff development/training/inservices
• Policy development
• Grant writing/management
• Employee wellness program

The large increase in terms of proportions may indicate emerging areas in which school social workers are expected to be involved. This can inform pre-service training programs to better prepare students to meet these new expectations. These findings should also be incorporated into continuing professional development trainings put forth by DPI, WSSWA, and other organizations.

The results of the survey can be applied in other ways, as well. For example, the results can inform the Wisconsin School Social Work Content Guidelines that guide the educational experiences of school social work students provided by the state’s graduate social work programs. In order to ensure that newly certified school social workers are properly prepared to fulfill the roles and responsibilities expected of Wisconsin school social workers, there should be a high degree of alignment or congruence between the survey results and the Content Guidelines. A comparison indicates that does appear to be the case.

It is apparent the valuable roles that school social workers play in providing comprehensive pupil services. School districts that do not employ school social workers may consider the advantages of adding these services for students and families. The information provided in this report can inform school district officials about the valuable services provided by Wisconsin school social workers.

In summary, school social workers in Wisconsin generally continue to report involvement in the same wide range of areas of responsibility and an increased utilization of professional strategies and programs in their work in 2004-05 compared to 1998-99.

Questions about school social work practice in Wisconsin can be directed to Nic Dibble, Education Consultant, School Social Work Services, Wisconsin Department of Public Instruction, at (608) 266-0963 or nic.dibble@dpi.state.wi.us.

References


## Appendix A. Content Areas of Responsibility

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<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
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<td>Rank</td>
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<td>Attendance/Truancy/Dropouts</td>
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<td>Family Trauma/Change</td>
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<td>School Climate/Environment</td>
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<tr>
<td>Discipline</td>
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<td>Safety/Violence Prevention</td>
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<td>Cultural Competency/Race Issues</td>
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N/A = The responsibility was not part of the list during that year.
## Appendix B. Strategies and Programs

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<th>Strategies &amp; Programs</th>
<th>2004-05 Rank</th>
<th>% Score</th>
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N/A = The strategy was not part of the list during that year.
Wisconsin Requirements for School Social Workers

In order to work in Wisconsin public schools as a school social worker, it is necessary for the individual to be certified as a school social worker by the Department of Public Instruction. Certification requires a master’s degree in social work and a statement from a DPI-approved school social work preparation program that the candidate has met all necessary requirements as delineated in PI 34.

PI 34.31 Pupil services categories. Licenses may be issued in the following pupil services categories at the early childhood through adolescence level to individuals who complete an approved program, demonstrate proficiency in the standards in PI 34.04 and meet the additional requirements under this subchapter. Specific competencies for the separate license categories shall be determined by the state superintendent based on the recommendations made by the professional standards council under s. 115.425, Stats.

(4) SCHOOL SOCIAL WORKER.

(a) A license may be issued to an applicant who has obtained an institutional endorsement and has completed or possesses all of the following:

1. A master's degree in social work.
2. Institutional endorsement.

Candidates from other states can receive a 2-year certification (allowing them time to complete any Wisconsin-specific requirements they may still need), if they have a master’s degree in social work and school social work certification from another state.

Candidates for any of the four pupil services professions (school counseling, nursing, psychology, and social work) must demonstrate the adequate knowledge, skills, and dispositions under the seven pupil services standards.

PI 34.04 Pupil services standards. To receive a license in a pupil services category under s. PI 34.31, an applicant shall complete an approved program and demonstrate proficient performance in the knowledge, skills and dispositions under all of the following standards:

(1) The pupil services professional understands the teacher standards under s. PI 34.02.

(2) The pupil services professional understands the complexities of learning and knowledge of comprehensive, coordinated practice strategies that support pupil learning, health, safety and development.

(3) The pupil services professional has the ability to use research, research methods and knowledge about issues and trends to improve practice in schools and classrooms.

(4) The pupil services professional understands and represents professional ethics and social behaviors appropriate for school and community.

(5) The pupil services professional understands the organization, development, management and content of collaborative and mutually supportive pupil services programs within educational settings.

(6) The pupil services professional is able to address comprehensively the wide range of social, emotional, behavioral and physical issues and circumstances which may limit pupils’ abilities to achieve positive learning outcomes through development, implementation and evaluation of system-wide interventions and strategies.
(7) The pupil services professional interacts successfully with pupils, parents, professional educators, employers, and community support systems such as juvenile justice, public health, human services and adult education.

Each educator profession, including school social work, has established content guidelines that further delineate knowledge, skills and dispositions that must be demonstrated in order to be certified to work in Wisconsin public schools. Below is the draft revision from January 2006. Final formatting is pending.

The School Social Worker will demonstrate knowledge of and skill in:

1. Social welfare and educational policy, including:
   - History of education, social work and human services systems
   - Role of policy at local, state and national levels in education and school social work practice
   - Process of policy formation and implementation and its impact on student and family systems, schools, organizations and communities
   - Use of policy practice to analyze, influence and advocate
   - State and federal laws related to school social work practice, such as education, child welfare, mental health and juvenile justice

2. Social work values and ethics, including:
   - Mission of public education
   - Mission of school social work to insure student learning, educational equity and social justice for every student by reducing or eliminating the social, economic, and environmental barriers
   - Demonstration and promotion of the values of the profession as delineated in the NASW Code of Ethics
   - Professional school social work and pupil services standards
   - Ability to use an ethical decision-making model to guide practice
   - Ability to practice as an autonomous social worker in keeping with the values and ethics of the profession

3. Social and economic justice and populations at risk,* including:
   - Understanding risk/resiliency factors for populations at risk*
   - Understanding the dynamics of risk factors for school failure and the strategies to address them
   - Understanding how group membership and various forms of oppression affect access to resources and educational opportunities
   - Strategies to combat discrimination, oppression, institutional racism and economic deprivation
   - Advocacy for non-discriminatory social and economic systems
   - Identification of inequities in access to school and community programs and services for children, youth and families

4. Systematic assessment of individuals, families, schools, and community and their interactions, including:
   - Students’ physical, cognitive, social and emotional development and family history
   - Students’ learning, behavior and attitudes in different settings, including formal assessment of adaptive skills, functional behavior, and responses to interventions
   - Patterns of achievement and adjustment at critical points in students’ growth and development
   - Comprehensive assessment of students suspected of having disabilities related to IEPs and 504 plans
   - Assessment and screening for barriers to learning such as substance abuse, mental illness and trauma
   - Formal and informal policies of the school and other institutional factors that may affect students’ behavior and learning
   - Existence, accessibility, and utilization of community resources for students and families
5. Effective prevention and intervention with individuals, families, schools and communities, including:
   - Utilization of a strength-based approach to enhance students’ capacities, with special emphasis on students in populations at risk*
   - Design and implementation of practice strategies with persons from diverse backgrounds
   - Partnership with families and others to resolve challenges in the home, school and community
   - Counseling
   - Crisis intervention and other mental health services
   - Casework and case management
   - Group work
   - Classroom instruction
   - Consultation
   - Mediation and conflict resolution
   - Advocacy
   - Development of positive behavioral intervention strategies
   - Development of written plans of service for students, such as IEPs, BIPs, and 504 plans
   - Coordination of student transitions to/from community-based services and schools
   - Curriculum development
   - Program development and management
   - Provision of professional development and community education
   - Collaboration as leaders or members of interdisciplinary teams and community partnerships
   - Community organization, including mobilization of school and community resources

6. Human behavior and social environment, including:
   - Biological, psychological, and sociological variables affecting development, learning and educational achievement
   - Application of theoretical frameworks to understand the interaction among individuals and between individuals and social systems (families, groups, organizations and communities)

7. Diversity, including:
   - Cultural factors in race, gender, ethnicity, sexual orientation and social class and how culture affects individual, family, group, organizational and community behavior
   - Understanding of and affirmation and respect for people from diverse backgrounds and recognition of diversity within and between groups
   - Development of trust, open communication, mutual respect and on-going collaboration with members of diverse populations
   - Ability to take cultural and other diversity factors into account in assessments and interventions

8. Research, including:
   - Qualitative and quantitative methodologies
   - Use of practice literature and empirically-based knowledge in the areas of children, youth, families and schools to:
     - provide high-quality school social work services and educational interventions
     - evaluate programs and services
     - evaluate one’s own practice
     - initiate change, and
     - improve practice, policy, and programs

*Populations at risk include, but are not limited to, children with disabilities, school age parents, homeless youth and families, students affected by mental health and AOD issues, GLBTQ students, abused and neglected students, students living in poverty, children of color, adjudicated and incarcerated youth, gifted and talented students, English-language learners, students whose families are in crisis, and other marginalized groups of students.

School social worker preparation programs must include a practicum.
PI 34.15 Conceptual framework. Each SCD shall have a written conceptual framework included as part of the requirements under s. PI 34.06 (1). The conceptual framework shall be well defined, articulated, and defensible and shall include all of the following:

(5) A clinical program including practicums for pupil services and administrative programs and for prestudent teaching, student teaching, and other supervised clinical experiences in prekindergarten through grade 12 school settings as follows:

(c) **Practicum program.**

1. Programs for pupil services and administrative licenses shall include supervised practicums in the area of licensure that are developmental in scope and sequence.

2. As a result of the practicum experience a license candidate shall demonstrate knowledge and understanding of the Wisconsin standards in PI 34.02, PI 34.03 or PI 34.04.

3. Successful performance shall be measured using all of the following:
   
   a. At least 2 written evaluations based upon observations by the school-based supervisor and at least 2 written evaluations by the SCD supervisor shall be required during each student’s practicum.

   b. The evaluation procedures under subpar. a. shall include at least 2 conferences involving the school-based supervisor, the SCD supervisor and the practicum student. The school-based supervisor evaluation of the practicum shall become part of the student’s portfolio.

There are some general requirements that all candidates for Wisconsin educator certification must meet.

PI 34.15 Conceptual framework. Each SCD shall have a written conceptual framework included as part of the requirements under s. PI 34.06 (1). The conceptual framework shall be well defined, articulated, and defensible and shall include all of the following:

(4) Provisions that meet the following requirements, including those that meet statutory requirements identified under s. 118.19, Stats., which enable all students completing teacher preparation programs to demonstrate knowledge and understanding of the following:

(c) Minority group relations for all licenses including all of the following:

1. The history, culture, and tribal sovereignty of American Indian tribes and bands located in Wisconsin.

2. The history, culture and contributions of women and various racial, cultural, language and economic groups in the United States.

3. The philosophical and psychological bases of attitude development and change.

4. The psychological and social implications of discrimination, especially racism and sexism in the American society.

5. Evaluating and assessing the forces of discrimination, especially racism and sexism on faculty, students, curriculum, instruction, and assessment in the school program.

6. Minority group relations through direct involvement with various racial, cultural, language and economic groups in the United States.
(d) Conflict resolution for all licenses including all of the following:

1. Resolving conflicts between pupils and between pupils and school staff.

2. Assisting pupils in learning methods of resolving conflicts between pupils and between pupils and school staff, including training in the use of peer mediation to resolve conflicts between pupils.

3. Dealing with crises, including violent, disruptive, potentially violent or potentially disruptive situations that may arise in school or activities supervised by school staff as a result of conflicts between pupils or between pupils and other persons.

(g) Procedures used for assessing and providing education for children with disabilities, including the roles and responsibilities of regular and special education providers.

(h) Modifying the regular education curriculum when instructing pupils with disabilities.

Additional information on the Wisconsin Quality Educator Initiative is available at dpi.wi.gov/tepdl/index.html.
Continuing Education Requirements

School social work certification through the Department of Public Instruction (DPI) is necessary for social work practice in Wisconsin public schools. Social work certification or licensure through the Department of Regulation and Licensing (DRL) is necessary for social work practice in Wisconsin community-based settings. Just as these two certifications are separate and distinct, the continuing education requirements for each are, as well.

Continuing education requirements for all DPI-certified educators changed, effective July 2004, through the establishment of PI 34: the Wisconsin Quality Educator Initiative. Equivalency clock hours (ECHs) are now no longer offered. However, any ECHs earned by educators prior to that date will be accepted by DPI for certification renewal even after July 2004. Educators initially certified after July 2004 are required to develop and complete a professional development plan each 5-year cycle. Educators initially certified prior to July 2004 have a choice of continuing education options for certification renewal: 1) obtain six credits every five years, or 2) complete the professional development plan. School social workers may select any courses they feel pertain to school social work practice. For more information, check out DPI’s website at dpi.wi.gov/tepdl/index.html.

While certification through the Department of Regulation & Licensing (DRL) is not necessary for school social work practice, some school social workers choose to be certified (or clinically licensed) through DRL. Maintenance of this certification is dependent upon obtaining at least 30 hours of continuing education within every two-year certification cycle, which run from July 1 of one odd-numbered year to June 30 of the next odd-numbered year, e.g., 7-01-05 to 6-30-07.

Acceptable continuing education topics for renewal of certification through DRL include:

- Social work practice, knowledge, and skills;
- A field or subject area allied with and relevant to the practice of social work;
- Theories and concepts of human behavior and the social environment;
- Social work research, social policy and program evaluation, or social work practice evaluation;
- Social policy and program administration or management;
- Social work ethics; and
- Professional boundaries.

At least four of these 30 hours must be in the area of social work ethics, including professional boundaries.

Documentation of attendance must be maintained by the social worker for at least four years. Evidence of attendance is not required when a social worker applies for certification renewal, but social workers must be prepared to 1) demonstrate how each staff development event contributed to their professional development in one of more of the seven areas listed above, and 2) provide original documents upon request in the event of an audit by DRL. Social workers can be disciplined for not completing the continuing education requirements.
The Department of Regulation & Licensing does not pre-approve continuing education programs nor does it provide forms to document attendance.

NASW Wisconsin’s website at www.naswwi.org has good information on the continuing education requirements for social workers certified or licensed through the Department of Regulation and Licensing.
The next 10 pages are place-holders for the Sample PDP
Code of Ethics
of the National Association of Social Workers
(reprinted with permission of NASW)
Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly.

Preamble

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service,
- social justice,
- dignity and worth of the person,
- importance of human relationships,
- integrity, and
- competence.

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Purpose of the NASW Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers' conduct. The Code is relevant to
all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The NASW Code of Ethics serves six purposes:

1. The Code identifies core values on which social work's mission is based.
2. The Code summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The Code provides ethical standards to which the general public can hold the social work profession accountable.
5. The Code socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

*For information on NASW adjudication procedures, see NASW Procedures for the Adjudication of Grievances.

The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code's values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the NASW Code of Ethics does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this Code.
In addition to this Code, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the NASW Code of Ethics as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

The NASW Code of Ethics is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this Code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the Code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The NASW Code of Ethics reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

**Ethical Principles**

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.
Value: Service  
Ethical Principle: Social workers' primary goal is to help people in need and to address social problems.

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: Social Justice  
Ethical Principle: Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: Dignity and Worth of the Person  
Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: Importance of Human Relationships  
Ethical Principle: Social workers recognize the central importance of human relationships.

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: Integrity  
Ethical Principle: Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.
Value: Competence
Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. Social Workers' Ethical Responsibilities to Clients

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs,
reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.
(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.
(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.
(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.
(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. Social Workers' Ethical Responsibilities to Colleagues

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.
(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.
3. Social Workers' Ethical Responsibilities in Practice Settings

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW Code of Ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.
3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW Code of Ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor-Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.
4. Social Workers' Ethical Responsibilities as Professionals

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.
4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. Social Workers' Ethical Responsibilities to the Social Work Profession

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.
(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.
(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. Social Workers' Ethical Responsibilities to the Broader Society

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.
6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.
Decision-Making Model for Ethical & Legal Dilemmas
Nic Dibble, CSSW, CISW
Consultant, School Social Work Services
Wisconsin Department of Public Instruction
October, 2005

Proactive Preparation

• Develop an awareness of your own ethical preferences. Are there one or more ethical standards that you favor over others?

Individual Analysis

• Gather background information and case details.

• Identify the problem. Describe the parameters. Understand and interpret the situation.

• Determine the stakeholders. What clients, victims, professionals, support systems, and organizations are involved?

• Review relevant statutory references. Are any courses of action legally required or prohibited?

• Review relevant organizational policies and procedures. Are any courses of action required or prohibited by policy?

• Review ethical guidelines. Identify the ethical standards that bear on the case. Identify value tensions, i.e., are there competing ethical standards?

• Review relevant literature to inform decision-making.

Feedback on Analysis

• Obtain consultation from one or more colleagues.

• Obtain proper supervision.

• Obtain legal consultation, if necessary.

Decision-Making

• Identify possible courses of action.

• Project possible outcomes from different courses of action, including benefits and costs.
• Determine who (if anyone) should be involved in the decision-making, i.e., professional colleague(s), client(s), supervisor, collaborative partner(s) from other system(s).

• Assess which priority or obligation is foremost, i.e., which of the competing ethical standards will you give the most weight? Be sure that your decision is not inappropriately influenced by your ethical preferences.

• Decide on the best course of action and be prepared to justify it using ethical and legal considerations and guidelines. Document decision-making steps.

Following Implementation of Your Decision

• Evaluate and monitor the outcome(s) of your choice.

• Reflect on the decision and outcome(s).

• What if the outcome(s) of your selected course of action were less than acceptable? Reflect on these questions:
  1. Was your decision-making process flawed in any way? Had you handled the decision-making process differently, would you have selected a different course of action?
  2. Would a different course of action resulted in a more acceptable outcome(s)?
  3. If no, what steps must you take to avoid this situation happening again?

• Modify practices to avoid future problems.

References


School Social Work Associations

Wisconsin School Social Work Association

The Wisconsin School Social Workers Association (WSSWA) is an independent association representing school social workers across Wisconsin. The association’s goals are to:

- To promote service delivery models that will empower children, families, schools and communities to be effective participants in the learning process.
- To study, recommend and support legislation, school policies and standards pertinent to the needs of children, families and the profession of School Social Work.
- To develop and maintain collaborative relationships with various local, state and national associations, organizations and educational institutions for the purpose of meeting the needs of children and families.
- To stimulate the development and effective delivery of school social work services.
- To encourage and facilitate the educational and professional growth of School Social Workers.

WSSWA holds an annual conference to provide professional development specific to school social work practice. Other membership services include 1) employment of a legislative liaison to serve as a voice for the Association with the State Legislature, 2) distribution of email updates and hard-copy newsletters, and 3) networking with other state organizations.

Membership in the organization is on an annual basis. WSSWA has developed a partnership with the School Social Work Association of America (SSWAA) where school social workers can join both organizations at a substantial discount.

More information on WSSWA is available at www.wsswa.org/.

School Social Work Association of America

The School Social Work Association of America (SSWAA) is 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 is the only national organization dedicated solely to the representation of school social workers and the issues that are of importance to them. The Association’s goals are to:

- Strengthen the profession of school social work by maintaining and increasing the number of school social workers employed by local education agencies across the nation.
- Offer opportunities for ongoing professional development.
- Open nationwide channels of communication and information sharing.
• Respond in a timely and efficient manner to the changing needs of school social workers.
• Influence public policy and educational issues.
• Demonstrate school social workers' effectiveness through evaluation and research.
• Assist school social workers in creating linkages among home, school and community on behalf of students and their families.
• Mentor persons providing school social work services to achieve the highest professional standards.

SSWAA holds an annual conference to provide professional development specific to school social work practice. Other membership services include 1) development of publications and resolutions, 2) employment of a legislative liaison to serve as a voice for the Association with Congress, 3) distribution of both electronic and hard-copy newsletters, and 4) networking with other national organizations. The SSWAA resolution regarding School Social Work Staffing Needs is included in this Practice Guide with the permission of the Association.

Membership in the organization is on an annual basis. SSWAA has developed a partnership with the Wisconsin School Social Work Association (WSSWA) where school social workers can join both associations at a substantial discount.

More information about SSWAA is available at www.sswaa.org/.

**National Association of Social Workers**

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. NASW has a dual mission to:

• Promote, develop, and protect the practice of social work and social workers, and

• Seek to enhance the effective functioning and well-being of individuals, families, and communities through its work and through its advocacy.

NASW has developed and maintains a Code of Ethics for the profession of social work that is generally held as the standard by which social workers are judged nationwide. In addition, the Association has developed and maintains national Standards for School Social Work. Both of these publications are included in this Practice Guide with the permission of NASW.

The Association provides professional development opportunities, publications, resources, and advocacy through employment of government relations staff.
Membership in the organization is on an annual basis. Half of the membership dues are returned to each state to support a state NASW chapter. Members receive a subscription to the Social Work Journal as a benefit. For an additional fee, members may join the School Social Work Section and receive a subscription to the Children & Schools Journal, as well.

More information about NASW is available at www.naswde.org/nasw/default.asp.

The NASW Wisconsin Chapter also has a website at www.naswwi.org/.

**Midwest School Social Work Council**

The Midwest School Social Work Council is comprised of school social work leaders from eleven Midwestern states who meet twice each year with a goal of promoting professional excellence among school social workers in order to enhance social and human services in educational systems.

The Midwest School Social Work Council is the oldest and largest school social work organization in the nation and played a pivotal role in the formation of the School Social Work Association of America in 1994.

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 member states of Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, Ohio and Wisconsin each send three representatives to meetings of the Council, including the president of their state association, a practitioner and their state's school social work consultant.

The Council sponsors a school social work conference annually, rotated each year among its member states.

School Social Work and Related Services as Delineated within Federal Law

Elementary and Secondary Education Act (ESEA), also known as No Child Left Behind (NCLB)

20 USC 6322. Sec. 1102B. Coordination Requirements.
(a) IN GENERAL – Each local education agency receiving assistance under this part shall carry out the activities described in subsection (b) with Head Start agencies and, if feasible, other entities carrying out early childhood development programs such as the Early Reading First program.
(b) ACTIVITIES. – The activities referred to in subsection (a) are activities that increase coordination between the local educational agency and a Head Start agency and, if feasible, other entities carrying out early childhood development programs, such as the Early Reading First program, serving children who will attend the school of the local educational agency, including, -
(2) establishing channels of communication between school staff and their counterparts (including teachers, social workers, and health staff) in such Head Start agencies or other entities carrying out early childhood development programs such as the Early Reading First program, as appropriate, to facilitate coordination of programs;

(9) SCHOOL BASED MENTAL HEALTH PROVIDER. – The term “school based mental health provider” includes a State licensed or State certified school counselor, school psychologist, school social worker, or other State licensed or certified mental health professional qualified under State law to provide such services to children and adolescents.
(10) SCHOOL PERSONNEL. – The term “school personnel” includes teachers, principals, administrators, counselors, social workers, psychologists, nurses, librarians, and other support staff who are employed by a school or who perform services for the school on a contractual basis.

20 USC 7245. Sec. 5421. ELEMENTARY AND SECONDARY SCHOOL COUNSELING PROGRAMS.
(a) GRANTS AUTHORIZED. –
(2) SPECIAL CONSIDERATION. – In awarding grants under this section, the Secretary shall give special consideration to applications describing programs that –
(A) demonstrate the greatest need for new or additional counseling services among children in the school served by the local educational agency, in part by providing information on current ratios of students to school counselors, students to school social workers, and students to school psychologists;
(c) USE OF FUNDS. –
(2) REQUIREMENTS. –
(D) expand counseling services through qualified school counselors, school social workers, school psychologists, other qualified psychologists, or child and adolescent psychiatrists;
(G) include in-service training appropriate to the activities funded under this Act for teachers, instructional staff, and appropriate school personnel, including in-
service training in appropriate identification and early intervention techniques by school counselors, school social workers, school psychologists, other qualified psychologists, and child and adolescent psychiatrists;

(K) ensure a team approach to school counseling in the schools served by the local educational agency by working toward ratios recommended by the American School Health Association of one school counselor to 250 students, one school social worker to 800 students, and one school psychologist to 1,000 students; and

(L) ensure that school counselors, school psychologists, other qualified psychologists, school social workers, or child and adolescent psychiatrists paid from funds made available under this section spend a majority of their time counseling students or in other activities directly related to the counseling process.

(e) DEFINITIONS. –

(5) the term “school social worker” means an individual who –

(A) holds a master’s degree in social work from a program accredited by the Council on Social Work Education; and

(B)(i) is licensed or certified by the State in which services are provided; or

(ii) in the absence of such State licensure or certification, possesses a national credential or certification as a school social work specialist granted by an independent professional organization.

(f) REPORT. – Not later than 2 years after assistance is made available to local education agencies under subsection (c), the Secretary shall make publicly available a report –

(1) evaluating the programs assisted pursuant to each grant under this subpart; and

(2) outlining the information from local educational agencies regarding the ratios of students to –

(A) school counselors;

(B) school social workers; and

(C) school psychologists.

20 USC 7442. Sec. 7122. PROFESSIONAL DEVELOPMENT FOR TEACHERS AND EDUCATION PROFESSIONALS.

(a) PURPOSES. – The purposes of this section are –

(2) to provide training to qualified Indian individuals to enable such individuals to become teachers, administrators, teacher aides, social workers, and ancillary educational personnel;

20 USC 7801. Sec. 9101. DEFINITIONS.

Except as otherwise provided, in the Act:

(36) PUPIL SERVICES PERSONNEL; PUPIL SERVICES. –

(A) PUPIL SERVICES PERSONNEL. – The term “pupil services personnel” means school counselors, school social workers, school psychologists, and other qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services (including related services as that term is defined in section 602 of the Individuals with Disabilities Education Act) as part of a comprehensive program to meet student needs.
(B) PUPIL SERVICES. – The term “pupil services” means the services provided by pupil services personnel.

Elementary & Secondary Assistance Act (ESEA), also known as No Child Left Behind (NCLB)

SEC. 4115. AUTHORIZED ACTIVITIES.
(b) LOCAL EDUCATIONAL AGENCY ACTIVITIES -
(2) AUTHORIZED ACTIVITIES - Each local educational agency, or consortium of such agencies, that receives a subgrant under this subpart may use such funds to carry out activities that comply with the principles of effectiveness described in subsection (a), such as the following:
(E) Drug and violence prevention activities that may include the following:
(vii) Expanded and improved school-based mental health services related to illegal drug use and violence, including early identification of violence and illegal drug use, assessment, and direct or group counseling services provided to students, parents, families, and school personnel by qualified school-based mental health service providers.
(x) Counseling, mentoring, referral services, and other student assistance practices and programs, including assistance provided by qualified school-based mental health services providers and the training of teachers by school-based mental health services providers in appropriate identification and intervention techniques for students at risk of violent behavior and illegal use of drugs.

Part B — 21st Century Community Learning Centers
SEC. 4201. PURPOSE; DEFINITIONS.
(a) PURPOSE - The purpose of this part is to provide opportunities for communities to establish or expand activities in community learning centers that —
(1) provide opportunities for academic enrichment, including providing tutorial services to help students, particularly students who attend low-performing schools, to meet State and local student academic achievement standards in core academic subjects, such as reading and mathematics;
(2) offer students a broad array of additional services, programs, and activities, such as youth development activities, drug and violence prevention programs, counseling programs, art, music, and recreation programs, technology education programs, and character education programs, that are designed to reinforce and complement the regular academic program of participating students;

SEC. 5131. LOCAL USES OF FUNDS.
(a) INNOVATIVE ASSISTANCE PROGRAMS - Funds made available to local educational agencies under section 5112 shall be used for innovative assistance programs, which may include any of the following:
(14) Expansion and improvement of school-based mental health services, including early identification of drug use and violence, assessment, and direct individual or group
counseling services provided to students, parents, and school personnel by qualified school-based mental health services personnel.

Subpart 2 — Elementary and Secondary School Counseling Programs

SEC. 5421. ELEMENTARY AND SECONDARY SCHOOL COUNSELING PROGRAMS.

(a) GRANTS AUTHORIZED -

(2) SPECIAL CONSIDERATION - In awarding grants under this section, the Secretary shall give special consideration to applications describing programs that —

(A) demonstrate the greatest need for new or additional counseling services among children in the schools served by the local educational agency, in part by providing information on current ratios of students to school counselors, students to school social workers, and students to school psychologists;

(c) USE OF FUNDS -

(2) REQUIREMENTS - Each program funded under this section shall—

(A) be comprehensive in addressing the counseling and educational needs of all students;
(B) use a developmental, preventive approach to counseling;
(C) increase the range, availability, quantity, and quality of counseling services in the elementary schools and secondary schools of the local educational agency;
(D) expand counseling services through qualified school counselors, school social workers, school psychologists, other qualified psychologists, or child and adolescent psychiatrists;
(E) use innovative approaches to increase children's understanding of peer and family relationships, work and self, decision-making, or academic and career planning, or to improve peer interaction;
(F) provide counseling services in settings that meet the range of student needs;
(G) include in-service training appropriate to the activities funded under this Act for teachers, instructional staff, and appropriate school personnel, including in-service training in appropriate identification and early intervention techniques by school counselors, school social workers, school psychologists, other qualified psychologists, and child and adolescent psychiatrists;
(H) involve parents of participating students in the design, implementation, and evaluation of the counseling program;
(I) involve community groups, social service agencies, or other public or private entities in collaborative efforts to enhance the program and promote school-linked integration of services;
(J) evaluate annually the effectiveness and outcomes of the counseling services and activities assisted under this section;
(K) ensure a team approach to school counseling in the schools served by the local educational agency by working toward ratios recommended by the American School Health Association of one school counselor to 250 students, one school social worker to 800 students, and one school psychologist to 1,000 students; and
(L) ensure that school counselors, school psychologists, other qualified psychologists, school social workers, or child and adolescent psychiatrists paid from funds made available under this section spend a majority of their time counseling students or in other activities directly related to the counseling process.
Sec. 300.34 Related services.

(a) General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also includes school health services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the IEP of the child, social work services in schools, and parent counseling and training.

(c) Individual related services terms defined. The terms used in this definition are defined as follows:

(2) Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

(8) Parent counseling and training means--

(i) Assisting parents in understanding the special needs of their child;

(ii) Providing parents with information about child development; and

(iii) Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.

(14) 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.

20 USC 1432. Sec. 632. DEFINITIONS. –

As used in this part:

(4) Early intervention services. – The term “early intervention services” means developmental services that—

(E) include—

(xi) social work services;

(F) are provided by qualified personnel, including—

(vi) social workers;
NASW Standards for School Social Work Services
Approved by the NASW Board of Directors, June 2002

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Introduction

In 1943 the National Association of Visiting Teachers (NAVT) became the American Association of School Social Workers (AASSW), and in 1955 AASSW merged with six other social work associations to form the National Association of Social Workers (NASW). Thus, school social work has long been a vital part of the social work profession.

Recognition of the rights of people with disabilities; changes in the family unit; and the effects of increasing social, economic, and academic pressures on children are some of the forces that have significantly shaped school social work services. The value of school social work intervention has increasingly been recognized through federal and state legislative initiatives.

In 1978 NASW developed Standards for School Social Work Services that have served as guidelines to the development of school social work. Because it is essential that these standards reflect and promote professionally sound practice, they have been revised, first in 1992 and again in 2002, to reflect changing practices and policies.

These standards will be met only through the combined efforts of concerned educators, school social workers, and community leaders who are willing to provide the leadership and teamwork necessary to ensure high-quality professional services to schools, students, and families.

For many school systems, these standards will reinforce current practices. For others, they will provide a challenge and a goal to be achieved. For school social workers, they both validate the uniqueness and diversity of school social work as a specialty practice area and affirm the value of school social work in enabling students to achieve maximum benefits from their educational experiences.

Definitions

The following terms are defined for purposes of this document.

Case management - Organizing, coordinating, and sustaining activities and services designed to optimize the functioning of students and/or families.
**Competence** - The synthesis of professional behaviors that integrate knowledge, skills, and activities in the performance of the tasks of school social work. Competence in school social work includes all relevant educational and experiential requirements, demonstrated ability through meeting licensing and certification requirements, and the ability to carry out work assignments and achieve goals while adhering to the values and the code of ethics of the profession.

**Certified school social work specialist** - A social worker meeting the requirements for a School Social Work Specialist certification issued by the National Association of Social Workers.

**Credentialed or licensed school social worker** - A social worker meeting the requirements for a school social worker as established by the state board of education or other state entity that licenses or certifies educational personnel, or professional social workers.

**Cultural competence** - Congruent behaviors, attitudes, and skills enabling an individual to work effectively in cross-cultural situations.

**Ecological perspective** - The perspective of the interaction of the child and family and their environment. Important concepts include adaptation, transactions, goodness of fit between the students and their educational environments, reciprocity, and mutuality.

**Family** - The parent(s), guardian, custodian, or other person acting in loco parentis of a child.

**Functional behavioral assessment** - An approach to assessment that enhances understanding of the purpose and effect of the behavior(s) of concern and provides information that is useful in the development of effective interventions.

**Human services** - Programs and activities designed to enhance people’s development and well-being. Basic human services include personal social services, health, education, housing, income, and justice and public safety.

**Local education agency** - The local public agency responsible for operating the educational program. In some states, responsibility for provision of special education programs has been assigned to entities called intermediate units, area education agencies, educational service units, and so forth.

**Mediation** - A collaborative problem-solving process in which a neutral third party guides a discussion intended to help the parties in the dispute define the issues, obtain relevant information, and generate reasonable options for resolution.

**Practice modalities** - Specific treatment interventions used by the school social worker or other practitioner to help the student, family, or other identified client system reach a desired goal or outcome. Intervention strategies may include casework; group work; individual, group, or family counseling or therapy; community organization; crisis intervention; advocacy; staff training; policy development; and program coordination.

**Prevention** - Efforts undertaken by school social workers and others to minimize or eliminate the social, psychological, or other conditions known to cause or contribute to physical and emotional illness and some socioeconomic problems. Prevention efforts may include actions...
taken by school social workers and others that would prevent problems from occurring (primary prevention); limit the extent or severity of the problem (secondary prevention); or assist in recuperating from the effects of the problem and developing sufficient strengths and skills to preclude its return (tertiary prevention).

**Professional practice** - The ethical principles, provision of services, and responsibilities that school social workers are expected to maintain.

**School social work** - Social work services provided in the setting of an educational agency by credentialed school social workers. This specialty in social work is oriented toward helping students make satisfactory adjustments and coordinating and influencing the efforts of the school, the family, and the community to achieve this goal.

**Student** - Any person legally mandated by the state to be enrolled in an educational program or eligible to be enrolled.

**Standards for Professional Practice**

For the purposes of this document *professional practice* relates to the ethical principles, provision of services, and responsibilities that school social workers are expected to maintain. The term “local education agency” is used throughout this document to refer to any local or regional public education system and is consistent with the wording of federal legislation.

**Standard 1. A school social worker shall demonstrate commitment to the values and ethics of the social work profession and shall use NASW’s Code of Ethics as a guide to ethical decision making.**

The school social worker shall demonstrate a recognition of basic human rights, including the right of students to human services; a willingness to act on professional judgment and convictions, and be informed by the NASW *Code of Ethics*; and the recognition that change is constant and requires school social workers to remain current by continuously scrutinizing and improving theory, policy, and practice. As integral staff of local education agencies, school social workers have a responsibility to know and comply with local, state, and federal legislation, regulations, and policies. In the event that conflicts arise among competing expectations, school social workers are directed to the NASW *Code of Ethics* as a tool in their decision making.

**Standard 2. School social workers shall organize their time, energies, and workloads to fulfill their responsibilities and complete assignments of their position, with due consideration of the priorities among their various responsibilities.**

School social workers must manage their work in an efficient and effective manner. Priorities for practice must be developed collaboratively between the school social worker and his or her supervisor. Priorities should be established on the basis of their effect on student needs, the professional skills of the school social worker, program needs, and the availability of other resources. School social workers shall make use of technology systems in the local education agency to enhance communication, obtain and organize information, and demonstrate accountability.
Standard 3. School social workers shall provide consultation to local education agency personnel, school board members, and community representatives to promote understanding and effective utilization of school social work services.

School social workers provide consultation to facilitate an understanding of factors in the home, local education agency, and community that affect students’ educational experiences. They also serve as consultants on such issues as discipline, attendance, confidentiality, race, ethnicity and language, mental health, behavior management, crisis intervention, and child abuse and neglect.

School social workers shall constantly be aware of the overall goals, objectives, and tasks of their specialty area and interpret them to local education agency personnel, so that the primary professional activities and competencies of school social workers are maintained.

Standard 4. School social workers shall ensure that students and their families are provided services within the context of multicultural understanding and competence that enhance families’ support of students’ learning experiences.

Increasing diversity in U.S. classrooms requires that school social workers increase their awareness and appreciation of cultural differences. School social workers must develop competencies that include heightened self-awareness, knowledge, and practice skills consistent with the NASW Standards for Cultural Competence in Social Work Practice.* They must also recognize racial and ethnic barriers within the local education agency and develop strategies to lessen and overcome these barriers on students and improve the climate of the local education agency.

Standard 5. School social work services shall be extended to students in ways that build students’ individual strengths and offer students maximum opportunity to participate in the planning and direction of their own learning experience.

In developing a plan of action, school social workers must consider the characteristics of an individual student and the capacity of all students to communicate about themselves, to choose among options, and to be involved in directing their own learning.

Standard 6. School social workers shall help empower students and their families to gain access to and effectively use formal and informal community resources.

Empowerment is based on the principle of using student and family strengths and structure to enable families to function as advocates for themselves. It is particularly appropriate for school social workers to identify and collaborate with individuals who function as formal or informal leaders in their communities to develop and enhance the natural helping networks that can complement the formal services of the local education agency and community agencies.

Standard 7. School social workers shall maintain adequate safeguards for the privacy and confidentiality of information.

School social workers must be familiar and comply with the various local, state, and federal mandates related to confidentiality. Professional judgment in the use of confidential information shall be based on best practice, legal, and ethical considerations. Students, families, and other
professionals should be informed of the confidentiality limitations and requirements when services are initiated.

**Standard 8. School social workers shall advocate for students and their families in a variety of situations.**

Issues of concern affecting students may include limited educational opportunities; discipline; punitive, arbitrary, and exclusionary policies and procedures in schools; institutional racism; discrimination against and among students based on protected classifications such as race, sex, national origin, sexual orientation, and religion; homophobia; and sexism. Advocacy should support the needs of students who are immigrants and refugees, students who are homeless, students living with HIV/AIDS, students with substance abuse problems, and other at-risk student populations. Effective advocacy can best be accomplished when school social workers are informed about court decisions, legislation, rules and regulations, and policies and procedures that affect school social work practice.

**Standard 9. As leaders and members of interdisciplinary teams and coalitions, school social workers shall work collaboratively to mobilize the resources of local education agencies and communities to meet the needs of students and families.**

As team leaders and members, school social workers initiate and support activities to overcome institutional barriers and gaps in services. School social workers must demonstrate trust, open communication, mutual respect, ongoing collaboration, and effective coordination to facilitate the achievement of the interdisciplinary team objectives. The unique contribution of the school social worker to the interdisciplinary team is to bring home, school, and community perspectives to the interdisciplinary process.

**Standard 10. School social workers shall develop and provide training and educational programs that address the goals and mission of the educational institution.**

School social workers shall provide training programs for parents, teachers, other local education agency personnel, and the staff of community agencies. These programs may involve teamwork and collaboration with other disciplines. Content should address the prevention, intervention, and remediation factors that affect students’ success in school.

School social workers shall support the academic standards of their school districts. This is accomplished through services to prepare students for learning and the actual teaching of social and behavioral skills.

**Standard 11. School social workers shall maintain accurate data that are relevant to planning, management, and evaluation of school social work services.**

Timely and accurate records document school social work services, demonstrate outcomes, and promote accountability to the local education agency and community. Analyses of activity reports, program statistics, and outcome measures can support the effective use of school social work services to better meet the needs of students and families.
Standard 12. School social workers shall conduct assessments of student needs that are individualized and provide information that is directly useful for designing interventions that address behaviors of concern.

Assessments should take an ecological perspective, focusing on the students, as well as their interactions in the school environment, at home, and in community settings. A functional approach to assessment enhances understanding of the purpose and effect of problematic behaviors and provides information for developing interventions.

Standard 13. School social workers shall incorporate assessments in developing and implementing intervention and evaluation plans that enhance students’ abilities to benefit from educational experiences.

Plans are based on assessments relevant to the concerns in the referral and include goals, objectives, and interventions to achieve desired outcomes; methods of evaluation; and outcome criteria. Plans are designed to enhance positive educational experiences and involve the student, the family, other team members, and school and community resources as appropriate.

Standard 14. School social workers, as systems change agents, shall identify areas of need that are not being addressed by the local education agency and community and shall work to create services that address these needs.

School social workers shall initiate activities to address deficiencies in resources and services of the local education agency or community that affect the ability of students to benefit from the educational system. Advocacy should include leadership on committees and advisory boards at the local, state, and national levels.

Standard 15. School social workers shall be trained in and use mediation and conflict-resolution strategies to promote students’ resolution of their nonproductive encounters in the school and community and to promote productive relationships.

Attempts are often made to resolve conflicts and impasses between parents and the local education agency through formal, costly, and often adversarial due process procedures. Mediation and conflict resolution are effective strategies that school social workers should use both to undo the results of nonproductive encounters among students, parents, and school and agency personnel and to build positive, collaborative relationships. School social workers are, by training and experience, well suited to these roles and should seek opportunities to engage in these processes.

Standards for Professional Preparation and Development

Professional preparation defines the level of training required for school social work practice. Professional development refers to the enhancement of basic knowledge and skills that requires ongoing effort by school social workers.

Standard 16. School social workers shall meet the provisions for practice set by NASW.

School social workers shall have a graduate degree in social work from a program accredited by the Council on Social Work Education (CSWE). As a distinct specialty within the social work
profession, school social work requires specialized knowledge and understanding of educational systems. The school social worker should actively seek this specialized training when the CSWE accredited program does not provide it.

**Standard 17. School social workers shall possess knowledge and understanding basic to the social work profession.**

School social workers shall have an understanding of human behavior in the social environment and be skilled in implementing various practice modalities to help empower disadvantaged and oppressed populations. School social workers shall use research to inform practice and understand social policies related to services in schools.

**Standard 18. School social workers shall understand the backgrounds and broad range of experiences that shape students’ approaches to learning.**

School social workers shall be knowledgeable about child development and biological factors that affect students’ ability to function effectively in school. School social workers shall understand the influence of socioeconomic status, gender, culture, disability, and sexual orientation on educational opportunities for students. School social workers also shall understand how emphasizing students’ strengths and protective factors can enhance educational success.

**Standard 19. School social workers shall possess knowledge and understanding of the organization and structure of the local education agency.**

School social workers shall understand the historical and current perspectives of public school education at the local, state, and national levels, including educational reform and legislation affecting educational opportunity, problems, and policy issues. In addition, school social workers shall be knowledgeable about the financial base of the local education agency, the nature and scope of its authority, and the politics of school–community relations. School social workers also shall be knowledgeable about approaches to teaching and learning, including standards-based curricula, and the roles and areas of competence of various professionals in the local education agency.

**Standard 20. School social workers shall possess knowledge and understanding of the reciprocal influences of home, school, and community.**

School social workers shall be knowledgeable about how family dynamics, health, wellness, and mental health; and social welfare policies, programs, and resources in the community affect students' success in the school environment.

**Standard 21. School social workers shall possess skills in systematic assessment and investigation.**

School social workers shall gather data using multiple methods and sources to assess the needs, characteristics, and interactions of students, families, local education agency personnel, individuals, and groups in the neighborhood and community. When appropriate, school social workers shall collect information to document and assess aspects of the biological, medical, psychological, cultural, sociological, emotional, legal, and environmental factors that affect student’s learning. School social workers shall integrate biopsychosocial assessment data into
reports that include educationally relevant recommendations as well as performance objectives and measurable outcomes as needed.

**Standard 22. School social workers shall understand the relationship between practice and policies affecting students.**

School social workers shall be knowledgeable about current and proposed policies, analyze their effect on students, and advocate for policies that maximize student success.

**Standard 23. School social workers shall be able to select and apply empirically validated or promising prevention and intervention methods to enhance students’ educational experiences.**

School social workers shall possess skills to assess problems and determine whether interventions should occur at the primary, secondary, or tertiary level. School social work practice should be based on empirically supported interventions.

**Standard 24. School social workers shall be able to evaluate their practice and disseminate the findings to consumers, the local education agency, the community, and the profession.**

Using scholarly literature or program research designs, school social workers shall evaluate interventions and share findings with consumers, local education agency administrators, the community, and other school social workers through in-service training, conferences, and professional publications.

**Standard 25. School social workers shall possess skills in developing coalitions at the local, state, and national levels that promote student success.**

School social workers shall be able to work with individuals, groups, and organizations that have diverse interests, but whose common purpose is to develop programs or systems of care that support and enhance the health, social and emotional well-being, and safety of students.

**Standard 26. School social workers shall be able to promote collaboration among community health and mental health services providers and facilitate student access to these services.**

School social workers shall support the development and implementation of comprehensive school-based and school-linked programs (for example, full-service schools, full-service community schools, family resource centers, community schools, school-based health clinics) that promote student health and mental health. School social workers shall be able to address issues such as information sharing and accountability and shall be able to coordinate community resources that support student success.

**Standard 27. School social workers shall assume responsibility for their own continued professional development in accordance with the NASW Standards for Continuing Professional Education* and state requirements.**

To practice effectively, school social workers must remain knowledgeable of reforms in education and best practice models in the social work profession. Opportunities for enhancing professional identity and development include participation and leadership in NASW and other
professional organizations and coalitions at local, state, and national levels; participation in and contribution to professional conferences, training events, and other activities; and assisting in the ongoing development of the school social work knowledge base by contributing to and promoting professional publications.

**Standard 28. School social workers shall contribute to the development of the profession by educating and supervising school social work interns.**

School social workers may provide field instruction through the supervision of school social work interns and through the provision of other appropriate learning experiences in relation to school social work practice.

**Standards for Administrative Structure and Support**

An effective school social work program must have adequate administrative structure and support. NASW recommends that the local education agency use the following standards, along with state and federal guidelines, to develop a school social work program.

**Standard 29. State departments of education or other state entities that license or certify educational personnel shall regulate school social work practice.**

To ensure competent provision of school social work services, state departments of education or other state entities that license or certify educational personnel should make sure that the credentials of individuals charged with providing these services adhere to the standards of practice and are reciprocal and uniform.

**Standard 30. State departments of education or other state entities that license or certify educational personnel shall employ a state school social work consultant who is a credentialed and experienced school social worker.**

State education agencies are responsible for providing local education agencies with leadership and technical assistance to ensure all students an equal opportunity to achieve optimal success in the educational environment. State education agencies should provide a school social work consultant to collaborate with other service programs within the state education agency and other state agencies; influence legislative and regulatory efforts related to education; represent the state in regional, state, and national activities related to school social work; ensure that school social work programs are integrated with other school programs statewide; provide technical assistance to local education agencies in the development and implementation of school social work programs; provide leadership and technical assistance in the development of practice and credentialing standards for school social workers; and advocate for inclusion of school social work programs and services at the local education agency level.

**Standard 31. School social work services shall be provided by credentialed school social workers employed by the local education agency.**

School social work services should be provided by individuals designated as credentialed school social workers and employed by local education agencies. Local education agencies should ensure that school social work services are aligned with educational goals and integrated with other school support services.
Standard 32. Local education agencies shall employ school social workers with the highest level of qualifications for entry-level practitioners.

A master of social work (MSW) degree is the recommended entry-level qualification for school social work. When the local education agency employs school social workers whose highest degree is a bachelor of social work (BSW) in addition to school social workers with the MSW degree, tasks should be assigned differentially. Assignments must take into account levels of education and demonstrated competence and be consistent with the legal regulation of professional social work practice within a given state. Both the MSW degree and the BSW degree should be received from a program accredited by CSWE.

Standard 33. Social workers in schools shall be designated “school social workers.”

“School social worker” is the position title that correctly identifies the educational background, profession, and function of a social worker employed by the local education agency. Other titles, such as “attendance officer,” “pupil personnel worker,” “home and school visitor,” “home–school coordinator,” “visiting teacher,” “family collaborative worker,” “family specialist,” or “home–family specialist,” project incomplete or misleading notions of the school social worker’s qualifications and functions.

Standard 34. Salaries and job classifications of school social workers shall be commensurate with their education, experience, and responsibilities and be comparable to similarly qualified professional personnel employed by the local education agency.

Procedures used in setting school social workers’ salaries must be equitable and responsive to the levels of education, experience, and responsibilities of the school social workers.

Standard 35. The administrative structure established by the local education agency shall provide for appropriate school social work supervision.

The local education agency is responsible for administrative and professional supervision to ensure high-quality services. Supervision of school social work programs should be provided by credentialed and experienced MSW school social workers.

Standard 36. The administrative structure of the local education agency shall delineate clear lines of support and accountability for the school social work program.

The administrative structure and organization of the local education agency should provide for optimum use of school social work knowledge and skills. Realistic job descriptions, working conditions, and workload standards are essential, as is a mechanism for regular review of goals, objectives, accomplishments, and accountability procedures of the school social work program. Designation of a lead social worker can help promote appropriate support and accountability.

Standard 37. The local education agency shall provide a professional work setting that allows school social workers to practice effectively.

School social workers require basic work resources to ensure privacy and confidentiality for students and families. These basic resources include an office; clerical support; up-to-date information technology; an adequate budget for professional materials, supplies, and activities;
and adequate space at each school site for meeting with students, families, and local education agency personnel.

**Standard 38. The local education agency shall provide opportunities for school social workers to engage in professional development activities that support school social work practice.**

Funding support and an adequate number of professional leave days enable school social workers to strengthen and broaden skills required to better serve students, families, the local education agency, and the community.

**Standard 39. The goals, objectives, and tasks of a school social work program shall be clearly and directly related to the mission of the local education agency and the educational process.**

School social workers are expected to support and help facilitate educational reforms and initiatives, particularly those that emphasize prevention, early intervention, parent education and involvement, service integration, partnerships, and support for student transitions.

**Standard 40. The local education agency shall involve school social workers in developing and coordinating partnerships with community health, mental health, and social services providers linked with or based at school sites to ensure that these services promote student educational success.**

Because of their extensive knowledge of community resources, school social workers should play a critical role in facilitating the provision of community services in the local education agency. School social workers help build effective school–community teams at school sites by addressing issues such as roles, responsibilities, and supervision of team members, and by developing procedures to ensure confidentiality, documentation, and accountability. School social workers also help orient community providers to school climate, culture, and structure, and to the laws and regulations governing practice in educational settings.

**Standard 41. All programs incorporating school social work services shall require ongoing evaluation to determine their contribution to the educational success of all students.**

Through ongoing evaluation, school social workers demonstrate accountability to the students and families they serve, the educational system and community, and the standards and ethics of the social work profession. Methods used to evaluate social work practice should be assessed periodically to ensure that objectives, activities, and measured outcomes are aligned with the local education agency’s goals. School social work documentation should be reviewed periodically to ensure accurate recording of functions, tasks, activities, and measured outcomes.

**Standard 42. The local education agency shall establish and implement a school social work–student population ratio to ensure reasonable workload expectations.**

The local education agency shall provide a level of school social work services that is sufficient to address the nature and extent of student needs. Appropriate ratios for school social work staff to students should depend on the characteristics and needs of the student population to be served.
Each local or state education agency should establish adequate levels and types of school social work services on the basis of comprehensive needs assessment data.

**Code of Ethics: Summary of Ethical Principles**

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

**Value: Service**

**Ethical Principle:** Social workers' primary goal is to help people in need and to address social problems.

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

**Value: Social Justice**

**Ethical Principle:** Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

**Value: Dignity and Worth of the Person**

**Ethical Principle:** Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

**Value: Importance of Human Relationships**

**Ethical Principle:** Social workers recognize the central importance of human relationships.

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

**Value: Integrity**

**Ethical Principle:** Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and
responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

**Value:** Competence  
**Ethical Principle:** Social workers practice within their areas of competence and develop and enhance their professional expertise.

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

These ethical principles are part of the *Code of Ethics of the National Association of Social Workers*, approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly. The complete text of the *Code* is available on request from NASW or at www.socialworkers.org.

*The complete text of the *NASW Standards for Cultural Competence in Social Work Practice* and the *NASW Standards for Continuing Professional Education* is available on request from NASW or at www.socialworkers.org.*

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Revenues Generated for School Districts by School Social Work Services

School social work services generate a variety of revenues for school districts above and beyond the state-imposed revenue caps, which substantially offset the local financial costs to the school district. These revenues include:

- State categorical aid that reduces the local costs of school social work services
- Additional funds generated by school social workers ensuring all enrolled students are eligible to be claimed for state aid purposes
- Medicaid funds for school-based services provided by school social workers to income-eligible students
- Additional funds generated by school social workers ensuring income-eligible students are accessing free and reduced school meals
- Grants written and managed by school social workers to provide supplemental services and programs

Because of these revenues, the fiscal cost of additional or increased school social work services to a local school district budget is significantly less than the associated salary and fringe costs. Likewise, the fiscal savings of eliminating or decreasing school social work services to a local school district is significantly less than the associated salary and fringe costs.

State Categorical Aid

School districts complete the Special Education Fiscal Report (PI 1505-SE) twice annually; the budget report is due November 15th for the current year and the claim report is due September 15th for the previous year. The amount of funding for categorical aid available is determined by the Wisconsin Legislature. The percentage of categorical aid a school district receives is dependent upon the total claims received by the Department of Public Instruction (DPI) from all school districts for any given school year.

School districts may submit salary and fringe costs for school social work services related to special education (not funded by state or federal grants) for categorical aid reimbursement. Wisconsin school social workers spend an average of approximately 60% of their time on special education services. Currently, school districts can anticipate receiving about 30% of their submitted costs. For example, a school district submitting a claim for 60% of $65,000 in salary and fringe costs for a school social worker would receive approximately $11,700 in additional aid from the state for this position.

General State Aids

General state aids and state-imposed revenue caps are tied directly to the number of students enrolled in a school district. Specifically, a school district receives a fixed amount of money for each student enrolled. The more students enrolled in a school district, the more financial aid the school district receives from the state and the more money it is allowed to spend. School districts count the number of students in school on or around two dates each year, i.e., 3rd Friday in
September and the 2nd Friday in January, to determine how many students are enrolled for the purposes of determining their spending limits.

All school districts have some students whose attendance is poor. Typically, these are some of the students that school social workers target for services. To the extent that a school social worker ensures these students are in school and eligible to be counted for state aid, the school social worker has generated additional revenue for the school district it may not have otherwise received. For example, if a school social worker ensures 3 poorly attending students can be counted for the 3rd Friday in September and 2 poorly attending students can be counted for the 2nd Friday in January and the school district receives $6,000/student annually in state aid, the school social worker has generated $15,000 in additional revenue for the school district.

**Medicaid for School-Based Services**

Many school districts now receive additional funds through Medicaid for services, including school social work services, provided to income-eligible students. Generally, services are documented within a student’s Individual Education Plan (IEP). Most school districts taking advantage of this funding source contract with an outside agency to manage the claims. How much money is generated through this avenue is dependent upon the number of income-eligible students receiving services and the level of services provided. Questions about the Wisconsin Medicaid School-Based Services Benefit can be directed to Provider Services within the Department of Health and Family Services (DHFS) at (800) 947-9627 or (608) 221-9883 or at dhfs.wi.gov/medicaid/.

**School Meals**

Some income-eligible families may not be enrolled for free or reduced school meals and may fall behind in their payments to the school. By identifying these families and helping them to enroll in this program, the school social worker has generated additional revenues for the school district that it may not have been able to otherwise recover.

**Grants**

Some school social workers successfully write and manage grants administered through the Department of Public Instruction and other organizations. These grants fund programs and services that the school district would not otherwise be able to provide.
Outcome Evaluation of School Social Work Services
Nic Dibble, CSSW, CISW
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Wisconsin Department of Public Instruction
September, 1999

Overview

As many Wisconsin school districts’ budgets become tighter, accountability of educational programs and services has become even more imperative. Pupil services professionals have traditionally been able to provide adequate process or formative evaluation data, e.g., how many students were seen, how many evaluations and support groups were conducted, how many home visits were made, but little has typically been done to conduct outcome or summative evaluation. This is in large part due to the difficulty, time and resources involved in traditional outcome evaluation of prevention and early intervention services.

Newspapers commonly report the results of statewide, standardized tests of area school districts and school buildings, often in ways that facilitate comparison with each other. Consequently, academic achievement and performance on these tests may become communities’ primary “yardsticks” for their respective school districts. School boards may in turn place greater value on instruction and services that enhance academic achievement when considering budget cuts.

As a result, now more than ever before, school social workers need to document positive outcomes for students related to the provision of their work. The challenge is to locally design a simple, valid evaluation system that addresses the priorities of the school district while not consuming inordinate amounts of time and resources. This paper 1) reviews available, relevant literature regarding outcome evaluation of school social work services, 2) includes salient passages from this literature which provide critical direction in designing outcome evaluation, 3) provides suggestions to help guide local design, and 4) outlines a process to develop an outcome evaluation plan using readily available data commonly gathered by school districts that reflects progress on school districts’ goals and is indicative of the positive impact of school social work services.

Summary of Literature Review

A Practice Effectiveness Series paper from the National Association of Social Work (NASW) School Social Work Section (1997), School Social Work Interventions That Work, summarized 67 studies addressing school social work service outcomes. The studies are divided into five areas: 1) school performance, 2) social problem solving, 3) family functioning, 4) psychological coping, and 5) home-school relations. Summaries of preschool studies showed “when school social workers systematically involved parents in their preschoolers’ education, the children achieved notable improvements on measures of school readiness and school adjustment.” (p. 2) This finding is consistent with other literature that demonstrates students’ academic achievement is enhanced significantly when their parents are involved in their educations. On the middle school level, “a combination of counseling, educational intervention, and linkage to services, resulted in improved school attendance, gains in academic achievement, and improvements in
classroom behavior.” (p. 2) Another reported finding at the middle school level was “at risk students who had received task-centered case management services showed a significant improvement in their report card grades, school attendance, and teacher-reported classroom behavior.” (p. 3) Only anecdotal information was found concerning the effectiveness of school social work on the high school level.

A publication from the UCLA School Mental Health Project, *Introductory Packet on Evaluation and Accountability: Getting Credit for All You Do!* (1997) reviewed work done by Strupp and Hadley (1977) and a report by the Center for School Mental Health Assistance which convened a panel of national experts in Baltimore in 1996 “to explore relevant issues and methods to document the effectiveness of school mental health services” (p. 42). This review examined the different interested parties that have a stake in accountability, including the community and the school, and the different indicators and measures each party requires. It is instructive to note that the accountability factors valued by the *community* are those issues commonly addressed by school social workers:

- adolescent pregnancy,
- family preservation and youth foster care placements,
- homelessness,
- juvenile crime,
- emotional and behavioral problems,
- substance abuse,
- youth employment and readiness for adult employment, and
- violence, including child abuse and suicide.

However, school social workers are not employed by community-based organizations, e.g., counties or cities. Rather, they are primarily responsible to their respective school districts. The priority accountability factors for *schools* identified in this publication differ significantly from those listed above and are more oriented toward academic-related outcomes:

- academic achievement and grades,
- graduation rates,
- students continuing on to post-secondary education,
- cooperation and good work habits,
- school attendance,
- school violence and aggression,
- established linkages between the child and other needed services,
- suspensions and expulsions, and
- referrals for misbehavior and learning problems.

This publication from the UCLA School Mental Health Project also included a number of statements that are instructive when trying to design simple, valid outcome evaluation systems for pupil services. The bracketed phrases in italics are added to highlight the different stakeholders, i.e., the community and the school district, that are the focus of this article.
“Data are gathered on indicators that reflect the institution’s [i.e., school district’s] purposes.” (p. 19)

“When it is clear that student data are needed, the next consideration is whether the information already is in accessible, existing records.” (p. 31)

“The data sample initially consists of that which can be readily gathered on a regular basis. Subsequently, again reflecting matters of greatest concern to those demanding accountability [i.e., the school board and administration], step by step strategies can be developed to establish systems for amassing regular findings related to key variables and specific population subgroups.” (p. 18)

“In gathering data related to intervention effectiveness, it is important to remember that some interventions are meant to change the school, classroom, home, and so forth. When interventions are designed to alter environments, then sound accountability focuses not just on assessing students but also evaluating environmental changes. Often, the primary need is to assess how well external barriers to learning have been addressed.” (p. 31)

“. . . it can be extremely costly and time consuming to be accountable to all parties with interests in the productivity of an intervention. In most situations, the reality is that only a sample of data can be gathered.” (p. 18)

In addition to identifying accountability issues for different stakeholder groups, members of the Baltimore panel made comments that were considered noteworthy conclusions and are instructive to the purpose of this article.

“In essence, most school-based mental health programs should be interested in evaluating the effectiveness of programs, not in evaluating the efficacy of particular treatments.” (p. 47)

If school-based mental health programs strive to target ‘resilience factors,’ or variables that have been shown in the literature to promote positive psychosocial adjustment in youth under stress (e.g., family support, social skills, involvement in meaningful activities), the likelihood that these programs will show positive and meaningful impacts should be improved.

There is a continuum of school-based mental health programs in terms of their sophistication and resources available to them. ‘Cadillac’ programs will have a much greater chance of documenting program benefits than smaller, more isolated programs. In essence, program planners should consider the ‘minimum threshold for evaluation’ to avoid the worst case scenario of evaluating a small program, finding negative results, and then losing funding. Generally, the group recommended that comprehensive evaluations only be conducted for programs (i.e., not one part-time clinician in one school), that preferably have institutional backing (e.g., from a university or community health/mental health agency). [Note: the context for this panel’s review included school-based mental health programs that receive significant community funding from third party payers, managed care companies, etc., an arrangement that is uncommon in Wisconsin]

Evaluation should be tailored to the size and nature of the school-based mental health program. Small programs should emphasize evaluation of the impacts for individual children, and should not undertake systems evaluations, as systems level changes will probably not be shown. Systems level evaluations should be limited to larger programs with more resources. Essentially, school-based mental health programs should conduct a ‘self-evaluation process,’ to guide decisions about the appropriate evaluation strategy.” (p. 47)
Finally, the Baltimore panel also generated a list of principles that characterize good evaluation of pupil services programs.

1. “Being relevant to the type of services provided and the population served,
2. having an evaluation system that would be generalizable to different programs and different student populations,
3. viewing evaluation as an ongoing process, which provides feedback to efforts to continuously improve services,
4. attending to cultural sensitivity in evaluation processes and measures,
5. involving key ’stakeholders’ in the evaluation process, such as students, families, school staff, and funders,
6. including multiple levels of assessment, for example, measuring student grades and absenteeism, as well as satisfaction of teachers with the program,
7. being relatively simple and ‘doable,’
8. focusing on factors that are likely to be affected by the program, and
9. using measures that are ‘face valid,’ or make sense to those completing them.” (p. 43)

There are other articles that provide additional critical direction in the development of outcome evaluation of school social work services. In a paper that discusses how school social workers can evaluate their practice on a regular basis without the additional expenditure of significant time or cost, Staudt and Alter (1992) identify six best practices:

1. “The target of the evaluation effort must be stated. Is intervention for the purpose of individual change or group change?
2. The goal of the intervention must be operationalized and described in measurable terms. Poor self-concept, acting out behavior, and poor peer relations are examples that need to be described in more concrete and measurable terms.
3. A reliable and valid measuring instrument(s) or data collection must be chosen. This device must accurately measure the behavior that one hopes to change through intervention. This same measuring tool is used during the intervention at several different times.
4. Related to the above, it must be decided from whom the data will be collected - e.g., student, teacher, or parent. This needs to be a collaborative effort. A school social worker cannot expect a teacher to complete a checklist or observe certain behaviors if the teacher has not been involved from the very beginning in assessment and intervention planning.
5. The frequency of collecting data must be decided. While data must be collected several times during the intervention, the situation itself will impact on how often data are collected. Obviously you will not ask a student to complete a self-concept scale on a daily basis. You may ask that same student to count on a daily basis the number of times he or she initiated contact with another student.
6. If practice evaluation is to have an impact beyond an individual social worker’s practice, then a means of aggregating data across practitioners must be established. Staudt and Craft (1992) describe an information management system that has been used in school social work practice. Such a system can begin to provide overall effectiveness of certain interventions with various population groups.” (p. 56)
Allen-Meares, Washington, and Welsh (1996) cite nine modalities identified by Radin to assess school social work services: 1) hard data, i.e., school records, 2) tests, 3) observations, 4) rating scales, 5) questionnaires, 6) simulations, i.e., role plays, 7) graphics, i.e., mapping behavioral change over time, 8) interviews, and 9) self reports. The authors note these methods range from quantitative, e.g., tests and hard data, to qualitative, e.g., self-reports and interviews. Notable conclusions include:

- “Quantitative modalities that document service effectiveness tend to influence administrators, boards of education, and funding sources more than the qualitative modalities which stress thoughts, experiences, and observations.” (p. 295)
- “Although any of or all of the above will facilitate the job of evaluating, the keys to achieving outcome and program evaluation are (1) the development of a plan for evaluation at the time a service is designed, (2) discipline to maintain accurate records during the service period, and (3) the fortitude to complete the evaluation and reporting process.” (p. 301)
- “In addition, when a summative report is submitted to administration, the contribution of social work service is substantiated. In times of financial retrenchment, when jobs are on the line, social workers often scramble to defend their worth. For the social worker who has maintained yearly reports, data are readily available and convincing.” (p. 305)

Conclusions from the Literature Review

1. **Determine what the priorities of your school district are and design an outcome evaluation system that will demonstrate how your services contribute to at least one of those priorities.** Most school districts have established plans with goals that have been endorsed by their respective school boards. Some of these goals may match well with school social work services, e.g., increased parent involvement, improved linkages and collaboration with the greater community. Invariably, at least one of these goals addresses academic achievement and, more typically now, stresses the importance of all students reaching high academic standards. School social workers have traditionally worked with the most disenfranchised students who, for circumstances often beyond their control, have had difficulty achieving academically. School social workers have an ideal opportunity to show how their services are a critical part of the school-community if indeed all students are to reach high academic standards.

2. **Determine what data is already collected and available. Use that whenever possible.** Schools collect a great deal of student information that can be accessed in either individual or aggregate forms without administration of additional tests, checklists, etc. Examining existing school records before and after interventions to determine if changes occurred in any of these factors is a simple and straightforward method of outcome evaluation.

3. **Design your outcome evaluation system to match the scope of your school social work services.** If your services target individual students, the data you choose to access and use should be related to those same students. If your services involve a school-wide intervention, then your chosen data should reflect school-wide changes, e.g., aggregate student data.
4. *When designing your outcome evaluation system, be sure to involve others in the school-community who will be involved in providing and gathering the data.* This means talking to teachers, other pupil service providers, secretaries, teacher aides, police liaison officers, anyone who either will be asked to provide new information, e.g., through a checklist, or to provide help with accessing existing data, e.g., attendance or discipline records. Be sure to have the support of the people you will have to depend upon to implement your outcome evaluation system. Ideally, activities of all pupil service providers within the school district (or at least the school building) are designed, implemented and evaluated on a collaborative basis.

5. *Make sure the variables you decide to evaluate are the correct ones, i.e., the variables will accurately reflect changes in the behaviors, knowledge, and/or skills the school social work service is designed to impact.* Clearly, if you’re trying to reduce truancy, the primary variable is school attendance. Other times, it may be harder to determine what variable(s) will be affected by the intervention. For instance, family interventions may not initially yield readily apparent changes in school performance. In situations like that, look for variables that have consistently been shown over time through research to significantly impact student achievement, e.g., increased parental involvement, students eating breakfast prior to school on a regular basis. Another method is to simply use a common sense approach, e.g., a student who reduces the number of times he/she falls asleep in class can pay attention better to classroom instruction. Ultimately, the variables chosen to evaluate should have a clear link to students’ improved school performance associated with the school social work service.

6. *Whenever possible, gather data on multiple variables from multiple sources.* There’s an old saying, “Don’t put all of your eggs in one basket.” It holds true for evaluation, too. You have a much better chance of demonstrating the impact of your school social work services if you are looking for changes in more than one variable and are gathering this information from more than one person or source.

7. *Don’t try to evaluate everything you do. Rather, select at least one program or service to evaluate and do it well.* You are better off having solid outcome data on a single aspect of your school social work services that clearly demonstrates a benefit valued by your school board than to have evaluation data “a mile wide and an inch deep” that can be easily dismissed or ignored.

8. *Keep the KIS rule in mind: Keep It Simple.* Your outcome evaluation system should be simple, “doable,” and based upon common sense evident to people outside pupil services and education. Your audience is not a group of university professors or the editors of a professional journal. If your outcome evaluation system can only be understood by someone trained in evaluation, then you may have trouble communicating what data you collected and how you did it to school board members. In addition, you may have difficulty gaining the support of fellow school and community colleagues to carry out the evaluation if they think it’s too complicated. It is not necessary to design an outcome evaluation system with treatment and comparison groups. Simply looking at pre and post data, where it is reasonable to believe your school social work intervention had a significant and tangible impact, can be
9. Make sure your evaluation doesn’t treat groups differently. Evaluation processes and measures should be culturally sensitive and data should not be collected in a way that would treat students differently based upon gender, race, socioeconomic status or any other factors.

10. Make sure the instruments used, if any, will accurately measure the targeted behaviors, knowledge, and/or skills. As noted above, use of instruments can be avoided by using existing data that is already collected by the school or the greater community. If it is necessary to use an instrument, try to select an existing one that, if not formally evaluated, has at least been field tested in some type of systematic manner, and can be administered over time with reliability. However, if nothing is available, don’t hesitate to design your own instrument, especially if your evaluation outcome system is simple and straightforward.

11. Share your evaluation results with administration, the school board, and the community at least annually. Don’t wait until school social work services are proposed to be cut or eliminated to let people know about the effectiveness of school social work services. Be proactive and make sure you present your evaluation data in a manner that best reflects the positive outcomes of your work.

12. Use the evaluation data to improve your school social work services. While outcome evaluation can help document the critical value of particular services and instruction, it should also be used to help improve your school social work practice. If your evaluation is perceived as being self-serving, i.e., done only to protect your job, it may not be as well received by school board members.

Steps to Develop Your Evaluation Plan

Development of outcome evaluation plans for pupil services traditionally has followed these steps: 1) define the services provided, 2) identify the desired outcome(s) of those services, 3) determine or develop a method(s) to measure the accomplishment of the desired outcome(s), and 4) gather the data to assess the level of success. It is the last two steps that can be most daunting and resource-consuming. Even if the expertise, funding and time is available to implement all four steps, there is no guarantee that a school board will value the outcomes of these services, because they may not match its priorities, e.g., academic achievement.

The Baltimore panel, described in the publication from the UCLA School Mental Health Project cited earlier, enhanced and endorsed a proposal from the staff of the Center for Mental Health Assistance on a process for pupil services evaluation.

1. “Define the program (e.g., number of clinicians, funding, provided services).
2. Define the stakeholders for the program and determine their interests and goals.
3. Develop program goals so that they reflect interests of stakeholders.
4. Develop a realistic evaluation plan, focusing on outcomes that are of interest to stakeholders, and that can be collected within the pragmatic constraints of the program.
5. Gain feedback from the stakeholders on the evaluation plan and modify the plan based on this feedback.
6. Implement the evaluation plan and monitor its implementation.
7. Organize program evaluation findings.
8. Present program evaluation findings to representative stakeholders for their feedback and input.
9. Modify and improve the program based on results of the evaluation.” (pp. 47-48)

What follows is a step-by-step process which includes most of the steps above, i.e., Steps #2, #4 and #6-8, but is still fundamentally different from traditional outcome evaluation. Rather than starting with and focusing on the school social work services provided (Step #1 above) and the development of program goals (Step #3 above), this process seeks to identify the congruity between the school district’s goals, the readily available data collected by the school district, and the school social work services. This helps increase the likelihood the identified outcomes will be valued by the school board and reduces the time and resources necessary to implement the outcome evaluation plan. Please note that while Step #9 is not specifically included in the process below, it is consistent with Conclusion #12 listed above in the previous section of this article, and is a logical and important follow-up. The process that follows is limited to the planning necessary to identify critical data indicators which are readily available or easily obtainable and are of value to the important decision-makers in school districts, and how this data can be used to support the effectiveness of school social work services.

The first few narrative steps of this process described below are represented by the corresponding numbers in Figure 1. The intersection of the three circles identifies the data collected by a school district that represents progress on one or more of the school district’s goals, and reflects the positive impact of at least some portion of school social work services.

**Figure 1**
1. **Who is your audience? What stakeholders are you trying to influence? To whom will you present the findings of your outcome evaluation? What does your audience value? What established priorities or goals does your audience have?** Your audience is the people to whom you are accountable. With few exceptions, this will be your higher-level school administration and school board. Building principals and directors of pupil services generally understand and value the contributions of school social workers, because they see the impact of these services in their daily work. However, these are not the people who ultimately determine staffing levels in school districts. The demonstrated positive outcomes of your school social work services need to be consistent with what your audience thinks is important for your school district to accomplish. Almost all school districts have written goals which they use as benchmarks to determine if they are making progress in identified priority areas, e.g., academic achievement, graduation rates, attendance rates, parent involvement. Your audience and goals are represented visually by the School District Goals circle in Figure 1.

2. **Which one or more of your audience’s established priorities or goals do your school social work services tangibly and significantly impact?** Outcome evaluation is not about counting how many home visits were made, support groups were facilitated, or developmental histories were completed, although this kind of data is relatively easy to collect and is useful in documenting what you do. Outcome evaluation is about what tangible, positive changes have occurred that are to a substantial degree due to the provision of your school social work services. Another way to look at this is to ask yourself, if my school social work services were not provided, would significantly less progress be made on any of the school district’s priorities or goals? Once again, this question should be asked consistent with the scope of your intervention, i.e., individual students vs. a school-wide program. This is a critical step in the process and you need to set a high standard for which one or more of the school district goals you believe are tangibly and significantly impacted by your school social work services. The greater the impact of your school social work services on any given goal, the more power and influence your results will have on your audience. The school social work services that tangibly and significantly impact one or more school district goals are represented by the intersection of the School District Goals and School Social Work Services circles in Figure 1. The more of your school district’s goals your school social work services tangibly and significantly impact, the greater the extent of the overlap between these two circles. It is important to note the degree of overlap of these two circles may vary significantly from Figure 1, e.g., the entire School Social Work Services circle could be within the School District Goals circle.

3. **What data does your school system presently collect that can help document progress on your audience’s priorities and goals? What data is available to you? What data is easily obtainable?** School districts collect a great deal of data and much of it is longitudinal, allowing retroactive analysis to evaluate progress. Examples are grades and grade point averages, attendance, tardies, suspensions, expulsions, retentions, a variety of demographic information, at risk students, passing/failing students, academic credits, students receiving awards, results of attitude surveys, abuse and neglect referrals, extracurricular violations, detentions, graduates/dropouts, school age parents, student mobility, disciplinary and law enforcement referrals, 504 students, special education referrals/placed/dismissed, use of student assistance program groups, test scores, parents attending conferences and meetings,
students receiving free and reduced hot lunch, students involved in extracurricular activities, and conduct grades and classroom work habits from report cards. It is important to take the time to make an exhaustive list of available and easily obtainable data from which you can choose in Step #4. This data is represented by the intersections of the School District Goals and Available Data circles in Figure 1.

4. Which of the identified data are appropriate indicators of the success or progress of one or more of your school social work services? Of the data you have listed in step #3, which are significantly and tangibly impacted by your services? The more reasonable it is for your audience to believe that your services impact the data you are presenting to them, the more likely it is they will conclude the positive changes in the data are at least in part attributable to your services. This data is represented by the intersection of all three circles in Figure 1.

5. Which of the identified data indicators from step #4 that a) address one or more of your audience’s priorities and b) are significantly and tangibly impacted by one or more of your services, will you use and analyze? At this point in the process, you should have a manageable list of data from which to choose. Which are easiest to access? Which will be most compelling to your audience? On face value to your audience, which data are most impacted by the provision of your school social work services? These are the questions that should guide your final decisions in the development of your outcome evaluation plan for school social work services. Briefly describe the rationale you will use to link each type of data to your school social work services.

Example

What follows is a simple example of how school social workers in a school district might follow this process. It is recommended that initial attempts to implement this process be modest and used to help identify critical data that are most indicative of the positive impact of school social work services. Once this is determined, more ambitious evaluation plans can be undertaken.

Step #1 Although there have been no overt discussions about reducing school social work services in the Anywhere School District, the school board is beginning to look at strategies to identify funds to reduce class sizes. While building principals and the pupil services director are very supportive of school social work services, the school board and upper administration appear to see these services as being peripheral to academic achievement. The school social workers decide to attempt to document positive outcomes that are strongly related to one or more of the school district’s long-range goals and the provision of their school social work services.

Step #2 The school board annually reviews data related to each of the district’s long range goals to assess progress. One of the priority goals of the school district is to increase student attendance. The school social workers decide to focus their evaluation efforts on this goal.

Step #3 They make an exhaustive list of data that their schools collect related to attendance.
Step #4 The primary data the school social workers decide to collect is attendance, tardiness, and chronic truancy. However, they also hypothesize that if the attendance of the students they serve improves, their academic achievement is likely to improve, too.

Step #5 As a way of “field testing” their evaluation plan, the school social workers decide to initially limit their data gathering to one of the middle schools. Data will be analyzed for each student receiving significant school social work interventions for the school quarters prior to, during, and following the services. Attendance and tardiness figures are stored on a computer in the school’s office; the school social workers obtain permission to access and download this information periodically. They already monitor all chronic truancy referrals and can easily include this data in their evaluation plan. The school has an established system where all middle school teachers enter the academic achievement data, i.e., scores on homework assignments, quizzes and tests, of each of their students in a computerized database. Teachers agree to periodically print out this information for each identified student and share it with the school social workers in exchange for receiving a summary of the analyzed data.

Conclusion

Increased accountability, especially related to academic achievement, is becoming the norm in education. State-wide, standardized tests and revenue limits on school districts are combining to focus the attention of school boards on instruction and services which they perceive as directly impacting academic achievement, sometimes at the expense of other services which may consequently be perceived as more peripheral and less important.

School social workers need to document positive, academic-related outcomes for students that are due, at least in part, to the provision of their work. These outcomes need to be valued by the school board and administration if these people are to believe school work services are core and fundamental to what schools do to help students be successful.

School social workers are encouraged to consider the suggestions and process outlined in this paper to develop their own outcome evaluation plan using readily available data gathered by their respective school districts that reflects progress on their school districts’ goals and is indicative of the significant and positive impact of their services.

References


School Social Work Association of America Resolution

School Social Worker Staffing Needs

SSWAA recommends that the ratio of Master of Social Work (MSW) level school social workers to students be 1:400.

Social, emotional, and behavioral problems are creating barriers to educational success for an increasing number of students. According to the National Mental Health Association, fewer than one in five of the 17.5 million children in need of mental health services actually receive the needed services. SSWAA believes the number of school social workers must be significantly increased in order to adequately and appropriately meet the needs of all students.

In order to more effectively assist students’ focus on learning, remove barriers to achievement, decrease school violence, and improve the school climate for all students and staff, SSWAA supports a maximum ratio of one school social worker to 400 students (1:400). SSWAA believes adherence to this maximum ratio is essential if school social workers are to provide effective services and be viewed as a valuable member of the school’s interdisciplinary team.

The scope of responsibilities and involvement of the school social worker is broad:

- Prevention and intervention services (strengthening school systems, fostering healthy climates)
- Assessments (special education evaluations, functional behavior, manifestation determinations, behavior interventions, mental health)
- Counseling services (individual, group, and family counseling; alcohol and drug counseling)
- Consultation (classroom observations, teacher consultations, case conferences, consultation with administration on program needs)
- Parent and community liaison (home-school-community liaison, engaging community in student success, home visits)
- Reducing violence (child abuse recognition and reporting, crisis intervention, peer mediation, anger management, bully proofing)
- Referrals and Collaboration (linking students to community resources, collaborating with outside agencies)
• Assuring compliance with federal mandates (504 staffing, IDEA compliance, Medicaid documentation)

• School involvement (classroom presentations, school-wide assembly presentations, participation in school committees)

• Training (social skills training, parenting skills, staff in-service, parent-teacher organization training)

In addition, school social workers are responsible for the planning, evaluation, and documentation associated with all of the above.

SSWAA recognizes that many school social workers are currently responsible for several times the recommended number of students, and this demand severely impacts their ability to provide adequate services to all students. In addition, SSWAA recognizes that some situations will require a lower staff-to-student ratio than the suggested 1:400 ratio. The optimal staffing ratio is dependent upon a number of variables such as the socioeconomic status of the community, the resources of the educational system, and the characteristics of the student population: factors that can converge to seriously compromise delivery of services to students. Therefore, in situations where a large percentage of the school social worker’s caseload is comprised of students with heightened levels of needs or risk (e.g., physically challenged, developmentally delayed, economically disadvantaged students, or at-risk students), a significantly lower staff-to-student ratio is required in order for the school social worker to effectively deliver needed services.

Historically, ratios of school social workers to students were published by the National Council of State Consultants for School Social Work Services (School Social Work Journal, Fall 1981, Vol. VI No. 1) and included in the 1992 NASW Standards for School Social Work Services (Appendix A, pp. 18-19) and provided as guidelines to school districts as they considered staffing needs. SSWAA is committed to ongoing exploration of the ratio issue in the interest of determining best practices based on research and collective practice wisdom.

Revised and Approved by the SSWAA Board of Directors
August, 2005
A Lifeline for Troubled Students: School Social Workers Deal with a Wide Range of Social, Emotional, and Academic Issues

American School Board Journal, December 2005

By Susan Black

What do school social workers do? And how are they different from school counselors? I decided to find out, making a city middle school my first stop.

The assistant principal who showed me to a cubby-sized office shared by two social workers wasn’t surprised to find empty desks. “They bounce all over,” he explained, pointing to a whiteboard where the social workers had jotted their morning appointments. One was meeting with a pediatric nurse about a severely asthmatic child, and the other was visiting a family that had adopted a child who was hearing impaired.

The National Association of Social Workers says these professionals’ days are filled with a steady stream of students who need help. A focus group of New York City’s school social workers, convened by NASW in May 2004, said referrals from teachers, principals, and parents consume much of their time. On top of that, many troubled kids stop school social workers in hallways or show up at their office pleading for help.

Much of their work requires stamina, patience, and quick thinking. A high school social worker in the focus group described a “fast-paced, typical morning” in her 4,000-student school, during which she worked with a teen suffering from depression, a girl who was being sexually harassed, a group of gay and lesbian teens who were being taunted by other students, a teen who was about to move from foster care to her father’s custody, a girl who had deep self-inflicted wounds, and a group of rebellious kids who persistently cut classes.

Working with younger students can be just as challenging -- and equally exhausting. A prekindergarten social worker said she’s on call to soothe 4-year-olds’ fears and calm their tantrums. Another told of working with a pediatric neurologist and an occupational therapist to help a particularly “disruptive and occasionally dangerous 6-year-old boy” settle down and learn with his first-grade classmates.

Clearly, as Susan Miller points out on the Career Counselor page of the Los Angeles Times website, “some school social work duties overlap with the duties of school counselors.” But, she says, “unlike school counselors, school social workers generally do not deal with career and academic advising. They use their expertise in psychosocial systems to make sure that a student’s support system is functioning well.”

Providing a safety net

A veteran social worker in northern Michigan told me students appear in her office with problems that were almost unheard of a few years ago. “I never dreamed that I would be working with kids -- some as young as 12 -- who are addicted to gambling,” she said. “And I never foresaw the day when kids would show up with self-inflicted cuts from knives and razor blades, and burns from matches, cigarettes, and even torches.”
Dream on.

School social workers told the NASW focus group that they routinely tackle problems like these, plus other “dreaded realities,” such as domestic violence, gang violence, and child abuse. Kids who experience these problems usually are too upset to learn. Passing tests and getting high grades are often the last things on their minds.

Many school social workers faulted school leaders for demanding high test scores but ignoring realities that interfere with kids’ learning. “My school defeats its own purpose,” one said, referring to her principal’s single-minded emphasis on state tests. “He doesn’t understand that reaching out and rescuing kids in crisis would help raise our school’s overall achievement.”

Rescuing kids often means providing a safety net and, in dire cases, a lifeline, says Patricia Sullivan, a social worker in the New York City schools. She furnished much-needed help for a 15-year-old boy who attempted suicide to escape his father’s brutal beatings. She worked with the boy for three years, until he marched across the stage at his high school graduation.

And she provided a safety net for a 12-year-old girl who tried to save her brother as he lay dying from a gunshot wound. Sullivan picked up where other agencies left off -- including those that provided psychiatric care and medication -- and gave the girl ongoing emotional support and encouragement. Now the girl is about to graduate from college with honors. She signed a thank-you note to Sullivan, “All the achievements I make, we make.”

A changing profession

A social worker I spoke with described how she sorts out problems.

“It’s simple,” she explained. “If it bleeds, I use speed. If it can wait, I set a date.” Moments later a teacher called on her office “hot line,” and she rushed off to investigate bruises and welts on a third-grader’s neck and shoulders. As she left, I wondered how she -- and other social workers like her -- would cope with proposed changes in their profession.

Andy Frey of the University of Louisville and David Dupper of the University of Tennessee-Knoxville describe an emerging theory that has school social workers “targeting systems rather than students.” (See sidebar.) In the new model, social workers would be expected to work side-by-side with school leaders to:

• Improve their school’s culture and climate;
• Establish and communicate standards for acceptable school behavior;
• Design and promote classroom programs that blend academic and social learning;
• Eliminate school barriers to learning, such as tracking and ability grouping; and
• Abolish zero tolerance and other policies that contribute to high dropout rates. (See “Beyond Zero Tolerance,” September 2004).
Judith Shine, president of the School Social Work Association of America, agrees that school social workers need to do more than deal with “crisis after crisis.” Shine urges the group’s members to be “change agents” for students, families, and school systems.

In a 2003 resolution titled “Helping Students Stay in School,” the association recommends tackling “systemic barriers to learning and graduation.” Social workers can reduce the number of dropouts, SSWAA says, by developing system-wide plans and programs such as:

- Curriculum-based lessons on social skills and life skills;
- Mentoring programs;
- Alternative routes to earning high school credits;
- Career and technical skills training;
- Learning opportunities based on different learning styles;
- Smaller school and class sizes;
- Smooth transitions for students; and
- School-community collaboration.

**Identity problems**

Social workers understand kids, but do they understand systems? Are they willing and able to step up to whole-school reforms? So far, the answers aren’t encouraging.

For starters, says Kristine Tower with the University of Nevada, Reno, school social workers need to overcome an “image crisis” that keeps them sidelined in many schools.

In her 2000 study of social workers in Nevada’s 17 school districts, Tower found that special education teachers and administrators are more positive about counselors and psychologists than they are about social workers. She also found that many teachers view their school’s social workers as outsiders.

Jacqueline Agresta, a social worker with New York’s Long Beach City School District, reports a similar identity problem. Few administrators “know what social workers do,” she says. As a result, many administrators place higher value on school counselors and psychologists.

And Agresta turned up another serious barrier to recasting social workers as district-wide change agents: Most social workers, she says, don’t want to change. Her 2004 study shows that social workers would rather spend more time on individual and group counseling and less time on consultation with teachers, administrators, and community agencies.

**The Medicaid connection**

The way many school social workers are paid is another serious problem.
Frey and Dupper report that 95 percent of the school social workers in New York, Illinois, New Jersey, and Michigan are paid, at least in part, through special education funds. Many school districts receive Medicaid reimbursements for social work services such as providing treatments outlined in special education students’ IEP treatment plans and referring students to outside agencies for evaluations, therapy, and medication.

Medicaid reimbursements for mental health services are likely to “keep school social workers entrenched” in special education, Frey and Dupper contend. Several states allow social workers to accept Medicaid funds only for counseling services, a restriction that limits them from working on school reform initiatives.

Frey and Dupper are wary of some Medicaid stipulations. For example, requiring social workers to pull kids out of classrooms for individual or small group counseling is “sporadically effective.” And targeting services only for students who meet specific psychological criteria means general education students receive fewer social work services.

Many school social workers see Medicaid reimbursements as an “enticing option,” but Frey and Dupper say it’s an option they should “pursue cautiously.” That’s wise advice, given that Medicaid could, sooner or later, put a time limit on reimbursements.

It’s hard to see what’s ahead for school social workers, but I hope the profession can overcome these problems for its own good -- and for the good of the kids who rely on them for help.

Susan Black, an ASBJ contributing editor, is an education research consultant in Hammondsport, N.Y.

**Selected references**


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Liability Protection

School social work practice is challenging for a variety of reasons, one of which being a level of professional risk in circumstances where parents or other individuals responsible for students object to services provided or the outcomes related to services provided. While social workers are expected to accept a certain level of professional and personal risk in their professional practice, there are some steps school social workers and other pupil services professionals can take to minimize their liability risk. These steps fall into three categories:

- legal,
- policy, and
- group practice.

State and federal statutes provide some immunity from civil and/or criminal liability for actions and/or inactions. Clearly, educators face many other situations where the law is silent regarding immunity from liability. In those circumstances, a school district may afford a level of protection to its employees by establishing policies and procedures that guide how specific situations will be handled. Finally, if there is no local policy approved by the school board, school social workers and other pupil services professionals who provide related services can meet and agree what procedures will be followed in given circumstances.

In civil lawsuits where an individual professional or group of professionals are alleged to have engaged in inappropriate conduct, the typical “standard of care” the court will apply is what an ordinary, reasonable, and prudent professional, with the same or similar training, would have done under the same or similar circumstances. Consequently, when there is no legal immunity from liability concerning a particular activity, it is helpful to have established procedures that all involved school professionals will follow in given circumstances, in order to establish a local “standard of care.”

Legal Protection

School staff who in good faith attempt to prevent a student suicide are immune from civil liability.

118.295 Suicide intervention; civil liability exemption. Any school board, private school, county children with disabilities education board or cooperative educational service agency, and any officer, employee or volunteer thereof, who in good faith attempts to prevent suicide by a pupil is immune from civil liability for his or her acts or omissions in respect to the suicide or attempted suicide. The civil liability immunity provided in this section is in addition to and not in lieu of that provided under s. 895.48 (1).

A pupil services professional or designated school staff member who discloses or fails to disclose information regarding a student’s self-disclosed AOD concerns is immune from civil liability.

118.126 Privileged communications.
(2) A school psychologist, counselor, social worker or nurse, or any teacher or administrator designated by the school board who engages in alcohol or drug abuse program activities, who in good faith discloses or fails to disclose information under sub. (1) is immune from civil liability for such acts or omissions. This subsection does not apply to information required to be reported under s. 48.981.
Any person making a report of suspected child abuse or neglect in good faith is immune from civil and criminal liability.

48.981 Abused or neglected children and abused unborn children.
(4) Immunity from liability. Any person or institution participating in good faith in the making of a report, conducting an investigation, ordering or taking of photographs or ordering or performing medical examinations of a child or of an expectant mother under this section shall have immunity from any liability, civil or criminal, that results by reason of the action. For the purpose of any proceeding, civil or criminal, the good faith of any person reporting under this section shall be presumed. The immunity provided under this subsection does not apply to liability for abusing or neglecting a child or for abusing an unborn child.

A school administrator, principal, pupil services professional or teacher is not liable for referring a student to law enforcement authorities for alcohol- or drug-related offenses.

118.257 Liability for referral to police.
(1) In this section:
(a) "Controlled substance" has the meaning specified in s. 961.01 (4).
(am) "Controlled substance analog" has the meaning given in s. 961.01 (4m).
(at) "Delivery" has the meaning given in s. 961.01 (6).
(b) "Distribute" has the meaning specified in s. 961.01 (9).
(c) "Pupil services professional" means a school counselor, school social worker, school psychologist or school nurse.
(d) "School" means a public, parochial or private school which provides an educational program for one or more grades between grades 1 and 12 and which is commonly known as an elementary school, middle school, junior high school, senior high school or high school.
(2) A school administrator, principal, pupil services professional or teacher employed by a school board is not liable for referring a pupil enrolled in the school district to law enforcement authorities, or for removing a pupil from the school premises or from participation in a school-sponsored activity, for suspicion of possession, distribution, delivery or consumption of an alcohol beverage or a controlled substance or controlled substance analog.

State and federal law does not explicitly provide immunity from liability for disclosures related to health and safety emergencies. However, by allowing confidential information to be shared under these circumstances without written consent, the implication is a school staff member is expected to act in these situations and could be held liable for failure to disclose information that could prevent or alleviate a health and safety emergency.

118.125 Pupil Records
(2) Confidentiality. All pupil records maintained by a public school shall be confidential, except as provided in pars. (a) to (p) and sub. (2m). The school board shall adopt regulations to maintain the confidentiality of such records.
(p) A school board may disclose pupil records to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of any individual.

Sec. 99.31 Under what conditions is prior consent not required to disclose information?

(a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by Sec. 99.30 if the disclosure meets one or more of the following conditions:
(10) The disclosure is in connection with a health or safety emergency, under the conditions described in Sec. 99.36, (Authority: 20 U.S.C. 1232g(a)(5)(A), (b)(1), (b)(2), (b)(4)(B), and (f))
Sec. 99.36 What conditions apply to disclosure of information in health and safety emergencies?

(a) An educational agency or institution may disclose personally identifiable information from an education record to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

(b) Nothing in this Act or this part shall prevent an educational agency or institution from--

(1) Including in the education records of a student appropriate information concerning disciplinary action taken against the student for conduct that posed a significant risk to the safety or well-being of that student, other students, or other members of the school community;

(2) Disclosing appropriate information maintained under paragraph (b)(1) of this section to teachers and school officials within the agency or institution who the agency or institution has determined have legitimate educational interests in the behavior of the student; or

(3) Disclosing appropriate information maintained under paragraph (b)(1) of this section to teachers and school officials in other schools who have been determined to have legitimate educational interests in the behavior of the student.

(c) Paragraphs (a) and (b) of this section will be strictly construed.

(Policy: 20 U.S.C. 1232g (b)(1)(I) and (h))

Policies Approved by Local School Board

One of the most fundamental and important responsibilities of local school boards is to establish policies that provide direction to administrators and other local school officials concerning what should be done in specific circumstances. For instance, a school board could establish a policy that states if a student is suspected of being suicidal, the building crisis team will follow an established set of procedures that include an interview with the student, contact with the student’s teachers and friends, contact with the family, and referral to community mental health professionals and law enforcement, as appropriate. Typically, these policies are drafted by qualified local school district officials and then approved by the school board.

Group Practice Decisions

When no policy exists, it is still possible for school social workers and other pupil services professionals to create some measure of liability protection by developing a standard of care through a group practice decision. Simply stated, the school-based mental health professionals (who have certain responsibilities in specific circumstances) meet and collectively agree how they will all handle a given situation, e.g., suicide risk screening. This group practice decision should be based upon reputable professional sources, identified best practices in the literature, and the pupil services professionals’ expertise.

Individual Practice Decisions

School social workers make individual practice decisions daily. It is not possible, nor advisable, to have school district policies or group practice decisions that cover everything that a school social worker does. However, for practice decisions that have a relatively higher possibility of civil litigation should parents’ prove to be dissatisfied with an outcome, school social workers may wish to consider the alternatives listed above to create a measure of liability protection.
### Special Education

Most school social workers in Wisconsin spend a significant amount of time working in the area of special education. The Special Education Team in the Department of Public Instruction maintains a website with an exceptional collection of information and resources. In order to make it easier to find what an educator is seeking, an alphabetical index has been established with electronic links to each topic. You can find this index at dpi.wi.gov/sped/tm-specedtopics.html. The home page of the Special Education Team is dpi.wi.gov/sped/index.html.

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Katrina, Hurricane – special education students
Laws, special education
Leadership, special education
Leadership conference
Leadership directory
Learning disability
Least restrictive environment
Licenses, special education
Local Performance Plan (LPP)

Maintenance of effort (MOE)
Mediation
Mental health day treatment services
Mission statement
Monitoring

Need for special education
Notice
No Child Left Behind - ESEA

Occupational therapy
Office for Civil Rights (OCR)
118.13, Wis. Stats.
Open enrollment

Open enrollment statistics
Opening Doors - transition
Orthopedic impairment
Other health impaired

Parent information
Parent rights statement
Physical education
Physical therapy
PI 11, Wis. Admin. Code
PI-1197-B, Pupil Nondiscrimination
Compliance Report Form
Paraprofessionals in special education
PI-2197, Federal Data Collection
Placement
Policies/procedures, model
Post High School Outcomes Survey
Preschool grants
Preschool, service delivery
Prevalence by disability statistics
Private placement
Private schools
Procedural safeguards
Publications, special education
Pupil nondiscrimination
Pupil records
Pupil/staff ratios statistics

REACH (Responsive Education...)
Records
Referral statistics
Regional service network (RSN)
Regulations, special education
Related services
Residential care centers (RCC)
Response to intervention (RtI)

Sample special education forms
School age parent
School psychological services
Section 504
Seclusion and Restraint Guidelines
Significant developmental delay (SDD)
Social work services
Special education paraprofessionals
Special education plan - See Local Performance Plan
Special education reports
Specific learning disabilities
Speech/language
Staff list, Special Education Team
State improvement plan (SIP)
State Superintendent's Fall Leadership Conference
State Improvement Grant (SIG)
State Performance Plan (SPP)
Summer school
Surrogate parent
Suspension statistics

Task force on caseloads
Training

Transfer pupils
Transfer students displaced by Hurricane Katrina
Transition
Transportation
Traumatic brain injury

Visual impairment

Wisconsin Administrative Code
Wisconsin Alternate Assessment (WAA)
Wisconsin Center for the Blind and Visually Impaired (WCBVI)
Wisconsin School for the Deaf (WSD)
WSPEI
Most publishers of assessment tools refer to the Standards for Educational and Psychological Testing. Four standards from the 1999 publication address the professional qualifications of individual test users.

**Standard 13.10** - Those responsible for educational testing programs should ensure that the individuals who administer and score the test(s) are proficient in the appropriate test administration procedures and scoring procedures and that they understand the importance of adhering to the directions provided by the test developer.

**Standard 13.11** - In educational settings, test users should ensure that any test preparation activities and materials provided to students will not adversely affect the validity of test score inferences.

**Standard 13.12** - In educational settings, those who supervise others in test selection, administration, and interpretation should have received education and training in testing necessary to ensure familiarity with the evidence for validity and reliability for tests used in the educational setting and to be prepared to articulate or to ensure that others articulate a logical explanation of the relationship among the tests used, the purposes they serve, and the interpretations of the test scores.

**Standard 13.13** - Those responsible for educational testing programs should ensure that the individuals who interpret the test results to make decisions within the school context are qualified to do so or are assisted by and consult with persons who are so qualified.
Qualification Levels for Educational Assessment Tools

The information below comes directly from the respective publishers unless noted otherwise.

**American Guidance Service (AGS) Publishing**
www.agsnet.com/assessments/test_user_form2.asp

All AGS Publishing tests are classified by a three-level user qualification code:

- Level A: User has completed at least one course in measurement, guidance, or an appropriate related discipline or has equivalent supervised experience in test administration and interpretation.
- Level B: User has completed graduate training in measurement, guidance, individual psychological assessment, or special appraisal methods appropriate for a particular test.
- Level C: User has completed a recognized graduate training program in psychology with appropriate coursework and supervised practical experience in the administration and interpretation of clinical assessment instruments.

AGS Publishing does not require schools placing test orders to fill out a Test User Qualification Form. Only individuals and organizations placing first-time test orders need to complete this form.

**Harcourt Assessment**

Harcourt Assessment has established a three-level (A, B, C) classification system to differentiate products according to the types of purchasers to whom tests may be sold.

- A-level instruments are those that do not require an individual to have advanced training in assessment and interpretation. There are no special qualifications to order these products.
- B-level tests may be purchased by individuals who are certified by a professional organization recognized by Harcourt Assessment to require training and experience in a relevant area of assessment. Practitioners who do not have a master's degree but who have completed specialized training or have developed expertise in a specific area may order B-level products to assess skills in the practitioner's area of expertise. B-level tests may also be purchased by individuals with a master's degree in psychology, education, or a related field with relevant training in assessment.
- C-level tests require verification of a doctorate in psychology, education, or a related field, or licensure. If you have certification by certain agencies or national organizations, such as ASHA or NBCOT, you may be able to purchase C-level products based on your training or expertise.

ASEBA does not have qualification levels like other publishers, but does require all purchasers to furnish evidence of their qualifications. Some tests, like the Semi-structured Clinical Interview for Children and Adolescents (SCICA), have additional qualifications for use (i.e., knowledge of the theory and methodology of standardized assessment, and supervised training in clinical interviewing of children and adolescents).

Riverside Publishing requires all first-time individual test purchasers to furnish evidence of their qualifications to use tests. Riverside reserves the right to require evidence of qualification on any or all subsequent purchases. Test use should be consistent with sound professional practice, particularly those principles outlined in the 1985 publication, Standards for Educational and Psychological Testing. This publication was developed by members of the American Psychological Association (APA), American Educational Research Association (AERA), and the National Council on Measurement in Education (NCME). Tests and their related materials are to be released only to persons with the knowledge and skills needed for effective test administration and test interpretation.

Riverside Publishing does not have qualification levels like other publishers, but some tests published by Riverside Publishing, including but not limited to the Stanford Binet Intelligence Scale, the Woodcock-Johnson III, the Das•Naglieri Cognitive Assessment System, and the Universal Nonverbal Intelligence Test must be administered by a trained, certified examiner. Purchase of these tests is therefore restricted to qualified examiners.
Assessment Instruments

The information below comes directly from the respective publishers unless noted otherwise.

Behavior Assessment System for Children, 2nd Edition (BASC-2)
Published by American Guidance Service (AGS) Publishing

This instrument is a comprehensive set of rating scales and forms, including the Teacher Rating Scales (TRS), the Parent Rating Scales (PRS), the Self-Report of Personality (SPR), the Student Observation System (SOS), and the Structured Developmental History (SDH). Together, they are designed to help understand the behaviors and emotions of children and adolescents.

This instrument may be purchased by:
- members of the American Psychological Association,
- members of the National Association of School Psychologists (non-student members only),
- members of the American Speech-Language-Hearing Association (for speech, language and auditory skills tests only),
- approved or accredited schools or colleges and government agencies,
- teachers with signed approval of an administrator (Level A and B tests only),
- graduate students with signed approval, and
- persons who are qualified at Level B or C.

Users must be qualified at Level C for the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), and Self-Report of Personality (SRP). For the Student Observation System (SOS) and Structured Developmental History (SDH), users must be qualified at Level B.

According to the manual, users are expected to have completed a recognized graduate training program in psychology; to have received formal academic training in the administration, scoring, and interpretation of behavior-rating scales and personality scales; and to have received supervised experience with such instruments. Most clinical, school, pediatric, counseling, neuro-, and applied developmental psychologists will have received such training.

It is not possible to determine solely by title, licensure, or certification who is qualified to use the BASC-2. A variety of other professionally trained or certified staff, e.g., psychometrists, educational diagnosticians, clinical social workers, psychiatrists, and pediatricians, might have received the necessary formal academic training and supervised experience to use instruments like the BASC-2.

Childhood Behavior Checklist (CBCL)
Published by Achenbach System of Empirically Based Assessment (ASEBA)

The Childhood Behavior Checklist (CBCL) obtains reports from parents, other close relatives, and/or guardians regarding children’s competencies and behavioral and emotional problems. Parents provide information covering their child’s activities, social relations, and school performance. The CBCL has items that describe specific behavioral and emotional problems,
plus open-ended items for reporting additional problems. Parents rate their child for how true each item is now or within the past six months using the following scale: 0 = not true (as far as you know); 1 = somewhat or sometimes true; 2 = very true or often true.

Eligibility to purchase ASEBA materials is determined on the basis of professional degree, licensing, relevant experience, and acceptance of the conditions indicated. Users of the CBCL are expected to have completed graduate training in standardized assessment of at least the Master’s degree, plus thorough knowledge of the relevant manuals and documentation.

Parent, teacher, caregiver, and self-report forms are self-explanatory. No special qualifications are needed for administering these forms, beyond the tact and sensitivity that are necessary in all dealings with parents, teachers, caregivers, youths, and others. These forms require no more than 5th grade reading skills.

The proper clinical and research use and interpretation of the materials require knowledge of the theory and methodology of standardized assessment, as well as supervised training in working with the relevant kinds of clients. The training required may differ according to the ways in which the data are to be used.

**Vineland Adaptive Behavior Scales (VABS)**
Published by American Guidance Service (AGS) Publishing

The Vineland measures personal and social skills used for everyday living. This assessment provides critical data for the diagnosis or evaluation of a wide range of disabilities, including mental retardation, developmental delays, functional skills impairment, and speech/language impairment. This instrument has also been proven to be an accurate resource for predicting autism and Asperger syndrome, among other differential diagnoses. The Vineland covers a wide range of adaptive behaviors (communication, daily living skills, socialization, and motor skills).

This instrument may be purchased by:
- members of the American Psychological Association,
- members of the National Association of School Psychologists (non-student members only),
- members of the American Speech-Language-Hearing Association (for speech, language and auditory skills tests only),
- approved or accredited schools or colleges and government agencies,
- teachers with signed approval of an administrator (Level A and B tests only),
- graduate students with signed approval, and
- persons who are qualified at Level C.

The Vineland Manual states that the Survey and Expanded forms must be administered by a psychologist, social worker, or other professional with a graduate degree and training in interview techniques. Level C qualification is expected.

The Vineland also offers a Classroom form for children age 3 through 12. This form is a questionnaire booklet that is completed directly by a teacher.
Adaptive Behavior Assessment System (ABAS)
Published by the Psychological Corporation, a Harcourt Assessment Company

The Adaptive Behavior Assessment System (ABAS) is a complete assessment of adaptive behavior. The instrument 1) determines how the individual is responding to daily demands, 2) helps develop treatment and training goals and determine eligibility for services and Social Security benefits, and 3) assesses individuals with mental retardation, learning difficulties, ADD/ADHD, or other impairments. In addition, the ABAS assesses capability of adults to live independently.

The ABAS may be used by individuals with B-level qualifications, i.e., people with a Master’s degree in psychology, education, or a related field with relevant training in assessment. This instrument may be purchased by individuals with a master's degree in psychology, education, or a related field with relevant training in assessment or who are certified by a professional organization recognized by Harcourt Assessment to require training and experience in a relevant area of assessment. These professional organizations include as part of their code of ethics the requirement that practitioners engage in aspects of their professions that are within the scope of their competence. Therefore, practitioners who do not have a Master's degree but who have completed specialized training or have developed expertise in a specific area, e.g., neurodevelopmental treatment or infant development, may order B-level products to assess skills in the practitioner's area of expertise.

Scales of Independent Behavior – Revised (SIB-R)
Published by Riverside Publishing/Houghton Mifflin

The Scales of Independent Behavior-Revised (SIB-R) is a comprehensive, norm-referenced assessment of adaptive and maladaptive behavior. It may be administered in a structured interview or by a checklist procedure. All items appear in each response booklet to facilitate either administration procedure. The SIB-R is a revision of the Scales of Independent Behavior, published in 1984, and includes a number of improvements and additions.

Test use should be consistent with sound professional practice. Tests and their related materials are to be released only to persons with the knowledge and skills needed for effective test administration and test interpretation. The following accredited educational institutions and qualified private agencies and individuals may obtain test materials:

- accredited schools and colleges,
- teachers authorized by an administrator,
- accredited hospitals, rehabilitation centers, and other medical facilities,
- graduate and undergraduate students and researchers (for research purposes)
- University libraries agreeing to the following conditions: (1) materials will be kept in locked files, and (2) materials will only be released to students or personnel who need them to meet course or research requirements upon approval of the appropriate faculty member.
A new SIB-R checklist booklet can be completed by a teacher, psychologist, or social worker directly, or with the help of special interview materials that involve parents. The SIB-R was designed to be an integral part of interdisciplinary planning. Its contents provide an excellent outline for team discussion, often eliciting information and opinions that parents might not otherwise bring up on their own.
Next 6 pages are place-holders for the 5-page pdf file, “Disorders Commonly Diagnosed Among Children & Adolescents”
The next 2 pages are place-holders for the
2-page pdf file,
“Practical Suggestions for Assisting Children in the Aftermath of a Tragedy”
The next 6 pages are place-holders for a 6-page pdf file, “Teacher Guidelines for Crisis Response”
The next 2 pages are place-holders for a 1-page pdf file, “Identifying Students ‘At-Risk” for Violent Behavior: A Checklist for Early Warning Signs”
The next 4 pages are place-holders for a 3-page pdf file, “Project SAVE”
McKinney-Vento Homeless Assistance Act
Definition of Homelessness

The McKinney-Vento Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate night-time residence. The term includes children and youth who:

- share the housing of other persons due to the loss of housing, economic hardship, or a similar reason;
- are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- are living in emergency or transitional shelters;
- are abandoned in hospitals;
- are awaiting foster care placement;
- have a primary night-time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- migratory children who qualify as homeless because they are living in circumstances described above.

April 7, 2005

Contact Mary Maronek, mary.maronek@dpi.state.wi.us, (608) 261-6322, Wisconsin Department of Public Instruction (DPI), Education for Homeless Children and Youth Program, PO Box 7841, Madison, WI 53707 for more information about homelessness issues. Or visit the DPI Homeless program website at: dpi.wi.gov/homeless/index.html.
Next 2 pages are place-holders for a 2-page pdf file, “Homeless Act fact sheet”
Requirements of the McKinney-Vento Homeless Assistance Act

District Responsibilities

1. Designate a homeless liaison. In addition to the liaison, each building could have a “homeless contact” person.

2. Identify and immediately enroll a homeless child or youth, even if medical and academic records are not available.

3. Continue a homeless child or youth in their “school of origin” for the duration of their homelessness. (School of origin is defined as the school the homeless child or youth attended when permanently housed or the school in which the child or youth was last enrolled.)
   - Follow “best interest” provisions when making placement decisions.
   - The district should keep a homeless child or youth in the school of origin,” except when contrary to the wishes of the parent or guardian.

4. At the request of their parent or guardian, transportation must be provided for homeless children and youth, including unaccompanied youth, to the student’s school of origin for the duration of homelessness.
   - If the student remains in the school district, the district is responsible for transportation.
   - If the homeless student begins living in an area served by another school district, the two school districts need to agree on how transportation costs will be shared. If the two school districts cannot agree on how to share the transportation costs, they will share expenses equally.
   - Transportation disputes should be referred to the homeless liaison for resolution.

5. Ensure district policies and procedures do not serve as “barriers” for the enrollment and participation of homeless children and youth.

6. Ensure the district’s grievance policy includes homeless issues; make sure of short timeframes for swift resolution.

7. Develop “partnerships” with school and community agency staff to identify and serve homeless students.

Homeless Liaison

1. Ensure that homeless children and youth (including unaccompanied youth)
   - are identified and enrolled through coordination with school staff and community agencies,
   - are not segregated or stigmatized, and
   - enroll, obtain comparable services, and have equal opportunity to be successful in school.

2. Inform homeless parents/guardians and unaccompanied youth of
   - available educational opportunities,
   - enrollment and transportation rights,
• the right to appeal enrollment and transportation decisions,
• meaningful opportunities to participate in the education of their child, and
• community health and social service programs.

3. Assist homeless parents/guardians and unaccompanied youth by
• obtaining medical and academic records for school enrollment,
• securing preschool placement for their young children,
• mediating enrollment, transportation, and educational services disputes, and
• verifying eligibility for participation in food and nutritional programs.

4. Partner with schools and community agencies
• to inform them of the educational rights of homeless children and youth through
  training/in-services, and
• to develop release of information forms with for reciprocal referrals.

October 27, 2003
Ten Strategies School Districts Can Use to Help Homeless Students

It is important for school districts and 2R charter schools to identify homeless children and youth, enroll them, and help them feel welcome in school. The McKinney-Vento Homeless Education Assistance Act requires the identification and immediate enrollment of homeless children and unaccompanied youth. The following is a list of ten strategies districts can implement to identify and work with homeless students and their families.

1. Each local school district and charter school must designate a staff member as their homeless liaison. Large school districts could consider assigning a “homeless contact person” for every school building.

2. In-service all district staff about district requirements under the McKinney-Vento Homeless Assistance Act, especially staff who enroll new students into the district. A McKinney-Vento PowerPoint presentation is available on the DPI’s webpage under “Resources” at dpi.wi.gov/homeless/index.html.

3. Initiate procedures for district staff to know how to identify and refer homeless students. Staff should know the possible indicators of being homeless and how to refer homeless students to the district liaison (see “Guidance, Bulletin Series 1” at dpi.wi.gov/homeless/index.html). Remember that this information should be kept confidential.

4. Post the educational rights of homeless children and youth in every school building. Free posters of the education rights of homeless students - English and Spanish - can be obtained by contacting the National Center for Homeless Education at SERVE (NCHE), (800) 308-2145 or www.serve.org/nche.

5. Contact the community agencies that serve homelessness families and unaccompanied youth, introduce yourself as your district’s homeless liaison, ask them to post the educational rights of homeless children and youth in their building(s), and initiate a mutual referral process. If you are the liaison of a small rural district, you can at least contact your county’s social services department.

6. Provide information about community agency support services to homeless families and unaccompanied youth at the time of enrollment. Know the community agencies that can assist with utilities, food, medical services and rent assistance. Know the contact information for domestic abuse and runaway youth agencies in your community (see “Domestic Violence and Homelessness”, “Wisconsin Runaway Programs” and “Greyhound Services for Runaway Youth” at dpi.wi.gov/homeless/index.html).

7. Know how to get free school meals (see “Free Meals” at dpi.wi.gov/homeless/index.html), student birth certificates, social security numbers, immunization records, etc. for homeless students.
8. Insure school supplies are available for newly enrolled homeless students. Establish a process to waive student fees for homeless students if necessary.

9. At the request of the parent/guardian or unaccompanied youth, transportation should be provided to the school of origin. The school of origin is defined as the school the student attended when permanently housed, or the school last enrolled, (see “Transportation” at dpi.wi.gov/homeless/index.html).

10. Review your district’s complaint procedures for timely resolution of homeless disputes. Districts are required to comply with parent/guardian or unaccompanied youth enrollment and transportation requests allowed under the Act until the dispute is resolved.

April 7, 2005

Contact Mary Maronek (608) 261-6322, mary.maronek@dpi.state.wi.us, Education for Homeless Children and Youth (EHCY) Program for more information about homeless issues.
Critical Statutes for School Social Work Practice

State statutes can be easily accessed electronically at www.legis.state.wi.us/rsb/stats.html. Type the statute number into the open field and hit “Enter” or click on “Go.”

Confidentiality

- Wis. Stat. 118.125 - pupil records
- Wis. Stat. 146.81-84 - patient health care records
- Family Educational Rights and Privacy Act (FERPA) - pupil records
  www.access.gpo.gov/nara/cfr/waisidx_98/34cfr99_98.html
- Wis. Stat. 48.396 - child welfare records
- Wis. Stat. 938.396 - juvenile justice records
- Wis. Stat. 51.30 – mental health, alcohol and drug treatment, developmental disabilities records

At-Risk Students

- Wis. Stat. 118.153 - students at risk for not graduating
- Wis. Stat. 118.15 - compulsory school attendance
- Wis. Stat. 118.16 - school attendance enforcement
- Wis. Stat. 118.162 - truancy committee & plan
- Wis. Stat. 118.163 - municipal truancy & school dropout ordinances

Discipline

- Wis. Stat. 120.13(1)(a) - code of conduct
- Wis. Stat. 118.164 - removal of pupils from class
- Wis. Stat. 120.13(1)(b-g) – suspension & expulsion
- Wis. Stat. 119.25 – expulsion of pupils (Milwaukee only)
- Wis. Stat. 118.31 – corporal punishment

Students with Disabilities

- Individuals with Disabilities Education Improvement Act (IDEA) – special education
  www.access.gpo.gov/nara/cfr/waisidx/
- Section 504 of the Rehabilitation Act – health conditions that interfere with daily life functioning
  www.hhs.gov/ocr/504part84.html
- Wis. Stat. 115.758-90 – special education

Mandatory Reporting of Suspected Child Abuse & Neglect

- Wis. Stat. 48.981 – abused or neglected children
School Age Parents

- Wis. Stat. 115.91-93 – school age parents

Homelessness

- McKinney-Vento Homeless Assistance Act
Websites
(that every Wisconsin school social worker should have bookmarked)

Alcohol & Other Drug Abuse

AntiDrug.com provides links to websites related to alcohol abuse and other drugs.
www.antidrug.com/

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an arm of the federal Department of Health and Human Services. The agency’s mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. www.samhsa.gov/index.aspx

SAMHSA provides a state-by-state description of mental health and substance abuse services provided under Medicaid is available at www.mentalhealth.samhsa.gov/publications/allpubs/State_Med/default.asp.

The Office of Safe & Drug-Free Schools in the federal Department of Education provides crisis planning resources.

Attendance and Truancy

The National Center for School Engagement provides resources concerning school attendance, attachment and achievement, including a catalogue of interventions and programs designed to improve students’ success in these three critical areas.
www.schoolengagement.org

The National Dropout Prevention Centers provide knowledge and promote networking for researchers, practitioners, policymakers, and families to increase opportunities for youth in at-risk situations to receive the quality education and services necessary to graduate from high school. www.dropoutprevention.org

Behavior and Classroom Management

Intervention Central offers a wide range of many free tools and resources to help school staff and parents to promote positive classroom behaviors and foster effective learning for all children and youth. You can find behavioral intervention strategies, publications on effective teaching practices, and tools that streamline classroom assessment and intervention. www.interventioncentral.org

The Department of Public Instruction’s Special Education Team offers a variety of quality materials related to behavior management in a section dedicated to emotional and behavioral disabilities. dpi.wi.gov/sped/ed.html
Child Abuse & Neglect, Sexual Assault, and Domestic & Dating Violence

The mission of the **Wisconsin Coalition Against Sexual Assault** is to promote the social change necessary to end sexual violence in Wisconsin and to support a statewide network of concerned individuals and organizations as they work toward this goal. Resources include training and publications, including information sheets, brochures, booklets, curricula and manuals, and posters. [www.wcasa.org/index.html](http://www.wcasa.org/index.html)

The **Wisconsin Coalition Against Domestic Violence** is a statewide membership organization of battered women, formerly battered women, domestic abuse programs, and individuals committed to ending domestic violence. The mission of the WCADV is to eliminate domestic violence by changing societal attitudes, practices and policies about women from diverse groups, their children, and violence. This is accomplished through education, advocacy and social action. WCADV offers publications, technical assistance, policy development, training, and networking and support. [www.wcadv.org/](http://www.wcadv.org/)

**Prevent Child Abuse Wisconsin** builds community resources, provides training and public awareness, and carries out advocacy activities in order to strengthen child abuse prevention efforts in Wisconsin. [www.preventchildabusewi.org/](http://www.preventchildabusewi.org/)

The mission of the **Children’s Trust Fund** is to advocate, support, and sustain a statewide culture that encourages family and community life in which children will develop and flourish in a safe environment free from all forms of abuse and neglect. [wctf.state.wi.us/home/](http://wctf.state.wi.us/home/)

The American Bar Association has a **Teen Dating Violence Awareness Toolkit**. Materials are designed to be used in conjunction with classroom activities to prevent dating violence. [www.abanet.org/unmet/toolkitmaterials.html](http://www.abanet.org/unmet/toolkitmaterials.html)

**Choose Respect** is an initiative to help adolescents form healthy relationships to prevent dating abuse before it starts. The theme of “Respect. Give it. Get it.” seems particularly well-suited to urban youth. Educational materials are available for teens, parents and educators. [www.chooserespect.org](http://www.chooserespect.org)

The **National Center for Children Exposed to Violence** seeks to increase the capacity of individuals and communities to reduce the incidence and impact of violence on children and families; to train and support the professionals who provide intervention and treatment to children and families affected by violence; and to increase professional and public awareness of the effects of violence on children, families, communities and society. [www.nccev.org](http://www.nccev.org)

**Love is Not Abuse** is a curriculum sponsored by Liz Clairborne, Inc. The focus is to help men, women, teens and children learn more about the issue of teen dating violence and how they can help end it. [www.loveisnotabuse.com](http://www.loveisnotabuse.com)
**Children, Youth & Families**

The **Wisconsin Council on Children and Families**, Inc. is a nonprofit, multi-issue child and family advocacy agency. Headquartered in Madison and Milwaukee, the Council's mission is to promote the well-being of children and families in Wisconsin by advocating for effective and efficient health, education, and human service delivery systems. WCCF accomplishes this through educational conferences; on-going projects like W-2 Watch (Wisconsin's Welfare Reform), Wisconsin Budget Project, and Great Beginnings (our early childhood brain development initiative); and publications like the WisKids Count Data Books and Juvenile Justice Pipeline. www.wccf.org/

The **Prevention Research Center** aims to promote the well-being of children and youth and to reduce the prevalence of high-risk behaviors and poor outcomes in children, families and communities. www.prevention.psu.edu/

**Child Trends** is a 26-year-old nonprofit, nonpartisan research organization dedicated to improving the lives of children by conducting research and providing science-based information to improve the decisions, programs, and policies that affect children and their families. www.childtrends.org/

**Legal Action of Wisconsin**, Inc. is the largest staff-based provider of civil legal services for low-income Wisconsin persons. The organization’s priorities are based on the most crucial needs of its clients: safe and affordable housing, adequate income and nutrition, access to health care, preservation of the family and protection from domestic violence. The organization provides direct representation, training and education programs in order to help its clients break the cycle of poverty. www.legalaction.org/legalservices.htm

**Crisis**

**Resources for Safe Schools** on the Department of Public Instruction’s website contains a wide variety of links to resources to help schools stay safe. dpi.wi.gov/sspwp/safeschool.html

The **Suicide Prevention Resource Center** (SPRC) supports suicide prevention with the best of science, skills and practice. The Center provides prevention support, training, and informational materials to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. www.sprc.org/

The **National Association of School Psychologists** provides a wide variety of resources related to crisis, including fact sheets on several topics, including bullying, threat assessment and discipline. www.nasponline.org/

The **Children’s Grief Education Association** provides information for parents, teachers, and mental health providers about how children grieve. www.childgrief.org/childrenandgrief.htm
Tips for Helping Students Recovering from Traumatic Events is part of the U.S. Department of Education website. It includes information for parents, students, teachers, pupil service professionals, coaches, and administrators. www.ed.gov/parents/academic/help/recovering/index.html

See Office of Safe & Drug-Free Schools under the Alcohol and Other Drug Abuse section.

Government

The Wisconsin Legislature’s website offers easy access to the most up-to-date state statutes. Simply type the statute number into the open field and then click on “Go” or hit “Enter.” www.legis.state.wi.us/rsb/stats.html

The Office of the Federal Register (OFR) informs citizens of their rights and obligations by providing ready access to the official text of federal laws, Presidential documents, administrative regulations and notices, and descriptions of federal organizations, programs and activities. www.archives.gov/federal_register/

The Centers for Disease Control and Prevention (CDC) is one of the 13 major operating components of the Department of Health and Human Services (HHS), which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves. Within CDC is the Division of Adolescent and School Health (DASH), which seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. www.cdc.gov/HealthyYouth/

Operating under the auspices of the School Mental Health Project at UCLA, the national Center for Mental Health in Schools was established in 1995. Its mission and aims are to improve outcomes for young people by enhancing the field of mental health in schools. Specific attention is given to enhancing policy, practice, theory, research, and training to 1) reduce marginalization, fragmentation, counterproductive competition, and inequities with respect to how school districts and school sites address psychosocial and mental health concerns and 2) increase productive collaboration between schools and communities (including families) in addressing such concerns. The Center has an extensive clearinghouse of resources. smhp.psych.ucla.edu/

The mission of the Family Policy Compliance Office (FPCO) within the federal Department of Education is to meet the needs of the Department's primary customers--learners of all ages--by effectively implementing two laws that seek to ensure student and parental rights in education: the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA). Complaints under either FERPA or PPRA may be filed with the FPCO. www.ed.gov/policy/gen/guid/fpc/index.html
The Wisconsin Court System Access website provides public access to the records of the Wisconsin circuit courts for counties using the Consolidated Court Automation Programs (CCAP) Case Management system. These records are open to public view under Wisconsin's Open Records law, sections 19.31-19.39, Wisconsin Statutes. This website can be helpful in conducting a search regarding criminal activity.
wcca.wicourts.gov/index.xsl

The Federal Bureau of Investigation State Sex Offender Registry provides a link to each state’s sex offender registry, including Wisconsin.
www.fbi.gov/hq/cid/cac/states.htm

The Forum Guide to Protecting the Privacy of Student Information gives a general overview of privacy laws and professional practices that apply to the information collected for, and kept in, student records. The book is not intended to give an authoritative interpretation of any law or policy. Instead, it provides background on the key principles and concepts in student privacy, summarizes federal privacy laws and any recent changes to them, and suggests good data management practices for schools, districts, and state education agencies.
nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2004330

See Substance Abuse and Mental Health Services Administration under the Alcohol and Other Drug Abuse section.

See Office of Safe & Drug-Free Schools under the Alcohol and Other Drug Abuse section.

Harassment & Discrimination

The Pupil Nondiscrimination Program at the Department of Public Instruction provides technical assistance to local school districts, parents and school district residents on matters relating to nondiscrimination and equality of educational opportunity under state law and related federal laws, and the pupil discrimination complaint and appeal process under state law and rules. (Section 118.13, Wis. Stats. and PI 9, Wis. Admin. Code). This site includes links to a variety of helpful resources. dpi.wi.gov/sped/puplnondis.html

Parents, Families and Friends of Lesbians and Gays (PFLAG) promotes the health and well-being of gay, lesbian, bisexual and transgendered persons, their families and friends through: support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights. PFLAG provides opportunity for dialogue about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity.
www.pflag.org/
The **Office of Civil Rights (OCR)** within the federal Department of Health and Human Services provides oversight of the implementation of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Health Insurance Portability and Accountability Act (HIPAA). www.hhs.gov/ocr/

**Homeless & Runaway Children & Youth**

The mission of the **Wisconsin Association of Homeless and Runaway Services** (WAHRS) is to provide the best, most efficient, and effective services to runaway and homeless youth, including those who are pregnant and/or parenting. WAHRS, through a cooperative, strategically organized system between private member agencies, provides programs that strengthen families, prevent family dissolution, promote self-sufficiency, and assure safe, stable, and supportive homes for youth, young parents and their children. www.wahrs.org/

The Department of Public Instruction’s **Education for Homeless Children and Youth Program**’s (EHCY) major responsibility is to ensure that homeless children and unaccompanied youth have access to the educational programs and services that will allow them the opportunity to meet the same challenging State achievement standards to which all students are held. This site includes links to a variety of helpful resources. dpi.wi.gov/homeless/index.html

The **National Center for Homeless Education** provides research, resources, and information enabling communities to address the educational needs of children and youth experiencing homelessness. www.serve.org/nche/

**Mental Health & Psychopharmacology**

The **Minnesota Association for Children’s Mental Health** provides fact sheets on ADHD, Asperger’s Syndrome, Conduct Disorder, Eating Disorders, Obsessive-Compulsive Disorder, PDD, Reactive Attachment Disorder, Tourette’s Syndrome, Anxiety Disorders, Bipolar Disorder, Depression, Fetal Alcohol Syndrome, Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, and Schizophrenia. www.macmh.org/publications/fact_sheets/fact_sheets.php

The **Center for Effective Collaboration and Practice** includes links to many websites related to emotional and behavioral problems, including functional behavioral assessment, effective prevention and early intervention strategies, promising practices in children’s mental health, strength-based assessment, and wraparound planning. cecp.air.org

The **New York University Child Study Center** is dedicated to advancing the field of child mental health through evidence-based practice, science and education. For more information on child mental health, parenting issues or to learn more about a particular mental health disorder, visit the AboutOurKids section. www.aboutourkids.org/
The **Child and Adolescent Depression and Anxiety Toolkit** has been developed in the form of a web page. The kit includes online health information resources focused on anxiety and depression in children and adolescents. There are links to resources or PDF files included in the tool kit that can be printed and copied for your use. www.cshcn.org/resources/mentalhealthtoolkit.cfm

**Medline Plus** is a service of the U.S. National Library of Medicine and the National Institutes of Health. Children’s mental health is one of the topics that can be selected. www.nlm.nih.gov/medlineplus/childmentalhealth.html

The **National Institute of Mental Health** is one of the National Institutes of Health. The website includes a section devoted to child and adolescent mental health. www.nimh.nih.gov/healthinformation/childmenu.cfm

The **National Child Traumatic Stress Network** provides information and resources for educators, families, and the media to help raise the standard of care and improve services to children and families that have been affected by trauma. www.nctsn.org

The **Child and Adolescent Bipolar Foundation** (CABF) is a parent-led, not-for-profit, Web-based membership organization of families raising children diagnosed with, or at risk for, pediatric bipolar disorder. www.bpkids.org/site/PageServer


The **Northern County Psychiatric Associates** provide psychiatric services for children, adolescents, adults and families. Their award-winning website includes information on mental illness and psychopharmocological treatment of children and adolescents. www.ncpamd.com/

See **Suicide Prevention Resource Center** under the **Crisis** section.

See **Substance Abuse and Mental Health Services Administration** under the **Government** section.

**Pregnant, Parenting & Sexually Active Teens**

The **Wisconsin Adoption Information Center** (AIC) is a state funded service providing information about adoption to adolescents and adults experiencing unplanned pregnancies, to birthfathers, to prospective adoptive parents, to professionals, and to the general public. www.wiadoptioninfocenter.org/
The mission of **Safe Place for Newborns** is to save the lives of newborn children by preventing the abandonment of newborn children, thus helping to preserve the health and future of their mothers.  www.safeplacefornewborns.com/

The **Wisconsin Family Planning Reproductive Health Program** works to provide safe and effective contraceptive (birth control) services to enable women and couples to achieve their family planning goals.

dhfs.wisconsin.gov/DPH_BFCH/MCH/familyplanning.htm

**Advocates for Youth** champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. The organization believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.  www.advocatesforyouth.org/

The **Wisconsin Abstinence Initiative for Youth** is sponsored by the Wisconsin Department of Health and Family Services and seeks to help youth adopt healthy choices and promote abstinence among their peers by helping youth 1) learn the facts about teen sexuality, abstinence, and healthy relationships, 2) support each other in making healthy choices, 3) find effective ways to inspire and support their peers to delay sex, and 4) reach out to youth who are high risk for sexual activity.

dhfs.wisconsin.gov/waiy/index.htm

**Resiliency & Assets**

The **Resiliency Institute** provides research-based, resiliency building training programs, seminars and educational materials for children and adults to help them achieve positive health, well-being and success.  www.resiliencyinstitute.com/

**Search Institute** is an independent nonprofit organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth, and communities. To accomplish this mission, the institute generates and communicates new knowledge, and brings together community, state, and national leaders. At the heart of the institute's work is the framework of 40 Developmental Assets, which are positive experiences and personal qualities that young people need to grow up healthy, caring, and responsible.  www.search-institute.org/

**School Social Work**

The **Wisconsin School Social Workers Association** (WSSWA) is an independent association representing school social workers across Wisconsin. WSSWA is the strongest voice for school social work concerns in Wisconsin.  www.wsswa.org/

The **School Social Work Association of America** (SSWAA) is 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.  www.sswaa.org/
The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. NASW supports chapters in each state, including Wisconsin. www.naswdc.org/ www.naswwi.org/

Special Education

The Office of Special Education Programs (OSEP) within the federal Department of Education provides oversight of the implementation of the Individuals with Disabilities Education Improvement Act (IDEIA).
www.ed.gov/about/offices/list/osers/osep/index.html?src=mr

OSEP has developed a Tool Kit on Teaching and Assessing Students with Disabilities, which offers a compilation of current information that will move states forward in improving results for students with disabilities. The Tool Kit will be added to over time to include more information designed to support states’ efforts and to communicate the results of research on teaching, learning and assessment. www.osepideasthatwork.org

The Department of Public Instruction’s Special Education Team provides a wide variety of quality materials and information designed to help improve instruction and services for students with disabilities. dpi.wi.gov/sped/index.html

The Special Education and Medicaid Knowledgebase provides information regarding schools’ provision of services that can be billed to Medicaid.
www.helpforschools.com/medicaid/index.shtml

The National Dissemination Center for Children with Disabilities provides information on 1) disabilities in infants, toddlers, children and youth, 2) the Individuals with Disabilities Education Improvement Act (IDEIA), 3) No Child Left Behind (as it relates to children with disabilities), and 4) research-based information on effective educational practices. www.nichcy.org/index.html

Children and Adults with Attention-Deficit/Hyperactivity Disorder provides collaborative leadership, advocacy, research, education, and support with evidence- and science-based information for parents, educators, professionals, the media and the general public. www.chadd.org

The National Center for Learning Disabilities provides information to parents, professionals and individuals with learning disabilities, promotes research and programs to foster effective learning, and advocates for policies to protect and strengthen educational rights and opportunities. www.ncld.org
Knowledge Path: Autism Spectrum Disorders was compiled by the Maternal and Child Health Library at Georgetown University. It offers a selection of current, high-quality resources about ASD identification and intervention, and it includes resources about biomedical research into the causes of ASD; resources that address communication, education, and vocational challenges of autism; and resources about the impact on family life. Separate sections identify resources about autism and environmental health research as well as those that address concerns about vaccines. Target audience is health professionals, educators, researchers, policymakers, and families.

www.mchlibrary.info/KnowledgePaths/kp_autism.html

See Office of Civil Rights under the Government section.

ABSTRACT

Based on a review of intervention studies in 13 social work journals, one group of researchers organized the targets of interventions and the interventions tested in relation to them as a first step to develop practice guidelines for social workers. The authors replicated and extended that work to the specialty of school social work by reviewing 32 school social work intervention studies published in the social work literature from 1999 through 2003. Most (37%) of the outcomes were in the functioning category, followed by outcomes in the symptom/diagnosis (26%) and consumer perspective (24%) categories. The listing of outcomes and their associated interventions is a preliminary step to the development of practice guidelines for school social workers. Future research needs are discussed, and it is suggested that school social work researchers and practitioners take the lead to develop practice guidelines for social work in the schools.

SUMMARY

Issue

There is a lack of research on interventions used in social work practice, including school social work. This review of the literature is the first step to developing practice guidelines for school social workers.

Method

The authors reviewed five years (1999-2003) of nine journals to locate school social work intervention studies. Each article was coded in three ways: whether or not it was a 1) research article, 2) intervention study, and/or 3) school social work intervention research. School social work intervention studies were then classified by outcomes in one of five domains: symptoms/diagnoses, functioning, consumer perspectives, environments, or systems.

Results

Overall the researchers found 1,269 articles, of which 700 (55%) were research articles and 169 (24%) were studies of interventions. Of these 169 intervention studies, 33 (19.5%) were school social work intervention studies. Two studies were done by the same research team and were only counted once, leaving a total of 32 studies being examined. Seventy outcomes were examined across the 32 studies. Twenty-six (37%) of the outcomes were classified as functioning, 18 (26%) were classified as symptoms, 17 (24%) were classified as consumer perspectives, eight (11%) were in the environment category, and one outcome was in the systems category.
Half of the studies only examined one outcome, whereas the other half looked at more than one outcome. Some of the more frequently studied outcomes in the functioning category were related to social interactions, e.g., social problem-solving skills, problem-focused coping, attendance, and peer relationships. The most frequently studied outcomes in the symptom category were child behavior problems, e.g., disruptive and aggressive behaviors. Most of the outcomes in the environment category related to parent involvement in the school, parent-teacher collaboration, and family functioning. The most frequent consumer perspective outcome was client perception of or satisfaction with services. Changed attitudes and increased knowledge as a result of the intervention program were also evaluated in most client perception studies. The only outcome studied in the systems category was service use as a result of participation in a school-based program for pregnant and parenting teens. Only two of the 32 studies examined the comparative effectiveness of two interventions. The other 30 only looked at the effectiveness of an intervention. The most studied interventions were groups and programs.

Implications for Practice

School social workers can be a part of expanding the research base and knowledge of different interventions used. They can serve as a vehicle for school social worker researchers and practitioners to pursue the research and related activities necessary to develop, test, and disseminate practice guidelines. The next step for developing practice guidelines is to review interventions organized around certain outcomes and how their effectiveness varies across contexts. The development of guidelines to help practitioners choose and implement interventions with the best evidence of effectiveness for their practice situations is also important. It is important for school social work practitioners to disseminate the findings of their evaluations.

Implications for Research

Three primary implications for future research emerged from the authors’ findings:

1. More intervention research is needed to develop meaningful practice guidelines for school social workers. These studies need to be replicated in different settings by different researchers. Studies with more rigorous designs are needed to establish evidence of effectiveness, although we should not discount the less rigorous studies as they can still provide insight for practice and future research.
2. It is important to establish what outcomes are being pursued by school social work practitioners to learn how these vary across contexts and to study interventions aimed at these outcomes.
3. It is necessary to study the link between intermediate or ultimate outcomes. Additionally, it is important that future research study links between specific and replicable interventions and outcomes.

School social work academicians and practitioners must engage in dialogue about knowledge gaps related to interventions, the research needed to fill these gaps, the best way to compile research knowledge for easy and efficient use in practice, and how to ensure ongoing and meaningful collaboration between university researchers and practitioners.
ABSTRACT

An awareness of the empirical knowledge concerning school violence and programs that have been supported by research is essential for the successful adaptation of school violence prevention programs. Yet, knowledge of national trends and model programs is not sufficient. School social workers must also balance the importance of research-supported programs (which tend to be identically implemented) and "grassroots" involvement at the school level to create programs that fit the needs and intricacies of each school. The authors review some major trends and gaps concerning U.S. school violence, explore areas where school social workers could have a conceptual and practical impact, provide examples of multiple types of research-supported school safety programs, and present examples of monitoring and mapping approaches that address the need for grassroots involvement and strong empirical data.

SUMMARY

Issue

How can social workers promote research-supported programs and at the same time allow for the needs and empowerment of a given school or community?

The implementation problem that results from best practice programs being described in a non-historical or non-contextual fashion.

Method

The authors 1) reviewed some major trends and gaps concerning U.S. school violence, 2) explored potential areas where school social workers could make an impact at the conceptual and practical levels, 3) provided examples of multiple types of research-supported programs, and 4) presented examples of monitoring and mapping approaches that address the need for grassroots involvement and strong empirical, localized data to inform bottom-up program creation, program adaptation, and ongoing tracking of interventions.

Results

The authors listed several myths that exist in relation to school violence, e.g., weapons on school grounds, gang activity at school, and bullying and bullying victim rates, and provided statistical trends to support their claims. The vast majority of services, methods-based interventions, and programs implemented have not been evaluated extensively as violence reduction strategies.

Upon the authors’ review, it appears that successful school-wide intervention programs have the following core implementation characteristics:
They raise the awareness and responsibility of students, teachers, and parents regarding the types of violence in their schools, e.g., sexual harassment, fighting, and weapon use.
They create clear guidelines and rules for the entire school.
They target the various social systems in the school and clearly communicate to the entire school-community procedures to be followed before, during, and after violent events.
They focus on getting school staff, students, and parents involved in the program.
The interventions fit easily into the normal flow and mission of the school.
They use faculty, staff, and parents in the school setting to plan, implement, and sustain the program.
They increase monitoring and supervision in nonclassroom areas.

The authors also highlighted some programs that are likely to be of interest to school social workers, including high-quality early childhood education, school-based bully and victim intervention programs, and PeaceBuilders.

**Implications for Practice**

School social workers have an important role in school violence interventions at the local, state, and national levels through educating the public, students, and staff and overseeing the collection and provision of accurate school violence data. Social workers could be facilitators of an ongoing dialogue between the school constituents about concerns and issues related to school violence for each school.

It is important for school social workers to know that media perceptions and national norms about violent deaths in schools are not entirely accurate. Many misperceptions center on issues of race, socioeconomic status, and gender.

Social workers can provide guidance to teachers and administrators in developing response procedures regarding school fights from an ecological and school-community perspective.

From a social work and public policy perspective, it is unwise to deprive a potentially violent and armed youth of an education. However, zero-tolerance gun laws may prevent these youth from receiving an education. It is not known how many students actually went or stayed in alternative programs or how successful these programs were. Monitoring where these expelled students end up is critical, and school social workers’ advocacy and education of the public could play a vital role in this policy issue.

**Implications for Research**

Further research is needed on the effectiveness of commonly used violence reduction strategies, including expulsion, referral to special education, and peer mediation. Data is necessary for the successful adaptation and ongoing analysis of safety program in schools. It is important to monitor these programs and evaluate their effectiveness.

**ABSTRACT**

The need for school social workers and other mental health providers to move away from specialist-oriented services to comprehensive general programmatic approaches has been gaining increasing support among leaders in education and mental health. The "clinical quadrant" highlighted in this article is offered to better conceptualize the complex and varied tasks and interventions required of school social workers and other mental health providers in the changing landscape of education reform. The proposed conceptualization takes into account ecological aspects of the complex clinical knowledge and skills necessary for effective school social work practice in the 21st century. The clinical quadrant provided here allows for a wide range of multilevel interventions and allows school social work to differentiate itself from other student support service disciplines and become a key player in school reform efforts. Several barriers and challenges that school social workers face in carrying out a broader approach to practice are discussed, and recommendations are made for school social work practice and education.

**SUMMARY**

**Issue**

There has been a shift from special-oriented services to comprehensive general programmatic approaches in education and mental health.

School social workers face barriers and challenges in carrying out a broader approach to practice.

**Results**

Federal and state mandates and funding have influenced trends in education and mental health that are likely to alter how support services are perceived and delivered in school settings for regular and special education students.

The trends in education and mental health services, along with changes in social work theory, provide an opportunity for school social workers to change their approach to clinical practice. Most suggest focusing on group work or systems change versus individual student change.

The authors modified the clinical quadrant developed by Wood and Middleman to follow the ecological systems approach. The four quadrants are:

A. Individuals, families, and small groups. Work to promote change in the environment.
B. Large groups and working in interdisciplinary settings. Work to promote change in the environment and establish programs or policies to effect system-wide change.
C. Individuals or small groups. Seek to change individual or psychological factors of those who are involved.
D. Large groups. Seek change at the individual level.
Some of the barriers that exist to adopting a broader clinical approach include the traditional approach to special education services, social work’s historical commitment to addressing the immediate, sometimes crisis, mental health needs of students, and the recent trends of how mental health services are reimbursed through Medicaid. It is important to recognize that social work services in schools are often shaped by the priorities of the local school board and principals, which would limit the social worker’s ability to work in all four quadrants.

**Implications for Practice**

School social workers must have the knowledge and skills to move to various points along both the clinical continuum and the authors’ proposed clinical quadrant and be able to intervene at micro and macro levels as the situation demands.

The authors suggested ways for practitioners and educators to overcome the barriers and change to a broader and more flexible clinical approach to school social work practice:

- Clinical work should not be limited to theory that focuses on diagnosis and treatment but should include the strengths perspective, client empowerment, and critical social theories.
- When quadrant C work is necessary, school social workers should use their training and skills to provide state-of-the-art, evidence-based, student-focused interventions that reflect an ecological approach.
- There is little evidence to suggest that school social workers use research findings to support their practice decisions. All efforts should be made to provide practitioners with this information.
- Quadrant C interventions often are essential services on IEPs, but should never take place without also addressing the student's ecology.
- School social workers must assess gaps in services and work to address these gaps at the macro and micro levels.
- School social workers should have knowledge of system-focused interventions that address the culture and climate of schools and work to make schools more responsive, flexible, and humane institutions.
- School social workers should be able to assist classroom teachers who are increasingly being held accountable for meeting the social and emotional needs of students as well as their academic needs.
- School social workers should work to empower parents of at-risk students to participate more fully and meaningfully in decision-making about school policies and programs.

School social workers should be aware of the changes in the education landscape and market themselves in a manner that is likely to advance school social work. Marketing school social workers as prevention specialists and change agents at the school and district level will clearly distinguish their contributions from school psychologists and school counselors.

**ABSTRACT**

The author discusses five stages of evidence-based practice (EBP) using school-based examples. Drawing a parallel between research and practice, the author addresses how to evaluate effectiveness using a person-in-environment approach. The author puts EBP into perspective by placing it alongside other important determinants of systematic eclecticism and by examining larger issues in the process of change. Finally, the author calls for systemic changes in the social work profession to create relevant knowledge for practice and to disseminate that knowledge more effectively.

**SUMMARY**

**Issue**

There is a need to use evidence-based practice (EBP) in school social work. The article examines how to evaluate practice effectiveness using a person-in-environment approach.

**Results**

The five stages in implementing EBP:

1. Practitioner must convert the need for information into well-formulated answerable questions.
2. Social workers must efficiently investigate the best evidence that exists to answer the questions.
3. Clinicians should critically appraise the evidence for its validity and application to the practice problem that motivated the initial search.
4. Social workers should apply the results of the appraisal to practice.
5. Clinicians should evaluate progress using either single-subject or group designs.

**Criteria for systematically deciding which theories and interventions to use:**

1. Whether the theory or technique has received sufficient empirical support.
2. Which intervention is most efficient in terms of time, effort, and money.
3. The degree to which a model offers specifics about what to do.
4. The extent to which an intervention is ethical.
5. Whether the clinician has the competence necessary to use a particular technique.
6. Whether the intervention is culturally sensitive.
7. Whether the model recognizes a person-in-environment perspective.

**Implications for Practice**

School social workers should practice EBP and contribute to evaluating practices used.
The social work profession should synthesize the research that is produced, published, and put into databases into a more user-friendly form. One way to do this is to develop clinical practice guidelines.

**Implications for Research**

Research must become more user-friendly to practitioners. The gap between research and practice should be addressed by collaborative efforts between researchers and practitioners.

More research needs to address the ecological context of the problems that social workers encounter. Additionally, research needs to address diversity issues among our clients.
ABSTRACT

The author discusses the context in which absenteeism and truancy occur through an analysis of risk and protective mechanisms and suggests best practice methods based on a review of literature and research on several successful absenteeism and truancy prevention and reduction programs. The author suggests ways that school social workers can participate in truancy prevention and reduction projects through collaborative efforts with other school professionals, community organizations, social services agencies, parents, and school children.

SUMMARY

Issue

The article examines the context in which absenteeism and truancy occur through an analysis of risk and protective mechanisms.

Results

Risk and protective factors related to absenteeism and truancy are:

- School factors - Large school systems in low-income, inner-city, urban school districts experience higher rates of absenteeism and truancy compared with suburban and rural school systems. Truancy is also more prevalent in schools that have inconsistent enforcement of truancy policy.
- Personal factors - Absenteeism and truancy are symptomatic of negative cognitive and behavioral manifestations in youth.
- Developmental factors - Numerous studies correlate truancy with sexual activity, alcohol and drug use, violence, daytime vandalism, burglary, and other forms of delinquency. Truancy sometimes is the result of the pupil avoiding an academic subject that he or she finds difficult to comprehend.
- Family and parental factors - Family dynamics play a key role in absenteeism and truancy. Several family-relationship factors positively correlate with truancy rates, including low SES, family attitudes towards education, parenting skills, and child abuse and neglect.
- Neighborhood and community factors - Understanding socioeconomic variables in the community and neighborhood settings is important in the assessment of absenteeism and truancy.
- Ethnic minority status - Ethnic minority students may feel isolated and alienated, which may promote truant behavior.

Best practices for absenteeism and truancy intervention are:
• Individual intervention - Examples are alternative schedules, make-up policies, peer tutoring, and mentoring. Studies have demonstrated that individual factors related to truancy prevention work best when there is an alliance between parents and teachers, systematic monitoring and recording of absenteeism and truancy, maintenance and consistency when imposing penalties on repeat offenders, support for intervention programs, and patience and perseverance during prevention program development.

• School-based intervention - Examples include parent workshops on the importance of attendance, making home visits, and rewarding students for improved attendance. Zero-tolerance policies have done more to alienate students from school than to improve teaching and learning. There should be a careful balance between the use of authority and adhering to student needs.

• Interventions with families - Examples are family therapy and school-family-community collaborations. There are several essential elements that practitioners should include in the assessment of families in relation to truancy, including family structure and functioning, family values and attitudes toward school and education, socioeconomic status, and parental knowledge of a child’s academic performance.

• Neighborhood and community intervention - Many successful evidence-based programs that effectively deal with chronic truancy are listed in Office of Juvenile Justice and Delinquency Prevention’s Juvenile Justice Bulletin. There are many common characteristics of these programs, including community education and awareness programs.

Implications for Practice

Every state has its own set of laws regarding truancy, and national trends do not always reflect local policy. Therefore, school social workers must be familiar with the legal aspects of truancy in the states and localities where they practice, what can be done within the parameters of the law, and the precedents regarding what is legally permissible.

School social workers must evaluate the context in which truancy occurs, including individual and developmental factors and parental, family, socioeconomic and community influences. An assessment of risk and protective factors should be made to determine whether absenteeism and truancy are related to cognitive and behavioral manifestations in youth. Family life, peer affiliations, and community influences also must be considered in the decision-making process. Best practice interventions should be based on a goodness-of-fit between findings from an assessment of risk and protective factors and evidence-based studies. School social workers also need to identify at-risk students who display patterns of alienation and disassociation from school. They can also advocate for change and development of programs and practices that meet the educational and sociocultural needs of students with diverse backgrounds.

A collaborative approach should be taken to address issues of absenteeism and truancy. School social workers act as school and community liaisons at the micro and macro levels, which enables them to coordinate collaborative truancy reduction projects among schools, community organizations and agencies, businesses, social services, local government, health agencies, and civic organizations.

**ABSTRACT**

School social workers, school psychologists, and school counselors were surveyed. They reported the actual proportion of their professional time that they devoted and would ideally dedicate to each of 21 professional roles. They rated the appropriateness of each role for members of the three professions and indicated how often they felt competitive toward members of the other two professions. Results showed that school social workers and school counselors spent substantial time on counseling and that school psychologists spent more time doing psychometric testing and report writing. All three groups wanted to do more counseling. Respondents from the three groups indicated that they seldom felt competitive toward members of the other groups.

**SUMMARY**

**Issue**

The article analyzes the potential “turf issues” between school social workers, psychologists, and counselors by examining role perceptions and amount of time (actual and ideal) they would like to spend on different activities.

**Method**

Four hundred members of each national professional organization (School Social Work Association of America, National Association of School Psychologists, and American School Counselor Association) were randomly selected to receive a survey questionnaire. Of these 1200 randomly selected professionals, 486 returned the survey.

The survey questionnaire listed 21 professional role responsibilities that could theoretically be performed by members of the three professions. They were asked to indicate the actual and ideal amount of time spent on these roles. They were also asked to indicate how appropriate each role was for each of the three professions. They also indicated how frequently they felt competitive toward members of each of the other two professions.

**Results**

School social workers reported spending at least 10% of their professional time on three roles: individual counseling (17.45%), group counseling (10.28%), and administrator and teacher consultation (11.26%). They indicated that they would like to spend more time on individual counseling and group counseling (and less time on consultation with administrators and teachers). Roles viewed as inappropriate for school social workers by all groups were: academic advisement, vocational interest testing, academic scheduling, college advisement, and psychometric testing.
School psychologists reported spending at least 10% of their time on three roles: psychometric testing (24.83%), report writing (15.70%), and administrator and teacher consultation (10.73%). They indicated that they would like to spend more time on individual counseling and less time on psychometric testing and report writing. Roles viewed as inappropriate for school psychologists by all groups were: academic advisement, academic scheduling, and college advisement.

School counselors reported spending at least 10% of their time in only one role: individual counseling (19.67%). They indicated they would like to spend even more time on individual counseling, as well as group counseling. Roles viewed as inappropriate for school counselors by all groups were: psychometric testing.

None of the three professional groups reported feeling competitive toward members of the other two professions.

**Implications for Practice**

School social workers spent substantially more time on crisis intervention than school counselors or school psychologists. It is necessary to ensure that school social workers are receiving specialized training in this area if found to be necessary in future research.

Due to the evidence for profession-specific roles and little overlap between non-specific roles, it may be beneficial to form multi-disciplinary teams and to work collaboratively in working with students.

**ABSTRACT**

This article provides a rationale for school social workers to be knowledgeable about empirically validated family approaches for treatment of attention-deficit hyperactivity disorder (ADHD). The literature is reviewed and organized according to theoretical framework and developmental stage of the child. The authors critique the literature and offer suggestions for further research and make service delivery recommendations for school social workers.

**SUMMARY**

**Issue**

The article examines school social workers’ knowledge of empirically validated family interventions for ADHD.

**Methods**

A literature review was done on ADHD treatment outcome research with family involvement. Twenty-one studies were found using the databases Social Work Abstracts Plus, PsycINFO, CINAHL, Medline, and Sociological Abstracts, 1985-1999.

**Results**

Despite the effectiveness of medication with ADHD, school social workers should know the most effective psychosocial treatments for ADHD. The authors listed several reasons why:

- 8-25% of children fail to respond to stimulants, and alternative medications have potential health risks.
- Psychostimulants (like Ritalin) may have unpleasant side effects.
- The use of psychostimulants may be restricted to times when attention to tasks is needed, i.e., when in school.
- Parents of children with ADHD often experience distress and frustration with their children’s behavior.
- The recent formulation of ADHD as a developmental delay in the self-regulation of behavior through internal means.

Behaviorally-oriented family treatment, called parent training, was developed and used for treatment of conduct problems. Children learn prosocial behavior by positive reinforcement. Parents are trained to use tokens as rewards versus verbal praise, ignore or punish the child’s negative behavior, reduce the complexity of tasks, and use more stimulation when presenting information.
**Implications for Practice**

The school social worker must determine the source of a diagnosis of ADHD. If a child has a prescription without a formal diagnosis, the school worker may need to advocate for testing through the school.

The school social worker is in a unique position to identify children in need of services and offer the on-going intervention that may be necessary. Social workers in elementary schools should be skilled in parent training and cognitive-behavioral techniques.

The school social worker must emphasize to parents that skills learned have to be maintained over time. The social worker can explain to parents that the child’s symptoms cannot be cured, but better managed.

A multimodal intervention may be necessary, including psychopharmacological therapy, child cognitive-behavioral training, parent training, classroom behavior management systems, and special education.

School social workers should utilize the psychoeducational literature available to gather information about service delivery for parents of children with ADHD. Additionally, school social workers should use a psychoeducational approach in parent trainings and cognitive-behavioral techniques.

Since no research on family treatment of ADHD has been initiated by a school system, school social workers can add to the current base of information by offering their perspective.

**Implications for Research**

Future research should use larger sample sizes to test treatment effects. Some explanation for the small sample sizes used is found in attritions. A consistent method for dealing with attritions is necessary to make comparisons across the different studies.

Future studies should also include demographic information of its participants and utilize a diverse population in its sample. Many of the studies suggest a bias toward treatment of white middle-class boys.

**ABSTRACT**

This article examines intervention practices for children with emotional and behavioral disorders and provides recommendations for how school social workers should use the knowledge base to inform practice. Meta-analyses of intervention research for children with emotional and behavioral disorders, and the most recent literature on interventions to improve behavior, academic performance, and social skills, of children with emotional and behavioral disorders are reviewed. Best practices and the unique role of school social workers in supporting best practices are presented.

**SUMMARY**

**Issue**

The article examines the best practices/interventions for children with emotional and behavioral disorders (EBD) and the unique role that school social workers can take in supporting best practices.

**Method**

Reviewed two meta-analyses articles (Skiba & Casey, 1985; and Stage & Quiroz, 1997). Additionally, the authors reviewed 20 articles evaluating interventions for children with EBD and published in professional journals from 1993 through 1999.

**Results**

Research on interventions for children with EBD identified several interventions that are most likely to improve behavior, academic performance, and social competence and should therefore be considered “best practices.”

- Functional behavioral assessment - examining the relationship between the child and the environment and incorporating data from multiple environments to determine the need the behavior is meeting.
- Goal setting - engaging the student in behavior planning and evaluation.
- Contracting - aligning the student’s function and clearly defined goals with effective reinforcers and consequences.
- Positive reinforcement - rewarding clearly defined target behaviors.
- Group contingencies - offering a reward to the whole group as a result of individual behavior.
- Cross-age tutoring - matching an EBD student with a younger student to help the younger child in reading.
- Peer-mediated tutoring - matching children with same-age peers to tutor or be tutored.
- High probability requests - asking the child to do an activity or task that he or she is likely to complete, followed by a more challenging request.
- Choice making within limits - providing students with choices.
- Self-evaluation, self-monitoring, self-recording, and self-management - requiring a child to attend to and record personal performance.

**Implications for Practice**

Implementing best practices requires a broad-based team approach that includes regular and special educators, administrators, mental health workers, paraprofessionals, parents, and the child with EBD. School social workers can orchestrate and support a unified and comprehensive intervention plan.

Effective school social work practice does not focus on individual or group work, but consists of implementing systems change by collaborating, consulting, developing behavior plans, and training others to work with difficult children in the context of a child’s daily school experiences. Effective school social work practice targets classroom behavior.

Social skills training can be an effective intervention for children with EBD, but only if it is implemented appropriately for children with EBD. School social workers can facilitate the teaching and practicing of social skills in the classroom using consultation, collaboration, and classroom management strategies.

**Implications for Research**

The perceptions of school social workers regarding the need to be skilled in managing classroom behaviors, training, and writing behavior plans should be further investigated. Currently, none of the major texts on school social work practice address classroom management strategies.
ABSTRACT

The No Child Left Behind Act mandates that schools use scientifically-based research and there is a growing consensus among scholars that social work must begin to use evidence-based practice. One way to improve social work interventions is to systematically use standardized instruments to obtain measured baselines for assessments and measured outcomes for evaluations. This article addresses some guiding principles for using adaptive behavior scales and criteria for selecting the one most appropriate for each client. It also contains recommendations for using the scales to evaluate school social work practice. Finally, this article issues a call for the development of new social work scales that incorporate both an ecological and a strengths perspective.

SUMMARY

Issue

There is a need for school social workers to use evidence-based practice. The article examines how to select appropriate adaptive behavior scales.

Implications for Practice

School social workers should regularly use standardized instruments to demonstrate a scientific approach to assessment and evaluation.

Guiding principles to effectively use scientifically-based tools are:

- Part of a complete assessment - Standardized instruments should be only one part of a total assessment. Rating scales should be balanced with the use of interviews, a balance between reactive and nonreactive measures, and the maintenance of an ecological perspective.
- Qualified administration - Anyone who administers a test should be properly qualified. Social workers should be properly trained in administering scales. Social workers should also be aware of how diverse characteristics of the respondents might affect the results. They should also be aware of the importance of validity and reliability of the scales they use. Finally, social workers must be willing to recognize their own shortcomings and seek out professional collaboration or consultation when necessary, e.g., with a school psychologist.
- Ethical responsibilities - Social workers must be sensitive to ethical issues. Our service values should be applied to the use of scales so that it is helping (not harming) our clients and that the person should always take precedence over the paperwork. Social workers need to stay current with new developments and destroy outdated versions of tests as better ones become available.
Criteria for selecting a scale are:

- Scales should be relevant to the referral question. What major concept(s) does the scale attempt to measure?
- Scales should be functionally useful and contribute to informed decisions about treatment planning. How helpful is this scale for treatment planning?
- A test should be practical with clear instructions for administration and scoring. How easy are the directions for the respondent to follow? What is the reading level required for this scale? How much time does this scale take to complete?
- The normative sample should be representative of the general population and stratified for age, gender, race, or disability for which the scale will be used. How do the diversity characteristics of the sample compare to your school/district/co-op? When were the norms of this scale last updated?
- The test should be valid. Validity asks the question, “Does the test measure what it purports to measure?”
- The test should be reliable. Reliability asks, “How consistent is the test in obtaining the same score from the same respondent?” Do both the major scale and its subscales have reliability coefficients higher than .80?
- The scale should triangulate its sources. Ideally, the rating scale will have separate versions for parent(s), teacher(s), and a self-report form for the student.
- A good scale avoids a response set. Does the scale reverse the direction of some of the items?
- The best scales take into account diversity characteristics during administration.
- A good scale enables the tester to present the results in a clear manner. Does the scale provide a graphic display of the results?

Most psychological scales focus on the student and his/her deficits. School social workers, working collaboratively with researchers, should develop new measures that incorporate both the ecological and the strength perspectives. Social workers can accomplish this by:

1. Operationally define the construct.
2. Select the question format.
3. Write a pool of items.
4. Have experts review the items for appropriateness.
5. Determine the components for reliability and validity analyses.
6. Design a methodology for the study.
7. Administer the instrument to a random sample.
8. Analyze the data to revise the scale.

**ABSTRACT**

School social workers use a variety of interventions in prevention, treatment, and environmental change, directed at the mental health needs of children. Social work is at the periphery of schools' mission, and as such, has high standards of accountability. To demonstrate the value of social work in schools, we must have evidence of whether school social work practice is effective. This article identifies and reviews 21 controlled outcome studies of school social work practice. School social workers can use these studies as the basis for designing effective interventions in mental health prevention and treatment efforts in schools, including efforts targeted at improving the overall climate of the schools. The review incorporates a risk and resilience perspective to link the demonstrated effects of interventions to the wider body of literature on children's development, especially in regard to mental health.

**SUMMARY**

**Issue**

Is school social work effective in producing outcomes related to mental health?

**Method**

Reviewed social work interventions that took place in school settings that were published from 1979-2000 using the following databases: PsycINFO, ERIC, and SWA.

**Results**

Of the 21 studies used, six studies reported outcomes, which support the short-term effectiveness of school social work interventions for intrapersonal change (resilience, self-efficacy, coping with stress, self-esteem, and self-control). Three studies showed social work interventions to be effective in meeting academic targets in the short-term (grades and attendance). Nine studies targeted interpersonal outcomes, which improved social problem-solving and social skills. Three studies targeted systems outcomes which provided proof that schools can affect the climate and variables that enhance resilience for children and adolescents.

**Implications for Practice**

Social work interventions are, overall, effective in helping children and adolescents obtain the skills to solve problems, improve peer relations, and improve intrapersonal functioning.

School social work mental health practice should incorporate a risk and resilience approach. The general preventative nature of social work interventions allows for the use of a risk and resilience approach. Social workers should continue to implement interventions that reduce risk or enhance protective factors among school children.
Implications for Research

Future research should aim to investigate the optimal length of intervention needed to maintain gains over time. Additionally, research should evaluate interventions that involve children’s families. Another gap in the research is the evaluation of school social workers’ consultation with teachers and administrators.

**ABSTRACT**

Interagency information sharing is a critical feature of social efficacy in schools, but legal, policy, and ethical issues involved often are poorly understood. This article outlines regulatory development of confidentiality in five public areas (child welfare, education, health, juvenile justice, and mental health) and then proposes a means of planning effective information-sharing procedures in an interagency project. Vignettes with accompanying discussion are provided to assist school-based interagency teams in identifying and resolving information-sharing dilemmas.

**SUMMARY**

**Issue**

The article examines the basic foundations of confidentiality as it pertains to information-sharing between major public agencies serving children.

**Result**

Child Welfare - All school social workers are mandated reporters of child abuse to law enforcement or child welfare agencies, but there is little provision for interagency linkage after a report is made, particularly if the report was not made by school personnel. School social workers may be ideal people to facilitate after-care services for maltreated children, but a lack of information-sharing between child welfare agencies and the school can hamper these efforts.

Education - A dilemma arises with the extension of parental rights through FERPA and a student’s desire for confidentiality when approaching a school social worker for assistance.

Physical and Mental Health - Physical and mental health records are confidential unless there is patient consent. This issue of confidentiality can be more difficult for a school social worker because they are working with minors and would need parental consent. Physical and mental health information can aid a school social worker in customizing or enhancing the student’s educational program as needed.

Juvenile Justice - Law enforcement agencies must notify schools of potentially dangerous juvenile offenders. A school social worker has the difficulty of balancing a student’s right to a “fresh start” with the need to maintain the safety of the school staff and other students.

Social Work - School social workers should adhere to the NASW Code of Ethics in regards to confidentiality, but should also be aware of federal, state, and local laws and school district policies that clarify responsibilities related to confidentiality in specific situations.
There are many issues in regards to information-sharing. Should the school social worker share information with other agencies? Should other agencies share information with a school social worker? In a multidisciplinary project, there may not be a typical client-social worker relationship in each case, and various agency participants may understand the role of information-sharing differently.

**Implications for Practice**

The author suggested a planning process for effective information-sharing in an interagency context. The first step is consent to share information. This can be as simple as a release of information form, but for children below age 18, parental consent may be required as well. Another way of obtaining consent is through a juvenile court order.

Sometimes obtaining confidential information from other agencies can be difficult. To enhance trust and understanding of the purpose of information sharing, an agreement between participating agencies is helpful. If the different participating agencies’ decision-makers can be a part of the planning process, it will also be beneficial.

The author also presented some issues/case scenarios that may arise and the different considerations each issue entails:

- Mandatory reporting and student rights versus parental rights: pregnancy and abortion.
- Danger to self or others: AIDS in the schools.
- Duty to warn: protection of students and staff versus “fair starts” for delinquent youths.
- Providing the best possible service: Sometimes the information-sharing dilemma does not fall under the specified exceptions to confidentiality. If this information can help provide the best possible services, it may be beneficial to share that information.

School social workers involved in or attempting to create interagency school-based programs can facilitate the operation of the team by engaging them in discussions of information-sharing issues. The team should be educated about the various means of obtaining client consent, discuss potential differences in agency mandates and professional values regarding the sharing of information, and propose means of addressing barriers and processes to determine when it is appropriate to bring case information to the attention of other team members.

**ABSTRACT**

Ethical decisions made by social workers are shaped by the decision-maker and the process used to resolve ethical dilemmas. Although systematic guidelines for resolving ethical dilemmas offer social workers a logical approach to the decision-making sequence, it is inevitable that discretionary judgments will condition the ultimate choice of action. Social workers are influenced by professional roles, practice experiences, individualized perspectives, personal preferences, motivations, and attitudes. Through reflective self-awareness social workers can recognize their value preferences and be alert to the ways in which these values unknowingly influence the resolution of ethical dilemmas. Understanding which values or ethical principles were given priority from among competing alternatives can inform social workers to view current ethical decisions as linked to other ethical decisions they have made in the past or will make in the future. An approach to developing keener insight into value patterning is presented.

**SUMMARY**

**Issue**

The article examines how social workers make ethical decisions and the potential influence of these decisions in other situations.

**Implications for Practice**

Social workers should try to develop a greater awareness of self throughout the ethical reasoning process. They should be aware of and sensitive to the ways in which their value preferences influence and pervade the process. As ethical dilemmas are resolved, social workers are encouraged to review the decision-making process. This can provide feedback which can be used to recognize the ways in which they typically respond to value choices in the course of working with clients.

Ethical decision-making considerations are:

- Competing values and competing loyalties - When two or more values are activated, it is difficult (and unlikely) for a person to behave in a way that is equally compatible to each of them.
- The reality of discretionary judgment - While there are systematic guides for resolving ethical dilemmas, e.g., NASW *Code of Ethics*, that guide social workers with a logical approach to the decision-making process, the use of discretionary judgments is inevitable.
- Deontological and teleological approaches – In a teleological approach, the focus is on consequences and decisions are made in relation to the consequences that may result. In a deontological approach, fixed moral rules dictate and define the rightness or wrongness of actions.
• Guides for ethical decision-making - There are many guides that can help social workers systematically analyze ethical dilemmas. These tools help social workers to base decisions on reason and an intellectual base instead of intuitive, personal, and subjective bases.

Documenting the process and procedures used in making a decision may be critical to justifying a person’s action in a court of law.

The author’s model for analyzing ethical dilemmas is:

1. Fully explore case details and gather information needed to understand holistically the client’s current circumstance.
2. Distinguish practice aspects from ethical considerations.
3. Explicitly identify value tensions.
4. Reference the NASW Code of Ethics to identify and evaluate which obligations the code addresses and the specific obligations to which the worker is obliged.
5. Project, weigh, and measure the possible courses of action that seem reasonable and the potential consequences of these actions. Costs/benefits. Projected outcomes.
6. Select an action. Resolve the ethical dilemma by determining which of the competing obligations or values to honor foremost.
7. Resolution stage: Action is selected based on the outcomes of the assessment. Be prepared to justify the decision.

The above process is forged by the prejudices and prejudgments brought to the decision-making process by the decision-maker. The decision-maker’s value system or preferences and circumstances ultimately resolve the ethical dilemma. The practitioner’s decision-making is sensitized by her/his cultural background and beliefs.

A cycle of reflection suggested by the author is:

1. Engage in reflection and self-awareness. Be aware of one’s ethical preferences. Develop a conscious awareness of one’s value patterning.
2. Analyze current ethical dilemma. Begin by isolating the ethical components - practice issue, ethical aspects (recognize and appreciate the value components), and scientific and technical aspects of the case.
3. Continue the process of reflection and self-awareness. Acknowledge which factors are influencing the decision: client, personal, organization, and professional.
4. Follow systematic steps in the decision-making process/select a resolution. Use an analytic guide to structure the decision-making process.
5. Reflect on the choice of action. Measure the current ethical choice against others from the past. Sharpen and modify conscious awareness of one’s value patterning.

**ABSTRACT**

Children and adolescents diagnosed with conduct disorder present a formidable challenge to school social workers. Five guidelines for planning interventions with this population are presented. These guidelines are based on a synthesis of child development research and suggest that attention to the biological makeup of students as well as the design of multimodal and multisystemic interventions are critical to improving outcomes for children and adolescents diagnosed with conduct disorder.

**SUMMARY**

**Issue**

The article examines school social workers’ competency in working with children diagnosed with conduct disorder.

**Method**

Reviewed research on child development in relation to children and adolescents diagnosed with conduct disorder.

**Results**

The author provided five guidelines to use as tools for planning interventions with children and adolescents diagnosed with conduct disorder:

- **Guideline 1** - Interventions need to address the biological characteristics of the child. Social workers have historically been criticized for the “blame the parent, remove the child” philosophy. Additionally, the person-in-environment approach may lead to an overemphasis on the environment or on the person. Research has shown that the child’s biological factors contribute to the development of conduct disorder.

- **Guideline 2** - Interventions need to be multimodal. Both home and school settings should be addressed. Parental involvement is critical to the success of these interventions. Successful interventions have had several components to the interventions, e.g., parent training, social skills training, academic tutoring, and home visits.

- **Guideline 3** - Interventions need to be multisystemic and take place in more than one large (macro) system, e.g., school, social services agencies, or corrections and community agencies like the YMCA. Aftercare and community resources are essential in maintaining effective interventions.
• Guideline 4 - Interventions need to focus on prosocial skills with prosocial peers. Peer networks are a crucial link to a child’s resistance to behavior change. Prosocial peers need to be included in the intervention process.

• Guideline 5 - Interventions need to include cognitive processing, focused on behavior, beliefs and the decision-making process of the child.

**Implications for Practice**

Social workers should do more than just extinguish antisocial behavior. They must develop intervention strategies to promote positive behavior and change belief systems in youth to that they will choose to behave according to societal norms.

School social workers should not view conduct disorder as the product of bad parenting or simply as a product of the environment. Conduct disorder should be viewed as an interactive process in which the biology of the child has a significant influence on the environment.

A multi-disciplinary team should be used to carry out all phases of the intervention instead of the school social worker doing it alone.

School social workers should conceptualize shared responsibility for the child across systems. They can help create connections between the different systems. Additionally, they can help the family obtain necessary resources from the community.

The purpose of this article is to describe a process school social workers can use to communicate their services to administrators and school boards. The author identifies three critical steps in this process.

The first step involved demonstrating relevance to the school district by collaboratively setting work priorities and goals that clearly and specifically support the mission and needs of the school district. These priorities should be established with the school social worker’s building principal(s) and director of special education/pupil services. Regular meetings should occur throughout the school year between the school social worker and these school administrators to share progress in meeting the established goals.

Social workers have an ethical responsibility to use evidence-based strategies and to monitor the outcomes of the use of these strategies to ensure that their clients are receiving appropriate services. The continuation of school social work services in a school district may be threatened or diminished if positive outcomes cannot be documented and communicated to local school administrators and school boards.

The second step involves evaluation of school social work services, which fall into two broad categories: 1) formative or process evaluation, and 2) summative or outcome evaluation. Both are important. Formative evaluation documents how many students are served and what services are provided. This can also help to identify who is not being served and what additional services may be needed.

Summative evaluation examines outcomes and effectiveness of interventions. Methods to do this include: 1) gathering measurements of satisfaction and goal attainment as perceived by students, parents, teachers and administrators, 2) analyzing observations, interviews, rating scales, role plays, self-reports, goal-attainment scales, single-system designs, satisfaction surveys, and data available in student records.

It is not realistic to expect practicing school social workers to develop rigorous experimental research designs, because of the amount of time and resources that are necessary to implement these agendas. However, school social workers can use time- and resource-efficient research strategies to develop simple and valid methods to document the impact of their services. In addition, school districts can partner with area universities for research support.

The third and final step involved marketing school social work services. Effective marketing requires consideration of the product, promotion, place, price, politics and public opinion. The author examines an elementary school social work program in Minnesota using this marketing framework to describe the successful funding of a new school social work program after a federal grant ran out.

- The “product” was school social work services. School social workers met with their respective building principals to establish priorities for the year.
• “Promotion” involved gathering formative data in the first year of the grant and summative data, i.e., satisfaction surveys, in the second and third years to share with local decision-makers.

• The “place” was a suburban area outside the Twin Cities, which while largely middle class, had growing numbers of children in schools from economically disadvantaged families. Most of the schools had never had a school social worker and did not understand what school social workers do.

• The “price” that was communicated was the value of the services to students. However, school social workers could have compared the financial cost of their services, approximately $400,000 annually, to the additional revenues recognized by the school district from 1) increased state aid from higher student attendance, and 2) insurance monies from provision of school-based mental health services.

• Consideration of “politics and public opinion” had to take into account the need to educate (on an ongoing basis) what school social workers do and who they serve. For instance, there was a prevailing “myth” that the area had only middle class families who did not need school social work services.

School social workers must inform local decision-makers about what they do and how it supports student learning. This involves 1) establishing and communicating goals and priorities, 2) keeping accurate records about their services, 3) documenting outcomes using reliable and valid measurements, 4) tracking the results of interventions, 5) publicly sharing accomplishments, and 6) and linking school social work outcomes to school district mission and goals.

**ABSTRACT**

This article focuses on the way a child social worker should handle information that is confidential in nature. It discusses the circumstances in which the malpractice of school social workers occurs, the key elements of the procedural standard of care that a social worker should take when deciding how to handle complex circumstances involving private and privileged information, and the factors essential in social workers' relationships with minor children.

**SUMMARY**

**Issue**

Confidential information should be handled in a careful and sensitive manner that meets new standards of governing and professional ethical standards.

**Implications for Practice**

Social workers who serve children must be familiar with regulations and social work ethical standards that focus explicitly on electronic communications initiated by mental health professionals. Social workers can take a number of practical steps to protect clients from harm and to prevent ethics complaints and malpractice claims, particularly when practitioners are uncertain about how to best to handle private, confidential, and privileged information concerning minors.

In general, malpractice occurs when there is evidence that 1) at the time of the alleged malpractice, a legal duty existed between the social worker and the client, 2) the social worker was derelict in that duty, either through an omission or through an action that occurred, 3) there was harm or injury, and 4) the social worker’s dereliction of duty was the direct and proximate cause of the harm or injury.

The author referred to seven steps that a social worker can take, known as the procedural standard of care:

1. Consult colleagues.
2. Obtain proper supervision.
3. Review relevant ethical standards.
4. Review relevant regulations, laws, and policies.
5. Review relevant literature.
6. Obtain legal consultation when necessary.
7. Document decision-making steps.

Social workers should also take steps to ensure that colleagues from other professions who are members of interdisciplinary teams are familiar with ethical standards in social work.
Feedback
2006 School Social Work Practice Guide

How many years of experience as a school social worker do you have?

____ 0 – 5 years  ____ 6 – 10 years  ____ 11 – 15 years  ____ 15 or more years

At what grade level(s) do you work?

____ PreK – 5  ____ 6 – 8  ____ 9 – 12

In what kind of community do you work?

____ Rural  ____ Suburban  ____ Urban

Please rate each of the sections of the Guide listed below using the following rating scale:

1 – Not useful to me
2 – A little useful to me
3 – Useful to me
4 – Very useful to me

____ How to Use This Guide (pp. 1-4)
____ School Social Work Roles (pp. 5-7)
____ 2004-05 Wisconsin School Social Work Survey ( pp. 9-19)
____ Wisconsin Requirements for School Social Workers (pp. 21-25)
____ Continuing Education Requirements (pp. 27-28)
____ Sample Professional Development Plan (pp. 29-38)
____ NASW Code of Ethics (pp. 39-60)
____ Decision-Making Model for Ethical & Legal Dilemmas (pp. 61-62)
____ School Social Work Associations (pp. 63-66)
____ School Social Work and Related Services as Delineated within Federal Law (pp. 67-72)
____ NASW Standards for School Social Work Services (pp. 73-86)
____ Revenues Generated for School Districts by School Social Work Services (pp. 87-89)
____ Outcome Evaluation of School Social Work Services (pp. 89-100)
____ SSWAA Resolution on School Social Work Staffing Needs (pp. 101-102)
____ A Lifeline for Troubled Students (pp. 103-106)
____ Liability Protection (pp. 107-110)
____ Special Education (pp. 111-114)
____ Standards for Educational & Psychological Testing (P. 115)
____ Qualification Levels for Educational Assessment Tools (pp. 117-118)
____ Assessment Instruments (pp. 119-122)
____ Disorders Commonly Diagnosed Among Children & Adolescents (pp. 123-128)
____ Practical Suggestions for Assisting Children in the Aftermath of a Tragedy (pp. 129-130)
____ Teacher Guidelines for Crisis Response (pp. 131-136)
____ Identifying Students At Risk for Violent Behavior (P. 137)
Please rate each of the sections of the Guide listed below using the following rating scale:

1 – Not useful to me
2 – A little useful to me
3 – Useful to me
4 – Very useful to me

_____ School Social Work Resources – CD-ROM
   _____ Assessment Tools
   _____ DPI Publications
   _____ Homelessness
   _____ Performance Evaluations
   _____ Position Descriptions
   _____ Report Forms
   _____ Teen Parent Resources

_____ Suicide Prevention Resources – CD-ROM
   _____ National Resources
   _____ PowerPoint Presentation
   _____ Wisconsin Resources

_____ Mental Health Units of Instruction – CD-ROM
   _____ Suicide Prevention
   _____ Mental Illness
   _____ Dating Violence

What additional topics or resources would be helpful in future editions of the Guide?
Are there hard-copy parts of the Guide that would be more useful if they were electronically available, i.e., on CD-ROM?

Are there electronic parts of the Guide that would be more useful if they were printed in hard-copy?

Please share any other comments you may wish to make about the Guide below.

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