SSW PE 5.2 INTRODUCED
SSW PE 8.1 INTRODUCED
SSW PE 8.5 INTRODUCED

Crisis Response/Intervention in Schools Seminar
Crisis Response/Intervention in Schools Seminar

Crisis Response/Intervention in schools is a specialized acute emergency mental health intervention requiring specialized training. This required seminar prepares PPSC students to effectively work with the inevitable crises that will impact their school communities. The three most common phases of crises (pre-crisis planning, acute crisis response and post-crisis activities) are covered. Participants will learn the fundamentals of group and individual crisis interventions, as well as specific protocols and policies are tailored for school communities. An emphasis is placed on the work of working collaboratively with others to effectively address crises in the school and the need to assume multiple roles throughout the crisis intervention process. Incident assessment and strategic planning with crisis response team members will be included. Special topics including suicide considerations, virtual crisis response environments, impact of media and memorial planning will be discussed. Individuals will explore common psychological and behavioral crisis reactions, basic crisis communication techniques, and incident assessment/strategic planning with a crisis team.

SSW PE 1.2 INTRODUCED
SSW PE 6.4 INTRODUCED
SSW PE 7.1 INTRODUCED
SSW PE 7.2 INTRODUCED
SSW PE 8.3 INTRODUCED
SSW PE 8.4 INTRODUCED
SSW PE 10.3 INTRODUCED

Child Welfare and Attendance Seminar
Child Welfare and Attendance Seminar
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Child Welfare and Attendance Seminar

This required seminar re-introduces students to Child Welfare and Attendance Laws and Compulsory Education Codes in California. In addition, it focuses on a multi-tiered model which is used for early identification and support of students with academics, behavior and attendance when working in school settings. The seminar provides students the platform to analyze research and impact of school attendance on students they may serve in the school setting. They also explore the ecological, risk and protective factors and intersectionality factors that are related to attendance. Students analyze case studies and prepare an intervention plan, taking into account cultural inclusion, with their peers to fully integrate seminar

content. Students discuss the use of their clinical skills in attendance-related tasks such as parent conferences, home visits, bio-psycho-social assessment and on multidisciplinary teams.

SSW PE 1.1 INTRODUCED
SSW PE 1.2 INTRODUCED

Laws and Ethics for Social Work Practice in School Settings Seminar
This required seminar teaches PPSC students to apply principles of law and ethics in their school-based internships and as a new professional. Students explore the differences between law and ethics using case vignettes and an extensive list of resources to explore how school-based practice is influenced by both. Students are exposed to the Every Student Succeeds Act, Supplemental Standards for School Social Work Practice, Individuals with Disabilities in Education Act, the National Association of Social Workers' Code of Ethics, the National Association of Social Workers' School Social Work Standard. These, and other, California laws along with the shared ethical guidelines will help school social workers determine the most appropriate response to ethical dilemmas. Students will learn the difference between FERPA and HIPPA and the impact of technology on ethics. Through case vignettes they will also learn about confidentiality, consent, and notice. Ethics theories and structured guidelines for application are discussed and breakouts facilitate student interaction.

SSW PE 8.2 INTRODUCED
SSW PE 10.1 INTRODUCED
SSW PE 10.2 INTRODUCED

Learning Theories and Trauma-informed Practice in Schools Seminar
Learning Theories and Trauma-informed Practice in Schools Seminar
This required seminar covers multiple theories related to learning styles and how these various styles are successfully or unsuccessfully integrated into school classrooms. Special emphasis is placed on identifying evidence-based practices designed to engage diverse learners in the classroom. The seminar also explores how exposure to trauma impacts young people's ability to learn and function in school. The presentation reviews simple and complex trauma as experienced by children and adolescents and the impact on the physiological structures of the brain. Neuroscientists have demonstrated that all human beings must have a sense of safety before they are able to learn and store information in the frontal lobe for long-term storage. Exposure to trauma impacts one's experience of safety in the world, therefore, schools must work to establish a sense of safety for students to improve educational, behavioral and socioemotional outcomes. The presentation focuses on the importance of school-side and/or classroom-wide climate to create a safe and inclusive environment so that all students can learn, including students who have been exposed to trauma.

School Social Workers:

Specific Guidelines for Confidentiality, Consent, & Notification

Sources

The codes accessed for this research are Family Codes 6924, 6925, 6927, & 6929; and Education Codes 35301 and 49602 (only mentions "school counselor"). The Health and Safety Codes and Civil Codes are referenced as well. Internet research included the website www.teenhealthrights.org, a project of the National Center for Youth Law; a report from the Adolescent Health Working Group; NASW's Policy Statement called "Confidentiality and School Social Work: A Practice Perspective;" and an opinion on minor consent laws from the California Attorney General's office (2004) titled "Medical Care During School Hours: Minors' Rights to Confidential School Release." Other publications reviewed include the NASW Commission on Education Position Statement: "The School Social Worker and Confidentiality", 1991; and "School Social Work & Group Work" and "School Social Work in Host Settings," both part of the School Social Work Association of America (SSWAA) Ethical Guideline Series, 2008. Also reviewed are the Federal Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA). This author also consulted with school social workers from school districts in Humboldt, Long Beach, Los Angeles, San Francisco, San Diego and Whittier, who all provided valuable insight.

Mental Health Services

Generally, any student age 12 or older can provide consent themselves for mental health services, including assessment, outpatient counseling, and outpatient treatment (not including psychotropic drugs, convulsive therapy, and or psychosurgery). No parent consent is required. There are two criteria to follow: (1) the student is deemed "mature enough to participate intelligently" by the mental health provider *AND* (2) if one of the two following circumstances exist: (a) without mental health services, student would be a danger to self or others or (b) student is an "alleged victim of incest or child abuse." Quotes are from Family Code 6924.

Conversely, students under 12 (11 or younger) years of age must get parent consent for mental health services. Exceptions to this rule for medical services are described below.

For students who participate in therapy groups at school, confidentiality cannot be guaranteed and, therefore, the right to privileged communication (confidential communication) in groups cannot be assumed. SSWAA recommends that "parents should give informed consent for the participation of their minor children" in all therapy groups. SSWAA differentiates these groups from non-therapeutic groups, such as "classroom(s),…service learning groups, and student leadership groups," where there is "no reasonable expectation of privacy" (SSWAA, 2008).

Regarding substance abuse treatment services, a minor 12 or older can consent to these services from both federally and non-federally assisted agencies without parent consent or notification. For federally assisted substance abuse treatment agencies, minor consent is required for parent involvement in most non-crisis situations.

Parent Involvement Recommended

For both mental health and non-federally assisted substance abuse services, FC 6924 states that providers are "...required to involve a parent or guardian in the minor's treatment unless the health care provider decides that such involvement is inappropriate. This decision and any attempts to contact parents must be documented in the minor's record." However, "...providers should attempt to honor the minor's right to confidentiality to the extent possible while still involving parents in treatment." EC Section 35301 states that "it is the intent of the Legislation that counselors use the privilege of confidentially under this section to assist the pupil whenever possible to communicate more effectively with parents, school staff, and others."

Medical Services

These medical services may include a counseling component, but would not be classified as outpatient mental health services. However, school social workers could be involved with counseling and providing resources for students in the following situations.

FC 6925 governs consent for medical services. A student of ANY age may receive pregnancy, contraceptive, and abortion services without parent consent. Regarding HIV/AIDS, rape, and STDs, FC 6926, CA Health and Safety Code 123110, and CA Civil Code 56.10 & 56.11 are specific in stating that a 12-year-old or older student can consent to an HIV test, diagnosis of HIV/AIDS, and treatment of HIV/AIDS without consent or notification of a parent. That student can also consent to medical care for an STD and rape services without consent or notification of a parent.

A student under age 12 who seeks services for sexual assault or rape can consent to those services. However, providers must notify parents unless they are the perpetrators.

Students may be excused from school without consent or notification of parents for "confidential minor consent medical care," according to the Atty. General (2004). The opinion is very clear that schools and school districts may not adopt policies restricting this ruling.

Conclusion

There are many different codes, rulings, opinions, papers, and ethical principles involved in the area of confidentiality, consent, and notification for services provided at schools by mental health professionals. Although school social workers are not mentioned specifically in much of the research, where there are no conflicting opinions and the term "school counselor" or "health care provider" is used, school social workers may interpret those legal codes and opinions as applying to them as well.

These codes encourage parent involvement by placing the emphasis on justifying the decision not to involve parents. That emphasis should encourage school social workers (and other school support personnel) to thoroughly explore with the student (12 or older) the reasons for not wanting parent involvement. It does not ask school social workers to *exclude* parents unless certain criteria exist, but rather to *include* parents unless certain criteria exist. This reading of the legal language is consistent with the social work value that emphasizes the "importance of human relationships" and the role of social workers to "…promote, restore, maintain, and enhance the well-being of individuals, (and) families…" (NASW Code of Ethics, 1999).

There is at least one other area with differing opinions from practicing school social workers that does not appear to be addressed in the legal and ethical standards specifically: the commonly accepted practice of being able to meet with a student under age 12 one time without parent consent. General opinion supported by legal interpretation is that one meeting without parent consent is allowed if a child is referred to the school social worker to receive a consent form to take home, for an academic issue, for a crisis situation (danger to self or others, child abuse, or elder/dependent adult abuse) or if the school social worker is serving in the role as a school administrator. Meeting once with a student under 12 would not be allowed for the purpose of counseling, psychosocial assessment, or other mental health service without parent consent. To ensure ethical decision-making, it is recommended that school social workers consult with a colleague or supervisor before meeting once with a student under age 12 without parent consent.

Ethical and Clinical Decision Making

(from The Ethics of Practice with Minors, Strom-Gottfried, 2008)

Assess options: Consider various viewpoints and issues prior to making a decision. Utilize **consultation** when doing this.

Things to consider when assessing options (ELVIS)

Ethical theories and principles

Theories: greatest good – Best result vs Moral absolutes or adherence to rules

Principles:

Autonomy of client's decision to make own decision

Doing good – enhance well being of client

Avoid harm – safety considerations

Trustworthiness and truthfulness
Social justice

Laws and Policies – (discussed in first half of session)
School laws and policies
Laws governing social work practice – mandatory reporting, duty to warn etc.
Funding source regulations
Values
Code of Ethics values:
Service
Social Justice
Dignity and worth of person
Importance of Human relationships
Integrity
Competence
Information
What additional clinical and case specific information is needed?
Developmental considerations and competence of minor to make decisions
Standards
NASW and School Social Work Standards regarding confidentiality, full disclosure, need to know, and variations of the definition of who is the "client"

Be Mindful of Process –
How to make the decision and how to enact it in a clinically sensitive way

Consult with others in both assessing your options and developing your process of enacting the decision

Document – as you go. Cover liability issues – facts of situation and what action was taken.

Evaluate – with client, in supervision, and self reflection so as to improve process and future outcomes

SSW PE 1.1 ASSESSED

SSW PE 1.2 ASSESSED

CSULB presentation on Law & Ethics in School Social Work Settings Assessment Questions

1. The school social work ethic of holding information confidential in school settings is best described by the following:
    a. All children are treated with the same standard of confidentiality.
    b. School social workers have no responsibility to involve parents in their work with high school students.
    c. At age 12 or older, students' rights to confidentiality begin to resemble those afforded to adults.
    d. School social workers are held accountable if a student participating in a school-based treatment group breaks confidentiality and shares another student's personal information outside of the group setting.
2. The LCFF legislation stands for which of the following and primarily targets which population?
    a. Local Control Funding Formula / economically or otherwise disadvantaged children and youth
    b. Logical Concepts of Familial Functioning / dysfunctional family systems
    c. Liability & Cost Financial Factors / the cost to districts of poor children and families
    d. Lost Capital from Facilities Failures / school administrators who have not spent down their state-allocated funds for facilities upgrades
3. From the following statements, choose the one **inaccurate** statement regarding the differences between laws and ethics.
    a. Laws are written and enforceable; ethics are often unwritten and governs areas not specifically covered by laws.
    b. Because school social workers are employed by educational entities serving children and families, they should never break a law in order to adhere to ethical obligations.
    c. Ethics consist in part of rules and regulations germane to members of a certain profession, whereas laws are generally universal in nature.
    d. School social worker ethics are taken primarily from the National Association of Social Workers Code of Ethics, whereas their adherence to educational laws is taken primarily from the California Code of Regulations: Education
4. The McKinney-Vento legislation provides services for which of the following populations?
    a. Children and youth in foster care
    b. Children and youth in special education
    c. Children and youth in underserved communities
    d. Children and youth experiencing homelessness

Answer key: 1. C; 2. A; 3. B; 4. D

SSW PE 1.2 PRACTICED
SSW PE 6.4 PRACTICED

SSW PE 8.4 PRACTICED

Child Welfare and Attendance PPSC-Required Seminar Case Studies for Practice Discussion

Child Welfare and Attendance PPSC-Required Seminar Case Studies for Practice Discussion

Child Welfare and Attendance PPSC-Required Seminar Case Studies for Practice Discussion

Case Study #1

Tony is a 9th grader at your high school. He has a 2.0 grade point average and has missed two days of school first semester. When the second semester starts, he begins to miss one day a week. By March he is not coming to school at all. You go to the home and mother tells you that she can't get any of her children to school. Your home visit is at 12pm and mother is in her pajamas and all three children are asleep.

You ask mother what schools are the other children enrolled at and mother states the local middle school and local elementary school. Mother states that Tony just can't wake up ever since his father left. Mother states that father left them two months ago because mother called the police for domestic violence. Mother states that Tony doesn't want to talk to anyone about it only her.

What steps do you take? How can you help Tony get to school? What further questions do you ask mother? Who do you contact once you get back to your school site?

Case Study #2

Victoria is a new 3rd grader at your elementary school. She has missed 15 days of school by January. When you call mother she tells you that all absences are excused with a doctor's note due to her constant tonsils issue. Mother states that lately she has not sent her to school because it's raining and the change in weather causes her to get sick. Mother is an attorney and she tells you that she knows the law and she will send Victoria to school when she feels it is fit. Victoria is the only child at home and father is usually away on business.

Teacher states that Victoria has trouble making friends and usually plays alone. She also tells you that she is very smart but due to her absences she is falling behind in her reading skills.

What steps do you take? How can you help Victoria get to school? Who do you work with at the school site?

Case Study #3

Samantha is an 8th grader at your middle school. She comes to school most days but is walking in at 9am. When asked why she is late all the times she tells you that she has to take her siblings to school in the morning. After a few encounters with you, she discloses that she and her two siblings are staying in a car with mom. Mother leaves for work every morning on the bus at 5am and Samantha must walk her 8 and 10 year old siblings to school. Samantha tells you that this situation is temporary and that she doesn't want you to call the social workers.

Samantha is doing well in school but states that many times she feels sad and can't concentrate.

What steps do you take? How can you help Samantha get to school? Who do you work with at the school site?

SSW PE 1.2 ASSESSED

SSW PE 6.4 ASSESSED

CSULB School of Social Work

Pupil Personnel Services Credential

Seminar Evaluation

Child Welfare and Attendance in Schools

Graciela Ortiz, LCSW

October 8, 2019

Please answer the following questions:

1. What does research tell us about school attendance?
2. What does the California Compulsory Education Laws state regarding student attendance?
3. As school social workers, what is an approach we should take to assist a student and their family in improving school attendance?
4. What is the first step in dropout prevention?

5. What did you like most about the training?

6. What changes would you make to the training?

“Attendance – It’s Never Just About Attendance!”

“Attendance – It’s NeverJust About Attendance!”

Graciela Ortiz, LCSW

Pupil Services and Attendance CounselorLos
Angeles Unified School District Linda
Esperanza Marquez High School

323-584-3803

gxo9333@lausd.net

What do YOU believe?

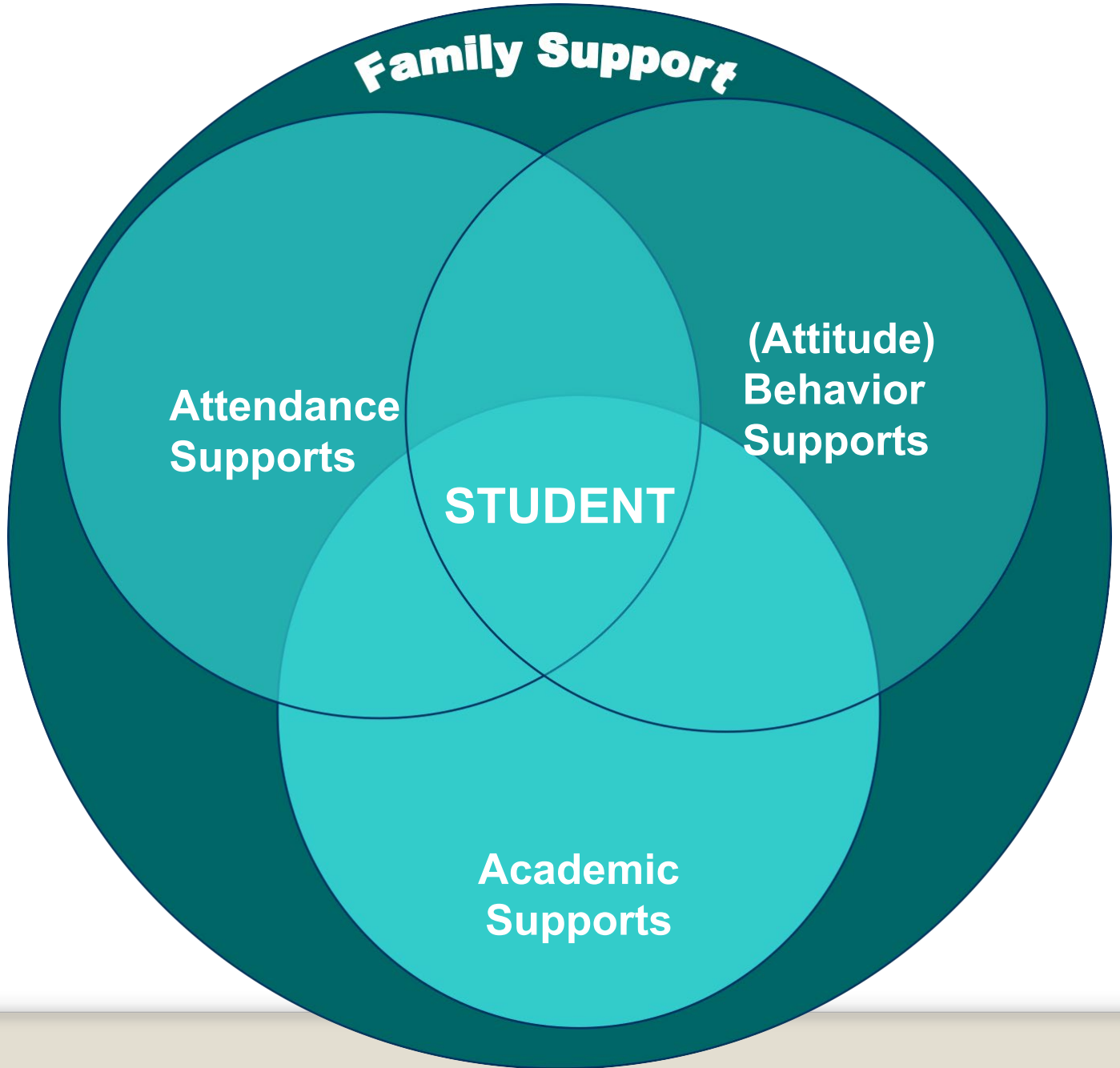
- All students can learn?
- All students can graduate?
- All students can be successful?

So what do we do if theydon't?

How do we ensure that ALLare successful?

What is your belief system?

We Believe in a Spectrum of Intervention



From: LAUSD MultidisciplinaryTeam Support

From: LAUSD Multidisciplinary Team Support

What does Research tell us about Attendance? (www.attendanceworks.org)

National Center for Children in Poverty

- A National Portrait of Chronic Absenteeism in theEarly Grades (October 2007)
- Present, Engaged, and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades (September 2008)

Consortium on Chicago SchoolResearch

- What Matters for Staying On Track and Graduating in Chicago Public Schools (July 2007)

Attendance & Academics

Attendance in the Early Grades: Why it Matters forReading (February 2014)

- Chronically absent elementary school children have weaker reading skills and makes clear caseto reduce absenteeism.

Chicago schools study:

- 90% of freshmen who miss less than one weekof school per semester graduate
- Freshmen who miss more than two weeks ofschool fail on average at least two classes

Lets Start with Elementary School?

- The greater the number of absences in kindergarten, the greater the number of absences in first grade.
- Absenteeism in kindergarten negatively impacted academic achievement in reading, math, and generalknowledge by the end of first grade.

-Maria Jose Romero and Young-Sun Lee, NCCP October 2007

What about Middle School?

Researchers found that improved attendance in middle grades have better outcome in high school than those who improved their

test scores, even when the students start out at the same level.

-Allensworth, Elaine, University of Chicago, Constortium on Chicago School Research

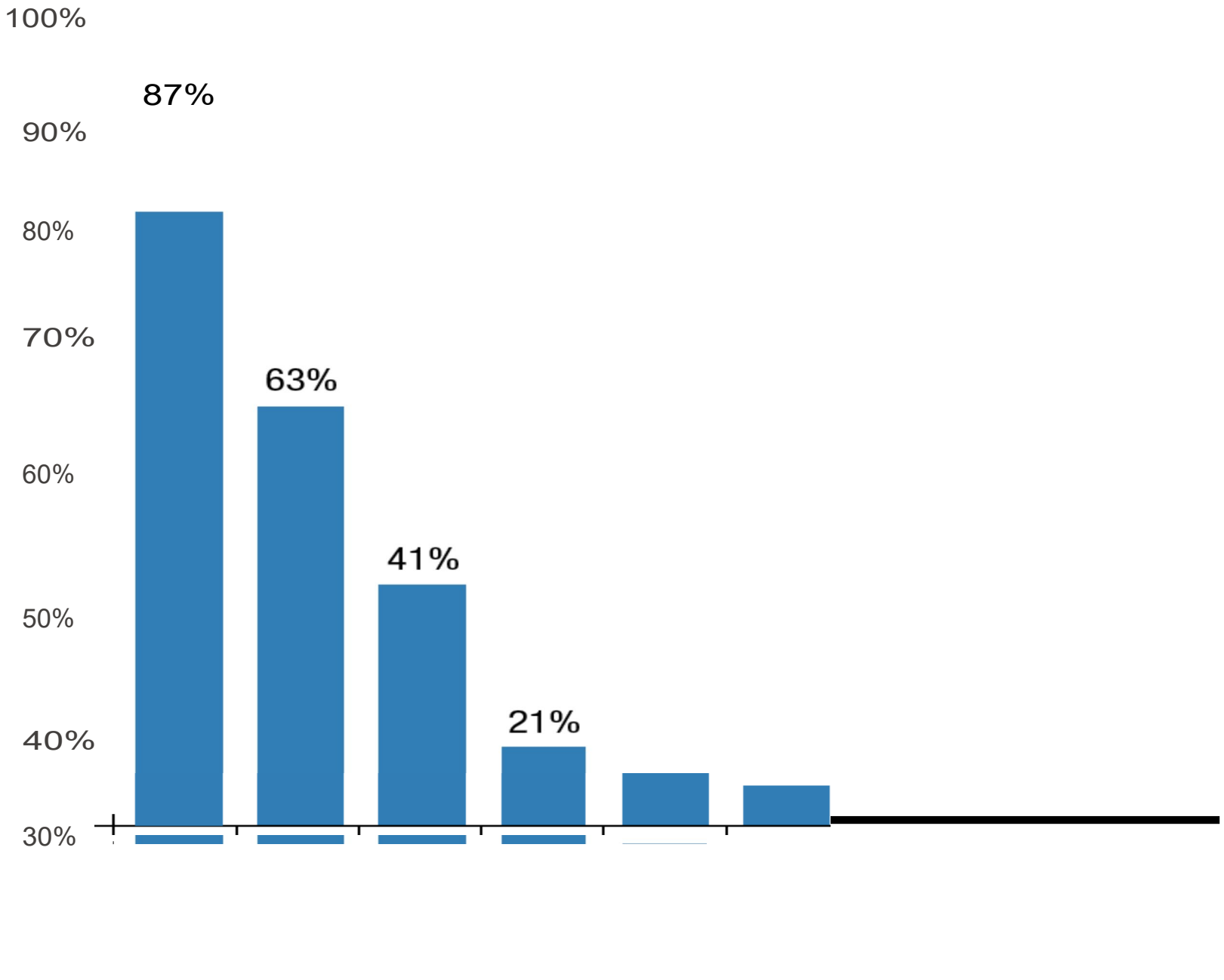
November 2014

Freshman Indicators

- Freshman on track at the end of their freshman year are about four times morelikely to graduate than students not on target
- Students with marginal attendance (missing one month or more per semester) have less than a 10% chance ofgraduating
- One to two weeks of absence substantiallyreduces the probability of graduation (63% vs 87%)
- Attendance is the most essential requirement for avoiding course failure

Four-Year Graduation Rates by Freshman Absence Rates

"What Matters for Staying On Track and Graduating in Chicago Public Schools" (July 2007)



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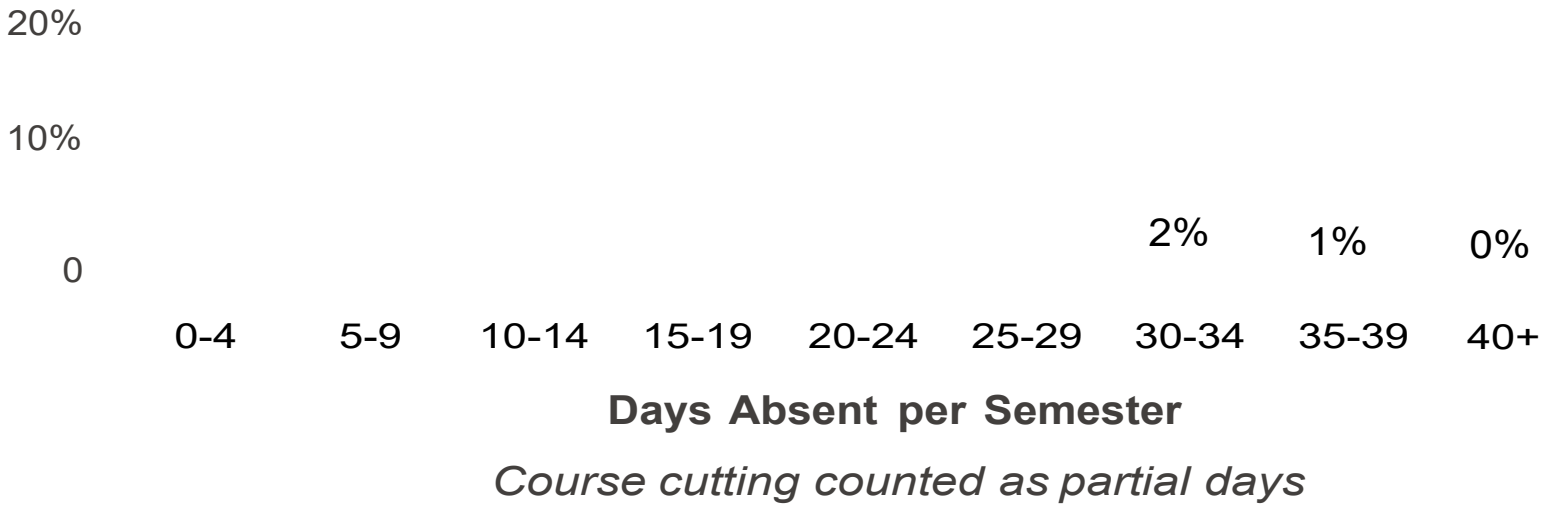

20%
10%
0
2%
1%
0%
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40+
Days Absent per Semester
Course cutting counted as partial days

Impact of chronic early absence

"Going to school regularly in the early years is especially critical for children from families living in poverty who are less likely to have the resources to help children make up for lost time in the classroom"

Social Factors & Attendance

- Low Income students were more likely tobe chronically absent than their highest income peers
- Low income students who were chronically absent scored on average 10points less in first grade reading than students with good attendance

We believe in the 3 A's and RtI

- Academic Achievement
- Attitude (Behavior)
- Attendance

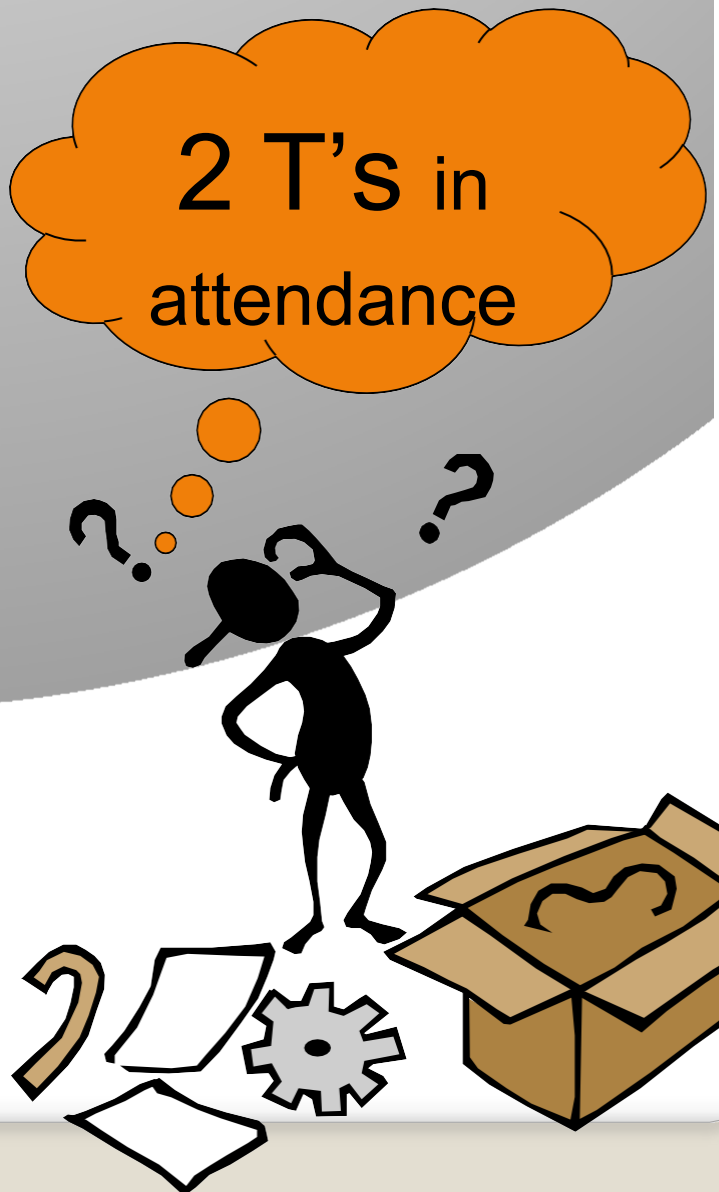
&

- RtI:

Response to Intervention

RtI?.....Attendance ?

What do the letters R, t and I have to do with attendance?



What is RtI?

- Assessing students to determine risk
- Providing intervention
- On-going progress monitoring to ascertain response

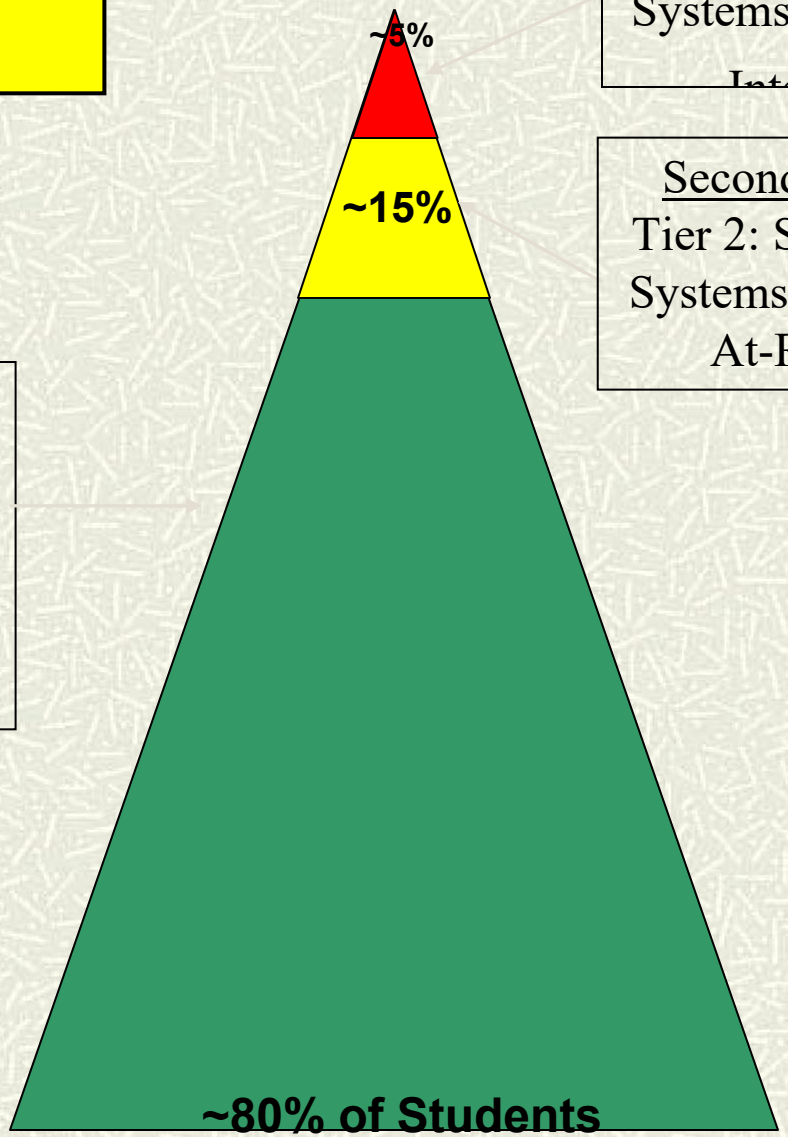
Linan-Thompson, Vaughn, Prater, & Cirino, 2005

CONTINUUM OFSCHOOL-WIDE SUPPORT

<u>Tertiary Prevention</u>:
Tier 3: Specialized Individualized

Systems for Students with

Intensive Needs



<u>Secondary Prevention</u>:
Tier 2: Specialized Group Systems for Students with At-Risk Behavior

<u>Primary Prevention</u>:
Tier 1:

School-/Classroom-Wide Systems for All Students,

Staff, & Settings

Academic Systems

Intensive, Individual Interventions

- Individual Students
- Assessment-based
- High Intensity

1-5%

Targeted Group Interventions

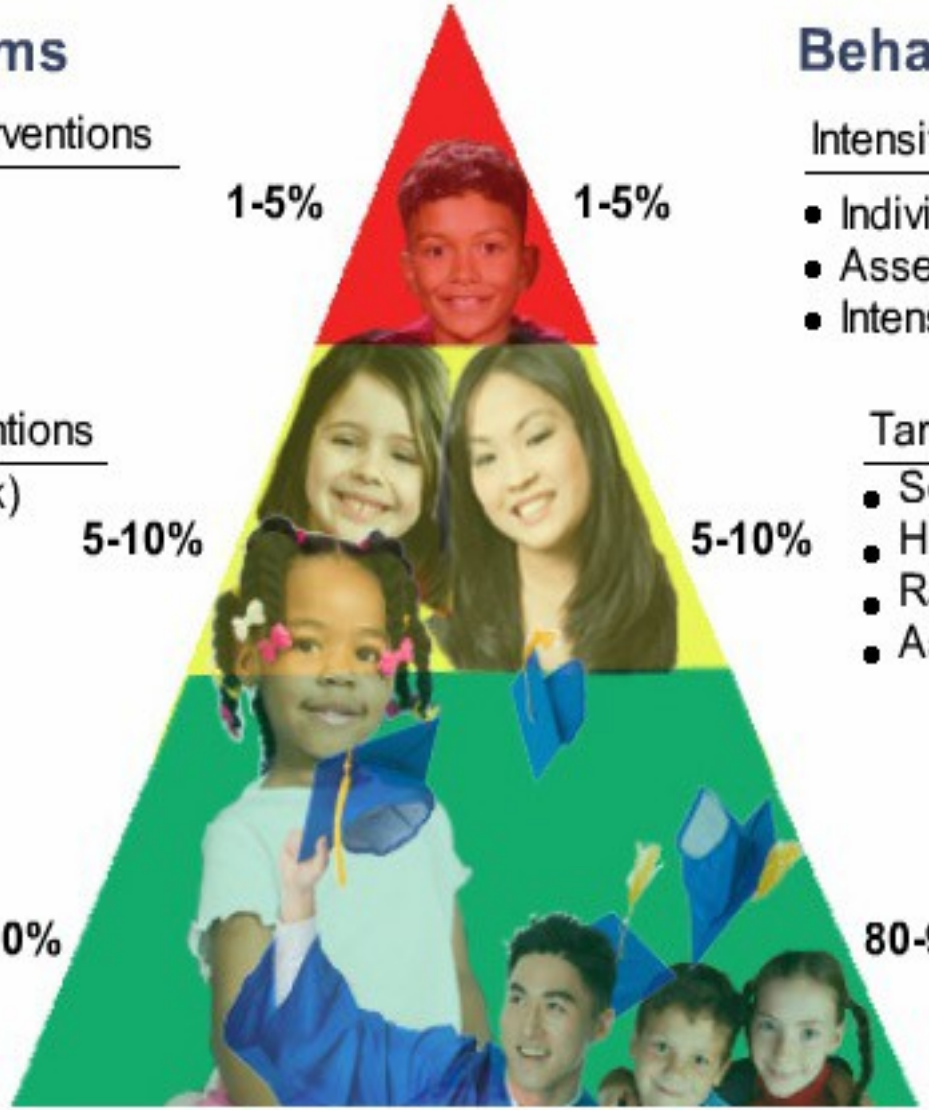
- Some students (at-risk)
- High efficiency
- Rapid response
- Assessment-based

5-10%

Universal Interventions

- All students
- Preventive, proactive

80-90%



Behavioral Systems

Intensive, Individual Interventions

- Individual Students
- Assessment-based
- Intense, durable

1-5%

Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response
- Assessment-based

5-10%

Universal Interventions

- All students
- Preventive, proactive

80-90%

Core Components of RtI²

1. High-quality classroom instruction
2. Research-based instruction
3. Universal screening
4. Continuous classroom progress monitoring
5. Research-based interventions
6. Progress monitoring (instruction & intervention)
7. Fidelity of implementation
8. Staff development & collaboration
9. Parent involvement
10. Specific Learning Disability Determination

Core RtI Principles

- We can effectively teach all children
- Intervene early
- Use a multi-tier model of servicedelivery

NASDSE, 2005

Core RtI Principles cont.

- Use problem-solving method to make decisions within a multi-tiermodel
- Use research-based, scientifically validated interventions/instructionto the extent available
- Monitor student progress to inform instruction

NASDSE, 2005

Core RtI Principles cont.

- Use data to make decisions. Adata-based decision regarding student to intervention is central toRtI practices.

- Use assessment for three different purposes.
  - Screening applied to all children
  - Diagnostics
  - Progress monitoring

NASDSE, 2005

RtI and Attendance

- Attendance is a behavior
- We can teach good attendance habits
- We intervene with students having attendance problems
- We monitor attendance and need to assessthe effectiveness of our interventions

Adapted from Sprague & Walker, 2004

3 Tiered Approach to **Intervention**

Targeted/ Intensive
(3-5%)

(High-risk students)

Individual Interventions

Selected

(At-risk Students)

Classroom, Family, & Small Group Strategies

(10-20% of students)

Universal

(All Students)

***Team Meetings (COST)**

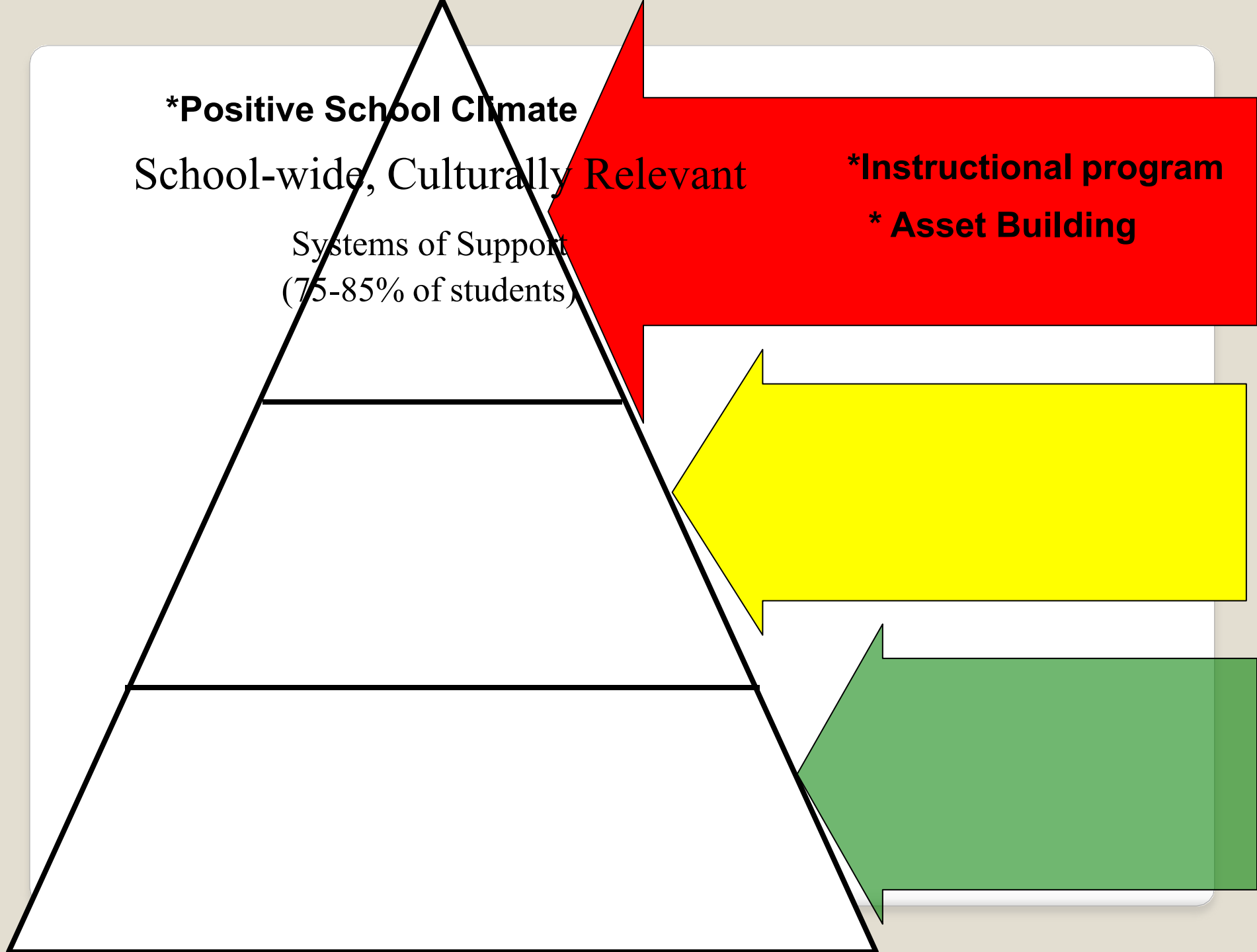
***Individual Student Plans**

***Instructional Supports**

***Documentation & Monitoring**

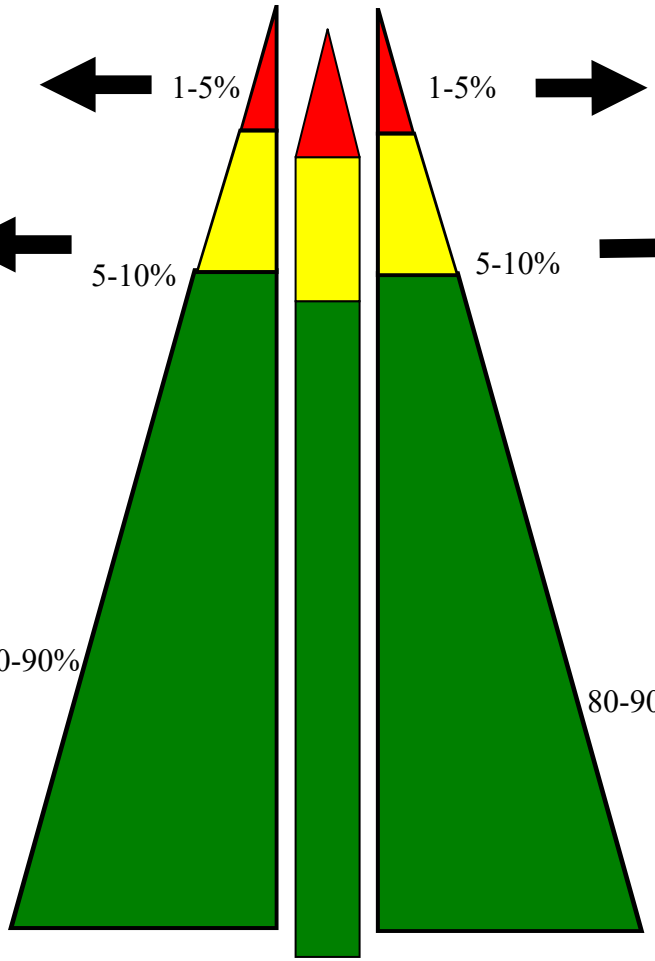
***Incentive Programs**

***Clear Expectations**


*Positive School Climate
School-wide, Culturally Relevant
Systems of Support
(75-85% of students)
*Instructional program
* Asset Building

Designing School-Wide Systems for Student Success

Academic Systems | **Attendance Systems** | **Behavioral Systems**



Intensive, Individual Interventions

- Individual Students
- Assessment-based
- High Intensity

Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

Universal Interventions

- All students
- Preventive, proactive

Intensive, Individual Interventions

- Individual Students
- Assessment-based
- Intense, durable procedures

Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

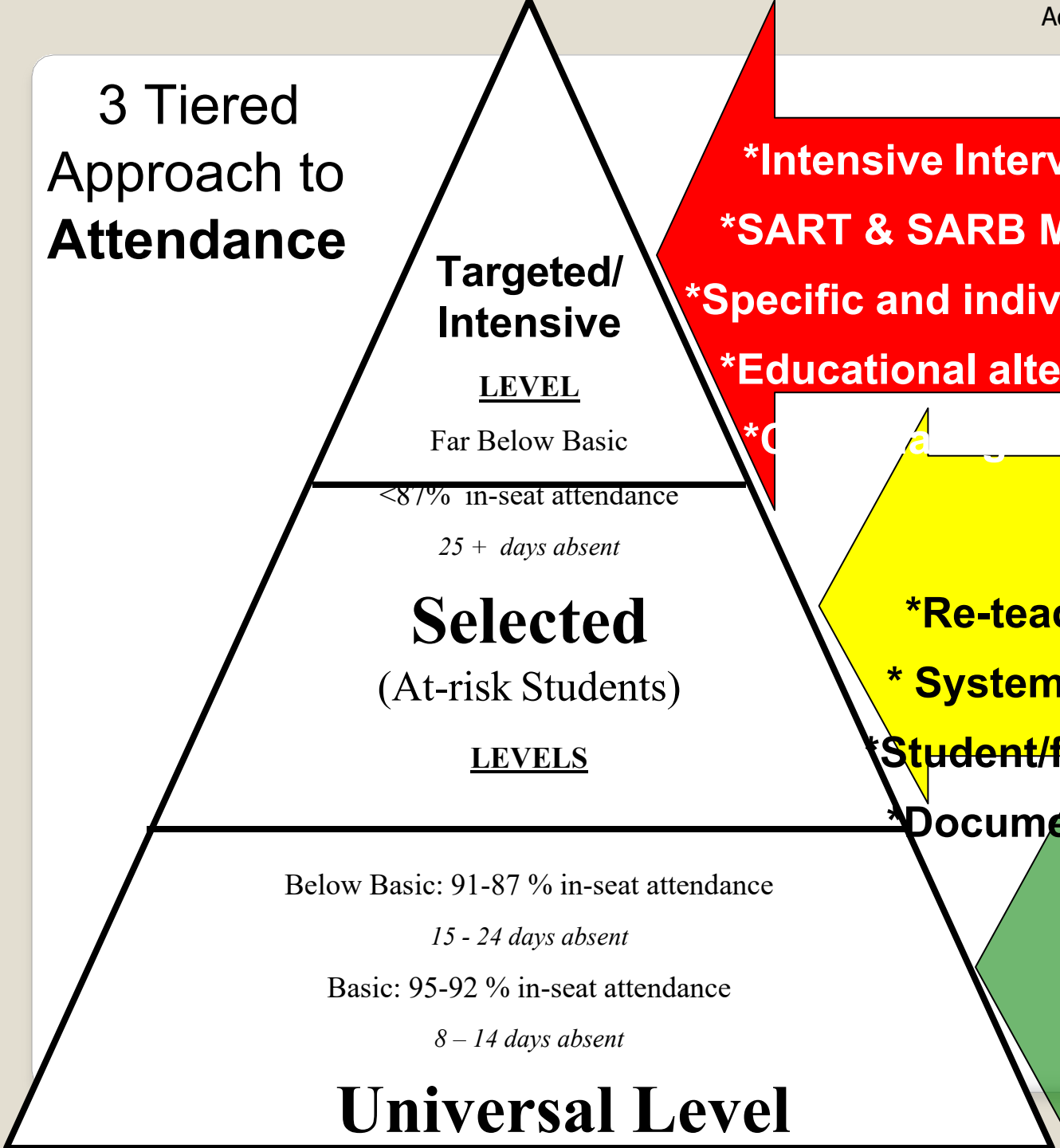
Universal Interventions

- All settings, all students
- Preventive, proactive

Adapted from: 

Adapted from Sprague & Walker, 2004

3 Tiered Approach to **Attendance**



***Intensive Interventions**

***SART & SARB Meetings**

***Specific and individualized plans**

***Educational alternatives/options**

***Re-teach Attendance**

*** Systems of Identification**

***Student/family supports**

***Documentation & Monitoring**

80% of all students should be attending 96% of the time

LEVELS

Proficient: 96+ % in-seat attendance
Perfect Attendance: 100% with less than 3 tardies

*** Team Meetings (COST/SST)**

***Teach Attendance**

***Reinforce good habits**

***Positive School Climate**

*** Communicate goals**

*** Attendance plans**

Universal Level

Teaching Attendance

The following 10 core concepts must be taught and modeled to all students, their families and to the communities in which they live. All school staff shouldbe trained to teach and reinforce the core attendance concepts. Teaching should be universal and continual.

CORE ATTENDANCE CONCEPTS

1. Clear expectations of positive attendance (Goal = 96% in-seat attendance)
2. Compulsory attendance laws
3. Benefits of good attendance (Should be motivational and relevant)
4. School calendar and schedules
5. Morning routines (importance, what they should look like, how to encourage at home)

Teaching Attendance

CORE ATTENDANCE CONCEPTS (continued)

6. Evening routines (importance, what they should look like, how to encourage at home)
7. Plans to for coming to school (people to support you coming to school)
8. Creating “back-up” systems (others to support you that are different from those in your plan)
9. Self-care (best practices for staying healthy, sleep requirements, mental health)
10. Consequences of poor attendance

METHODS FOR TEACHING CORE ATTENDANCE CONCEPTS

- **School-wide assemblies**
- **Classroom instruction**
- **Announcements & Notifications**
  - Kick off the new school year (back on track)
  - Student parent handbook
  - Parent and community groups (formal andinformal)
  - Newsletters
  - Print and electronic messaging

METHODS FOR TEACHING CORE ATTENDANCE CONCEPTS

- **Follow-up assemblies**
- **Parent education**
- **Community education**
- **Reinforcement of positive attendancebehaviors**
  - School-wide assemblies
  - Group recognition (classroom, grade level,PLE/SLC)
  - Individual recognition
  - Incentives
  - Random events/moments to recognize those doingwhat is asked

Compulsory Education

IT'S THE LAW!

Parents and guardians are required to send their children from age 6 to school everyday, on time, until the child graduates or turns 18 years old.

California Education Code 48200

What is truancy?

A truant is any student who is absent from school without a valid excuse on three occasions or tardy for more than 30 minutes in a school day on three occasions in one school year.

California Education Code 48260

What is a habitual truant?

A habitual truant is any student who has been reported as a truant three or more times per school year. A student who continues to be a habitual truant may be referred to SARB.

California Education Code 48262

Why are they absent?

- Illness
- Personal Reasons
- Medical/Dental appointments
- Weather
- Death in the family
- Out of town
- Mobility
- Pregnancy
- Lice
- Problems with teacher
- Problems with peers
- Transportation
- Babysitting
- Taking care of relatives
- School phobia
- Funeral
- Court
- Social worker appointments
- Welfare appointments
- Doesn't like school
- Suspension
- No-Shows
- Dropped out
- Homeless
- Work
- Bullying
- No clean clothes
- Foster care
- Holiday celebration
- Religious retreat
- Child actor
- Out of country

EXCUSED or UNEXCUSED?

- Student was excluded by the nurse forlice?
- For ring worm?
- For not having his medication for ADHD?

EXCUSED or UNEXCUSED?

- Student was suspended by the principalfor throwing a rock?
- Student was suspended by the teacher forthrowing paper in the classroom?

EXCUSED or UNEXCUSED?

- Mother has a subpoena to go to court
- Mother was asked by DPSS worker to bring all of the children in for an eligibilityappointment
- Mother has to go and take student for immunization

EXCUSED or UNEXCUSED?

- Student went with mom to “Take Your Daughter to Work” Day
- Good Friday or Yom Kippur
- Confirmation Retreat

EXCUSED or UNEXCUSED?

- Grandfather's funeral for 3 days in Sacramento
- Close friend of the family's funeral for 1day in Long Beach

EXCUSED ABSENCES

- Illness
- Medical or Dental Appointments
- Funeral of immediate family
- Jury Duty
- Illness of custodial child
- Quarantine
- Justifiable personal reason w/ prior approval of the principal

EC 48202
Excused Absences

- What is an “excused absence”
  - Due to illness
  - Due to Quarantine
  - For the purpose of having medical, dental, optometrical, orchiropractic services rendered
  - Funeral services: One day in California; 3 days outside California
  - Jury Duty
  - Illness or medical appointment of a child of whom the pupil is thecustodial parent
  - Justifiable personal reasons: appearance in court, observance of areligious holiday, religious retreats, education conference …. *and approved by the principal* or a designated representative pursuantto uniform standards established by the governing board.
  - C.C.R Title 5, Sec 420 – same as above.
  - CCR – California Code of Regulations

Adapted from Sprague & Walker, 2004

3 Tiered Approach to **Attendance**

Targeted/ Intensive

LEVEL

Far Below Basic

< 87% in-seat attendance

25 + days absent

Selected

(At-risk Students)

LEVELS

Below Basic: 91-87 % in-seat attendance

15 - 24 days absent

Basic: 95-92 % in-seat attendance

8 – 14 days absent

Universal Level

BELOW BASIC

91-87 % in-seat attendance

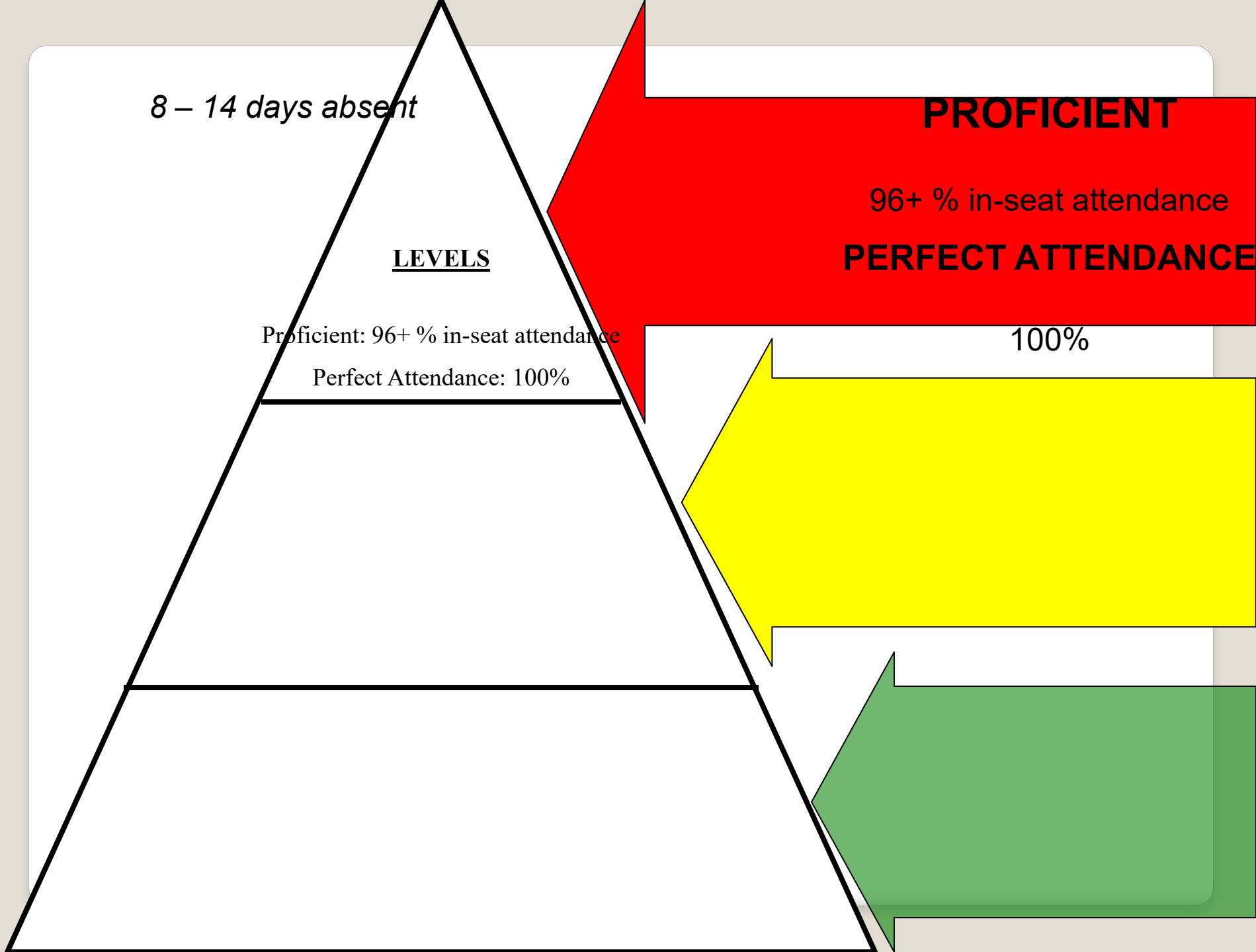
15 - 24 days absent

BASIC

95-92 % in-seat attendance

80% of all students

should be attending 96% of the time


8 – 14 days absent
LEVELS
Proficient: 96+ % in-seat attendance
Perfect Attendance: 100%
PROFICIENT
96+ % in-seat attendance
PERFECT ATTENDANCE
100%

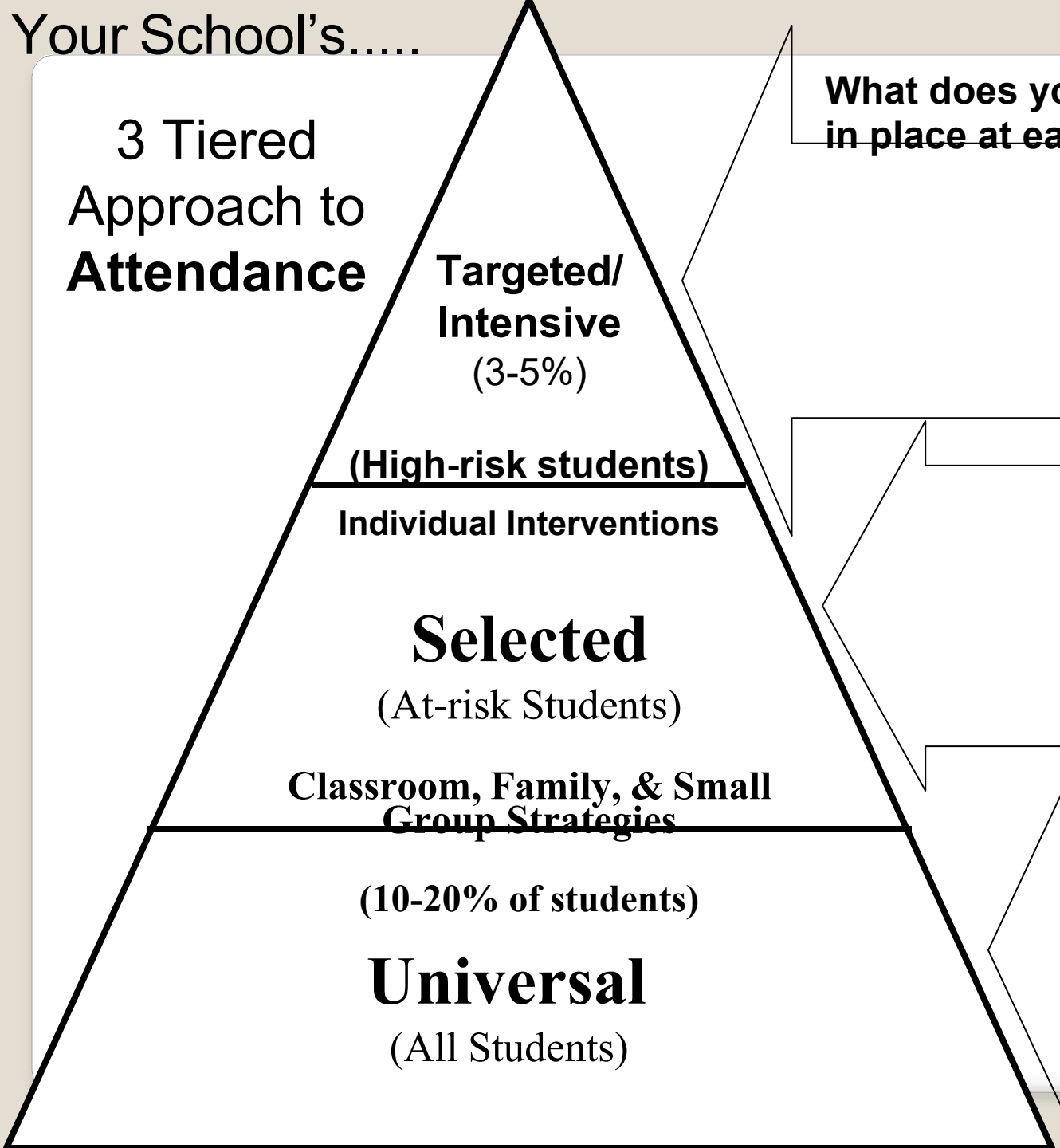
THE 3 TIERED MODEL in ATTENDANCE

Activity Time!!

- What things does your school have inplace for all students?
- How do you identify students who are not responding to the Universal programs?
- Once identified, who works with those students, what are the interventions?
- How is progress monitored?

Your School's.....

3 Tiered Approach to **Attendance**



What does your school have in place at each tier?

School-wide, Culturally Relevant

Sy ste ms of Su pp ort (7 5-

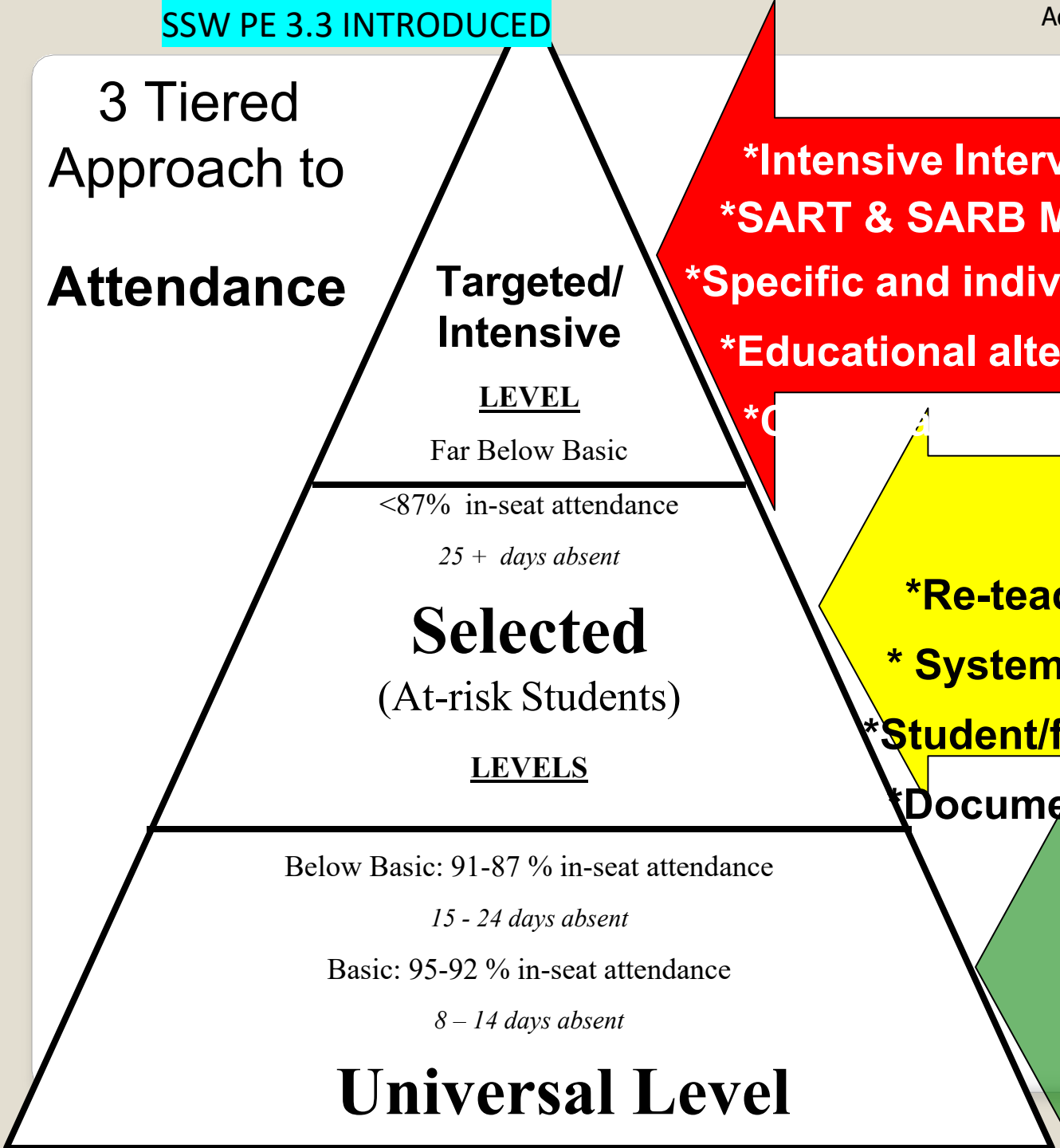
85% of students)

Adapted from Sprague & Walker, 2004

SSW PE 3.3 INTRODUCED

Adapted from Sprague & Walker, 2004

3 Tiered Approach to Attendance



*Intensive Interventions
*SART & SARB Meetings
*Specific and individualized plans
*Educational alternatives/options
*C

*Re-teach Attendance
* Systems of Identification
*Student/family supports
*Documentation & Monitoring

80% of all students should be attending 96% of the time

L
E

VELS

Proficient: 96+ % in-seat attendance
Perfect Attendance: 100% with less than 3 tardies

*** Team Meetings (COST/SST)**

***Teach Attendance**

***Reinforce good habits**

***Positive School Climate**

*** Communicate goals**

*** Attendance plans**

We all must considerattendance

ATTENDANCE

IS THE FIRST STEP IN

DROPOUT PREVENTION

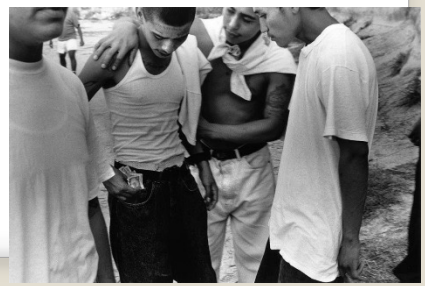
SSW PE 2.1 INTRODUCED

What does contribute to students dropping out?

Students' Social Background

- Poverty
- Minority Groups
- Male
- Multiple school transfers
- Overage for theirgrade

- Single Parent Families
- Lack of Parent Involvement
- Mother Dropped Out
- Pregnancy
- Marriage
- Working



What does contribute to students dropping out?

Academic Factors:

- Low grades
- Low test scores
- F's in Englishand Math
- Behind in credits
- Retained one or more times

Engagement Factors:

- Bad relationships with teachers and peers
- Disciplinary problems
- Absenteeism/Truancy
- Extracurricular activities (lack of)

What does contribute to students dropping out?

Transition from elementary to secondary

- New School
- Larger Institutional Setting
- Course work more intellectuallydemanding
- Multiple teachers (styles/expectations tonavigate)
- Teachers less time to be supportive
- Larger peer groups
- More complicated relationships
- Greater temptations
- Physical changes (puberty)
- More personal freedom

Good News:

Dropout problem is preventable!

- There are Indicators to help us identifystudents who have a high probability ofdropping out
- Early identification enables us to intervene before it’s too late

6th grade Predictors of Dropout

(Balfanz & Herzog, 2005; 2006)

1. **The four strongest predictors –determined by the end of sixthgrade**
   - **Poor Attendance**
   - **Poor Behavior**
   - **Failing Math**
   - **Failing English**
2. **Sixth graders who do not attendschool regularly, receive poor behavior marks, or fail math or English**
   - **10% chance of graduating on time**
   - **20% chance of graduating a year late**

EVENT vs PROCESS

Think about this:

"Dropping out is a process rather than an event.

Dropping out is a longterm and cumulative process."

CASE STUDY

Read the case study and write down your impressions and some ideas on where you will start your work with this case.

(You will be called on to share your ideas!)

Biopsychosocial assessment

What does this mean?

- Risk Factors
- Biology
- Psychology
- Social
- Environment

Risk factors

- Abuse
- Suicide/homicide
- Substance
- Domestic Violence
- Grave disability

Biological

- Prenatal exposure
- Neurological
- Current illness
- Family history of illness
- Substance abuse
- Medical history
- Medication
- Pregnancy
- Aging

Psychological

- Depression
- Self esteem
- Coping
- Defense mechanism
- Abandonment/Loss
- Victimization
- Power/control
- History of abuse/trauma

Social

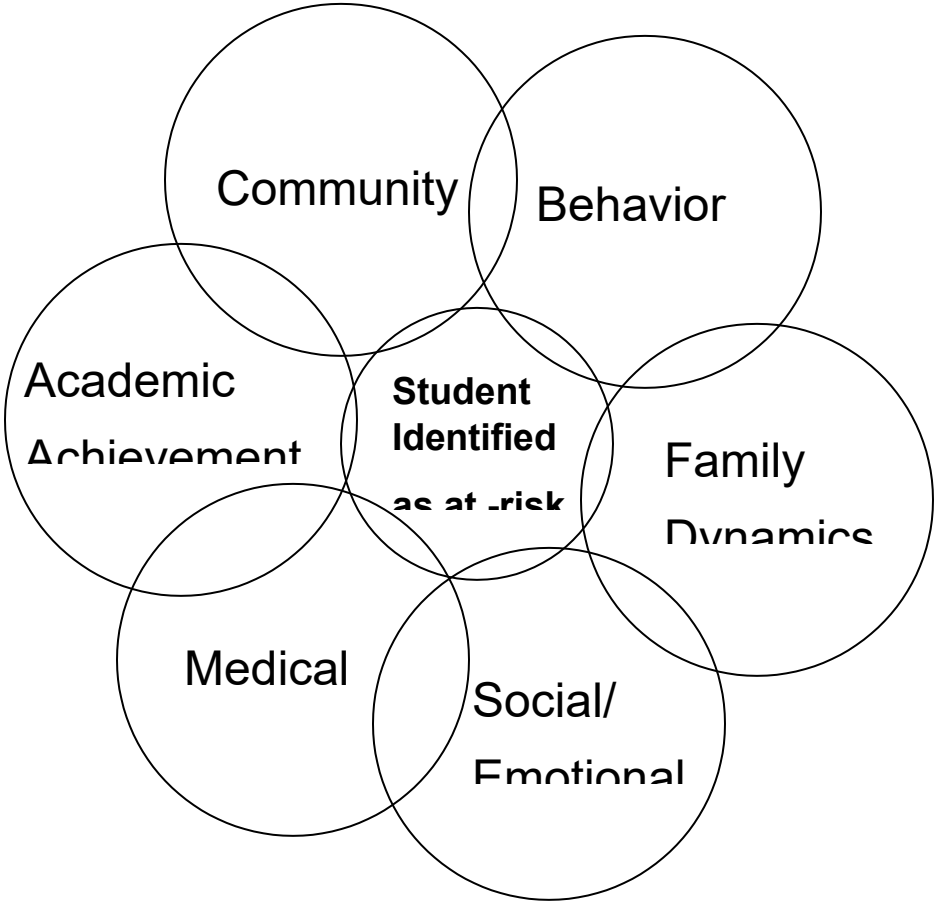
- Social environment
- Family unit
- Marriage
- Children
- Relationships
- School/work
- Support systems
- Extended family
- Peers

Environmental

- Housing
- Finances
- Neighborhood
- Safety
- Other systemic involvement
- Other stressors

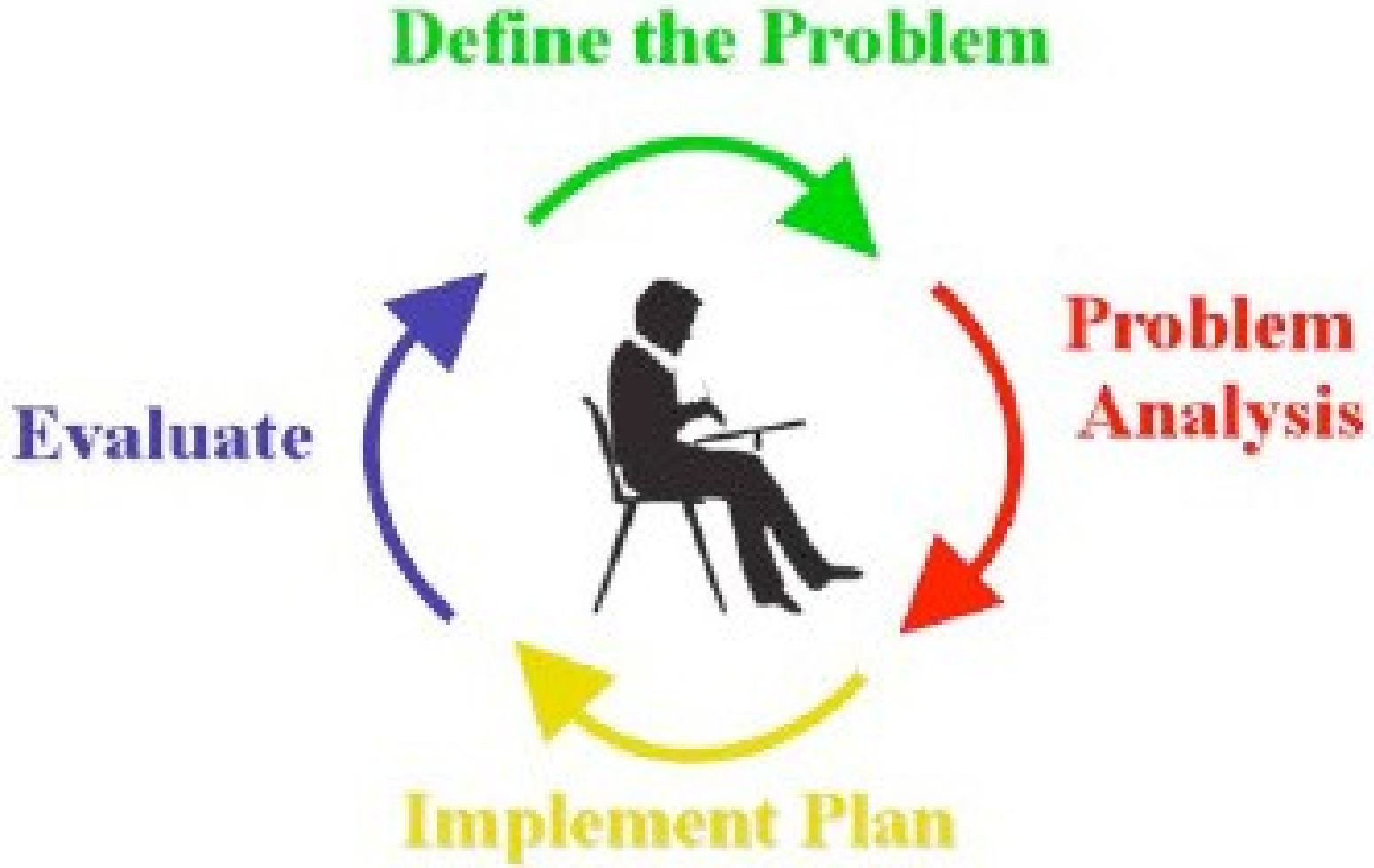
Assessment Points

- Medical
- Academic
- Behavior
- Social/Emotional
- Family Dynamics
- Community



SSW PE 4.1 INTRODUCEDSLIDES 59-61

Problem Solving Process



SSW PE 4.1 INTRODUCEDSLIDES 59-61

Evaluating your intervention

- Look at the data of the students
- Are 75 - 85% of the students improving?
- If not, look at the intervention
- If yes, verify that the hypothesis is correct
- Check for fidelity, intensity, frequency
- Individual assessment

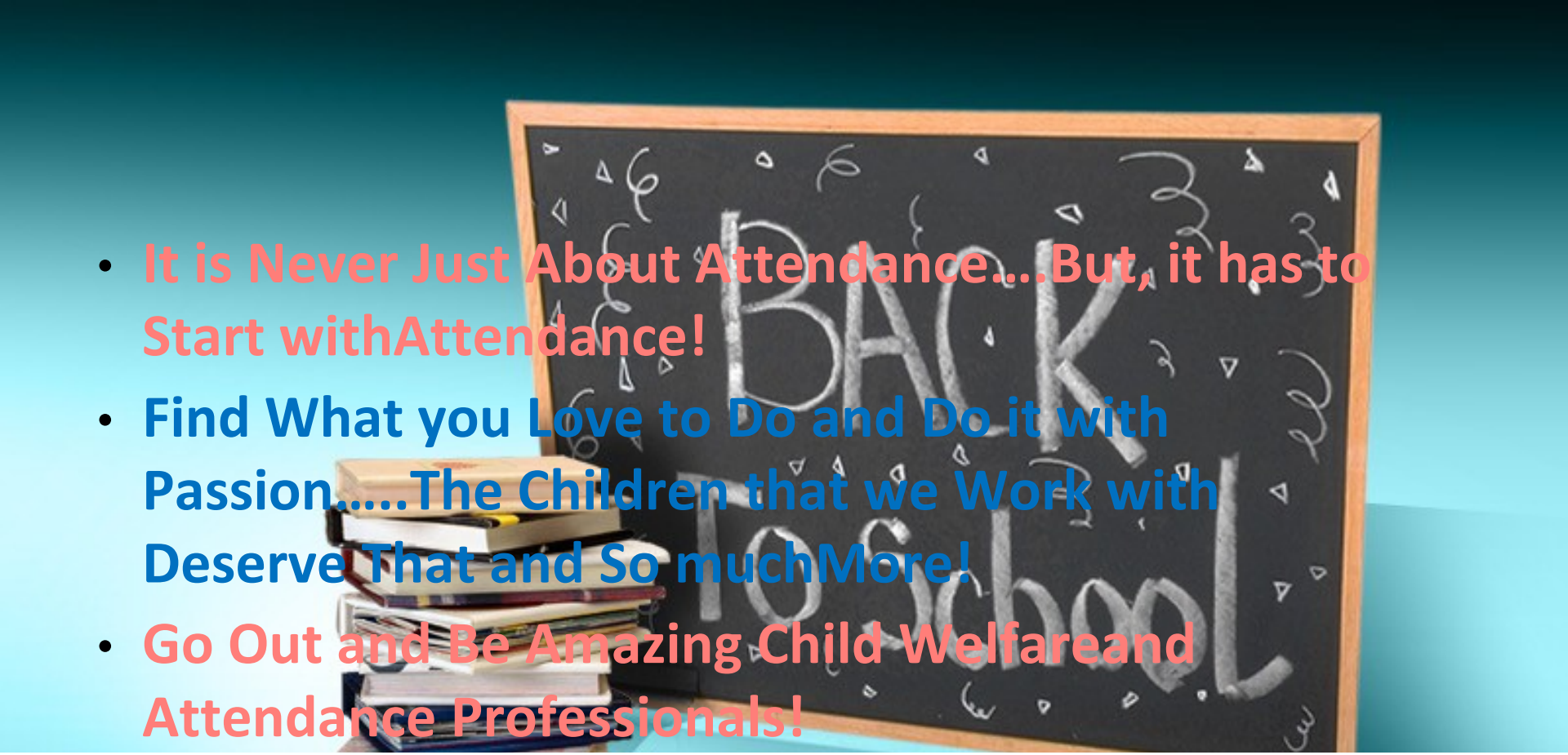
SLIDES 59-61 NTRODUCED

How can interns promote school-wide attendance practices

- Ask questions about current practices inthe Universal, Selected, and Targeted/Intensive levels
- Facilitate discussions about data
- Facilitate discussions about allocation of resources and resource gaps
- Create a comprehensive program for students at the "targeted/intensive" level
- Create a safety net for all (Universal)
- Documentation/Monitoring

Where do we go from here?

- What resonated with you during the presentation?
- What were your “aha” moments?
- What validated what you are alreadydoing?
- What changes can you make?
- What changes can you influence others tomake?
- How do I apply for LAUSD?



- It is Never Just About Attendance…But, it has to Start withAttendance!
- Find What you Love to Do and Do it with Passion…..The Children that we Work with Deserve That and So muchMore!
- Go Out and Be Amazing Child Welfareand Attendance Professionals!

Laws and Ethics for Social Work Practice in School Settings

Tory Cox, LCSW, PPSC

USC Clinical Assoc. Professor, Asst. Director of Field Education
President, California Association of School Social Workers

Pope Francis Quote

- "Your job requires study, sensitivity and experience. Butit bears with it a particular attention to truth, goodness and beauty. This makes us particularly close because the church exists to communicate truth, goodness and beauty 'in person.' It should be clear that we are all called, not to communicate ourselves, but rather truth, goodness and beauty.“

  Pope Francis in a Papal Audience for Members of the Media as reported by Cathleen Falsani, The Orange County Register

Created in collaboration with Robert Ayasse, Field Faculty, UC-Berkeley

"In civilized life, law floats in a sea of ethics"

- Supreme Court Chief Justice Earl Warren (1953-69)

Brown v. Board of Education; Governor of CA three times


LAW


LAW

Agenda

- Law & Ethics: What's the difference?
- Code of Ethics: NASW, LBUSD
- Confidentiality, Consent, & Notification
- ABCDE & ELVIS (Strom-Gottfried, 2008)
- Laws impacting schools
- Shared learning (vignettes)
- Unique dilemmas in SSW practice
- SSW self-care (DVD)

SSW PE 1.1 PRACTICED

SLIDES 5 & 6

Case Ex

- 7th grade Latina – age 13
- Admits to getting drunk on weekends
- Information held confidential by MSW intern
- Feeling confident about confidentiality, 7th grader tells nurse
- Concerned, nurse tells counselor - counselor calls parents
- Parents come to school (in process assessment)

SSW PE 1.1 PRACTICED

SLIDES 5 & 6

Case Example

- Counselor, using 18-y-o daughter as interpreter, tells parents what their child is doing
- 7th grader weeps as father hears story
- Father politely excuses family and dis-enrolls child
- MSW supervisor gets call: what is the response?
- Ramifications for student? For MSW intern? For counselor?

Law vs. Ethics

"What is illegal, is sometimes perceivedto be unethical;

what is illegal is sometimes perceived tobe ethical;

and what is legal is sometimes perceived to be unethical.

Anstead. S. (1999) “Law Vs. Ethics in Management”

Law vs. Ethics, cont.

- Laws
  - Written and enforced by the government at the appropriate level
  - Consistent; Universal; Published; Accepted; Enforced

- Ethics
  - Rules or standards governing the conduct of a person or a member of a certain profession
  - Often unwritten and governs decisions not covered specificallyby law
  - Learning right from wrong and choosing to do the right thing
  - Adheres to higher standards that may violate the law

- Reporter / Administrator examples

Jane Addams

Action indeed is the sole medium of expression for ethics

NASW Code of Ethics

- **1.07 Privacy and Confidentiality - excerpted**

(a) …clients' right to privacy…

(b) …valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) …protect the confidentiality of all information…

…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**…

(d) Social workers should inform clients, to the extent possible, aboutthe disclosure of confidential information and the potential consequences, when feasible before the disclosure is made.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality…

NASW Code of Ethics

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

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

(i) …not discuss confidential information in any setting unless privacycan be ensured.

(j) …protect the confidentiality of clients during legal proceedings to the extent permitted by law…..

NASW Code of Ethics

(l) …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) …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…

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

NASW

School Social Work Standards

Excerpts related to confidentiality:

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

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

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

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

Who owns the right toprivacy?

- Generally, the individual who provides consent to the care will dictate access to therecord (i.e., in the case of minor consent, only the minor can release the record because the minor controls the information)
- Sometimes federal and state law conflict re: parental access to minor records
- See “CASSW: Confidentiality, Consent, & Notification” handout

Working with families/caregivers

- **Parental Notification**
  CA Family Code Sections 6924 and 6929 both require the provider to try to involve the parent/legalguardian in the care, unless it would be inappropriate.

- **Documentation must reflect when attempt was madeto contact parent, whether attempt was successful, or if decision was made not to contact parent, documentation of the reason for that decision.**

Senate Bill No. 543

- Current Law

Approved by Governor September 29, 2010

- (b) …..a minor who is 12 years of age or older may consent to mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently inthe mental health treatment or counseling services.

  (has LGBT support)

- (c) …the mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's parent or guardian, unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate.

- The professional person who is treating or counseling the minor shall state inthe client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

(sounds like CA Family Codes 6924 & 6929)

LBUSD Code of Ethics (ex.)

- "Success," "High expectations," "Integrity," "Safety"
- Commitment to:
  - Students
    - "safe and healthy," "free from bias," "maintain confidentiality"
  - Students' Parent/Guardians & Families
    - "understanding and respect of community/culture"
  - Professional Conduct
    - "integrity, dignity, and respect"
  - All Employees
    - "unbiased," "protect," "fair and objective treatment"
  - Academic Integrity
    - "highest ethical standards"
  - Business Community

- Fiscal Responsibility

Albert Camus

A man (sic) without ethics isa wild beast loosed upon the world

SSW PE 1.4 PRACTICED

Case Example

- Middle school student, 6th grade
- Behavior issues, low grades, many referrals
- You find out that she is out of district
- High achieving school
- Principal wants student out, cites district policy
- She is in Kinship care with relative care-giver and usedto live in catchment area for elementary school
- Principal cites “best interest of child” clause in AB 490bill as reason to move child to home school

(Let’s discuss)

Ethical Decision-Making

- Different approaches
  - Motives (good will/why), not results, most important (Kant)
  - Greatest good for greatest number (Utilitarian)
  - Moral imperatives – always reach same conclusion, regardlessof context – “there is only one right answer”
  - Influence of social construction and post-modern thinking
- Ethical dilemmas
- Know that ethical decisions have (exponential outcomes):
  - Extended consequences (power)
  - Multiple alternatives (choice)
  - Mixed outcomes (control)
  - Uncertain consequences (faith)

- Personal implications (transformation)

Ethical Decision Making Process

From The Ethics of Practice with Minors, Strom-Gottfried, (2008)

- **Assess Options**
- **Be mindful of Process**
- **Consult with Others**
- **Document**
- **Evaluate outcomes**

Assessing Options

(ELVIS)

- **Ethical theories and principles**
- **Laws and Policies**
- **Values**
  - **How does this situation impact social justice, dignity & worth, relationships,etc.?**
- **Information**
- **Standards**

Relevant Laws

Ethical and Legal issues of School Settings:

- **Elementary and Secondary Education Act**
  - **Previously "No Child Left Behind," now Common Core**
- **IDEA Reauthorization (2004 – SPED)**
- **Family Educational Rights and Privacy Act (FERPA)**
- **Third party billing funding for services (HIPAA)**
- **McKinney-Vento Homeless Education Act**
- **AB 490 (foster children)**
- **Deferred Action for Childhood Arrivals (residency)**
  - **Other supports: CA Dream Act, AB 540 Tuition = Act**
- **Discipline** (administer student discipline without discriminating on thebasis of race, color, or national origin)
- **AB 1266 – Student Success and Opportunity Act (CA)**
- **LCFF/LCAP implications**

- **Legislation making schools safer (see next slide)**

ALL Bills ENACTED Into Law RESOLUTIO S Passed

PENDING in egislature CARRY OVER to next year DIED in egislature VETOED by Governor


School Emergency Planning
178
Arming School Employees
84
Building Safety Upgrades
76
Easing School Gun Restrictions
73
Police in Schools
101
School Climate and Student Supports
81
Gun Control
51

LCFF/LCAP: Significance

- Local Control Funding Formula (LCFF)
- Local Control Accountability Plan (LCAP)
  - Important legislation targeting neediest children (our population)
  - Eight areas **focusing on economically disadvantaged pupils,ELLs, foster youth, and individuals with exceptional needs**:
    - School quality: teachers, materials, facilities
    - ELL access to common core standards
    - Parental involvement
    - Pupil achievement as measured by multiple indicators
    - Pupil engagement (attendance, dropout rate, graduation, for ex.)
    - School climate
    - Pupils enrolled in a broad course of study (college or career)
    - Pupil outcomes in broad course of study
  - Led to massive hiring of SSWs in 2013-14 and beyond
  - Efficacy of services at stake:
    - Need macro practitioners to be program evaluators

Potter Stewart

Ethics is knowing the difference between what you have a right todo and what is right to do

Where FERPA and HIPAA Intersect

School Health Centers

- **Billing and transmitting health information electronically for billing purposes – HIPAA**

- **All other health services – i.e. nurses, psychologists,social workers - at a school receiving federal education funds - FERPA**

NASW School Social Work Standards, 2012

- NASW approved and posted the new standards in 2012

  http://socialworkers.org/practice/standards/NASWSchoolSocialWorkStandards.pdf

- Standard 1. Ethics and Values
- Guiding Principles:
  - Education/School Reform (increased accountability)
  - Social Justice (equal educational opportunity)
  - Multi-tiered Systems of Support (MTSS, RtI, for ex.)

Unique Dilemmas of School Settings

- **Degrees of Confidentiality of Mental Health Services**
  - **Child client's understanding of what "consent" means**
  - **Parent permission to receive services**
  - **Teacher permission to leave class to go to services**
  - **Location of office and other's knowledge of what goes onthere**
- **Client vs. Customer**
  - **Involuntary clients**
  - **Concerned parents, teachers and administrators**
- **Team approach**
  - **SST's, IEP's, CST's, SARB's etc**
  - **Advocacy within system**
  - **Inter-professional focus – Need it in SW!!!**

(Vignettes)

Consents in School Settings

- **Consent form should inform student/parentthat limited information will be shared with others at school for:**
  - **Referrals**
  - **Coordination of services**
  - **Scheduling appointments**
  - **Enhancing teamwork and bridging services**
  - **Consider written consent for SAP/SST**

Value Conflicts

- **Mandate of Mental Health vs. School System**
  - **Eligibility vs. Entitlement**
  - **Goals of Healing vs. Performance**
  - **Individual vs. Group/Classroom focus**
- **Methods**
  - **Private and confidential vs. Public and fully disclosed**
  - **Individualized vs. Fair and Equal treatment**
- **Professional Culture**
  - **Social Workers and Mental Health Professionals working in a host agency (self-care component)**

"Let me give you a definition of ethics: itis good to maintain and further life; it is bad to damage and destroy life"

Crisis Response: *Preparedness and RecoveryA Road to recovery*

ANGELA CASTELLANOS, PPSC, LCSW COORDINATOR, MENTAL HEALTH AND
OUTREACH SERVICES

TINA ROCHA, MSW

COORDINATOR, MENTAL HEALTH

SANTA ANA UNIFIED SCHOOL DISTRICT

OBJECTIVES

- Crisis Response- Definition and Need
- Building the Core Foundation of Support
- Strategic Planning – Sample Response

What is a Crisis?

- Witnessing a traumatic event (i.e. shooting, car accident, violence)
- Serious injury or death in the line of duty
- Suicide
- Natural Disaster or multiple casualty incident
- Shooting, killing, wounding of innocent victims
- Significant events involving children, relatives or known victims
- Prolonged incident, especially those involvingloss
- Excessive media interest
- Events outside the norm of human experience

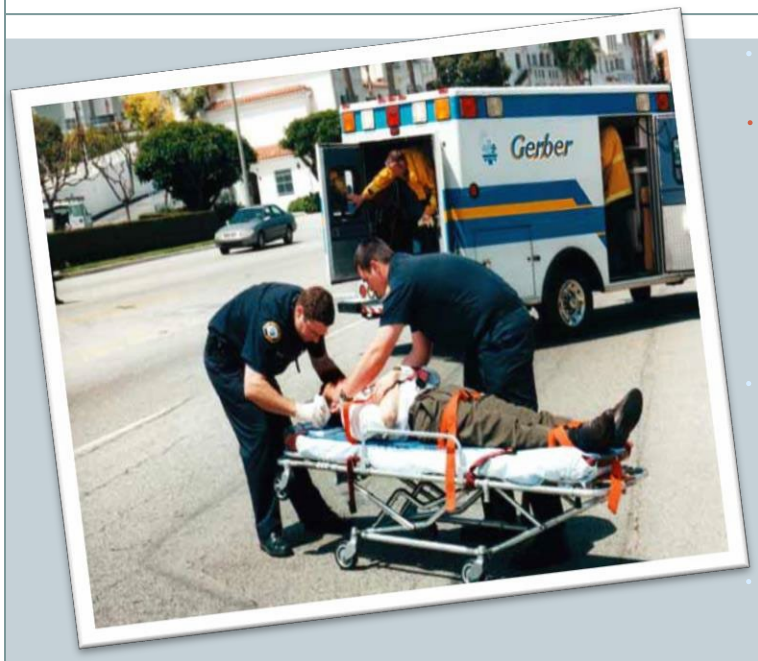
What is a School Crisis?

- A sudden, unexpected, or unanticipated critical
  incident that disrupts the school day
- May interfere with teaching, learning, attendance, and/or behavior
- Students, parents/guardians, staff, or other community members may experience crisis differently
- Can affect a single school site or an entire district

A School Crisis Situation might be…

- An accident on or near the school grounds
- A violent incident at or near school
- A suicide of a student, family member, or staff
- Threatening behaviors
- The death of a student, family member, or staff
- A natural disaster
- An act of terrorism

Why Crisis Response?



- Over 80% Americans will be exposed to a traumatic event (Breslau) About 9%of those exposed develop PTSD (40- 70% IN RAPE, TORTURE) (SurgeonGeneral, 1999)
- Disasters may create significant impairment in 40-50% of those exposed (Norris, 2001, SAMHSA)
- About 50% of disaster workers likelyto develop significant distress (Myers & Wee, 2005)
- TERRORISM LIKELY TO ADVERSELY IMPACT MAJORITY OFPOPULATION (IOM, 2003); Ranges from ~40-90% (JHU, 2005)
- Dose response relationship with exposure

In the event of a School Shooting

- Teachers who see a shooting will experience trauma of the activating event and a series of other emotions: pain, confusion, guilt, shame, a questioning ofself worth, fear, anger, depression, and sometimes acute anxiety.
- Teachers are at risk of being more and more withdrawn, less willing to engage intellectually or emotionally, defensive, sarcastic, inflexible and perhaps emotionally unstable. This may lead to an increase in teacher absenteeism
- A 2005 study found that 75% of school districts affected by campus shootingsdid not require counseling for teacher witnesses.

**Source: After school shootings, traumatized teachers need help. Edward Mooney Jr.*

- Learning new information
- Forming relationships
- Hyperarousal or constriction
- Using language
- Completing academic tasks
- Child not feeling well
- Executive functions
- Transitions in classroom

Why CrisisResponse:

4 Phases of Emergency Response

Source:

US Department of Education

Office of Safe and Drug–Free Schools

Readiness and Emergency Management for Schools (REMS)

Within your group, discuss the following list of terms, andassign 7 characteristics to Crisis Response, and 7 characteristics to Psychotherapy.

1. Short Term
2. Long Term
3. Guides, Collaborates, Consults
4. Active & Directive
5. Prevention
6. Traditional
7. Present & Past

1. Here & Now
2. Change Defenses
3. Reinforce Defenses
4. Treatment
5. Referral
6. Facilitator
7. Therapist

Definitions

CRISIS INTERVENTION/RESPONSE

- A short-term helping process.
- Acute intervention designed to mitigate the crisis response.
- Not psychotherapy.

BUILDING THE FOUNDATION OF SUPPORT:

7 CORE PRINCIPLES OF CRISIS **INTERVENTION**

7 CORE PRINCIPLES OF CRISIS INTERVENTION

1. Proximity
2. Immediacy
3. Expectancy
4. Brevity
5. Simplicity
6. Innovation
7. Practicality

Source: Group Crisis Support: Why it works; When & How to provide it (Mitchell)

Proximity

Proximity

Provide support services close to the person's or group's familiar surroundings,

as long as environmentis safe.

Immediacy

Immediacy

Help must comequickly

Equation:

Delay Time ↓ = ↑ Effectiveness of Intervention

Expectancy

Instilling hope that it is possible to manage and resolve the situation

- Things will be different; Coping strategies may help to reduce symptoms
- “This is a normal reaction to an abnormalsituation” and “A new normal”

Brevity

Be brief.

- Know that the capacityto concentrate for most people is substantially reduced
- Consider traumas effect on memory
- Use of documentation

mplicity

- Interventions must be easily applied
- Use simple language and simple questions, not the time for complex problem solving
- Know your audience

Innovation

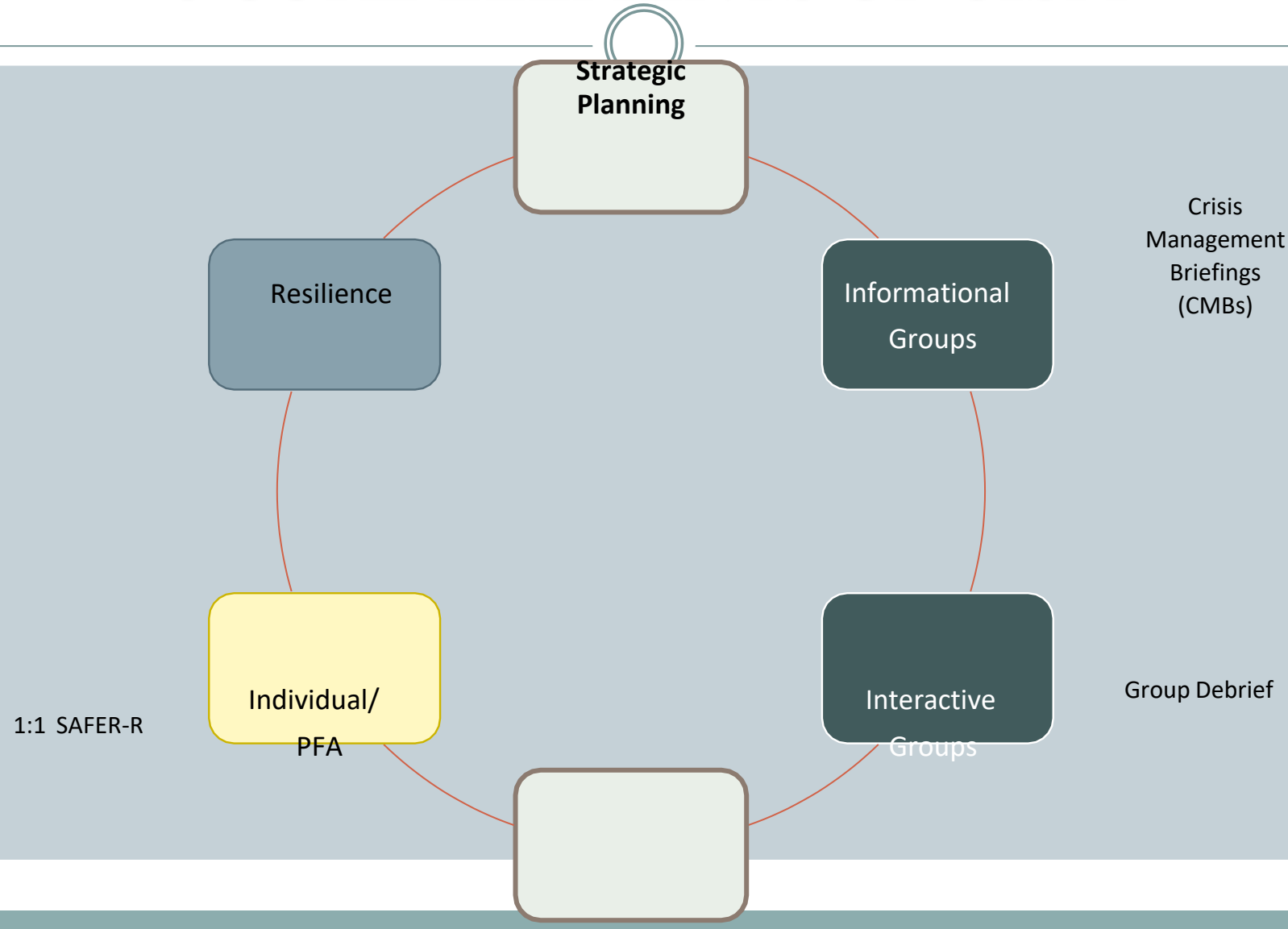
- Be Flexible
- Expect unusual and often new challenges

Practicality

- Be realistic with direction and with intervention
- Impractical solutions or plans will seem insensitive and uncaring
- Do not overpromise; *Underpromise and Overdeliver*

Strategic Planning

6 CORE ELEMENTS OF CISM



Assessment/
Triage

Strategic Planning Formula -6 T's

6 things to consider when developing your plan

1. **TARGET**
2. **TYPE**
3. **TIMING**
4. **THEME**
5. **TEAM**
6. **THREATS ***

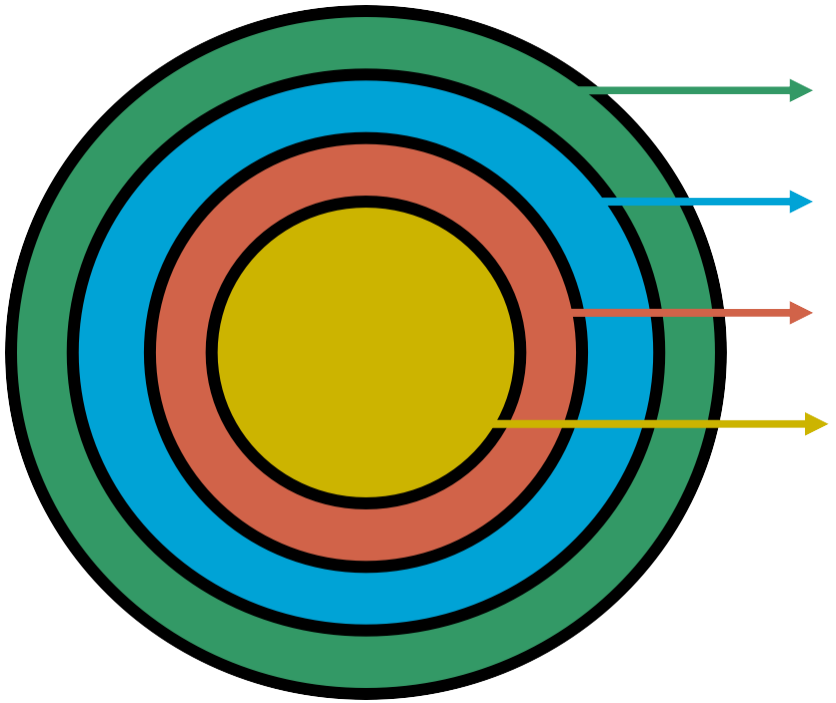
7. Source: Group Crisis Support: Why it works; When & How to provide it (Mitchell)

Targets

- Who needs assistance and who does not need assistance?

- What target populations will most likely bein need of assistance / support? (Triage Model)

Who is impacted and who should we beconcerned about?



Out of Vicinity Exposure

In Neighborhood Exposure

On Site Exposure

Direct Exposure

Patti White, Ph.D.

Types

- What types of help will be most beneficial?
- What specific types of interventions will be needed? SAFER-R, CMB, Defusing, town meetings, hotlines, CISDs, etc.?

When To Use Crisis Models

MODEL	TIMING	GOAL	FORMAT
1:1 **Individual Briefing; SAFER**	Anytime Anywhere	Symptom Mitigation; Return to pre- trauma functioning, if possible; Referral,if necessary	Individual
Debrief	Post- incident (1-10 days) Usually lasts approx. 1-3 hours	Facilitate psychological closure; Symptom mitigation; Triage.	Small Groups who have encountered about the same level of

traumatic
exposure

Defuse	**Post- incident (Within 12 hours)** **Lasts approx.** **30 minutes**	**Symptom mitigation; Possible closure; Triage**	**Small Groups**
Crisis Management Briefing (CMB)	Anytime Post-crisis	To inform and consult; Use of credible authority; allow for psychological decompressions; Stress management For Responders: Facilitate psychological closure.	Large Groups/ Organizations (10-300 people)
Debrief the Debriefers	Post response (End of response day)		Small Groups; Individuals

Timing

- When will the assistance be most useful to those who need it?
- When will each of the selected interventionsbe implemented so as to be most effective?

WHO'S A PRIORITY?

- When arriving on a school scene, some individuals immediately become apriority:

- ***Children are always a priority however, they may notbe the first people you serve

1.	**Those intimately connected to victim(s) or who are witnesses & shocked/silent/withdrawn/crying person/ "runner"**
2.	**Noisy, hysterical, or acting out victims *****unless they are interfering with operations, then they bump to 1st priority***
3.	**Those who seem to be doing fine**

Theme

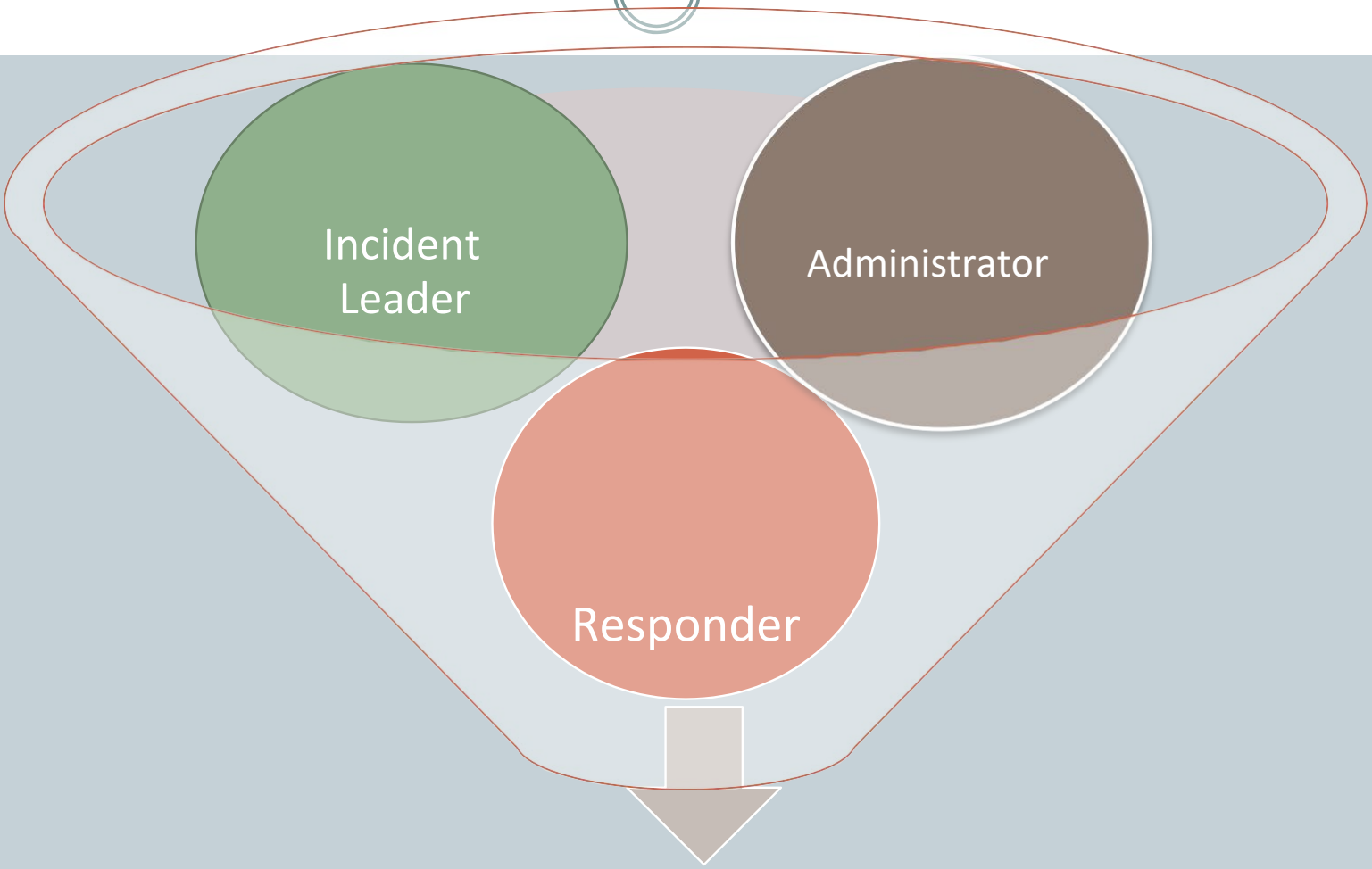
- What are the issues, concerns, questions, threats, circumstances, and special situations that need to be considered?

- Themes are factors which may serve to modify the psychological impact of the eventor the nature of the intervention (child fatalities, mass disasters, biological contagion)

Team

- Who is being sent in to provide the assistance and do they have the personality, background,and skills to provide the necessary support?
- What resources will it take to provide the right interventions at the right time? Internal vs. External resources.

Primary Roles of Crisis Response



Crisis Response

Who are they & what is their purpose during a response?

Incident Leader

Designated leader of the Crisis response

Most experienced in response and/or has received strategic response training

May be a different person for each incident

Responder

Has received training to respond

Administrator

The organizational leader and designated

cident Leader	**Responder**
Conduct On Site Assessment/Contact Administration	Respond
Update CRT Coordinator & Administration	Document
Organize & Prepare Crisis Tools & Materials & Resources	Update Incident Leader on progress of intervention/special issues
Hold Team Information Session	Participate in a Debrief the Debriefers
Assign Responders to Crisis Models & Impacted Groups/Individuals	
Coordinate Participation of Authorities as needed	
Collect & Review all Documentation	
Participate in a Debrief the Debriefers & Ensure Responder participate	

Ensure Follow Up of Referrals

Plan for next day/Conclude response

Administrator
Alert the Crisis Response Coordinator when students/staff have been exposed to incidents
Support the recommendations of the Incident Leaders
Encourage site staff to work with Crisis Response
Manage release of information with Public Information Officer

Encourage and support all Crisis Response Team* members when they are called to serve other sites

Send Parent Notification letters

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Other Roles of School Crisis Response

On site Staff/Office staff/Teachers	Maintain calm; support students in the classroom; refer students for support
Community partners/Consultants/Parttime or Auxiliary Staff	Maintain calm; support students in the classroom; refer students for support
School Nurse	Monitor health problems and somaticcomplaints initiated by the incident
Attendance Counselor	Monitor student attendance; aid in identification of students who are absent as aresult of incident/impact of incident
Custodian	Monitor for area hazards and risk mitigation
Field Supervisor/Volunteer	Maintain calm; support students in area; refer students for support

Public Information Officer	Provides approved message to public

Threat

- Is there a specific “threat” that will be the focus of the intervention plan, e.g., hurricane, bioterrorism, earthquake, etc.?

What a response maylook like:
Day 1 through Day 14

DAY 1 OF RESPONSE: Coordinator

- Coordinator receives incident notification
- Coordinator checks with designatedAdmin
- Coordinator visits site to assess
- Coordinator gathers information
- Coordinator decides level of responseneeded
- Coordinator designates type of response to be provided
- Coordinator contacts responder to arrive on scene
- Members arrive on site for briefing within 24 hours

DAY 2 OF RESPONSE: Coordinator

- Man central crisis location
- Field Information, status updates, and Rumor Control
- Make room and responderassignments
- Prepare classroom announcements
- Prepare parent/guardian letter for admin review
- Liaison with principal, hospital, police &family
- Prepare team schedule for duration of response

DAYS 3 - 14 OF RESPONSE: ALL

- Receive daily status updates for student/staff prepared by
- team leader
- Continue triage working from transitionsheets
- Home visits to be done as needed
- Written updates briefing principal on response by team
- leader
- Parent/community meetings
- Final Team Summary (Protocol)
- Incident Leader participates in Debrief the Debriefer

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What's Your Plan….

1. **Using your Triage Model, determine your TARGETS.**
2. **Then, Determine TYPE, TIMING, THEME, TEAM for the followingscenarios:**

On Tuesday afternoon a student was walking with his teammates to soccer practice when he collapsed, started to seizure and became unresponsive. Many of his teammates, other High School students and visiting students who were on campus for a baseball tournament witnessed this event and some even tried to help revive the student. Admin was made aware and immediately called 911. The Assistant Principal watched over thestudent until paramedics arrived and the Principal went to the hospital withthe student in the ambulance. Once he arrived, he waited with the student until the parents could get there. He heard the medical professionals statingthat "it didn't look good" and was there with parents when they announced that the student was deceased. Principal was picked up by AP and taken back to the school.

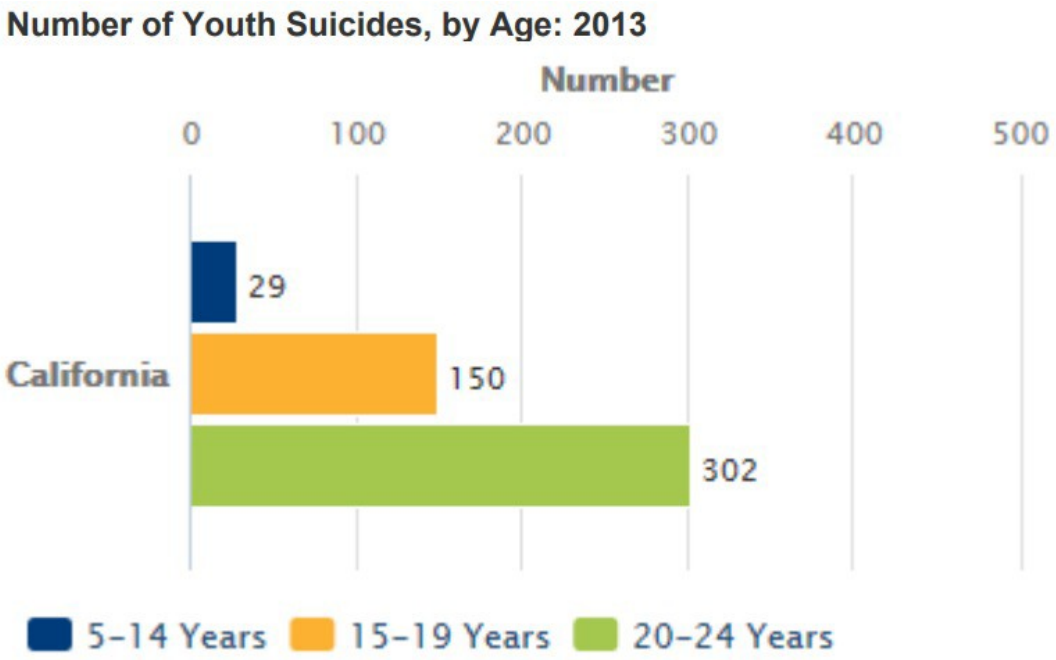
Special Circumstances

Suicide

Memorials

Media

Suicide Postvention Considerations



Definition: Number of suicides by children/youth ages 5-24, by age group.
Data Source: California Dept. of Public Health, Death Statistical Master Files; CDC, Mortality data on WONDER (Apr. 2015).

"**Suicide is the second leading cause of death among young people ages 15-19 in the U.S.**, according to 2014 data. A recent national survey found **that nearly 1 in 6 high school students reported seriously considering suicide in the previous year**, and **1 in 13 reported attempting it**. In addition**, approximately 157,000 youth ages 10-24 are treatedfor self inflicted injuries in emergency rooms every year**."

- Legislation approved by the Governor and chaptered by Secretary of State: September 26, 2016
- Requirement of all local educational agencies (LEA): countyoffices of education, school district, state special schools, or charter schools
- ***A pupil suicide prevention policy must:***
  - Serve 7th to 12th grade students before the beginning of the 2017-2018 school year
  - Be developed in consultation with school and community stakeholders, school employed mental health professionals,and suicide prevention experts
- Address procedures relating to suicide prevention, intervention, and **postvention**

The Impact of a **Suicide** Loss

- A loss by suicide can be a traumatic loss

- Research based estimate suggest that for each death by suicide ***147 people are exposed*** (6.3million annually) and among those, ***6-18 experience a major life disruption*** (loss survivors)

Why Postvention in Schools?

- An effective response can reduce the risk of suicide contagion and restore a safe, healthy learning environment

- Contagion is rare, but adolescents and young adults are more susceptible than other age groups
- A death by suicide or suicidal behavior in peers may increase the likelihood of suicide ideation or attempts in youth
- Contagion can lead to a cluster

- Prevent the next suicide
- Assist survivors in the grief process
- Identify and refer individuals who may be atrisk following the suicide
- Provide accurate information while minimizing the risk of suicide contagion
- Implement ongoing prevention efforts

Suicide Survivorship

- Survivor applies to bereaved individuals who had a personal/close relationship with the deceased

Exposure to Suicide

- Exposure applies to person who know about the death through reports of others, media or social media who may know the deceased personally but have personal vulnerabilities such a history of mentalillness, traumatic loss or suicidality

Identify those Significantly Affected by theSuicide & Initiate Referral Procedures

- Physically or emotionally proximal to suicide
- Risk Factors for Imitative behavior
- Participants in suicide pact
- Had last negative interaction with the suicide victim
- Psychologically vulnerable with history of depression or previous suicidal behavior

- Suicide history in family or history of other traumatic loss
- Social media

- Fear of other dying by suicide
- Reactions are often expressed behaviorally
- Feelings associated with traumatic loss are often expressed via physical symptoms
- Trauma related play (becomes more complex and elaborate)
- Repetitive verbal description of the event
- Problems paying attention

- More adult-like reactions
- Quick to simplify suicide by assessing “blame”
- Revenge fantasies
- Oppositional/aggressive behaviors to regain a sense of control
- Self-injurous behaviors and thinking
- Substance abuse
- Sleeplessness and social media overload

- Poor coping skills
- Suicidal and/or homicidal thoughts, threats, writing or high risk behaviors
- Abuse of others or self
- Extreme substance abuse and/or self medication
- Extreme rumination, hyper-vigilance and/or avoidance behavior

- ***Answering the difficult questions:***
  - Why did he/she die by suicide?
  - What method did they use?
  - Isn't something or someone to blame?
  - How can I cope now and make a different in suicide prevention?

- Crisis team should triage staff first
- Notify selected staff in person
- Allow for crisis reactions/release from the classroom
- Attend funeral with no crisis team responsibilities
- Seek help through EAP or community mental health/bereavement services

- Address staff reactions. Staff need to know that how they respond, in the eyes of children, is very important and has a great impact on elementary aged students
- Staff needs to provide accurate information to students
- Staff could be provided
  - Current information regarding the death an/ or funeral
  - Information about suicide contagion
  - Suicide risk factors/warning signs
  - Referral procedures
  - Specific activities/responsibilities

- Replacing rumors with facts and recognizing family's request for privacy
- Encouraging the ventilation of feelings
- Stressing the normality of grief and validating wide array of stress reactions children demonstrate
- Discouraging attempts to romanticize the suicide
- Temporarily adjust academic expectations
- Allow for expression of sadness and grief in classroom
- Encourage participation in grief activities

- Identify students at risk for imitative response
- Making the appropriate referrals
- Facilitating student's social support systems
- Provide information on grief and grieving
- Prevention messaging

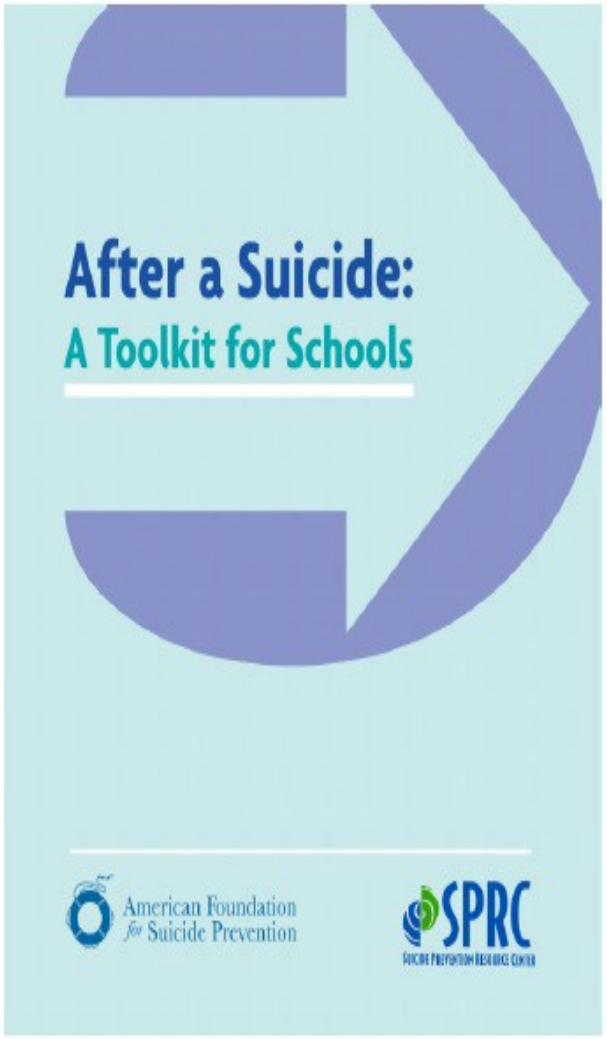
- Maintain ongoing monitoring of affected students andstaff
- Continued communication to monitor academic progress, social relationships and overall adjustment
- Do not underestimate the long term impact
- Identify those in need of additional support or services
- Utilize and accept community resources and assistance
- Resurfacing of grief reactions may occur during momentous occasions such as:
  - Graduation
  - Anniversary of death
  - Another death by suicide in the school community

- Strive to treat all student deaths the same way
- Encourage and allow students, with parental permission, to attend funeral
- Reach out to the family of the victim and gain their permission to acknowledge death was a suicide
- Contribute to suicide prevention efforts in the community
- Address spontaneous memorials on school grounds

- Unsafe messaging can lead to contagion
- Committed suicide vs. died by suicide
- Suicide is preventable
- Everyone plays a role in suicide prevention
- Resilience and recovery are possible

- **Prevention Messaging for SchoolStaff:**

" Suicide and the grief that follows a **death by suicide are very complex and on person, no one thing is ever to blame"**



Resources

Suicide Prevention Resource Center

www.sprc.org

American Foundation for Suicide Prevention

www.afsp.org

DEBRIEF THE DEBRIEFER TIPS

- Fresh eyes, fresh ears—find a facilitator whohas not responded to current crisis
- Have an experienced responder facilitate
- Provide neutral safe place, private, post intervention
- Ensure that it happens and make it a priority
- Keep it confidential and suggest resourcesas necessary

DEBRIEF THE DEBRIEFER: THEMODEL

1. **REVIEW:**
   - How did itgo?
   - How do you thinkyou did?
   - What themesemerged?
   - What was the participation level ofgroup?
   - **Is there anything that concerns you?**

2. **RESPONSE:**
   - What did you say that you wish you hadn't?
   - Wish you had said?
   - How has this intervention affected you?
   - **What was the hardest part of this for you?**

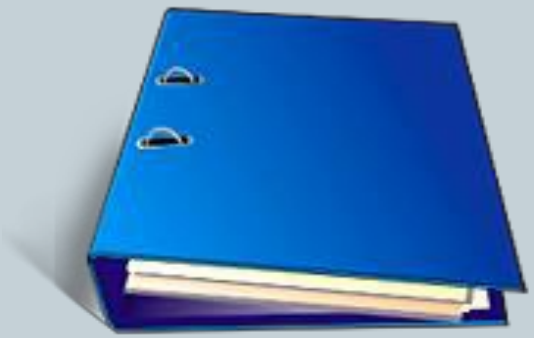
3. **REMIND:** Is there any follow up to be done?
   - What are you going to do to take care of yourself?
   - **What will it take to "let go" of this?**
   - Report to Team Coordinator process was done.
   - Assign follow –up assignments for your completedintervention.

Crisis Response TOOLS

- Critical Incident Stress Information Sheet
- Things to Try
- Classroom Announcement
- Parent Letter(s)
- Group Roster
- What Parents can do to help…

Incident Documentation

- Intake form/Incident Summary
- Individual Summary for Follow up only
- Group Roster Student
- Group Roster Staff



RECOMMENDED ITEMS FOR INCIDENTLEADER TOOL KIT

- Crisis Tools (1 extra)
- *Site Map*
- Lined Paper
- White Paper
- *Lid with Mask*
- Baggy of Hard Candy
- First Aid Kit
- Gloves in Baggy
- *CPR Shield*
- 2 or more Alcohol/Antiseptic Wipes
- Gauze
- 2 or more Blue pens/ Black pens
- 2 or more Pencils
- Scissors
- 1 Highlighter
- 1 Permanent Marker

- Rubber Bands
- Little/Big Paper Clips
- Binder Clips
- 1 Pack of Tissues
- 1 Post It
- 1 Pack of Markers and/orColored Pencils
- *1 Flashlight and Batteries*
- 1 Scotch Tape
- ***ALL OF YOUR CRISIS RESPONSE DOCUMENTATION***

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DISCUSS THE FOLLOWINGWITH YOUR GROUP MEMBERS:

- What skills do you haven as a School Social Worker indealing with a crisis response?
- What strategies will you use to assess the strengths and weaknesses of your team/responders, andassignthem to roles during a crisis response?
- As a School Social Worker, how could you be best prepared to provide support and leadership to yourteam of responders?


Q & A