Social Work Practice in School Counselling:
A Bio-psycho-social Understanding of Students Who Need Support

A MSW Field Practicum Report
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Abstract

This practicum report is a summary of my MSW field practicum placement in a school counselling role at Warman Elementary School (WES), including one day per week counselling adolescents at Warman High School (WHS). My primary site was WES, a kindergarten to grade three school of 736 students where my practice was supervised by a full-time counsellor. The school counselling role primarily involves individual and group counselling, behavioural intervention, and consultation and collaboration with other professionals. This report integrates theory, research, and intervention models with my experiences counselling children in the school context. It will describe how I met my practicum learning objectives, gaining knowledge and experience in the theory and practice models utilized by my professional associate (PA). These approaches included attachment-informed, collaborative problem solving, self-regulation, cognitive behavioural therapy, and resilience. In this paper, I will reflect on the value of a social work perspective in school counselling, exploring how the bio-psycho-social and ecological approaches of the profession enrich the school counselling role. Finally, the paper will consider my practicum experiences through the lenses of social justice and ethics.
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Introduction

This paper summarizes my Master of Social Work (MSW) practicum experiences counselling children and adolescents in a school setting. Social workers bring an ecological and social justice orientation to practice that is unique among counselling professions. Our discipline “promotes social change and development, social cohesion, and the empowerment and liberation of people” and “engages people and structures to address life challenges and enhance wellbeing” (International Federation of Social Workers, 2014). During my practicum I engaged children who were experiencing challenges in the school environment, developing a counselling approach rooted in the values and theory of the social work profession.

I completed the field practicum at Warman Elementary School (WES) under the supervision of a professional associate (PA) who holds a MSW degree. I also had the opportunity to counsel students at Warman High School (WHS) approximately half a day per week under the supervision of a counsellor with a Masters degree in Psychology. I have provided a brief overview of the theoretical approaches I drew on most heavily in my practicum experience which were cognitive behavioural therapy (CBT) (Beck, 2005; O’Connor & Creswell, 2005) and self-regulation (Greenspan & Greenspan, 2010; Shanker, 2013). I also considered the relationship between the two intervention models commonly used by Prairie Spirit School Division (PSSD) counsellors: attachment-informed (Neufeld & Mate, 2013) and collaborative problem-solving (CPS) (Greene, 2006; 2012). I discussed how, guided by the needs of student-clients, I integrated and applied these practice approaches. I also considered how my counselling practice was shaped by the constraints of my role and organizational context. The paper concludes with reflections on social justice, ethics, and the challenges and opportunities of bringing social work values to school counselling.
Practicum Goal, Objectives and Activities

Practicum Goal

The learning goal of the field practicum was to gain graduate level knowledge and experience in counselling and behavior interventions with children from kindergarten to grade 2 and with adolescents. During the field practicum I accomplished this goal by observing and working alongside my supervising counsellors and engaging in consultation and formal supervision as I provided individual assessment and counselling to children and adolescents. Co-facilitating groups and collaborating in multi-disciplinary intervention offered further opportunity to reach this goal. Completing a literature review and reflexive journaling were also important mechanisms of learning and professional growth during the field practicum. I completed my practicum on a full-time basis from August to December 2016.

Practicum Objectives

The overall objectives of the practicum experience were:

• to develop my own style of counselling and building therapeutic relationships with children and adolescents;

• to deepen my understanding of attachment, neurodevelopmental, resilience, and strengths-based approaches and how they can be integrated with foundational social work theory (biopsychosocial, ecological, and family systems) in clinical practice with children and adolescents; to become familiar with the intervention models utilized by Prairie Spirit School Division counsellors;

• to critically analyze the counselling models used at PSSD and become skilled at adapting these models to the needs of the client;

• to build skills in facilitating therapeutic groups;
• to gain experience collaborating with other professionals in a multi-disciplinary environment;

• to learn how to engage parents as partners in their child’s assessment and intervention; and

• to prepare myself for clinical practice through reflection on the practicum experience and critical analysis of my learning experience in the field setting.

**Practicum Activities**

I undertook a broad range of activities to achieve the objectives of this practicum. Learning from colleagues was a major aspect of my practicum experience. These activities included shadowing and working alongside my supervising counsellors, regularly meeting and consulting with the multi-disciplinary student support services team, and participating in monthly meetings and professional development with the Prairie Spirit School Division (PSSD) counselling team. Through regular supervision and frequent consultation my professional associate supported me to draw on relevant theory and intervention models, reflect on my practicum experiences, and integrate what I was learning with my social work education and values. The literature review consisted of self-directed reading based on the needs of my clients and familiarizing myself with counselling resources provided by my supervisors or through the Prairie Spirit School Division professional library and was another important component of my learning. I reviewed books, academic articles, and counselling resources (e.g. workshop materials and training DVDs) related to neurodevelopmental (Yeager & Dweck, 2012; Greene, 2006; Neufeld & Mate, 2013), attachment (Neufeld & Mate, 2013), self-regulation (Shanker, 2013), cognitive behavioural (Beck, 2005; Huebner, 2005), and resilience informed (Brooks, 2015; Unger, 2012) approaches to practice with children and adolescents. I gained direct practice experience by providing individual counselling to my own caseload of eighteen students
and by co-facilitating two therapeutic groups at Warman Elementary School: a cognitive
behavioural therapy based intervention for students with problematic anxiety and a Breakfast
Club for students who needed support to transition successfully into the school day. I also
gained knowledge and experience through behavior intervention and planning for individual
students, independently and in collaboration with my professional associate and school
administrators.

**Rationale for Practicum Placement**

For the past decade, I have worked with children, youth, and their caregivers. After
completing my Bachelor of Social Work I was employed in child protection for 4 years. Most
recently I worked for 6 years with the Advocate for Children and Youth (ACY), an independent
office of the Legislature. The Advocate’s Office promotes the voice and best interests of young
people who are involved with the child protection and youth justice systems. Over 6 years of
working with the Advocate for Children and Youth, I gradually moved from frontline advocacy
into research and policy roles advocating for systemic change. I have found one-on-one
interactions and relationship building with young people to be the most fulfilling aspects of my
work, both in child protection and advocacy. I have a decade of professional experience with
this client group, but my roles have primarily focused on following and enforcing the legislated
responsibilities of government towards young people. The neutrality of the clinical counselling
role, plus the minimal authority associated with the support offered, appealed strongly to me.
Prior to this practicum, I lacked confidence in my ability to translate the academic knowledge I
had acquired in graduate course work into engaging in age-appropriate counselling practice with
children. The field practicum was an opportunity to gain experience building a new type of
helping relationship, one centered on the development and needs of children.
A few important factors led me to choose a field practicum placement in school counselling. My clinical interest and planned area of practice is with children who have developmental or mental health issues and the behavioural challenges often associated with them. As a social worker, I am drawn to intervention settings that are conducive to the ecological, person-in-environment approach of our profession. Clinical mental health settings governed by the prevailing medical model did not appeal to me, yet I wanted to work with the same population of children that are referred for psychiatric assessments and/or outpatient mental health services. I see the social work values of non-judgment and respect for the inherent dignity and worth of clients (Canadian Association of Social Workers, 2005; 2005a) as incongruent with models that focus on deficits and rely on diagnostic labels, potentially pathologizing clients (Gould, 2010). I wanted a practicum setting where I could learn how to assess children’s needs and provide supportive interventions within the context of their everyday life and relationships.

The most valuable aspect of this practicum setting was the opportunity to work with a high volume of children experiencing mental health and developmental issues outside of a mental health setting. I recognized that while a school counselling practicum represented this kind of unique opportunity, it also came with limitations. A significant disadvantage of this practice setting was that it offered very limited engagement with parents. However, on balance, I feel that the depth and breadth of practice experience I gained with children in their natural environment at Warman Elementary School made this trade-off worthwhile. Through the initiative of my professional associate, I was offered the opportunity to counsel adolescents at the high school half a day per week under the supervision of a counsellor trained in another discipline (psychology).
As with all professional roles, the school counsellor role is shaped and constrained by the system in which it is situated. However, as I met with people to explore my options for a field practicum, it became apparent that the values and priorities of Prairie Spirit School Division and of my potential professional associate at Warman Elementary School aligned closely with mine. The emphasis on neurodevelopmental and attachment based counselling that I observed in the school division was my primary motivation for selecting this practicum site. I had a strong sense that the organizational expectations and theoretical models were compatible with my preferred theories and approach to intervention with young people. This congruence was confirmed in the practicum experience. It was refreshing to have the time and autonomy to meaningfully assess and respond to the needs of children. I savored the contrast with my previous social work practice in child welfare and youth justice, where there was a constant tension between my professional values and the priorities of the system employing me.

**Overview of Practicum Setting**

Warman is a bedroom community eighteen kilometers north of Saskatoon. Warman has grown rapidly into a small city. Families with children are a major driver of this growth, resulting in a large child and youth population (Statistics Canada, 2012; 2017). Warman Elementary School (WES) houses 736 students from pre kindergarten to grade three. The school has a staff of thirty-three teachers, fifteen educational assistants (EA) and a team of student services professionals that includes a counsellor, three special education resource teachers, an occupational therapist, a speech language pathologist, and a preschool speech and language pathologist. The occupational therapists and speech language pathologists are at WES part-time as they work in multiple schools and communities. With no Catholic school division in Warman, the public schools serve all children living in the city and catchment area. Prairie Spirit
School Division has managed the growth of the student population in Warman by building a new middle school and adding onto the elementary and high schools. They have also adjusted the grade ranges housed in each school building to accommodate the increasing enrollment of specific age cohorts. The middle school currently houses grades 4 through 7 and grade 8 students attend the high school. The volume of young students and small grade range (from kindergarten to grade 3) at Warman Elementary School offered a practicum setting rich in opportunities to intervene with behaviourally challenging young children.

**Student Body and Client Demographics**

The demographic makeup of the student bodies at Warman Elementary School and Warman High School is similar to the community of Warman, which consists of a predominantly white (Statistics Canada, 2013) and upper middle class (Statistics Canada, 2013) population with a small proportion of immigrants and refugees (Statistics Canada, 2013). The socio-economic privilege and cultural homogeneity I observed in the community of Warman and the student body was in stark contrast to the demographics of the client population I worked with in child protection and juvenile justice services: predominantly marginalized, impoverished First Nations and Metis children, youth, and their families. Interestingly, the majority of the students I counselled in Warman did not fit the typical racial, cultural and economic profile of their community. The school counselling clients in Warman more closely matched the profile of young people I worked with in child welfare rather than the privileged socio-economic and racial demographic of the city of Warman. My caseload consisted of eighteen students out of which fourteen came from low-income households. This was a striking over representation of impoverished young people in a city with an average annual family income of $107,403 (Statistics Canada, 2013). Similarly striking, while more than half of my clients were First
Nations or Metis, less than 10% of Warman residents are Aboriginal (Statistics Canada, 2013). There were notable exceptions to the low-income, non-Caucasian profile of my caseload: for example, I had one Metis client, a female in high school who lived in a middle income household with her biological parents, while three of the Caucasian students I worked with were from low-income families. There were some demographic exceptions on my caseload, but in general, the socio-economic and racial profiles of my counselling clients differed significantly from the majority of their classmates.

I began to see definite patterns emerging on my caseload in regards to my student clients’ life-experiences, family contexts, and needs. Student clients from middle and upper income households tended to be referred for internalizing psychological issues including anxiety, low self-esteem, and negative self-talk, whereas many of my student clients from lower income households already had psychiatric diagnoses and were on medications to support behavior and learning. A few were awaiting developmental assessments based on behaviour suggestive of Autism Spectrum Disorder or prenatal substance exposure. Interestingly, the referral issues cited for these clients correlated not only with low socio-economic status but also with patterns of family life. All of the First Nations and Metis student clients I counselled, apart from the single student drawn from a middle-class context and intact family, had experienced family breakdown and were either residing in long-term foster care or had spent time in protective placements. Three of the Caucasian students I worked with who came from low income families had also experienced significant disruptions in family relationships. One child was adopted (along with his siblings) by an extended family member after his parents became involved with child welfare authorities. Another child had no relationship with his father until he was almost three years old and then became the subject of a high conflict custody battle. The third child was sent by his
parents to live with his grandparents in Warman a few weeks before the start of school. His grandmother told the school that they had had little contact with their grandson prior to that point, but his parents were unable to support him due to unsteady employment in the Alberta oil field. During my observations, it became clear that this child’s dissociative and aggressive behaviour was suggestive of developmental delays, sensory processing difficulties, and/or a history of neglect, trauma or attachment disruption. The clients who I worked with were referred for counselling based on the challenges they were experiencing in the school setting, but it was apparent to me that most of these young people and their families experienced challenges in many aspects of their life beyond the school.

The correlations between the social location of a child and their risk for psycho-social, behavioral and developmental problems came as little surprise to me, as they reflected my experience as a social worker in child protection and juvenile justice services, as well as the findings of current studies. First Nations and Metis children are disproportionately impacted by disability, with rates of developmental disability, mental health disorders and severe physical disability at a rate of more than twice that of non-Aboriginal children in Canada (Canadian Institute of Child Health, 2006, p. 166). Children in impoverished families are identified by Statistics Canada (2015) as those living in households below the “low income cut-off” (Statistics Canada, 2015). This population experiences higher rates of learning and behaviour disorders and developmental delays than their peers in higher income households (Fleury, 2008; Phipps & Lethbridge, 2006). Research has established that traumatic experiences in infancy and childhood have lifelong impacts on health and psycho-social well-being. (Anda et al., 2006). The most prominent is an ongoing longitudinal research project known as the Adverse Childhood Experiences (ACE) Study (Felitti, et al., 1998). Study participants reported the following
adverse events that they experienced before age 18: emotional, physical, or sexual abuse; witnessing domestic violence; parental separation or divorce; and exposure to household dysfunction (including parental marital discord or having a mentally ill, substance abusing, or an incarcerated family member) (ibid.). There is growing evidence that these ACEs have immediate negative impacts on well-being, with strong associations between ACE scores and measures of health and development in pre-school and school age children (Anda et al., 2006; Marie-Mitchell & O'Connor, 2013). Kerker et al., 2015, p. 7) found that each ACE reported for a child aged 3 to 5 years increased their likelihood of experiencing mental health problems, chronic medical conditions, and social development delays. Burke, Hellman, Scott, Weems, & Carrion (2011) demonstrated that a higher number of ACEs correlated with increased rates of learning and behavior disorders in their sample of school age children. Anda and colleagues (2006) found that children with high ACE scores (of 7 to 8) displayed indicators of developmental delay, physical health conditions, mental health disorders and disability at about three times the rate of children who have experienced no adverse events. These findings clearly illustrate the detrimental, cumulative effects of traumatic stress on the developing brain, a “veiled cascade of events (that) represents a common pathway to a variety of important long-term behavioral, health, and social problems” (Anda et al., 2006, p. 8).

The ACE longitudinal data shows that the negative impacts of early adversity continue throughout the lifespan (Felitti et al., 1998). Adults with ACEs are at increased risk for chronic physical health conditions like cardiovascular disease and diabetes (Anda et al., 2006; Taylor, Way & Seeman 2011); mental health disorders including depression, anxiety, and addiction (Anda et al., 2006; Ford, Clark, & Stansfeld, 2011; Rose, Xie, & Stineman, 2014); and premature mortality (Anda et al., 2006; Taylor, Way & Seeman 2011). In addition to these physical health
impacts, higher ACE scores are associated with lower educational attainment and employment earnings, marital dissatisfaction, and lower levels of social support. Individuals who experienced multiple forms of adversity as children divorce, become homeless and incarcerated, and attempt or commit suicide at significantly higher rates than the general population (Anda et al., 2006; Ford et al., 2011). Though the mechanisms of transmission are still unclear, when individuals who have experienced childhood adversity become parents, the impacts of their childhood trauma create adversity for the next generation. (Ford et al., 2011; McDonnell & Valentino, 2016). Research identifies systemic disadvantage and adverse experiences as risks to child well-being. This finding was borne out during my practicum. In a school where socio-economic privilege was the norm, the majority of students referred for counselling came from marginalized racial and economic groups and had experienced significant adversity.

**Student Supports**

I entered a school environment adapting to major reductions in education funding from the provincial government, where resources to meet student needs were scarce. Budget cuts in the school division resulted in a large reduction in the number of educational assistants at Warman Elementary School for the 2016-17 school year. These cuts led to an increasing demand on counsellors to provide direct behaviour intervention and support. These pressures were a consistent topic of discussion at the monthly Prairie Spirit School Division counselling team meetings. Considerable time was spent discussing how to stretch resources and staff positions to meet student needs. The situation became especially challenging when three intensive needs students transferred unexpectedly to Warman Elementary School within a two-month period. Equivalents of three additional full-time educational assistants were needed to provide support to these new students. The school administrators advocated with the Division office and one
additional EA position was provided. In order to fill the remaining gap, some educational assistant hours were repositioned from special needs students who had less disruptive behaviour and teachers were required to meet the needs of these students who were unsupported in the classroom setting.

Even given the budget cuts, I observed a markedly higher level of support and responsiveness to student needs at Warman Elementary School than in the Saskatoon Public elementary schools where I have been involved as a parent and volunteer. For example, my son had a full-time educational assistant in grade 1. My son has Autism Spectrum Disorder and was relatively cooperative in class but he struggled during unstructured time, often becoming aggressive with peers at lunch and recess. The principal at his school in Saskatoon refused my requests for the educational assistant to take her breaks during class time so she could support my son at recess and lunch. In contrast, Warman Elementary School had a rotating schedule for educational associate supervision, with two of them assigned to support designated children during lunch and on the playground. The educational associates were often able to address inappropriate or aggressive behaviour that would otherwise have escalated into disciplinary incidents. This investment in supervision offered all students greater safety while helping struggling children learn and maintain appropriate behaviour and experience more success at school.

Warman Elementary School offered students with ongoing behaviour problems or special needs out-of-classroom activities and responsibilities to build their sense of competence and belonging at school. These opportunities included driving the library book pick up cart to the classrooms every day, bringing in the crosswalk signs each morning, baking for staff and other students, rock polishing with the principal, and participating in a student leadership club.
and board game clubs at lunch hour were open to all students but had particular value for the students who are able to interact more successfully with peers when the play was structured, the setting was calm, and adults were on hand to support appropriate behaviour. Body breaks were another important resource for students who struggle to self-regulate and maintain appropriate behaviour in stimulating environments like the playground at recess or a busy classroom. A body break room is a space designated for activities recommended in an occupational therapy assessment and documented in the individual education plan of a student. The body break room at WES was considerably larger and better equipped than any body break rooms I have seen in Saskatoon public schools. These supports and resources at WES made important contributions to the success of many students I worked with during the field practicum.

**School Culture**

A discussion of the factors that contribute to and sustain highly supportive and positive school cultures like the one I observed at WES is outside the scope of this paper (see Cohen, McCabe, Michelli & Pickeral, 2009 for an insightful review of the literature). However, during the practicum I came to see the positive leadership offered by administrators, through the quality of relationships they build with their staff and students which was a key factor in building a healthy school culture. The principal and vice principal at WES consistently put the needs of the students first and conveyed the expectation that staff do the same. The administrators took turns reading to preschool students during the 15-minute gap between the first bell and the start of preschool so that children who came to school on the bus were provided supervision and had a positive start to their day. The principal and vice-principal were regularly involved in getting students safely on and off the school buses. They took an active role in solving problems that could have been dismissed as being outside the school’s responsibility.
The positive leadership of the administrators was exemplified in the following scenario: The vice principal received a concern about a child displaying aggressive behaviour on the school bus. The reported incident meant the student was at risk of losing bus privileges. The child had recently been sent home three days in one school week for behaviour that posed a risk of harm to staff and other students. As a result, I had recently developed a behaviour plan for the child and administration appealed to Division office to provide the full-time support of an EA. At the time of the bus incidents, the student was attending mornings only. Half a day was the maximum length of time that he could maintain appropriate behaviour in the school environment. The vice principal responded to the school bus concern by waiting at the bus stop and riding at the back of the bus the next few mornings to observe. The information he brought back helped my PA and I to identify sensory triggers (like physical contact in the line while getting on the bus and high noise levels during the ride) that were making it difficult for this child to be calm and choose appropriate behaviour. We were able to build strategies into his behaviour plan to address these challenges. A calm and incident free bus ride set this student up for successful mornings at school.

Overview of School Counselling Practice

Referral Issues and Process

The School Division provides counselling to address issues that are interfering with the functioning and success of students in the school environment. Many students between the ages of 5 and 8 were referred for school counselling based on disruptive, defiant or aggressive behaviour. A smaller proportion of children were referred for psycho-social concerns that parents or teachers viewed as impeding their learning or peer relationships. Commonly identified referral issues at WES included anxiety, anger, social withdrawal, negative self-talk,
and lack of cooperation in completing school work. The focus of the majority of my work at the school was behavioural assessment and intervention - supporting students with aggressive or inappropriate behaviour to be at school successfully. About a quarter of the practicum hours were spent counselling students referred for specific psychological or emotional issues, individually and in a therapeutic group.

School counsellors do not accept referrals for issues that arise and are primarily manifested outside of the school context (e.g. in family relationships or the home environment). In these cases, parents are provided with information and, if necessary, supported to access counselling and resources through Community Mental Health, non-profit organizations like Family Service Saskatoon, employee assistance programs, and group health insurance programs. Prairie Spirit school counsellors do not accept referrals for divorce and custody situations, grief and loss, abuse, or other traumatic experiences. Children negatively impacted by these experiences require more intensive and specialized interventions than the school has the resources or expertise to provide. The PSSD counselling team takes the position that if there has been no observable impact on their relationships or functioning at school, it is not in the best interest of a child to bring these powerful negative experiences and emotions into their school life. My PA acknowledged that counselling can be helpful for the many children impacted by separation and divorce and that it would be ideal for this support to be accessible through the school. However, the budgetary constraints of our education and health systems make this unrealistic. In her experience, counselling children in the midst of parental separation and divorce carries a heightened potential for conflict and legal issues to arise between parents. Conflict places additional stress on the child. She advised that her role is to maintain school as a safe space and preserve a sense of normalcy for children whose parents were going through
separation and divorce by declining these referrals and connecting the parents to outside counselling (personal conversation, Wannetta Reimer, fall 2016).

**Role**

The school counsellor role is set out in the Division’s Counselling Handbook (PSSD, 2011). The primary responsibility of school counsellors is providing short-term intervention to address socio-emotional and behavioural issues that are negatively impacting the functioning of a young person in the school environment. Counsellors collaborate with and act as a resource to other school staff to provide student support and intervention. Parental engagement is another critical role of school counsellors, who obtain consent and involve the families of referred students by facilitating meetings with the student support services team and encouraging parents to support the school-based interventions at home. Liaison with external service providers and referring students and their families to government and community agencies is a counselling role whereby the non-educational needs of students and their families are addressed. These services support children’s attendance, well-being and readiness to learn. Finally, the Division counselling team has a collective responsibility for crisis response; ensuring counselling is immediately available when school communities experience a violent incident or the death of a student or staff member. Counsellors also co-facilitate the Violence Threat Risk Assessment process with the school principal when a student poses a high and imminent safety risk to others.

Staff, students or parents can make referrals for school counselling. Counsellors may engage in classroom based observation and interventions, which is what Division policy refers to as working in the ‘green zone’ (PSSD, 2011). Parental consent is required for counsellors to work in the ‘yellow zone’ (ibid), intervening more intensively with a child outside of the classroom. Policy delineates the role of the school counsellor while allowing for flexibility
based on the unique needs in each school community. The Division recognizes that a kindergarten to grade 3 school in a predominantly white, upper middle class city like Warman has very different needs than a small town kindergarten to grade 12 school with a high proportion of students from a nearby First Nation. Counsellors are expected and empowered to adapt their practice to the unique needs in each school and community (PSSD, 2011).

Given the rural nature and geography of PSSD, only Martensville and Warman have schools with a large enough enrollment to employ a full-time counsellor. The majority of counsellors in the Division travel to multiple schools and communities and have a part-time presence in the schools they serve. The itinerant nature of these counselling positions has implications for the role and responsibilities. Itinerant counsellors have a limited ability to become part of the school community they work in, forging strong relationships with students, staff and parents. The travel time required of itinerant counsellors cuts into their direct service hours. In this practice context, the professional judgment of the administrators who are familiar with their students and the ongoing and emerging needs in their school becomes critical in using the allocated counselling hours efficiently. Itinerant counsellors rely on the local school administrators to screen and prioritize referrals. Although this limits the autonomy of the counsellor in triaging referrals based on their knowledge and experience, it maximizes their time for direct practice with students.

My observation at both Warman Elementary and Warman High Schools was that in full-time counselling roles the counsellors assumed primary responsibility for the referral process and determined service priorities. The counselling referral process illustrates how the responsibilities of the counsellor differ between itinerant and full-time positions. In schools with itinerant counsellors, the principal or vice principal completes the support services referral form based on
the information received from school staff or parents. The administrator determines the priority of the referral and provides the documentation and direction regarding order of priority to the counsellor when she/he arrives at the school. In contrast, the full-time counsellors I worked under at WES and Warman High School completed the referral forms and managed their own caseloads. My professional associate shared that working full-time in one school has enabled her to build a strong relationship with the administrators and reach a shared understanding of her role as school counsellor, resulting in a great deal of role autonomy (personal conversation, Wannetta Reimer, fall 2016).

In counselling team meetings and supervision, I learned that the educational philosophy and expectations of school administrators and other professional staff also play a part in shaping the school counselling role. Administrators and teachers prefer that counsellors pull children out for individual counselling rather than intervening in behaviour and supporting a student directly in the classroom (personal conversations, Wannetta Reimer, fall 2016). Some educators bring a punitive approach to discipline into the school, whether from their own childhood or their experience as parents. They may view misbehaviour as a bid for attention or a child being willfully non-compliant and be inclined to use external reinforcements based on the presumption that a child has the capacity to control their behaviour and simply needs the motivation to comply. Deterring inappropriate behaviour through negative consequences sets children up for frustration and often takes on a punitive nature as the consequences become progressively weightier with continued misbehaviour.

Prairie Spirit School Division has a safe space policy that sets out a continuum of proactive and positive student supports in the interests of limiting exclusionary discipline measures (PSSD, 2011a). Specifically, the school “must provide a nurturing, safe, and caring
environment” where the student benefits from clearly communicated expectations for behaviour. Other measures to make school a safe space and support behaviour that leads to academic and social success include: modeling, explicit teaching and practicing of relaxation techniques, self-regulation and problem-solving strategies; positive verbal reinforcement; and non-punitive, logical consequences for unacceptable behaviour (e.g. a child who repeatedly writes on desks with pen and marker is only allowed to use pencils). (PSSD, 2011a). This policy is congruent with the dominant practice models in the school division’s counselling team that rely on relationship building, needs assessment, support, and skill development (Greene, 2006, 2012; Neufeld & Mate, 2013).

The safe space policy discourages the use of escalating negative consequences and loss of privileges that many educators and educational assistants understand as “common sense” responses to “bad” behaviour. The policy is anchored in the belief that disciplinary measures “should not be used to punish, threaten, humiliate, or make a student feel afraid” and that “students should be provided with an educational program that suits their developmental, emotional, psychological and physical needs” (PSSD, 2011a). At times, school staff will attempt to manage the challenging behaviour of a student in ways that are inconsistent with Division policy (personal conversation, Wannetta Reimer, fall 2016). It is the principal’s responsibility to ensure all staff complies with policy. However, as a member of the Division Counselling Team, the counsellor also has a key role in promoting and supporting compliance with the safe space policy in their school/s. Counsellors accomplish this by modeling behavioural interventions that reflect the policy and by acting as a resource to teachers and educational assistants by explicitly educating colleagues about discipline that violates the policy and by providing ideas and practical support to implement responses consistent with it.
Individuals interpret and adapt the school counselling role differently. One of the most important insights I gained in this practicum was that school counselling is based on theoretical eclecticism. PSSD counsellors are diverse in their counselling styles, educational backgrounds, and professional experience. Many of the counsellors are extensively trained in one or both of the Neufeld (2013) attachment-based model or Greene’s (2006, 2008, 2012) collaborative problem solving model. Professional development opportunities for the team frequently centre on these two approaches. Most of the team members are more comfortable with counselling rather than using behavioural interventions (personal conversation, Wannetta Reimer, fall 2016). It became clear to me over the course of the practicum that my professional associate was an exception. Her high level of comfort responding to difficult behaviour made her particularly well suited to WES, where the young students communicate more through behaviour than by verbalizing thoughts and feelings. My professional associate trained me in the Neufeld (2013) and Greene (2006, 2008, 2012) models which she used; and she augmented them with other theories that she found to be useful adjuncts or a better fit for intervention with some children. She particularly encouraged me to become familiar with self-regulation theory as a critical lens for understanding and intervening with children who struggle in the school environment.
Theory and Practice

Introduction

This section begins with an overview of the intervention models of Neufeld (2013) and Greene (2006, 2008, 2012). I will highlight the bodies of theory and research that these models draw on and discuss their application in a school context. In this section, I will discuss the concept of self-regulation and show how it informs practice with behaviourally challenging children and youth. A similar exploration of cognitive behavioural therapy will follow. In the subsequent section, case studies will illustrate how these theories and models informed my counselling practice with one individual student and a group. One of my learning objectives was to become skilled in critically analyzing the guiding theoretical models in Prairie Spirit School Division counselling and adapting them based on the needs of the child and evidence-informed practice.

The dominant models used at Warman Elementary School are based on the work of developmental psychologist Gordon Neufeld (2013) and academic/educator Ross Greene (2006, 2008, 2012). After familiarizing myself with these models and their theoretical bases, I considered how they fell short of explaining the behavior or challenges that I saw in my child clients. I determined that other theories might deepen and broaden my understanding of what was happening for the young person and how to help. I found that cognitive behavioural therapy and self-regulation theory offered greater insight. I found these approaches to be critical adjuncts to the attachment-informed (Neufeld & Mate, 2013) and collaborative problem solving (Greene, 2006; 2008; 2012) models in wide use by the Division counselling team. Self-regulation theory and research provides insight into the neuro-physiology of externalizing behavior (Porges, 2011) and learning disabilities (Greenspan & Greenspan, 2010). Cognitive
behavioural approaches intervene in maladaptive thought processes that drive both internalizing (e.g. anxiety, depression) and externalizing (e.g. aggression, self-harming) psychological disorders (Davis, Levine, Lench & Quas, 2010). Both bodies of knowledge complement and strengthen the integrative, bio-psycho-social base (Engel, 1977) of our practice as social workers.

Attachment-Informed

Developmental psychologist Gordon Neufeld has advanced an attachment-based interpretation of children’s externalizing behavior that conceptualizes the child’s relationships with adult caregivers, past and present, as both the driver of challenging behavior and the locus of change (Neufeld & Mate, 2013). Neufeld presents his theory and principles for intervention in a bestselling book *Hold on to Your Kids: Why Parents Need to Matter More Than Peers* co-authored with physician Gabor Mate (2013). The model informs clinical work with both adults and children and is relevant to understanding and intervening in adult-child relationships in multiple contexts (nuclear and extended family, home and school). Neufeld & Mate (2013) build on the core attachment theory premise that the capacity for attachment develops as caregivers consistently interact with a child in ways that invite dependence and provide for his or her needs (Bowlby, 1988). Proceeding from this, Neufeld & Mate (2013) argue that a child’s general inclination to cooperate with and take direction from adults is predicated on healthy attachment to at least one adult caregiver. The Neufeld & Mate (2013) model also echoes the attachment theory principle that attachment is a prerequisite for maturation (Bowlby, 1988); That a child’s need for connection and care must be satisfied in order for normal development to proceed. Inconsistent, neglectful caregiving or trauma at the hands of caregivers leaves a child with unmet attachment needs that impact their development, mental health, and behaviour. However, even a
healthy attachment can be disrupted if the child experiences trauma at the hands of their caregiver or is subjected to the stress of chronic or repeated separation from the attachment figure.

Attachment to an adult facilitates child development while relationships with peers cannot (Neufeld & Mate, 2013). Neufeld and Mate (2013) present peer attachment as a form of attachment disruption in which the child’s peer relationships supersed the importance of adult caregivers in their life. Children become attached to peers when primary caregivers fail to offer a healthy attachment or the child’s attachment to a caregiver is disrupted and peer relationships fill the attachment void. Neufeld and Mate (2013) argue that children in our society experience unprecedented levels of separation from their parents. He cites extended time in childcare while parents work and high divorce rates as two examples of societal trends that endanger the attachment process. He considers children and youth with a primary attachment to peers and weak or disrupted attachment to parents at high risk for mental health issues and developmental delay. In the Neufeld and Mate (2013) model, peer attachment is conceptualized as an increasingly common driver of the learning and behaviour problems that bring children to the attention of counsellors, psychiatrists, and special educators.

Neufeld and Mate (2013) argue that many psychological and behavioural problems take root when the relational hierarchy between an adult caregiver and child is inverted and the child displaces the adult from the alpha (dominant) role. The child has assumed the alpha role, becoming self-reliant, because they have found that they cannot rely on adults to take care of them. Children who have risen to the alpha position seek dominance in their interaction with adults. These children characteristically have demanding, needy and rigid behaviour as they consistently resist and oppose adult guidance and experience frustration and anxiety in the
dominant role. Desperation for an adult to assume responsibility and provide for them underlies their challenging behavior. Where the process of attachment to early caregivers has gone awry and is manifesting in challenging behaviour, Neufeld and Mate (2013) believe that the relationship between an intervening adult and child is a therapeutic vehicle. This concept of alpha/dependent roles in healthy adult-child attachment relationships provides an explanatory account for a range of externalizing psychological and behavioural problems in children. Adult caregivers assume the alpha role by engaging a child with warmth and unconditional acceptance while offering clear guidance and limits. Establishing this relational warmth and hierarchy is therefore an important task for all adult caregivers of a child with behavioural challenges, from parents to teachers, educational assistants, and counsellors.

Neufeld & Mate’s (2013) work informs school-based intervention by highlighting the healthy alpha-dependent attachment relationship between the child and counsellor (and between the child and other adult authority figures in the school) as a lever of meaningful behavior change through its power to elicit the instinctive cooperation characteristic of a dependent child. Attachment-based approaches view authoritative, warm and accepting relationships with adult caregivers as a more effective means of modifying negative behavior than a system of escalating punishments or consequences. The Neufeld & Mate (2013) approach meets children’s alpha behavior with relational connection and a caring dominance that invites the child to depend on the clinician and accept their guidance. The key therapeutic task is to convince the child that you are able to meet their attachment needs. Moving out of the alpha role frees the child to cooperate with adults and to continue their development that was halted by an insecure attachment with their primary caregivers. Facilitating the child’s attachment to other caregivers who can support and nurture them is a secondary intervention goal. Instead of offering a prescriptive intervention
model Neufeld & Mate (2013) outline the key therapeutic tasks and walk the caregiver through the process of building (or re-building) a healthy attachment relationship. The intervening caregiver must bring their full attention to interaction with the child, finding opportunities and ways to convey that they enjoy being in the child’s presence. The child’s dependence develops as the caregiver provides emotional warmth, consistency, and guidance that is unavailable from peers and from other adults in their life who have abused or abdicated the alpha role. This requires spending enough time with the child to read and meet their needs. The caregiver also leads and joins the child in developmentally challenging activities and new experiences where the child risks failure, and the caregiver supports the child to persevere without criticism or rejection. Caregivers using Neufeld & Mate’s (2013) approach intentionally exercise their authority in interactions with the child in order to embed the child in an attachment hierarchy where their needs are met and limits are set to provide a sense of security.

I view this attachment-informed model as most valuable in parent education and family therapy, where the clinician has the opportunity to work with the child, parents and the attachment relationships and dynamics within the family unit. However, Neufeld & Mate (2013) make an important contribution to school counselling by focusing the attention of clinicians on the nature and quality of relationships a behaviourally challenging student has with adults as authority and attachment figures in the school setting. Their work had the greatest influence on my practice in terms of my counselling style. I was familiar with Neufeld & Mate’s (2013) book through personal reading and found the ideas invaluable as a parent. During the practicum I learned to translate these concepts of attachment parenting into a counselling relationship and interventions that promoted the student’s basic sense of trust and security in their interactions with me and eventually, other staff and the school environment.
Collaborative Problem Solving

Another theory that strongly informed my work in Warman Elementary School was the collaborative problem solving (CPS) model of treating children and youth with volatile externalizing behaviours. Dr. Ross Greene is the co-originator of the collaborative problem solving (CPS) model, which has been articulated and developed over the past decade in the books “Treating Explosive Kids: The Collaborative Problem Solving Approach” (Greene & Ablon, 2006), “Lost at School” (2008) and “The Explosive Child” (2010). Many of the behaviors addressed in the CPS model are part of the clinical presentation of psychiatric conditions including oppositional defiant disorder (ODD), conduct disorder (CD), autism spectrum disorders (ASD), and attention deficit hyperactivity disorder (ADHD) (American Psychiatric Association, 2013). This model was developed for outpatient mental health practice but is now used in parenting interventions, schools and special education programs, and residential treatment (e.g. inpatient psychiatric units, youth corrections facilities) (Stewart, Rick, Currie & Rielly, 2009). The central premise of the CPS model is “kids do well if they can” (Greene, 2008, p. 10). Misbehaviour is understood as a child’s inability to meet expectations, not unwillingness or lack of motivation. Greene conceptualizes explosive behavior as a manifestation of delayed cognitive development:

In the same way that kids who are delayed in reading are having difficulty mastering the skills required for becoming proficient readers, challenging kids are having difficulty mastering the skills required for becoming proficient in handling life’s social, emotional, and behavioural challenges (Greene, 2010, p. 7-8).
Thus the best way to manage challenging behavior, Greene contends, is by addressing the cognitive delays that give rise to it. Greene (2010) notes that common models of behavior management fail because they do not recognize the role of cognitive development.

The most common response to children’s chronic challenging behaviour which Greene (2010) calls Plan A tends to be rigid, and is often based on unrealistic expectations that are conveyed with little warmth. Similar to the authoritarian parenting style first articulated by Diana Baumrind (1971) and popularized in a bestselling book by Barbara Coloroso (2001), Plan A responses focus on compliance with rules, involve coercion and the imposition of adult will. Plan A responses are characterized by intimidation, punitive discipline, and harsh consequences. Greene (2010) describes another style that contrasts starkly with Plan A responses. Plan C responses echo the permissive parenting style described by Baumrind (1971), in which the child is offered minimal supervision or guidance around behavioural expectations and consequences for their inappropriate actions are minimal and sporadic. According to Greene neither Plan A or Plan C responses are successful in affecting meaningful improvement of challenging children’s behaviour.

Greene (2010) offers a third option, which he calls Plan B. Plan B responses involve collaborative problem-solving between adult and child, who talk through the situations or “problems” that precipitate explosive outbursts throughout the school day and work together towards solutions. By targeting one problem at a time, the adult identifies the weak cognitive skills that are driving the child’s externalizing behavior and, through empathic, structured conversation, guides the child towards identifying and evaluating new ways of behaving in similar problem situations. The adult supports the child in trialing a solution and checks in with them about how it worked, beginning an iterative problem-solving process that continues until a
durable solution emerges. The therapeutic tool is the collaborative and solution focused conversation which grounds the Plan B approach. This approach strengthens many cognitive skills which the literature identifies as weak in many children who have externalizing behaviour disorders. Common areas of weak skills and lagging development include: communication and language processing, attention and organization, flexibility and impulse control; and empathy, emotional awareness, and perspective taking (Greene & Ablon, 2006; Shanker, 2011). A handful of studies have found that the collaborative problem solving approach reduces the frequency and intensity of challenging behavior in children with externalizing psychological disorders. (Martin, Krieg, Esposito, Stubbe & Cardona, 2008; Schaubman, Stetson, & Plog, 2011) and improves academic achievement and the quality of parent-child and teacher-child relationships in this population (Epstein & Saltzman-Benaiah, 2010).

Admittedly, the collaborative problem solving approach has been open to a degree of criticism within the field. The body of research demonstrating the effectiveness of collaborative problem solving is small. The limited peer-reviewed research on the model has given rise to criticism of wide adoption by professionals in the absence of a strong empirical base (Diller, 2009). The model’s approach of working through single problem situations makes it vulnerable to being perceived as a simplistic behaviour management approach. Despite these criticisms, the pragmatic value and impact of Greene’s work has been clearly evidenced in case studies (Greene, 2006; 2008; 2010), anecdotal reports of professionals using the model (personal conversation, Cindy Pellerin, fall 2016; personal conversation, Wannetta Reimer, fall 2016), and the popularity of CPS books, online resources, and training for counsellors and mental health professionals (see www.livesinthebalance.org). The Prairie Spirit School Division endorses and uses the CPS model because of its pragmatic value. It has proven itself a useful tool for
behavioural intervention and informal developmental assessment in the school setting (personal conversation, Cindy Pellerin, fall 2016; personal conversation, Wannetta Reimer, fall 2016).

There is a strong congruence between the vision and values of the Division and those of CPS and it is a preferred practice approach for the school counselling team. There are annual multi-day workshops that Dr. Greene delivers in Saskatchewan attended by the entire Division counselling team (see http://www.jackhirose.com/workshop/sk-sb-mh-conference/).

I can personally attest to the usefulness of the collaborative problem solving model, having applied it in my practice. Though critics have expressed concerns about the simplicity of the approach, I found that it is precisely because of this simplicity that collaborative problem solving is effective. By building on the success of small achievements, children develop competence, mastery, and self-efficacy. When used repeatedly in the context of counselling and in providing behavioural support I found CPS to be a therapeutic process that cultivates resilience. However, I view the CPS model as insufficient to rely on in clinical counselling because graduate level social work practice involves understanding and intervening in the bio-psycho-social foundations of client behavior, not just addressing the behavior itself. But I find it a pragmatic model to use in the school setting alongside theory and practice frameworks that offer an understanding of why the child has the developmental lags identified in each problem situation, and how to address them.

**Cognitive Behavioural Therapy**

Cognitive behavioural therapy (CBT) is a widely used counselling model with an impressive evidence base that proved useful in my work with students. Psychiatrist Aaron Beck (1997, 2005) developed this approach based on his experience treating clients with depression and anxiety. Beck found that individuals with psychological problems (whether internalizing or
externalizing) had common negative thoughts and underlying beliefs about themselves, the world, and the future. His clients were often unaware of their thoughts in response to troubling interactions and experiences. These thoughts were so automatic that the individual was not even conscious of having them until helped by the therapist to notice them. In CBT, the individual becomes aware of these specific ‘automatic thoughts’, the core beliefs underlying them, and how these patterns of thinking produce negative emotions and maladaptive behaviour. The clinician guides the client through a process of ‘cognitive restructuring’ (Beck, 1997; 2005), by evaluating their inaccurate, automatic thoughts and replacing them with ones that support more positive emotions and outcomes. Beck offers this simple definition of cognitive therapy: “It has to do with the way people talk to themselves . . . we teach them how to answer themselves” (1997, p. 281). CBT is based on the premise that behavioural, cognitive, and emotional dimensions of the client’s problem are mutually reinforcing. Therefore, the client is helped to set concrete goals for behaviour change and the clinician sets out tasks that move the client incrementally toward their goals (Beck, 1997; 2005). The client drives the therapeutic process as they practice new ways of talking to themselves about, and responding to, their experiences.

Cognitive behavioural therapy is germane to a school counselling setting because it has proven effective in addressing some of the most common challenges emerging within a school context. For example, cognitive behavioural interventions tend to reduce the frequency and intensity of aggressive behavior in children (Sukhodolsky, Kassinove & Gorman, 2004). They have also proven effective in the treatment of children with symptoms of anxiety and depression (James, James, Cowdrey, Soler & Choke, 2013). The research also suggests that delivering CBT in settings familiar to children produces larger treatment effects (O’Connor & Creswell, 2005), making the cognitive behavioural approach a particularly good fit in schools. CBT is also well
suited to school counselling because it benefits children with formal psychiatric diagnoses and those with less severe, sub-clinical psychological symptoms or behaviour problems more commonly encountered in the school environment (van Starrenburg, Kuijpers, Hutschemaekers & Engels, 2013). CBT not only decreases the severity of symptoms in children experiencing psychological problems, but there is evidence that cognitive behavioural intervention strengthens the skills and traits that are foundational to pro-social behavior and success in the school environment. CBT interventions have proven effective for increasing self-control, self-regulation and problem-solving abilities, emotional awareness, friendship skills, and self-esteem in school age children (O’Connor & Creswell, 2005).

There is particularly strong evidence that CBT is an effective intervention for children experiencing anxiety, a common presenting problem in school counselling. James et al., (2013) completed a meta-analysis of 13 studies of CBT outcomes in children and adolescents with anxiety disorders. This review concluded that about twice as many children who received CBT experienced a clinically significant reduction of anxiety symptoms as compared to the children on the waitlist or control groups (James et al., 2013). Another important insight is that a group CBT format provides additional benefits over individual counselling for this client population (Fisak, Richard & Mann, 2007; Galla et al., 2012; James et al., 2013). Studies have found that using CBT in a group format facilitates peer interaction, and provides opportunities for exposure and relationship-building in a safe environment which is particularly helpful for children with anxiety (Galla et al., 2012). Researchers theorize that treatment delivered in a group may reduce the stigma of being identified for counselling services and the feelings of shame and isolation that highly anxious children commonly experience (Galla et al., 2012; O’Connor & Creswell, 2005). The flexibility to use CBT in individual counselling or to scale up interventions and meet
the needs of multiple children simultaneously adds to its utility in a resource-constrained school environment (Galla et al., 2012).

Recognizing the evidence base and flexibility of CBT, I drew heavily on this approach in my work with students. CBT proved a particularly effective way to engage the high school students who were struggling with academic and social anxiety. Three out of four of my adolescent clients were developmentally ready to think about their own thought processes, set goals, and take responsibility to make small changes between sessions and report on their progress. I also utilized CBT in individual counselling with two of my elementary aged clients, though their presenting issues were very different. One student was uncooperative and defiant about completing academic work and the other was socially withdrawn. However, anxiety played a major role in the challenges both boys experienced at elementary school. I counselled each boy individually to help them develop tools to manage their social anxiety in preparation to participate in the CBT-based Worry Group. In the intervention section I detail my experience facilitating the group using a structured group CBT model adapted for children.

**Self-Regulation**

Closely aligned with the model of CBT is the concept of self-regulation, which involves awareness of the level of activity or ‘arousal’ in one’s central nervous system. The central nervous system receives, processes, and makes meaning of the information coming in through the senses. Self-regulation further involves the ability to maintain or adapt one’s arousal state so it is appropriate for the interaction or setting (Baumeister & Vohs, 2004; Shellenberger & Williams, 2002). Renowned researcher and professor Stuart Shanker (2013) argues persuasively that the capacity to self-regulate determines a child’s success in meeting the behavioural and academic expectations embedded in school life (p. x). Self-regulation involves five functional
domains: biological (e.g. physiological arousal state), emotional (e.g. awareness and control of emotional responses), cognitive (e.g. sustaining and switching attention; inhibiting impulses; dealing with frustration, sequencing thoughts), social (e.g. co-regulating, maintaining appropriate behavior in interactions), and reflective or pro-social (e.g. foreseeing consequences, adapting behavior based on experience to achieve a different outcome). Through a self-regulation lens, weakness or lagging development in one or more of these domains manifests in chronic maladaptive and challenging behaviour exhibited by many children referred for school counselling. A self-regulation approach involves assessing each domain when children exhibit challenging behaviour or developmental delays (Baumeister & Vohs, 2004; Shanker, 2013), before working across domains to prepare the nervous system of the child for more successful interaction and engagement with their environment (Shanker, 2013; Shellenberger & Williams, 2002).

Self-regulation based practice involves providing a child with an environment, support and activities that help the child maintain an appropriate level of arousal and intermittent experiences that challenge their sensory processing system, thereby developing their capacity to regulate (Baumeister & Vohs, 2004; Shanker, 2013; Shellenberger & Williams, 2002). As the child gains greater capacity, they can meaningfully engage in other learning, both psycho-social and academic. Stanley Greenspan (Greenspan & Greenspan, 2010), a pioneer in the field, presents self-regulation as the foundation of all higher level cognitive processes, including metacognition which is the ability to think about thinking (Flavell, 1979). The capacity for metacognition is beginning to develop in children aged 5 to 8, but those who present with challenging, dysregulated behavior are often weaker in this skill than their peers (Davis, Levine, Lench & Quas, 2010). Meta-cognition is the basis of cognitive behavioural therapy (Beck, 2005).
and it follows that students referred for behavioural problems will receive limited benefit from CBT unless it is preceded or combined with self-regulation interventions (Baumeister & Vohs, 2004).

Shanker’s (2013) contention is that self-regulation is the foundation for children’s success at school, and should be the first consideration when assessing behavioural and learning problems. This observation was borne out in my practicum. I found the concept of self-regulation and the intervention model that comes from it critical during my practicum. Without it, I had no way to understand or intervene meaningfully in volatile, irrational student behaviour that I was frequently called on to address. Using a self-regulation approach, I was able to work with dysregulated students in concrete, helpful ways – whether responding to a child’s aggression in the moment or building an intervention plan. In the section on Individual Intervention, I offer a case study of counselling intervention with a grade two boy who was frequently volatile and aggressive in the school environment. My work with this student illustrates how critical a self-regulation lens is to understanding the challenging behaviour of children who do not respond to intervention based on other theoretical approaches.

**Resilience**

Resilience has been defined as “positive human development under adversity” (Ungar, 2012, p. 1). Resilience is a growing subject of academic inquiry and professional development for human services professionals who work with children and youth (Reivich & Gillham, 2011; Ungar, 2012). Resilience theory and research initially focused on identifying risk and protective factors. Protective qualities include those in the individual and in aspects of their life context that mitigate the presence of adversity and foster a positive developmental trajectory (Ungar, 2012).
Masten and Reed (2002) describe the following protective factors as important contributors to the resilience of a young person. These protective factors include building:

- skills in facilitating therapeutic groups;
- experience collaborating with other professionals in a multi-disciplinary environment;
- problem-solving skills,
- strong cognitive abilities,
- easy temperament in infancy,
- flexible thinking in childhood and adolescence,
- positive self-perception,
- a sense of self-efficacy,
- a sense of purpose and meaning (including religious faith),
- a sense of humour,
- optimism,
- emotional self-regulation skills,
- an internal locus of control, and
- talents or abilities that are personally or socially valued.

The same research identified family relationship variables that were positively associated with resilience, including close relationships; low levels of parental disharmony; and warm, authoritative parenting that provided children with structure and clear expectations. Other important protective factors in families included socioeconomic advantage, parental involvement in the child's education, and parents who possess the personal qualities and skills (e.g. problem solving, self-efficacy) related to resilience. Benson, Scales and Syverten (2011) have married these understandings of resilience as trait, skill, and process-based in a framework of 40
‘developmental assets’. The assets included many of the personal qualities described in earlier research, but also identified key “opportunities, experiences, and supports” (ibid, p. 197) involved in building resilience. Over the past decade, resilience has been conceptualized as a process rather than a product of individual traits (Reivich & Gillam, 2010; Ungar, 2012), with recent contributions focusing on the socio-cultural inputs or what Ungar describes in The Social Ecology of Resilience (2012) as “opportunities for growth and the influence of environments that facilitate or inhibit resilience-promoting processes” (p. 1).

The concept of resilience has roots in the social learning (Bandura, 1978) and ecological (Bronfenbrenner, 1979) theories which are foundational to social work. During my practicum I found social learning and ecological theory combined with the related construct of resilience to be important in developing a social work understanding of child behaviour. In an education setting explanations of child behaviour (and the teacher responses guided by these explanations) generally relied on simple causal models. The child’s behaviour was decontextualized. The child was understood as a rational actor who chose their behavior in each interaction based on rewards (whether external or intrinsic) and negative consequences. In contrast, a social work intervention seeks an ecological understanding of the child’s functioning and behaviour. Social workers’ assessments consider the child in their life context.

In social learning theory (Bandura, 1978) child development is understood as a product of continuous and reciprocal interactions between the child’s cognition, behavior, and environment. The concept of “reciprocal determinism” which is that an individual’s behavioral and cognitive functioning both influences and is influenced by their social environment – is foundational to the concept of resilience. Ecological theory strengthens this foundation. From an ecological perspective, learning, behavioural and emotional problems are the result of interactions between
indivduals’ characteristics and multiple systems or contexts they are a part of. Bronfenbrenner (1979) described four interrelated levels of a person’s environment - micro, meso, exo, and macro - each of which continuously affects the others. Microsystems include the home, school, and community settings of daily life, which interact in reciprocal relationships. Bronfenbrenner (1979) conceptualized the constant interactions as mesosystems. For example, the family may have daily contact with the children’s school as children move between settings. The third level is exosystems, which have a direct, material impact on the lives of individuals even though people do not generally interact with these systems directly (e.g., a school board that cuts funding for English as an additional language programs, or educational assistant positions).

Finally, Bronfenbrenner identified macrosystems as high level socio-economic and political institutions which exert powerful influence over, and govern the life conditions of entire populations (e.g., federal law and policy governing the funding of First Nations education).

According to Bronfenbrenner (1979) changes in any level of this ecological system reverberate throughout all other systems. Therefore, the functioning of an individual cannot be understood without considering the implications of all four systems an individual is embedded in.

While I was familiar with the concepts of resilience and developmental assets from my Master of Social Work courses, I did not go into the practicum with an expectation that they would figure largely in my learning. Through the practicum experience, I came to see how compatible resilience theory is with social work’s bio-psycho-social practice approach, and found the school environment rich with opportunities for resilience-informed interventions. Practical application of resilience theory in my counselling involved identifying the student’s developmental assets (whether individual qualities or relational and ecological assets) and taking opportunities to either draw attention to the resources they possessed, develop new assets, or
strengthen ones that were weak. As part of resilience-informed counselling, students might choose the activities and goals in counselling sessions that develop their sense of self-efficacy. Other means of fostering developmental assets and resilience in student clients included regularly scheduled activities (like rock-polishing with the principal) to foster a relationship with a supportive adult, or strengthening their sense of competence and purpose by taking on important responsibilities in the school (like taking the book cart to all the classrooms).

An ecological, resilience-informed view of students and our work with them counters the tendency to individualize and problematize the young person by attributing their dysfunction to biological, psychological or genetic factors (Williams and Greenleaf, 2012). It directs our attention to how the surrounding school, home, and community environments contribute to and maintains the developmental, psychological, behavioural or learning problems a child is experiencing. The ecological model recognizes that children in marginal social locations have less access to the experiences and resources that foster developmental assets and contribute to resilience. Translating this knowledge into practice, school interventions would aim to mitigate the negative impact of discrimination and inequity that child clients experience based on their social location. Counsellors using a resilience-informed approach would help student clients acquire and build the assets associated with resilience. At Warman Elementary School the well-resourced and relationally rich environment offered the vulnerable children I worked with opportunities to build developmental assets and become more resilient every school day.

School counselling practice from a social work perspective looks beyond individual intervention and recognizes the importance of the systems of supports and relationships the child has that are embedded in the school. The school is their primary micro level environment outside of the family unit. The school counselling role has very limited influence on the child’s
family who are their primary care system. The macro-systems surrounding a child are outside the school counsellor’s control as well. However, clinicians with a social work background have the theoretical base to expand their role and influence beyond individual (or even group) intervention. Part of using social work theory in a school counselling role is about understanding the reasons why a supportive and relationally rich school culture is as important as our individual work with children. Williams and Greenleaf (2012) understand that the ecological perspective offers critical guidance for school counselling practice. An ecological approach mitigates the impact of disadvantage and promotes social justice, compounding the benefit of individual intervention for vulnerable children. As social workers, we have a commitment to anti-oppressive practice (CASW, 2013; 2013a) that demands an ecological and resilience-informed approach.

Research shows that when diverse groups of children were provided with opportunities to build their strengths and become resilient, those with the fewest assets and greatest vulnerabilities benefit the most (Reivich & Gillham, 2010). This finding was borne out most clearly in my practicum experience when I facilitated groups and activities that were open to all students, such as board game and lego club. Most of my student clients did not possess the developmental assets needed to interact with and be included by their classmates in unstructured settings (e.g. informal verbal interactions, playing outside at recess). While these weekly lunchtime clubs were popular with all the students, they represented a unique asset and relationship-building activity for kids whose life context, psycho-social delays, or developmental disabilities limited their opportunities for informal peer interaction.
Types of Intervention

Inter-professional Intervention

In school counselling, a school counsellor spends about 50% of their intervention hours with teachers and educational assistants (Personal conversation, Wannetta Reimer, fall 2016). Prior to successfully intervening with a student who is displaying maladaptive or disruptive behaviour in the classroom, the counsellor has to build trust and earn the respect of the teacher and educational assistant because they shape school life for the child. This working relationship is necessary for the counsellor to bridge the gap between educational paradigms of behaviour management in education, which relies on rewards, deterrents, and our understanding as social workers that the behaviour of a student communicates their abilities and needs (Lynn, McKay & Atkins, 2003; personal conversation, Wannetta Reimer, fall 2016).

In the practicum, I learned from my professional associate that it is important to be mindful of the therapeutic aspects of our relationship with teachers and to engage them in a counselling process as we intervene with their students (personal conversation, Wannetta Reimer, fall 2016). A key element in our working relationship is sensitivity to the fact that the counsellor often becomes involved when a teacher has not been able to successfully engage or support a student. As such, some teachers experience the involvement of the school counsellor as an indication that they are not competent. Teachers’ resistance or lack of cooperation must be interpreted through this lens and the counsellor needs to offer teachers a safe space to express the frustration and sense of futility regarding their unsuccessful efforts with the child. Gaining an understanding of how the teacher sees the problem and talking about what has not worked cultivates their willingness to trying something different. In school counselling teachers and educational assistants are critical resources for our behavioural intervention with their students.
The literature affirms what I learned from my professional associate about the importance of this inter-professional relationship for successful intervention in the school setting (Cholewa, Goodman-Scott, Thomas & Cook, 2016; Gutkin & Conoley, 1990; Lynn, McKay & Atkins, 2003; Reiner, Colbert & Perusse, 2009). Early in the intervention process, counsellor tasks include facilitating a shared definition of the problem the child is experiencing, modeling supportive responses to challenging behaviour, and coming up with behavioural strategies that balance the demands on staff and the needs of the child (Lynn et al., 2003; Reiner et al., 2009). As intervention continues, the counsellor supports the teacher to practice these strategies and find new ways of engaging the child and involves the teacher in setting intervention goals, measuring change, and celebrating progress (Lynn et al., 2003; Reiner et al., 2009).

The school counselling role also involves sharing information about student clients with professionals outside the education system (e.g. physicians, mental health clinicians, social services and youth justice workers). Requesting information about a child client and responding to requests is time consuming because it is not simply about completing forms or having a phone conversation. In each case, there are unique considerations around benefits and potential risks for the child and their family. These considerations include the level of detail appropriate for the situation, navigating the consent for release of information procedures, interpreting the jargon of different systems, and complying with privacy of information legislation. Responding to information requests from a private family counsellor, pediatrician, and child protection worker involved with student clients was important learning for me. The understanding of the child’s life experience or functioning I gained from other professionals became valuable in my assessment and counselling of a few students.
Individual Counselling and Behavioural Intervention

The following section will offer a case study illustrating how I relied on theoretical eclecticism and a pragmatic, flexible approach in my intervention with a child, Nate, who exhibited severe maladaptive behaviour in the school context. Nate is a pseudonym used to protect the identity of my client.

Case Study: Nate. Six-year-old Nate began displaying disruptive and non-compliant behavior in his Grade 1 classroom on the first day of school. By the third day, Nate’s behavior was escalating into verbal and physical aggression towards classmates. The teacher requested that a counsellor come into the classroom to observe as soon as possible. Through observation of his classroom behaviour, I saw that Nate disrupted instruction with intermittent shrieking or growling. He frequently refused to work on academic tasks and interfered with students who were working on their tasks by grabbing their pencils or crawling under the tables and poking them. He was impatient, becoming agitated and forming fists when he could not be first in line or had to wait for the teacher when he raised his hand. Nate would yell “I hate you” or “you’re stupid” when he did not get his way or was not included by peers. Sometimes he became physically aggressive toward other students, pinching, pushing, or biting them. Nate had particular difficulty at recess. He was often hands-on with peers and sometimes refused to come in when the bell rang after recess. If an adult approached him outside to address inappropriate behavior or call him in, Nate would run to the edge of the park or into the school and hide.

We identified the precipitants of Nate’s behavioural episodes or what collaborative problem solving terms as “unsolved problems.” The precipitants included being required to focus on an academic task for more than 5 to 10 minutes, transitioning between activities and settings (particularly from preferred to less preferred activities or settings), and navigating minimally
structured situations that involved high levels of noise and activity (e.g. recess, gym, snack and lunch time, the washroom and hallways during breaks). We began working with Nate and his teacher to solve these problems. We spent time alongside Nate in the classroom and on the playground, building a relationship with him through joint activities and conversation about his interests. We cued and supported him to transition between activities, modeled and discretely coached him about appropriate peer interaction and compliance with classroom expectations, and we intervened to redirect inappropriate behavior. We worked to build a positive relationship with Nate while calmly communicating and supporting his compliance with bottom line behaviour expectations (e.g. it is not okay to hurt anyone or damage things).

The teacher was open to learning from our supportive approach with Nate. She became non-punitive, abandoning attempts to deter negative behavior with loss of privileges or shaming, thereby drawing classmates’ attention to Nate’s inappropriate behaviour. She stopped using external motivators like stickers and extra Lego time that had proven ineffective. Instead, the teacher responded to minor misbehavior and disruptiveness with combinations of planned ignoring, distraction, positive redirection, and accommodation. For instance, we accommodated Nate’s tendency to avoid or abandon academic tasks by allowing him to do a preferred quiet activity after a few minutes of academic work. The teacher seated Nate next to quiet, easygoing students who were not easily provoked or distracted, and away from the door to minimize distractions. We posted a visual schedule at the front of the room to help Nate anticipate transitions. Nate’s teacher verbally praised his positive behaviour in front of peers. These efforts were somewhat effective in reducing the frequency of Nate’s inappropriate behavior in that it did not always escalate from strange or non-compliant to aggressive. However, during the
first few weeks of school Nate had physical altercations with peers or staff on an almost daily basis.

During the first month of school, we also pulled Nate out of the classroom for individual counselling. In our office, Nate was happy to read stories, play games, and talk at length about his main interests such as Lego and dinosaurs. It took a few weeks to build a therapeutic alliance or as conceptualized by Neufeld and Mate (2013), for Nate to accept our role as alpha caregivers in his school life. Once this relationship was in place, Nate shared that he knew other kids saw him as different and bad, and he voiced a desire to be like his classmates. We used a social story about keeping hands to yourself, and read books about characters who found ways to overcome externalizing behavior and be included by peers. These activities were an effort to strengthen Nate’s intrinsic motivation to solve the problems that we identified using the collaborative problem solving model.

When Nate’s teacher noticed that he was beginning to become agitated or engage in odd or disruptive behavior, she would call a counsellor to pull him from class or bring him to our office for a break. After a few minutes of reading, colouring, playing with the sand tray or curling up in the tent with a blanket and pillow, Nate was often able to engage in a collaborative problem solving conversation about how to solve the problem he had just encountered. However, even with hours of in-class behavioural intervention and individual counselling Nate’s aggression continued to escalate. It became clear that in challenging situations Nate was genuinely incapable of using problem-solving strategies that we had developed together. Nate affirmed this, telling us that sometimes “a bad feeling” came over him and he could not stop himself or understand why he was doing things. If Nate was with one of the counsellors when he encountered a problem, we would verbally cue him to use one of his solutions. Rather than
perceiving this cue as helpful, Nate responded with verbal defiance and physical fight or flight.

In the last week of September, Nate spent large parts of his school days running and hiding when staff attempted to address unacceptable behavior. One Thursday afternoon Nate climbed under a table and began poking classmates’ legs with a sharp pencil. The teacher called me to the classroom to bring him to the counselling office for a break. By the time I arrived to the classroom the teacher was following our protocol for situations where Nate posed a safety risk. She corralled the other students out the door and closed it while I blocked Nate into a corner of the classroom. Per our arrangement for these situations, the teacher alerted the vice principal. As Nate screamed and tried to get out of the room, I reminded him that we had a solution for this problem. In response, Nate began throwing everything he could get his hands on and running towards the classroom door and kicking it. In order to keep Nate in the room I wedged myself between him and the door. He repeatedly bit and pinched my legs and arms. When this did not get me out of his way, Nate grabbed a pencil and stabbed me in the palm of the hand. He hesitated for a few seconds when he saw the blood. I took the opportunity to get out the door and hold it shut. Nate pushed on the door and screamed to be let out. As the vice-principal came down the hallway I heard a slamming sound and peeked in to make sure Nate was okay. He was trying to kick out the floor to ceiling window. We entered the classroom and physically carried Nate to the counselling office. The vice principal, counsellor and I contained Nate, while he continued his destructive behavior in the counselling office until a parent arrived to take him home.

Based on this incident the principal made a decision to have Nate attend mornings only with the support of an educational assistant. We developed a formal behaviour plan with the goal of having Nate simply be at school successfully. Collaborative problem solving had provided
useful insight that lagging development and skills were behind Nate’s challenges, but had not offered a durable way to change his behaviour and ensure safety. We needed another theoretical lens to understand the reasons support and collaborative problem solving were not effective. His reactions looked like willful disregard of the problem-solving strategies we had worked on with him. Turning to a self-regulation lens instead, we contemplated Nate’s behavioural outbursts to be the product of sensory overload in the highly stimulating school environment. It was plausible that the sensory and cognitive demands of interaction with peers and the behavioural expectations of the classroom setting overwhelmed Nate’s central nervous system. In self-regulation terms, his sense of being overwhelmed was due to Nate feeling a threat to his survival, triggering fight or flight responses. Self-regulation theory also accounted for the inflexible and oppositional behavior Nate frequently displayed at school, and the fact that this rigidity and defiance occurred far less frequently and intensely in one-on-one interactions with a trusted adult. Self-regulation theory offered the insight that changes to routine and transitions between activities or settings are challenging for people who have difficulty processing sensory input because they must adapt to different stimuli (Greenspan & Greenspan, 2011; Shanker, 2011). Through the application of self-regulation theory we could understand Nate’s rigid, noncompliant behaviour as a way to control environments and interactions that he experienced as potentially unpredictable and overwhelming.

Although Nate displayed inappropriate and uncooperative behavior throughout the day, we observed that his most oppositional and aggressive episodes occurred in the afternoon. This was consistent with the concept of sensory overload, where minor stressors can trigger dysregulation once an individual’s sensory threshold is reached (e.g. behavioural meltdown, tantrum, flight, physical attack) (Greenspan & Greenspan, 2011; Shanker, 2011). We developed
our new intervention plan on the premise that the sensory demands of a full day at school were driving Nate’s chronic fight or flight behavior. According to self-regulation theory Nate would not be able to implement problem-solving strategies or respond meaningfully to other cognitively-based interventions until his central nervous system was consistently in a calm and alert state at school (Greenspan & Greenspan, 2011; Shanker, 2011). Only when he could stay calm would Nate be able to receive and process sensory information and engage the higher level cognitive functions necessary to learn, adapt, and interact successfully with others. We focused on modifying Nate’s school life to minimize sensory stimulation and offer him positive experiences. When Nate was in a calm and alert state at school, intervention would begin targeting the areas of lagging development highlighted by collaborative problem solving and self-regulation theory: language processing and communication, emotion recognition and vocabulary, and executive function (flexibility, impulse control, working memory, sequencing, problem solving).

Behavioural interventions with Nate occurred primarily in the classroom setting. We verbally cued Nate’s awareness of his own emotions and arousal state and supported him to use self-regulation strategies. We were vigilant for subtle indications that an interaction or situation was exceeding Nate’s self-regulatory or executive functioning abilities and supported him to recognize this and take a break or we simply intervened to stop the interaction and transition Nate to a different activity or setting. A critical element of behaviour intervention with Nate was advance planning and immediate response to ensure the safety of students when Nate displayed volatile or aggressive behaviour. Individual counselling with Nate focused on therapeutic activities to build his self-regulation capacity, executive functioning, emotional recognition and expression, and understanding of social interaction. Nate was particularly engaged in developing
social stories (Haggerty, Black & Smith, 2005; Reynhout & Carter, 2006) that we used to guide appropriate behavior in specific situations where he struggled. These stories featured highly motivating characters and settings based on his interests. Nate took copies of the social stories home to read with his parents and shared them with the classmates who joined him for reading time in his workspace.

In October, the intervention expanded beyond counselling to include collaboration with teaching staff. Nate’s parents took him to the pediatrician concerning his aggressive and oppositional behavior. An occupational therapy referral was discussed but there was a vacant occupational therapist position in the school Division that increased caseloads. Nate would be at the bottom of the assessment list, with an anticipated wait time of 1-2 years. Nate would have benefitted from spending part of each school day in the body break room with his educational assistant or counsellor doing sensory activities to promote the development of his central nervous system. These therapeutic activities would have optimized the benefit of counselling and behavioural intervention. Unfortunately, Nate did not have access to the body break room. However, Nate was able to benefit from monthly appointments with a pediatrician, who requested information about how Nate was functioning at school and the supports he required. Nate’s teacher and educational assistant kept a daily log of his mood and behavior, sending it home every night and providing a copy for the pediatrician. Nate started psychotropic medication 2 months into the school year to help stabilize his volatile behavior. Research shows that psychiatric medications have increased the effectiveness of psychological intervention with children who have externalizing diagnoses (O’Connor & Creswell, 2005). Nate met many of the criteria for externalizing diagnoses, which include attention deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder (American Psychiatric Association, 2013).
The primary role of the educational assistant (EA) was to support Nate in learning about and practicing appropriate behavior in the school environment. For the majority of the morning, she worked with him in a small, quiet space down the hall from his classroom. Out-of-class activities included short periods of academic work alternating with play, colouring, and reading. Nate and the EA read social stories and picture books about emotions, impulse control, flexible thinking, perspective taking and empathy, and dinosaurs and Lego (his interests). Nate was in the classroom with his educational assistant or a counsellor for 2 to 3 short (10-15 minute) blocks of time each morning. Behavioural support was important during this in-class time to help Nate use the strategies and skills he was building. After successfully joining his class for 15 minutes, Nate could invite a classmate to join him for an activity in his workspace. This was an opportunity for him to generalize what he was learning to interact with peers in a safe, controlled environment. Nate spent most recesses playing Lego in his workspace. Once or twice a week he would take the EA’s suggestion to go outside with her for recess. Nate had the responsibility to push the library cart to each classroom and gather book returns. From a self-regulation perspective, heavy gross motor activity like this helps to organize the central nervous system, supporting the relaxed-alert arousal state optimal for learning (Greenspan & Greenspan, 2010; Shanker, 2013). For students like Nate, who often see themselves (and are viewed by others) as different or bad, responsibilities like the library cart are also important because they offer a way of participating successfully in school life and making a contribution valued by teachers and peers. Pushing the library cart was an opportunity to build developmental assets like competence, purpose, and a sense of belonging. Research shows that building competence buffers the negative impacts of stress and adversity (Benson, Scales & Syverten, 2011; Brooks, 2015; Masten & Reed, 2002; Unger, 2012).
After 6 weeks of shortened school days and intensive intervention, Nate was showing progress. He exhibited greater self-regulation and was beginning to verbalize his thoughts and feelings. He became less physically aggressive and would often express negative emotions by tears, negative self-talk and swearing; where he would previously have run away or become combative. Nate was sometimes able to recognize when he was reaching his sensory threshold and leave a situation, and use a self-regulation strategy instead of becoming disruptive or aggressive. He had been out for recess many times without incident. He was successfully playing with one or two peers for up to an hour each morning. The foundation for the positive change was Nate’s growing ability to self-regulate. We modified school for Nate until he had first developed some self-regulation capacity and secondly developed the cognitive skills to modify his behavior. We fostered this growth by providing Nate with a calm and highly structured learning environment; one-on-one support; non-punitive responses to misbehaviour; and by emphasizing relationship-building and developmental intervention over academics. Nate’s school day was scheduled to be extended in January from mornings-only to an additional hour in the afternoon.

My counselling approach with Nate was rooted in Neufeld and Mate’s (2013) attachment-based therapeutic approach. I focused on cultivating my role as an alpha caregiver to him within the school context, offering warmth and a willingness to maintain my relationship with him through unacceptable behaviour. We had consistent expectations and provided clear guidance and the level of support he needed to meet these expectations. A healthy adult alpha and child relationship was the foundation of the therapeutic alliance. Based on Neufeld and Mate’s (2013) counselling approach, educating and motivating the teacher and educational assistant to cultivate this same relational dynamic with Nate was a critical part of successful
intervention. As administrators and counsellors, we honoured the Prairie Spirit School Division safe space policy in our work with this student. We implemented inclusive and resource-intensive responses to his behaviour instead of relying on punitive or exclusionary measures. We only used physical restraint when Nate posed an imminent risk to the safety of himself and others. This empathic, attachment and relationship based approach is congruent with both the collaborative problem solving and Neufeld models. The school counsellor and I invested more than 10 hours a week in counselling and behavioural interventions with Nate.

In the Saskatoon Public schools, I have seen professionals and support staff respond to similar behaviours in stigmatizing and isolating ways. I have witnessed two young elementary-age students with similar behavioural profiles to this child move along the continuum of punitive measures in my local public school from nearly chronic loss of recess and lunch breaks to repeated multiple-day suspensions. One of these students was moved to a division-wide classroom for children with extreme challenging behaviours and the other was expelled and moved to the neighbouring public school. Instead of aiming to deter unwanted behaviour through consequences or motivate positive behaviour through rewards, we asked ourselves what the behaviour was communicating about the ability and needs of the child. Intervention with Nate was based on modifying the school environment to create a sense of safety and developing his ability to self-regulate, enabling him to build relationships and participate in developmental activities that would lay the foundation for academic learning.

The collaborative problem solving model and self-regulation theory were invaluable in the intervention with Nate because they highlighted the connection between his maladaptive behaviour and development – development of both his central nervous system and the higher cognitive functions predicated on it. After utilizing CPS as an assessment tool and employing
the CPS intervention, pragmatism forced us to look for a theoretical approach that better fit Nate’s needs. Self-regulation theory offered us an explanatory account for Nate’s behaviour, a simple starting point, and guidance for intervention in multiple contexts and developmental domains. Resilience theory broadened our intervention approach by identifying the protective factors and developmental assets we could target in our work with Nate.

**Group Intervention**

**The Worry Group.** At Warman Elementary School there is a therapeutic group that runs two times each school year for students experiencing problematic anxiety. During my practicum, I assisted in facilitating this group with five boys in grades two and three. The group met for weekly sessions spanning a three-month period. We called this intervention *The Worry Group* to challenge the diagnostic frame and potential stigma that the term anxiety carries with it. Instead of talking about having an anxiety disorder, we used de-pathologizing language of “worrying too much”. Two of the boys clearly presented with anxiety, though each had a unique focus, one was on academic anxiety and the other was on social anxiety. The other two students screened into the group because of negative self-talk and angry outbursts and the fourth student was referred by his parents for low self-esteem, or what he described as “not believing in myself”. His teacher also noted that this student gave up easily when he faced academic challenges and did not raise his hand to participate in classroom dialogue. Through individual sessions with these boys and consultation, we assessed that generalized anxiety was part of the clinical picture in each child, underlying the observable behaviours of concern to the parents and teachers. Our anxiety group intervention used a cognitive behavioural therapy based curriculum called *What To Do When You Worry Too Much* (Huebner, 2005).
What To Do When You Worry Too Much (ibid) is packaged as a workbook intended for individual counselling or group intervention with children aged seven to twelve years old. Each participant received a book to follow along with in sessions and take home to share with his parents at the conclusion of the group. The children learned about how anxiety affects their body and thinking processes. In the first session, the participants defined group rules and engaged in activities to get to know each other. In the next few sessions, participants learned what anxiety is and that even though worrying just feels like thoughts, it activates the stress system in the entire body. Anxiety was normalized as a feeling that everyone experiences in different situations and to varying degrees, with participants drawing and talking about the things that provoke anxiety for them. When the participants had a working understanding of anxiety and how it affects them, the focus turned to externalizing and managing their anxiety. This information was presented through age-appropriate imagery, examples, and activities that helped participants identify with the concepts and with each other. The participants were invited to imagine their worry thoughts as plants that are watered and grow when someone pays attention to them, or as monsters that bullied them into believing what they say.

The children’s imagination was leveraged through activities like having the participants draw a picture of what their worry monster looked like when the group first started and what it looked like after they learned to ignore what it was saying. The group learned about ways to challenge and diminish the power of anxious thoughts. Over the last three sessions, the participants were taught strategies for containing negative thoughts in developmentally appropriate ways, like creating a worry box to place them in and setting aside fifteen minutes each day to talk through their worry thoughts or questions with a parent. Participants also learned strategies to distract themselves from worry thoughts or reset their body and brain when
they noticed they were in an anxious state. These strategies included things like deep breathing, progressive muscle relaxation, and vigorous physical activity.

Co-facilitating and preparing materials for the worry group was a valuable learning opportunity. This involvement expanded my knowledge of cognitive behavioural therapy with groups, and how to effectively adapt the model for children. It also increased my group facilitation skills. Responsibilities included selecting from the optional activities in the curriculum, setting up the art materials or games and the room for each session, and engaging parents. We made efforts to engage parents as partners in the intervention and provide indirect education about families as systems and the roles that social learning and inherited genetic vulnerability play in childhood anxiety problems. The opportunity for parental involvement in school-based intervention is limited however; parent engagement was encouraged within these constraints through an introductory letter and weekly information sheets. The materials we sent out to parents before the group started and after each weekly session invited parents to contact us with concerns or questions about their child or with feedback about the experience. We did not receive any communication from parents about how useful they found the information or how beneficial they felt participation was for their child. Pre and post evaluation from parents and anxiety symptom screening by the facilitators would yield important information to strengthen this group intervention. Asking the children for their evaluative comments would also be useful.

**Through a Social Work Lens**

**Obstacles to Bio-psycho-social Practice**

The current wait times for assessments and the under-resourcing of early intervention services for children with developmental and mental health problems are a major impediment to bio-psycho-socialcounselling practice in schools. Interprofessional gate-keeping further limits
school counsellors’ access to information that is necessary for comprehensive bio-psycho-social assessments and for implementing interventions that span these domains. For example, Prairie Spirit School Division limits the use of a widely-used, well-researched counselling tool, the *Behavior Assessment System for Children* or *BASC* (Reynolds & Kamphaus, 1992) to staff who hold a Masters of Educational Psychology. The Division also requires that a student be assessed by an Occupational Therapist before sensory-regulation strategies can be implemented for the child outside the classroom (e.g. access to the body break room for calming activities). There are multi-year waitlists for multi-disciplinary assessments (e.g. occupational therapy, speech language pathology, developmental pediatrics, educational psychology, psychiatry) through either school divisions or the health care system, and there is inadequate publicly funded treatment once special needs are identified. This means school counselling is often the only mental health or developmental support children with significant needs receive. School counsellors, special education resource teachers, classroom teachers and educational assistants are supporting children with only a partial understanding of what their needs are. Meanwhile, school staff watch students with behaviours indicative of underlying neuro-cognitive and biological issues make limited progress even with intensive school-based support until these foundational problems are understood and addressed.

There is a growing body of research demonstrating that timely multi-disciplinary assessment and early intervention programs alter the life trajectory of young children with behaviour suggestive of developmental and intellectual disabilities (Cohen, Amerine-Dickens & Smith, 2006; Eikeseth, Smith, Jahr & Eldevik, 2007; Eldevik et al., 2009). Intensive early intervention produces improvements in child functioning across domains that translate into immediate benefits for the children and their families, and in the long-term, for society as a
whole (Chevalier, Finn, Harmon & Heckman, 2006; Mustard et al., 2011). These benefits extend across the lifespan, generating government cost savings in the education, health care (including mental health) and criminal justice sectors (Heckman, 2006; Mustard et al., 2011). The research also shows that children who benefit from early intervention earn higher annual incomes over their lifespan, generating millions of dollars in additional tax revenue (Mustard et al., 2011). Studies of high quality early intervention programs for children experiencing developmental delays or disability or socio-economic disadvantage estimate a cost-benefit ratio (i.e. the economic benefits over the life of the child relative to the cost of the program) of at least eight dollars for every dollar invested (Heckman, 2006, p. 1901). Advocating for the government to invest resources to meet the needs of developmentally disadvantaged and vulnerable children is an ethical responsibility of social workers (CASW, 2013).

Anti-Oppression and Advocacy

In a school counselling role that focuses on behaviour, assessing and providing interventions on an individual basis, addressing the structural inequalities that affect children’s ability to learn and their well-being requires creativity and leadership. School counsellors are in a unique position to help educators understand how the life context and social location of a child may be affecting their functioning at school. Working with a disproportionately high number of marginalized children, counsellors have an important role to promote social justice and advocate non-discrimination in school communities. This often involves addressing stigmatizing or discriminatory actions of colleagues who do not recognize how they are marginalizing children and families (personal communication, Wannetta Reimer, fall 2016). A common scenario is that a teacher or educational assistant has sent a note home or commented to a parent that their child does not have enough food for lunch or that it is all junk food. If the concern has been
communicated to the parents and there has been no change, the staff member then asks the counsellor to address the problem with the parents. School counsellors with different professional backgrounds may not view these actions as marginalizing, but as social workers, we practice and promote non-discrimination (CASW, 2005; 2005a). Social workers approach these conversations as important opportunities to sensitize colleagues to the financial and practical obstacles some families face, and the strengths these parents show in getting their children to school and providing whatever lunch they can. Warman Elementary School has taken practical, non-stigmatizing steps so staff can support students without drawing attention to their situations of poverty, such as having a supply of lunch food and extra clothing in the counselling office.

While other theories and intervention models guided my practice, I saw the concepts of resilience and developmental assets running like a subtle, consistent thread through my work with students. It became clear that resilience theory was important enough to merit inclusion in the paper, but it remained a challenge to articulate why I experienced this concept as important in this practicum. As I wrote this paper, I came to see through the lens of systems or ecological theory (Bronfenbrenner, 1979) that my description of the supports and culture at Warman Elementary was an inventory of the assets and resilience of the school community. According to ecological theory there is a reciprocal relationship between the developmental assets of the students who attend and the ecological supports (Bronfenbrenner, 1979) that are available in the school. Ecological supports include the organizational and relational assets of the school. It was clear to me that WES had many assets, from the large and well equipped body break room to administrators, teachers and a counsellor who personally possessed many of the personal qualities and assets identified in resilience research (Benson, Scales & Syverten, 2011; Masten & Reed, 2002). Together, resilience literature and ecological theory offered me an understanding
of how these assets manifest in the school culture. In school counselling roles, social workers can engage in ecological practice by utilizing organizational assets as levers of mezzo level intervention in schools.

Social workers respect the dignity of our clients and challenge oppressive practices (CASW 2005; 2005a). As such, we have a responsibility to move towards intervention approaches that do not stigmatize clients. The current dominant paradigm in school counselling is stigmatizing, with students identified for services based on their deficits and singled out from their classmates for most interventions. School counsellors can shift their work away from correcting the deficits of individual students to invest more time in building an asset-rich school environment that promotes resilience. This ecological approach has potential as a powerful vehicle for anti-oppressive social work practice in schools.

**Special Needs and Inclusion**

This practicum experience led me to reflect on the approach to special education that I observed at WES. PSSD is committed to “success for all learners through inclusive and effective practices and responsive instruction” (PSSD, 2011). The working definition of special educational needs in Division policy describes students “who do not respond to general classroom instruction or targeted group interventions” and “require specialized programs using different materials, methods, and pacing.” (PSSD, 2011). The size and rural nature of PSSD pose particular challenges for meeting the diverse needs of this student population. It is not feasible to transport students to Division-wide classrooms with specialized programs for Autism or Life Skills Work Skills classrooms as are found in the Saskatoon Public School Division. Whether based on these challenges or on its commitment to inclusive education, PSSD relies primarily on EAs to deliver specialized programs for these learners.
As previously discussed, Prairie Spirit School Division relies on educational assistants to facilitate individual education programs for students with intensive needs whose learning objectives and activities differ significantly from the curriculum. Educational assistants support the inclusion of the special needs students in their grade-level classroom for some activities and work with them outside the classroom for most of the school day. Educational assistants work alongside the child while in class to manage disruptive behaviour and minimize the negative impact on the learning of other students. Recent and continuing provincial funding cuts have resulted in significantly fewer educational assistant positions and increased the considerable difficulties in providing support and inclusion to special needs students. This situation, in combination with the large number of young students in the proximal communities of Warman and Martensville, raises a question for PSSD: Is it time to consider whether specialized classrooms in one of these communities would provide higher quality education to intensive needs students than continuing with their current approach?

During the practicum I developed some concerns about the current approach to inclusive education in PSSD, many of which are echoed in the inclusive education literature (see for example Ainscow, Farrell & Tweddle, 2005; Hansen, 2012; Hick, Kershner & Farrell, 2009; Thomas & Loxley, 2007). Specifically, I became aware of the tension between the realities of inclusive education and the right of children with disabilities to “special care and education to help them develop and lead a full life” (United Nations Convention on the Rights of the Child, 1989, Article 23). I observed students with special needs who were excluded from peer interaction as the gap between their level of functioning and the ability of their classmates widened. They were in a classroom with other students their age, but their interactions were almost solely with the EA. In age-matched classrooms, the level of the academic content (e.g.
research poster projects) and the nature of the group activities (e.g. reading aloud, an alphabet scavenger hunt) left limited opportunity for students with lower cognitive or social development to participate. These students made few meaningful connections with classmates, spending most of the school day out of class doing minimally structured activities under the guidance of an EA who had no specialized training. This approach to inclusive education was offering special needs students no opportunities to interact with other children through play or learning activities matched to their abilities.

For example, Jack (pseudonym) was a non-verbal grade 2 student with Autism. Jack had a full-time EA and spent less than an hour of time in his grade-level classroom each day. This inclusion often took place during individual reading or art, which involved Jack’s EA reading to him or handing him markers for colouring. Both recess and class work that involved interaction with classmates was over-stimulating for Jack, so individual activities with his EA alongside were the only realistic opportunities to integrate Jack into the classroom. Jack spent hours of his school day on the computer or iPad. His educational assistant did not have any specialized training to support learning or positive behaviour in a child with Autism Spectrum Disorder. He did not get an occupational therapy assessment or access to the Body Break room in the two months between enrolling and the end of my practicum in mid-December.

The practicum experience highlighted for me the ways that learning alongside students with similar developmental and educational needs would be preferable for students who were spending most of their school day outside the grade-level classroom. Special needs classrooms would offer these students developmentally appropriate interaction with classmates and higher quality educational programs tailored to meet their abilities and needs. For example, an Autism Spectrum Disorder classroom program would address, both in the curriculum being taught and in
the learning support provided, the challenges that students with the Disorder often experience in the areas of sensory integration, communication, social thinking and interaction, anxiety, hyperactivity and concentration, and reading comprehension (Mayton, Wheeler, Menendez, & Zhang, 2010). In my view it is more isolating to have a child spend token amounts of time in a grade-level classroom and the majority of their day alone with one adult than it is to give them a sense of belonging in a classroom with a group of students they can relate to and meaningfully interact with.

Ethics

Confidentiality

Confidentiality is an ethical and professional responsibility of social workers (Canadian Association of Social Workers, 2005a; Saskatchewan Association of Social Workers, 2017) and ensuring the privacy of personal information gathered in the provision of government services is a legal duty (see Freedom of Information and Protection of Privacy Act, 2015). The responsibility to maintain client confidentiality and the privacy of personal information is embedded in the practice standards of the professional organizations regulating both the psychologists (see Saskatchewan College of Psychologists, 2010) and social workers (Saskatchewan Association of Social Workers, 2017) in school counselling positions. Collingridge, Miller and Bowles (2001) describe confidentiality as the professional’s “obligation not to disclose client information that is gained in the course of a professional human service relationship” (p. 4). They emphasize that “personal or other information that is gained in the context of such a relationship cannot be used in a different context or for a different purpose . . .” (Collingridge, et al., 2001, p. 4). This definition fits well with the complexities of school counselling, when information sharing is an everyday part of working with multi-disciplinary
teams, parents and external service providers to support a child. PSSD policy (2011) offers school counsellors clear guidance around confidentiality by sharing only the information necessary to provide appropriate services to a student. This definition aligns with the Canadian Association of Social Workers Code of Ethics (2005) and the previous definition. The nuances lie in exercising one’s professional judgment around what information meets this test for a specific student and their situation (PSSD, 2011).

Based on my practicum experience, I have concluded that it is a challenge to provide students who receive school counselling with the same level of confidentiality afforded to clients in a clinical setting. Students who display explosive or externalizing behaviour are easily identifiable as children in need of services. Pulling a child out for counselling or having a counsellor in the classroom observing and intervening in their behaviour confirms that student is receiving counselling services. Confidentiality is frequently compromised in the school environment by staff who do not recognize the importance of keeping sensitive student information confidential, or do not take the open, public setting of schools into account when discussing students.

Educating colleagues about confidentiality is important when they are accustomed to freely discussing the psycho-social difficulties and needs of a student and how to support them. Part of the counselling role is to lead through example by conducting these conversations at times and places that protect the privacy of the student and their family. Teachers, educational assistants and even parents will initiate conversations about a child in hallways, classrooms or the library while surrounded by students and other school staff; in a crowded staff room at breaks; on the playground during supervision; and at the door of a classroom before or after school within earshot of other parents. When all the children aged five to eight years old in a
small community attend one school, it is an even greater challenge to maintain confidentiality. Personal information that is known to staff, other students, or parents of children attending Warman Elementary School is not as easily contained as it would be in a large urban centre or if the students were divided between multiple schools within Warman. As a parent I know that the stigma of being identified as a counselling client by peers, parents of other students, and in the neighbourhood further marginalizes special needs children who may already be socially excluded. To practice ethically, to honour the inherent dignity and worth of our clients and to support the development of their full potential (CASW, 2005), social workers must maintain the confidence of those we help.

Consent

Parental refusal to consent to the exchange of information between professionals who are involved with their child creates an ethical dilemma for social workers in school counselling roles. During the practicum, my professional associate and I co-counselling a child whose parent referred him for internalizing problems without disclosing that her son was already receiving private counselling. After the student shared this information in a session with us, my professional associate contacted the parent to discuss the nature of the counselling the student was receiving outside the school. The parent advised that this counsellor was addressing the same presenting concern with her son as we were. My professional associate requested that the parent sign an exchange of information form enabling communication between the counsellors to coordinate their interventions or minimally, just to ensure they were not working at cross-purposes to the detriment of the child. The parent refused to consent for the exchange of information and we faced a decision about ethical practice.
Following lengthy discussion, we decided to discontinue individual school-based counselling for the child. The parent consented to his participation in *The Worry Group* and we continued to work with him on classroom-based strategies only pursuant to Division policy, which does not require parental consent for counselling support and intervention in the classroom setting. This intervention focused on supporting his teacher to implement and adapt strategies to help this student start or continue working when he experienced academic anxiety. In our professional judgment, the child was unlikely to benefit from continuing individual counselling with two different professionals who were unable to coordinate their approaches. Another factor in the decision to discontinue counselling was concern about the reasons and motivation for this parent to refuse consent. The potential for conflict between parents and the school increases when a parent is not willing to be open with school staff and to collaborate in the best interest of their child (personal communication, Wannetta Reimer, fall 2016).

**Conclusion**

This paper summarized my MSW practicum as a school counsellor and offered my critical reflections on the experience. I began with an overview of my practicum site, role, and learning objectives. In the previous section I provided an overview of the theory and intervention models, I drew on most heavily in my practicum: attachment, collaborative problem-solving, cognitive behavioural, and self-regulation. In the previous section I also identified the individual and group interventions I engaged in, providing insight into my learning and professional growth during the practicum. A detailed case example illustrated my theoretically eclectic practice, drawing on various models based on the student’s needs and response. I then explored how foundational social work theories enriched my understanding of student clients and my school counselling role. I discussed non-discrimination and advocacy,
confidentiality, and consent as important ethical practice considerations. Finally, I described the social justice issues I encountered in school counselling and considered the role as an opportunity for anti-oppressive social work practice.
References


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