

**The Hong Kong Council of Social Service**

**Report of**

**2010 National School Social Work Conference**

**(April 7-10, 2010; St. Louis Missouri, USA)**

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## Introduction

### Theme:

2010 National School Social Work Conference, 4 days in St. Louis Missouri, USA.

### Objectives:

The purpose of the conference is to learn from the experience of foreign practitioners in the use of evidence-based practices to meet the needs of students, family and school as well as fulfill the requirement of accountability in school setting.

### Itinerary:

Date	Attend the Conference
Day 1 (7 April 2010)	Pre-Conference – Ethics Part 1: Ethical Decision Making in School Mental Health Ethics Part 2: SSW and the Privacy of Minor Students Tier Two Interventions: How to Handle Tough Kids Utilizing Evidence Based Practices Autism Spectrum: ABCs of School Social Work Services
Day 2 (8 April 2010)	5. Therapeutic interventions for elementary students 6. SSW & research based school wide interventions 7. What works in truancy intervention 12. Truancy prevention & intervention 19. Psychotropic medications trends and issues of use 15 & 23. What is attachment trauma? 16 & 24. How to succeed with oppositional children
Day 3 (9 April 2010)	25. RTI (part 1) an introduction & overview 29. ACT to prevent self-injury & suicide 31. Easing the teasing 33. RTI (part 2) putting rti into practice 39 & 47. Crisis bereavement 40 & 48. New model of discipline engaging students & preventing behaviors 41. RTI (part 3) using data to drive decision making

Day 4 (10 April 2010)	50. Forgiveness factor: making the bullying connection and building a kinder school 52. Using FBAs BIPs and positive behavioral supports to address challenging student behavior 55. Beyond monopoly: the use of therapeutic games

### **Delegates List:**

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3. Mr Ken Chan  
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### **Background information of SSWAA:**

The School Social Work Association of America (SSWAA) invited the delegation of HK School Social Workers to attend their 2010 National School Social Work Conference to be held on April 7 to 10 in St. Louis, USA. Organized in 1994, the School Social Work Association of America is the only national organization solely dedicated to advancing the profession of School Social Work and providing training opportunities to practitioners in the use of evidence-based practices to meet the needs of students, families and schools.

The four days conference has provided many kinds of the professionally relevant workshops. The workshops would help school social workers to recognize the clear link between the social and emotional needs of their nation's students and their academic performance in America. All School Social Workers recognized that a truly safe school is one where every student feels emotionally and physically secure, where every student feels like they belong, and where every

student feels valued. So, the conference was used for the school social workers' professional development.

## **Observation / Implications to Hong Kong /**

### **Recommendations**

#### **1.1 New concepts / services that learned:**

The workshop topic is “***ACT to prevent self-injury & suicide in your school: Some secrets should be share...***”. This workshop is made the school social workers to raise awareness about the increasing problem of self-injury & suicide and examines universal prevention programming, which encourages collaboration among schools, parents and community-based agencies. The SOS signs of suicide & signs of self-injury prevention programs each involve a classroom based curriculum that teaches youth how to recognize the warning signs of self-injury, depression and suicide in themselves or a friend using the ACT model (acknowledge, care and tell).

The workshop let the school social workers understand the motivation and reasons that lead to self-injury, and recognize which individuals might be at risk. It is believed that the most common ways to self-harming be discussed including cutting, stabbing, scratching and self-hitting that lead to bruising. In USA, the current treatment techniques and interventions for helping these individuals as well as alternatives to self-injury will be reviewed. The speaker, Candice Portrer presented that the prevention programs should enhance awareness and increase information among students, teachers, family and community. It is important that schools also are in a unique position to promote healthy development and protective buffers. It can help the teachers and school social workers to identify and guide students in need of special assistance.

The speaker represents the screening for Mental Health, Inc. (SMH) that is a

non-profit organization in USA. It develops the evidence-based mental health education and screening programs for use by members of the public. The mission of screening for Mental Health is to promote the improvement of mental health by providing the public with education, screening, and treatment resources. They are providing materials about self-injury as part of the SOS Signs of Suicide Middle School program to address the increased prevalence of this growing phenomenon among youth in middle schools. They have provided these materials to help raise awareness about the signs of self-injury and to establish action steps for teachers, parents, and school-based clinicians. They encourage practitioners to reproduce and distribute the materials designed for teachers, parents of students who self-injure, and school-based clinicians as part of the self-injury prevention efforts. Schools who wish to raise awareness among students about the signs of self-injury can teach them that the action steps are the same for any individual who encounters or experiences the signs of depression, suicide, or self-injury: **ACT: Acknowledge** your friend has a problem, tell the person you **Care**, and **Tell** a trusted adult.

It is mention that the action steps of ACT:

**A – Acknowledge (acknowledge the signs of suicide & injury)**

Acknowledge is that their friend has a problem, and that the symptoms are serious.

**C – Care (respond with care)**

Let your friend know you care about them and that you are concerned that he or she needs help you cannot provide.

**T – Tell (tell a responsible adult)**

Tell a trusted adult that you are worried about your friend.

The ACT of interventions:

The ACT technique is the action steps taught by the sign of in-jury and suicide (SOS) program. The SOS program teaches teens that depression is a treatable illness and empowers them to respond to a potential suicide of a friend or family member by using the A.C.T. technique. The prevention of self-injury and suicide has raised awareness among students to teach them sharing their secrets to others. The action steps are the same for any individual who practice in the school community.

## **1.2 Implementation of Prevention Program in School**

Self-injury is one of the least understood risky behaviors of adolescence and presents a significant challenge to parents, mental health professionals and school personnel. It appears to be growing at an alarming rate, is fairly high on the spectrum of harmful behaviors, and although not usually an attempt at suicide, is a clear indication of a troubled youth. School personnel can help students who self-injure by recognizing those at-risk and by providing appropriate support.

The best role for schools is to identify students who self-injure; refer them to and coordinate with, community mental health resources; and offer safe, caring, and nonjudgmental support. Interventions should be conducted individually, never in a group, to avoid contagious behavior. Incorporate self-injury training into the crisis team responsibilities. In USA, the crisis team includes the school psychologist, counselor, social worker, the school nurse, and the appropriate administrator. The crisis team should address medical needs, assess the suicide risk, determine appropriate support resources, notify parents and coordinate with relevant community resources.

In USA or HK, schools systems are responsible for meeting every need of their students. When the need directly affects their learning and healthy development, the school must meet the challenge to be at times a source of the problem and need to take steps to lead the student alienation and despair. So, school might conduct a staff in-service training including teachers, school social worker or peer counselors that it makes the students actually talk to. They are as partners in prevention by educating them to identify signs of depression, self-injury and suicide. Through assessment list, it can enhance the identification of those at risk to provide the information bout referral resources. Also it can build the capacity of school, family and community to help the students' stress management, coping skills and compensatory strategies. It is believed that the prevention program can enhance the students' resiliency factors and decrease suicide and attempts by increasing knowledge and adaptive attitudes.

### **1.3 Recommendations on introducing these programs to Hong Kong**

In Hong Kong, there are many preventive intervention and programs to apply in the school and the community. The education department and the University of Hong Kong are to design the resource package of the signs of suicide prevention programs for teachers, school social worker and students. But there is nothing the prevention program and action technique for parents. Students should always be dealt with individually and supervised until deemed safe or put in the care of their parents. It is important that the information provide to all adults on how to recognize signs of self-injury. Also, training program for the parents is important that they can understand the behavior of a normal adolescent, so dealing with an adolescent who self-injures can be very difficult and confusing. As we all know, family is important to have a strong support system of their own. By raising parental awareness, schools can be partner with parents to watch for signs of these problems in their children and instill confidence for parents seeking help for their child. Parents and certain school personnel are often in the best position to detect the physical evidence of self-injury. The prevention programs can encourage collaboration among schools, parents and community-based agencies.

For the SOS signs of suicide & signs of self-injury prevention programs, it can involve a classroom based curriculum that teaches students how to recognize the warning signs of self-injury; depression and suicide in themselves or a friend using the ACT model (acknowledge, care and tell). In Hong Kong, there have NGO training the upper form students to be the peer helpers such as big sister and big brother scheme. The peer helpers are trained by professionals to learn the helping skills that they concern the schoolmates, especially, the lower form students. They make the schoolmates with friends and care for their feelings, and than they talk with them to identify the risk. It can decrease suicide and attempts by increasing knowledge and peer caring.

### **1.4 Comparison between overseas experience and that of Hong Kong**



Education Bureau of Hong Kong provided the prevention resource package on “Student Suicide” for primary school and secondary school in 1997. And then, it provided the prevention resource package on “Student Suicide” for all school teachers in 2003. After 2000, there are many prevention programs to conduct by many different NGO. For example, Hong Kong Jockey Club Centre for Suicide Research and Prevention, The University of Hong Kong is to implement a school-based mental health enhancement program for secondary schools in 2007. The prevention program is to raise awareness the mental wellbeing and reduce the prevalence of depressive symptom. These resource packages of prevention program can make use for teachers and social workers to apply in the classes. In comparison with USA, Hong Kong is richly equipped with the prevention resource packages. Also, more of the schools have provided the life educational subjects in classes. All of them concern the adolescents at risk about the mental health development. There have many different kinds of the prevention programs in between Hong Kong and USA. So it should pay more attention in this topic and protect the adolescents’ healthy development.

## **2.1 New concepts / services that learned:**

### **Response to Intervention (RTI)**

#### **2.1.1 Definition of Response to intervention**

Response to intervention (RTI) integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavior problems. With RTI, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence based interventions and adjust the intensity and nature of those interventions depending on a student’s responsiveness, and identify students with learning disabilities or other disabilities. RTI is also an organizational framework for instructional and curricular decisions and practices based on students’ responses.

#### **2.1.2 Four essential components of RTI**

There are four essential components of RTI: (1) A school-wide, multi-level

instructional and behavioral system for preventing school failure, (2) Screening, (3) Progress Monitoring, (4) Data-based decision making for instruction, movement within the multi-level system, and disability identification in accordance with passed state law, Individuals with Disabilities Education Improvement Act (IDEA) in 2004.

### **2.1.3 Three Tiers of Interventions**

**Three Tiers** designate different interventions describing the RTI framework which refers to three prevention foci: *primary level*, *secondary level*, and *tertiary level*. Within each of these levels of prevention, there can be more than one intervention. Regardless the number of interventions a school or district implements, each should be classified under one of the three levels of prevention: primary, secondary, or tertiary. This will allow for a common understanding across schools, districts, and states. For example, a school may have three interventions of approximately the same intensity in the secondary prevention level, while another school may have one intervention at that level. While there are differences in the number of interventions, these schools will have a common understanding of the nature and focus of the secondary prevention *level*.

### **2.1.4 Criticism in Local US School Social Workers**

One criticism of the RTI method suggests that RTI is really a means for limiting access to special education services. The intervention model puts the onus on individual teachers to prove that they have done everything possible in the classroom before the child can be assessed. Because the RTI model is often implemented across years, assessment and classification of a student can be unreasonably delayed or never provided when each new year the student has a new teacher and a new RTI. Critics charge that requiring an extensive and lengthy paper trail prior to evaluation of a child is primarily used as a bureaucratic means for delaying that evaluation.

## **2.2 Experiences that is relevant or insightful to Hong Kong**

### **2.2.1 RTI integrates student assessment and instructional intervention**

RTI is a framework for providing comprehensive support to students and is

not an instructional practice. RTI is a prevention oriented approach to linking assessment and instruction that can inform educators' decisions about how best to teach their students. A goal of RTI is to minimize the risk for long-term negative learning outcomes by responding quickly and efficiently to documented learning or behavioral problems and ensuring appropriate identification of students with disabilities.

### **2.2.2 RTI employs a multi-level prevention system**

A rigorous prevention system provides for the early identification of learning and behavioral challenges and timely intervention for students who are at risk for long-term learning problems. This system includes three levels of intensity or three levels of prevention, which represent a continuum of supports. Many schools use more than one intervention within a given level of prevention.

- (1) Primary prevention: high quality core instruction that meets the needs of most students
- (2) Secondary prevention: evidence-based intervention(s) of moderate intensity that addresses the learning or behavioral challenges of most at-risk students
- (3) Tertiary prevention: individualized intervention(s) of increased intensity for students who show minimal response to secondary prevention

At all levels, attention is on fidelity of implementation, with consideration for cultural and linguistic responsiveness and recognition of student strengths.

### **2.2.3 RTI can be used to both maximize student achievement and reduce behavioral problems**

The RTI framework provides a system for delivering instructional interventions of increasing intensity. These interventions effectively integrate academic instruction with positive behavioral supports. The Positive Behavioral Interventions and Supports (PBIS) Center (<http://www.pbis.org>) provides a school-wide model similar to the framework described herein, and the two can be combined to provide a school-wide academic and behavioral framework.

### **2.2.4 RTI can be used to ensure appropriate identification of students with**

### **Disabilities**

By encouraging practitioners to implement early intervention, RTI implementation should improve academic performance and behavior, simultaneously reducing the likelihood that students are wrongly identified as having a disability.

## **2.3 Recommendations on introducing these services / ideas to Hong Kong**

For the three tier-prevention system and intervention strategies, Hong Kong can borrow this concept for our School System. General screening for SLD, autism, ADHD and other special education needs is useful for early identification and early intervention. RTI starts from kindergarten and follows with periodical review or keeps tracking of their progress. They have stationing school social worker in kindergarten so that those identified cases can be followed up. Hong Kong can start our school social work service in Kindergarten and Child Care Centre and do the same thing as US.

The concept of “Response to intervention” can be adopted in Hong Kong. Under this concept, school social workers as well as school teachers are justified to give intervention before and after assessment according to initial screening or continuous monitoring on his or her performance since the waiting period for assessment and receiving service after assessment may take one and a half year right now.

## **2.4 Comparison between overseas experiences and that of Hong Kong**

Education Bureau of Hong Kong started the inclusive education in 2001 in primary school and support for teachers seemed not to be enough in compare with US. *Not more than 20% of teachers in each school are well trained to provide support for the student with special education needs.*

Besides, Hong Kong still use the traditional means to identify children with

learning disabilities through the discrepancy model which looks at the difference between ability that measured by a set of indicators. Those assessments need to conduct by educational psychologist or clinical psychologist. However, the waiting period is about half year to nine months. Also, the waiting period for getting service after assessment may wait for half year. *During the waiting period, there is no service provided for the student.*

Since U.S. had passed the legal act on support of the disabled, the overall policy can facilitate the development of early identification and intervention for those identified. Thus, RTI is basically the paradigm shift on service delivery model. *Hong Kong is still using the medical model and those services are followed after the assessment.*

## **2.5 Problems and difficulties to be encountered if applied to Hong Kong**

2.5.1 There will need to have much resource place on the training and work support for those teachers and school social workers to handle the general screening, *increase of paper work on collection of data and evidence tracking the changes for those identified and follow up plan for those that need intensive care* or change in curriculum design. Manpower increase in teaching staff and social workers may face strong political barriers from the government as it will *dramatically raise the educational and welfare expenses.*

2.5.2 Basically, RTI is a paradigm shift on treatment model from “discrepancy model” to “Intervention model”. In order to match with the new model, *screening tools should be developed for facilitating the primary level prevention but the development of local screening tools, especially for pre-school children, may take time.* Indigenization of screening tools from United States can be one of the solutions.

2.5.3 RTI seeks to prevent academic failure through early intervention, frequent progress measurement, and increasingly intensive research-based instructional interventions for children who continue to have difficulty. Students who do not show a response to effective interventions are likely to have biologically-based learning disabilities and to be in need of special education. Since the existing policy tends to place student in normal school

and parents are reluctant to place their children in special school, those student in need may not receive appropriate service. Thus, *matching and interfacing of different services must be carefully considered before it launches.*

### **3.1 New concept: Ethic and the Privacy of minor**

School social workers commonly encounter and experience ethical dilemmas that make it hard to decide what the best course of action is. School social work practice can be particularly challenging in that the field generally has little specific legal or ethical guidance in how to work with children and youth or how to balance the rights of minor students to confidentiality and the rights of their parents' to understand and approve services for their children. In the pre-conference workshop, the presenters, Nic Dibble & Jim Raines shared the topic of ethical issues, which were "Ethical Decision- Making in School Mental Health" and "School Social Work Services and the Privacy of Minors". In the first session, the workshop provided a concept of SEVEN-STEP PROCESS for ethical decision-making. And in the second session, the presenters focused on the privacy of minor students and related guidance from professional associations. They also shared guidelines and questions that could help guide school social work practice. The delegates had the opportunity to discuss and learnt in small group to discuss the problematic situation.

### **3.2 Ethical Decision- Making in School Mental Health - Balancing Duty to Pupils & Schools: 7 Step Process**

Ethical predicaments are endemic for social worker especially working in a secondary setting like schools. School social workers are often faced with situations which require sound ethical decision making ability. Determining the appropriate course to take when facing with a difficult ethical dilemma can be a challenge. The 7 Step Process was presented by Raines & Dibble in the pre-conference session, which is a good insight for the school social worker to utilize an ethical decision-making model to help resolve ethical dilemmas and minimizes their liability while better protecting the students. (Appendix I)

1. Know Yourself and Your Code

2. Analyze the Dilemma
3. Seek Consultation
4. Identify the Courses of Action
5. Manage the Clinical Concerns
6. Enact the Decision
7. Reflect on the Process

### **3.3 School Social Work Services and the Privacy of Minors**

Families form the foundation of human relationships for children. Parents have legal and moral rights, roles and responsibilities for their children, which cannot be exercised and fulfilled unless they are cognizant of their children's activities and needs. In the US, the parents of minor have the right on requesting the education records under the Family Educational Right and Privacy Act (FERPA). However, under certain situations, such as child welfare, alcohol and other drugs (AOD), mental health, and juvenile justice, the minors (for the certain ages from 12 to 14) get privacy and right to make the decision on disclosing his/her personal information even without parental knowledge and/or consent. Informed consent is an important part for a social worker when working with clients, no matter they are adults or child. The code of ethic affords clients the rights to privacy and confidentiality, self-determination and informed consent, but this does not distinguish between adults and minors as clients. In our society, the mass population agrees that the minors do not have the same rights as adults. Being a school social worker, it needs to be considered in both its ethical and legal contexts when working with the minors. Although ethically, minor clients have the same right to confidentiality as adult, they legally have no right to keep secrets from their parents. On the contrary, the parents of minors have a legal right. School social workers counseling with minors clients, however, issues on managing confidentiality are more complicated than that with counseling adults. We, as school social workers must balance the ethical and legal responsibilities to our clients, client's parents and the school system.

Raines & Dibble provided some suggestions for the school social workers who intended to help guide and promote the ethical practice of school social work as below. This helps the school social workers balance minor students' rights to privacy and confidentiality and their parents' rights, roles and responsibilities in an effort to improve outcomes for both students and families. (Appendix II)

- *Utilize an ethical decision-making model to help resolve ethical dilemmas.*
- *Make sure we are familiar with relevant state and federal laws.*
- *Work to establish appropriate local school district policies to help guide practice.*
- *Seek out creative, consensus or compromise decisions that include all affected parties.*
- *Take steps to proactively avoid ethical dilemmas.*
- *Continue to be involved in professional development opportunities.*

### **3.4 Reflections and Comparison between overseas experiences and that of Hong Kong**

#### *7 Step Decision Making Model*

Although social workers share similar professional values, they may differ in how they resolve ethical dilemmas. The 7 Step Decision – Making Process is effective procedures for helping school social workers to ensure that they have done in an appropriate way, and also the ethical decision is in the best interests for the clients. Moreover, the model, which has been developed to help social workers make ethical decisions as quickly and effectively as possible, includes the consideration of social work values, the Code of Ethics, and the social work context.

Although there is not a clear decision – making model in Hong Kong, but reflecting on the content of the 7 Step model, it is not difficult to find that we are working familiar with some of the part habitually. 7 Step Process is a consolidation of the experiences into a model. It seems to be good for a beginner as it already provided framework to follow. For the experienced, sometimes, this may only follow his/her experience but neglect the other possibilities. Therefore, the 7 Step Process could make a fresh reflection for them.

### **3.5 Recommendations on introducing these services / ideas to Hong Kong**

The 7 Step Decision – Making Process is a good model. Hong Kong can borrow this concept for our school social worker system. This provides a clear step for the school social worker on dealing with the ethical issues, especially for the beginners, who may feel lost in handling those situations. Patterson (1986),



stated that theories have ready-made sets of assumptions, concepts, and related strategies, which have been proven useful over a long period. So, a worker will feel secure when using this, especially for a worker having limited experiences. The decision making model provides a structure guideline for the beginners to follow. And for the experienced, it is also an effective tool for them to reflecting on the working style. Working as a school social worker, we need to cooperate with many different parties, for example clients, parents, school teachers and school administrators. School social workers must balance the ethical and legal responsibilities to clients, client's parents and school system. The relationship will become more complicated than the one in Integrated Team. Therefore, it is suggested that the Social Worker Registration Board may design a decision making model for school social workers which is suitable for the Hong Kong situation. The school social workers can use the proposed system in the daily practice, which can help the school social workers to clearly identify those they need to consider.

### **3.5.1 Privacy Issue**

The issue of confidentiality in school social work is complex, not only in the US, but also in Hong Kong. School social workers have the ethical obligation to respect the privacy of minor clients and maintain confidentiality. On the other hand, this obligation is often in conflict related to minors because parents have the right to know about children. In Hong Kong, social worker practice under the Guidelines on Code of Practice from the Hong Kong Social Work Registration Board, and the Personal Data (Privacy) Ordinance (Cap. 486) from The Office of the Privacy Commissioner for Personal Data (PCPD) provides some guideline for the social workers to follow.

From the pre-conference, the topic about the privacy of minors was focused on the relationship between school social worker and parents. In Hong Kong, school social workers are also facing the similar problem, and the school social workers also have a complicated relationship with school administrator, as the same as with the parents or minors. In the US, the school social workers are employed by the school districts. Under the privacy and confidentiality, school social worker will not disclose the case information to school teachers and principals. Surely in some situations, we may disclose the information to school teachers or principal which is best for the client. However, in Hong Kong, the school social worker is employed by the non government organization (NGO) and it is a subverted service from Hong Kong Government. Sometimes, some

of the schools will request the school social worker disclose all the information to them for example the case list and they will argue that they have the right to know everything about their students, which make the school social workers feel confused.

### **3.5.2 Recommendations for the Hong Kong situation**

Typically, teachers and administrators need to know some (but not all) of what the school social worker knows about a student. The collaborative cooperation between the school social worker and the educator is unavoidable. Disagreements may arise about how much the school social worker should tell educators about students. Often, the information that teachers and administrators think they need to know is much more than what the school social worker believes they should need to know. There are some reflection questions for the school social worker.

- What are the rights of minor students to privacy and confidentiality, self-determination, and informed consent?
- How should school social workers consider the fundamental rights of parents to be informed of important activities their children are participating in?
- For what actions do parents need to be involved as third parties?
- Under what circumstances can and should school social workers share confidential, student-client information?
- How can school social workers make consistent (as opposed to arbitrary), ethical decisions in the best interests of their clients, when confronted with competing ethical values and interests?
- What legal rights to privileged communication do minors have in Hong Kong?

When dealing with difference view between school social worker and the educator, Nic Dibble thought that our first step is to determine what, if any, laws in Hong Kong give us a direction on when and how school social workers can share information with other educators about students. Clearly, it is important to follow the law. If we don't get any (or enough) direction from the law, then we have to fall back on our social work ethics to help us decide what to do. A school social worker may want to have a discussion with other educators about why they want the information and how the information would be used to better serve the

students and their families, before making a decision about whether to share information and, if so, what information to share. Moreover, Nic Dibble recommended the social workers in Hong Kong seek out creative, consensus or compromise decisions that include all affected parties. Then, they take steps to proactively avoid ethical dilemmas, and also continue to be involved in professional development opportunities.

## **Conclusion:**

In the four days conference, we experienced to attend the overseas professional workshops and discuss with different national school social workers in USA. We choose to write the above articles of these topics that it represents the professional concepts as local social work practical in Hong Kong. There are all topics of workshops are not the new concepts or new models to apply in school social work in Hong Kong. It let us recognize the clear link between research and practice that the professional are important stakeholders in developing the evidence-based practice. This study tour can enrich the delegates' knowledge of the overseas practice, but also induced the reflection towards the local school social work practice. For example, how to apply the RTI model in special education; how to use the data for response to intervention in practice; how to develop further practice in SOS prevention programs; how to build up new Ethical and Privacy guideline to match the practice situation at present etc.

For each school social worker, it is believed that a truly safe school is one where every student feels emotionally and physically secure, where every student feels like they belong, and where every student feels valued. School social workers are through their deep understanding of the connection between family, school and community in the academic and social/emotional development of the teens. Thus, we play a tremendous role in the effort that it should prevent adolescent risky behavior and help them to face their specific problems. The four days workshop, it is mention that if we can provide the safety environment for every student, they will learn respect and confidence. It is Important that they can produce their health growth in their lives.

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## **Ethical & Privacy**

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### ***Ethical Decision- Making in School Mental Health - Balancing Duty to Pupils & Schools: 7 Step Process***

#### ***1. Know yourself***

Social worker is a helping professional, which help people know themselves and find solutions to a variety of problems in their lives. In the decision making process, it is important for school social worker to recognize how his/her own values and beliefs may influence the decision. Therefore, the social worker should know his/herself first. Raines & Dibble suggested that there are three aspects which the school social workers need to know themselves; there are philosophical position, professional values and the counter transference. Firstly, the philosophical position is separate from deontological position (moral absolutes) and consequentialist position (justifies the means). Secondly, social workers need to understand his/her professional value and personal value, and we need to regularly rank our values. And finally, the school social workers need know his/her counter transference which including the positive attitude, negative attitude, over involved or under involved.

#### ***2. Analyze the dilemma***

There are many different parties in school setting when dealing with minors client, for example, the parents of the minors, the school teachers, colleagues. All of them have different power and role in the system of school. In this parts, Dibble & Raines suggested the school social worker find out who is the stakeholders, and what is their role and power on helping the client.

Consider the moral principles of autonomy, non maleficence, beneficence, justice, and fidelity. Decide which principles apply to the specific situation, and determine which principle takes priority for you in this case. In theory, each principle is of equal value, which means that it is your challenge to determine the priorities when two or more of them are in conflict.

#### ***3. Seek consultation***

Independent practice is a misnomer, as being the professionals, we should seek the advice from the supervisor and consult with experienced professional colleagues. As they review with the information we have gathered, they may see other issues that are relevant or provide a perspective that we have not considered. They may also be able to identify aspects of the dilemma that we are not viewing objectively. Raines & Dibble reminded that there are three types of consultation which are

ethical, clinical and legal consultation. School social worker needs to consider different aspect before seeking the consultation. We also can consult our professional associations to see if they can provide help with the dilemma.

4. *Identify the courses of action*

The forth step is identify the courses of action. Raines & Dibble stated that the school social workers need to try to avoid dilemmas. This is better that discern at least 3 courses of action. Considering the information you have gathered and the priorities you have set, evaluate each option and assess the potential consequences for all the parties involved. Ponder the implications of each course of action for the client, for others who will be effected, and for yourself as a counselor. Eliminate the options that clearly do not give the desired results or cause even more problematic consequences. Review the remaining options to determine which option or combination of options best fits the situation and addresses the priorities you have identified. For the mature clients such as the age over 16, the school social worker can share the dilemma and empower the client to share in the difficult choices as it is a collaborative decision making. Finally, we need to maintain our own point of view and exercise due diligence.

5. *Manage the clinical concerns*

After identify the courses of action, it would turn to the fifth step. In this stage, the school social workers need to assess the dangerousness, for example, is there any violent ideas in different parties. Then the workers also need to address the student's feelings of betrayal, hurt and anger and explore why the client revealed the information. In the helping process, we need to assess the tendency on any risky factors, and more important is being culturally sensitive about different values.

6. *Enact the decision*

Taking the appropriate action in an ethical dilemma is often difficult. This step involves strengthening the ego to allow the worker to carry out his/her plan. However, before enact the decision, Raines & Dibble reminded the social workers do a final check, for example, do we applying the golden Rule? Are we fulfilling our fiduciary duty? Is it acting impartially and fairly? What if the decision was publicized? Can you universalize the decision? If the course of action which have selected seems to present new ethical issues, then it was need to go back to the beginning and reevaluate each step of the process. If the workers satisfied that

he/she has selected an appropriate course of action, then it is ready to move on to implementation.

7. *Reflect on & document the process*

After implementing the course of action, it is good practice to follow up on the situation to assess whether your actions had the anticipated effect and consequences. Therefore, as being a helping professional, we always need to reflect on our work. Raines & Dibble suggested that in the final step, school social workers needs to reflect on those questions. 1) How did the School social worker values influence the decision? 2) How did other stakeholders influence the choices? 3) Were there other courses of action which is not considerate? 4) Were there clinical concerns that the social workers are missed? 5) Was it the right decision in 20 -20 hindsight? Finally the questions are what precautions should the social workers take in the future?

***School Social Work Services and the Privacy of Minors (Raines & Dibble 2010)***

Raines & Dibble provided some suggestions for the school social workers intended to help guide and promote the ethical practice of school social work as below. This helped the school social workers balance minor students' rights to privacy and confidentiality and their parents' rights, roles and responsibilities in an effort to improve outcomes for both students and families.

1. *Utilize an ethical decision-making model to help resolve ethical dilemmas.*

Every people's experiences challenging, and the ethical dilemmas which the school social workers facing are difficult to resolve. In these situations, a decision-making model, for example, the 7 Steps Process, is helped to ensure that the school social workers have done in the appropriate way and also the ethical decision is in the best interests for the client.

2. *Make sure we are familiar with relevant state and federal laws.*

The presenter suggested that the school social workers should need to understand the law clearly, for example, the Federal laws include, the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Improvement Act (IDEA). The school social worker cannot adequately inform clients and other stakeholders of their obligations and limitations related to privacy, unless they understand the legal parameters in this area.

3. *Work to establish appropriate local school district policies to help guide practice.*

The school district policies in US establish institutional parameters for expected student and employee behavior. These policies are then made public and are typically included in a school's student handbook to help ensure students and families are aware of these guidelines. By establishing procedures that govern student privacy and appropriate information sharing, the school district is helping to inform all stakeholders and providing a measure of protection from individual liability for school staff, as long as they are acting consistent with the school district policy.

4. *Seek out creative, consensus or compromise decisions that include all affected parties.*

When there are disagreements among the student, parents, and other stakeholders regarding privacy issues, the school social workers will bring the role of facilitator, which help the different parties on looking for solutions that all parties may agree

to. For instance, if a student objects to sharing some information and the school social worker believe it is in his/her best interest to do so, then we may try to help the student to understand the benefits of disclosure. If a disclosure is necessary, the client should be notified in advance, if feasible, of what will be disclosed, to whom, and why.

5. *Take steps to proactively avoid ethical dilemmas.*

The school social worker need to make sure everyone, i.e., student, family, school colleagues, representatives from community-based agencies, all understand your ethical obligations and limitations. Clients must be informed before the onset of services that their right to confidentiality is not absolute and why. School colleagues must know that you will share confidential information with them only to the extent they truly need this information to provide services to the student and family. This kind of prior notification will reduce misunderstandings with clients, families, and colleagues. Another important strategy is to work to develop and earn the trust of clients and other stakeholders. To the extent that people trust and respect your work, it will be easier to avoid disagreements among parties.

6. *Continue to be involved in professional development opportunities.*

Being a social worker, we should be life-long learners and seek to improve our professional practice. To the extent we are able to improve our ability to balance the ethical responsibilities to our clients and the competing responsibilities we have to other stakeholders, we will be better school social workers.





