

A SOCIAL WORK PRACTICUM WITH THE REGINA PUBLIC SCHOOL DIVISION

A Field Practicum Report

Submitted to the Faculty of Social Work

In Partial Fulfillment of the Requirements

For the Degree of

Master of Social Work

University of Regina

By

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Regina, Saskatchewan

August, 2018

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Abstract

This field practicum report discusses my experience as a Master of Social Work (MSW) student from the University of Regina with the Regina Public School Division (RPSD). I was able to work alongside a school counsellor at three elementary schools within the RPSD. In this paper, I will outline my practicum objectives and discuss how I was able to achieve them. An overview of the agency and the roles and duties of a school counsellor will be reviewed. In this report I will incorporate the main projects and activities I was able to participate in such as: group facilitation, assisting with implementing interventions, attending specialized meetings and working collaboratively with outside agencies. I have discussed the theoretical orientation of each of these interventions and the strengths-based perspective and cognitive behavior therapy within this report. I have also discussed social work values and ethics.

Acknowledgments

I would first like to thank Dr. Donalda Halabuza for her time, support and guidance throughout my practicum experience. I am grateful to have learned from you throughout my years at the University of Regina. I would like to thank Dr. Miguel Sanchez for providing support as my Academic Committee Member.

I would like to send a huge thank you to Jim Appleby, my professional associate, for taking me as a practicum student and providing me with such a rewarding practicum experience. Thank you Jim for generously sharing your time and expertise with me, I truly appreciate it. To the staff and students at Glen Elm Community School, Judge Bryant School and Dr. George Ferguson School, I thank you for being so inviting and allowing me to the opportunity to learn within your schools.

To my mother: thank you for your endless support and encouragement throughout this MSW process. I could not have done it without you. To my son Amari who makes every day a bit brighter, you truly are my sunshine.

Lastly, I would like to thank the Opaskwayak Cree Nation for making my practicum a reality. Thank you for the encouragement and support along the way and for continuing to believe in First Nations students and what we can accomplish. Meegwetch!

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Introduction

The following field practicum report is based on my practicum experience with the Regina Public School Division (RPSD). Although school counsellors in the RPSD must have a social work degree, their professional title is “school counsellor” rather than “school social worker”; the titles will be used interchangeably throughout this report. During my practicum, my time was split between three Regina elementary schools: Judge Bryant School, Dr. George Ferguson School and Glen Elm Community School.

I chose to do my practicum with the RPSD for several reasons. I have always enjoyed working with children and youth and am currently employed as a clinical social worker within the Saskatchewan Health Authority. I work in a mental health setting with children and youth and was curious as to what it would be like working within a school setting.

Prior to beginning my practicum, I had a general understanding of the role and duties of a school counsellor. I believed that they focused most of their time meeting with students on a one-on-one basis providing counselling and making community referrals. When working in mental health, we often received referrals for counselling services for children and youth from the school counsellors. It was unclear to me as to the reasons some of these counselling services were not being offered in the school. However, once I began my practicum, I quickly learnt that the title of “school counsellor” did not exactly fit with the duties of what this position entails. During my practicum placement at the Regina Public School Division I was able to gain an awareness of the many roles and duties school counsellors fulfill.

Practicum Learning Goals

The learning goals for my practicum included the following: to become familiar with the goals, values, objectives and strategic plan of the RPSD; to become familiar with the roles and duties of a school counsellor; to learn about school-based interventions; and to observe the different types of classrooms within the schools such as mainstream classrooms, structured learning Classrooms [SLC] and Functional Integrated Adaptation Placements [FIAP] that exist in the RPSD. Another learning opportunity was established after I started my practicum, which was a mini research project. My professional associate and other school staff members were discussing a family program offered through another agency in Regina and how it had been affecting numerous schools within the school district. My professional associate suggested I collect information with the goal of determining how the schools could work more effectively with this agency. My final goal was to gain a more in-depth theoretical understanding of commonly used social work and counselling theories and how they are applied in a school setting.

The Agency

The Regina Public School Division (RPSD) is one of the largest school divisions in the province. They serve the educational needs of more than “22,000 students in 41 public elementary schools” (Regina Public Schools 2018b, para.1). In addition to the 41 elementary schools, the RPSD also “oversees eight public high schools, three faith-based and associate schools, as well as at the Campus Regina Public and the Adult Campus” (Regina Public Schools 2018b, para. 1).

In the 41 elementary schools within the RPSD, there are 15 school counsellors who provide services within these schools. Each school counsellor works within 3 to 4 schools and

the number of students on their active caseloads varies. My professional associate maintained an average caseload of around 40 to 50 students at any given time.

Strategic Plan. The Regina Public Schools are guided by a strategic plan with the commitment to deliver the Division's goals, intentions and aspirations to all students. The term "all students" includes students who need intensive supports, those whose first language is not English and it includes First Nations, Métis and Inuit learners, as well as those who attend the three associate, faith-based schools (Regina Public Schools, 2018b, para, 2).

The Strategic Plan has six core objectives, which include the following:

1. Development of a First Nations, Métis and Inuit Achievement Initiative.
2. Implementation of a comprehensive program to improve Reading Performance at all Grade Levels.
3. Increasing the number of Kindergarten students who enter Grade One ready to learn.
4. Increasing the number of students who achieve Grade level performance in literacy and numeracy.
5. Improving student attendance and credit attainment as a means of increasing graduation rates.
6. Ensuring all current and future program and service expenditures contribute positively to student success (Regina Public Schools, 2018b, para. 6).

Mission Statement. The RPSD is united by four shared value statements, which include the following: "*I belong; I want to know; I am responsible; and I respect*" (Regina Public Schools, 2018a, para. 2). These value statements give direction to what is taught both inside and outside the classroom. For example, the students, through participation in progress report conferences with teachers, parents/caregivers and volunteering in the community, learn to take

responsibility for themselves and for others. Also, the shared values provide an equal opportunity for all students, where everyone is recognized and encouraged for their unique characteristics and contributions (Regina Public Schools, 2018a, para. 2).

Circle of Courage Model. The RPSD has adopted the Circle of Courage Model, which is based on a philosophy that integrates “the best of Western educational thought with the wisdom of indigenous cultures and emerging research on positive youth development,” (Brendtro, Brokenleg & Bockern, 2002, p.1). The Circle of Courage is based on the concept of the Medicine Wheel and incorporates: belonging, mastery, independence and generosity (Brendtro et al., 2002).

The first aspect addresses belonging, which can help young people become more receptive to guidance from community members (Brendtro et al., 2002). It is based on the concept of kinship, which historically existed in tribal settings and was not just a matter of biological relationships, but rather a learned way of accepting those who shared a community or residence (Brendtro et al., 2002). In a school, this concept is also based on inclusivity as schools strive to provide a sense of belonging for all students.

The second aspect is mastery and is based on the biological and interpersonal needs of children in tribal settings who also strived for mastery within their community (Brendtro, Brokenleg et al.). Historically, children were taught by listening to and observing their elders. The stories the elders told would include life lessons. The elders would tell stories that incorporated “cognitive, physical, social and spiritual competence” (Brendtro et al., 2002, p. 49). Elders and community members believed that “once a child’s need to be competent was satisfied their motivation for further achievement would be enhanced” (Brendtro et al., 2002, p. 49). In schools, the goal is to educate children and increase their motivation to continue to learn.

The third concept is interdependence and is also based on traditional Native culture that placed a high value on individual freedom (independence) (Brendtro et al., 2002). One would make decisions on their own and would be responsible for their own failures or successes (Brendtro et al., 2002). Children would not be given rewards for their accomplishments because it was believed that the achievement in itself was reward enough (Brendtro et al., 2002). In an educational centre the goal is to help children become independent and be rewarded for their successes.

The final concept in the Circle of Courage is generosity. Generosity is believed to be the highest virtue within the Medicine Wheel (Brendtro et al., 2002). Children were taught to be generous and unselfish. Giving played a large role in traditional ceremonies. Children were taught to bring food to their elders and women would make presents for orphaned children and widows (Brendtro et al., 2002). In school settings, this virtue is used to inspire all students to be generous and give to others.

The Roles and Duties of a School Counsellor

I began my practicum by reading the School Counsellor Handbook that was created by the RPSD. This handbook outlines the various roles and duties of school counsellors. During my practicum, I experienced the vast roles and duties that school counsellors fulfill. Jarolem (2014) discusses that a typical day in the life of a social worker is “less than typical” (p. 2). This is due to the fact that a school social worker can have a schedule of duties to carry out during the day, but that often crisis takes precedence (Jarolem, 2014). Typical duties of school social workers include: counselling, staff meetings, planning and running programs for students, teachers or parents and assessments (Jarolem, 2014). Things that can get in the way of carrying out these common duties can include: suicide ideation, fist fights, sudden deaths, gang violence and bomb

threats (Jarolem, 2014). During my practicum, I noticed that my professional associate would have his day planned but that items would be added on his “to do” list that prevented him from doing what he had planned. Some examples of these situations were child protection phone calls, students fighting with other students, suspensions, teachers stopping in the office for advice, calls to mental health when children reported suicide ideation, parent meetings, counselling sessions which were unplanned, etc.

Openshaw (2008) states the goal of school social work should be to “give all children the opportunity and resources to help them succeed academically and socially in a safe and healthy environment” (p.4). Openshaw (2008) goes on to say that school social workers should have the skills necessary to practice at the micro, mezzo and macro levels. Jarolem (2014) also outlines the significance of school social workers being able to work at the micro and macro levels. Jarolem (2014) specifically addresses the needs of micro and macro level skills in regards to programming. Macro programs are those which are universal. This means that it can be a program or group, which can be offered to a wide range of students in a school district. Jarolem (2014) states that prevention groups such as those for: school violence, dropout, bullying, suicide and homicide and drug and alcohol groups fit within the macro scope. Jarolem (2014) discusses how micro programs differ from macro programs. A micro program is designed to help a student and/or their family deal with a specific issue. Examples of micro programs include: mental health, addictions and probation (Jarolem, 2014).

Though the social work position is truly multifaceted, Openshaw (2008) informs that there are typically four tasks that are common to all school social workers. These tasks include: consultation, assessment, direct intervention and assistance with program development. I will define each of these tasks and how they related to my practicum experience with the RPSD.

Consultation

Jarolem (2014) informs that consultation and collaboration with faculty and parents is a very important aspect of a school social worker's role. Jarolem (2014) discusses that establishing rapport with faculty and school staff is key to good communication. Jarolem (2014) adds that classroom observation creates a bond between teachers and social workers, which leads to brainstorming solutions to problems. In terms of meeting with parents, Jarolem (2014) explains that children who have parents involved with their education show more success than those whose parents are not involved. The school social worker is in a position to create a positive relationship with the child's parents and encourage them to participate in their child's education. Jarolem (2014) suggests that parents who have barriers due to an "overburdened lifestyle, social economic status or those who do not speak English" (p. 118) are often parents who would benefit from working with a school social worker as they can keep them connected with school matters.

Student Achievement Team Meetings. Consultation is an integral component of the duties carried out by school counsellors in the RPSD. The school counsellors work as part of a multidisciplinary team, which consists of other professionals within the RPSD such as the school principal, vice principal, teaching staff, the school psychologist, speech pathologist, occupational therapist, school counsellor, and on occasion, the superintendent. These professionals meet on a regular basis at Student Achievement Team meetings to discuss, plan and implement interventions to assist children in being more successful in school. The team also consults with one another, as needed, outside of the Student Achievement Team meetings. For example, if a teacher has concerns about a child's behaviour in the classroom, they may speak with the counsellor or other professionals to assist in creating a behavioural plan. Each school has a Student Achievement Team (SAT) that meets once every 4 to 6 weeks. The purpose of SAT

meetings is to have a team of professionals discuss what interventions or actions should be implemented for a child to make their school experience more successful.

The process of having a child's file presented in a SAT meeting often begins with the student's teacher. If a teacher has concerns with a child (usually learning or behavioural) they implement strategies to assist with the child. However, if the teacher's strategies are proven unsuccessful, they collaborate with fellow teachers who offer new suggestions or strategies. If the teacher then incorporates these suggestions and strategies and they are still not having success, they bring the child forward to the SAT meeting. During the SAT meeting, the teacher brings the student's file and states the concerns they have with the child. Additional strategies, interventions and possible assessments are then decided upon. The team also discusses if referrals to outside agencies may be of benefit to the child.

TRiP Meetings. School counsellors often attend meetings with The Regina intersectoral Partnership (TRiP). The Regina intersectoral Partnership is a collaboration of Ministries that work together to assist children and youth who have involvement with different agencies (TRiP, 2016). The TRiP team is instrumental in coordinating meetings with key players who are involved with the child and family. The TRiP team consists of representatives from: the Ministry of Justice, the Ministry of Social Services, the Regina Qu'Appelle Health Region, a TRiP coordinator, a TRiP administrative assistant, a referral and intake officer, a school engagement officer, a Public School Board Liaison, a Catholic School Board Liaison, and a TRiP case manager. The team works collaboratively and focuses on helping children and youth to engage in school with the overall goal of reducing risks. The team offers pro-social activities to families and connects the child and family to community services so that a coordinated approach is used with the child and their family.

Meetings typically occur every 4 to 6 weeks or on an as needed basis. The meetings I attended included the following participants: parents, teachers, principals, representatives from the Ministry of Justice and Ministry of Social Services (if the child was involved with these agencies), representatives from Child and Youth Services (if the child was involved with this agency) and the TRiP Public School Board Liaison member. The overall goal of the meetings was case management by having all involved members plan and set goals for the child so risk factors could be reduced and the child could do well at home, and be successful at school and in the community. I found these meetings to be effective because each agency involved with the child would report on what their role was in assisting the child and what they were specifically doing. When working collaboratively, the key players were able to brainstorm and discuss interventions in order to develop a solid plan for the child involved.

Parent Meetings. School counsellors deal with problems regarding attendance. In these situations school counsellors will meet with the child's parent(s) or guardian(s) to discuss the reasons that are preventing the child from attending. The school counsellor will then work with the family to create a plan to have the child attend more regularly. School counsellors also meet with parents any time a child is referred to them to obtain their consent for counselling services and gather information to complete the social history assessment. A school social counsellor may also meet with a student's parents when specific concerns arise in regards to behaviour or academics.

School Counsellor Meetings. School counsellors (there are currently 15 counsellors in the Regina Public School Division) have four meetings throughout the school year, which every school counsellor attends. The Supervisor of Intensive Supports within the RPSD chairs these meetings. He acts as the supervisor to the school counsellors and sets the agenda for the

meetings. The meetings allow all counsellors to meet and collaborate. It is easy for social workers in the educational system to become isolated in their individual schools. During these meetings other matters such as policy, procedure and collective agreements are discussed. Often different guest speakers attend to present on topics relevant to the Regina Public School District throughout the school year. These are often referred to as “large team meetings”. All professionals working in the RPSD who sit on the Student Achievement Teams attend. These meetings discuss policy, procedure, budgets and macro level challenges within the entire district.

Specialized Classrooms. School counsellors also attend meetings for students who are placed in, or referred to, specialized classrooms. Any time a student is placed in a structured learning classroom, a meeting is required. This meeting focuses on what supports or interventions could be used to assist the child. Supports and interventions typically focus on assisting a child with behavioural issues. Referral information is shared and specific reasons the student requires a placement in a specialized classroom are discussed. The staff members who are involved in the student achievement meetings discuss the student’s previous and current behaviours so arrangements for supports and interventions can be made prior to the child being placed in the special classroom. Structured learning classroom meetings and functional integrated academic program meetings also occur each time a new student is in the process of being placed in a specialized classroom. School staff members, who participate in student achievement meetings, meet with parents to discuss the student’s needs and behaviours and what arrangements can be made to make the school placement successful.

Additional meetings. So far, the meetings which have been discussed have been formal, planned meetings. However, I noticed that there were also numerous occasions when school staff members would drop in to the school counsellor’s office to discuss particular things Teachers,

principals and vice-principals would often seek advice from the school counsellor and ask questions about different topics. There were several occasions when school teachers or principals would consult with my professional associate about child protection concerns. My professional associate assisted school staff in calling child protection and reporting their concerns.

Numerous meetings were also held with outside agencies when making referrals for children and youth to provide services for children and their families. Referrals were also made to: Child and Youth Services, the Ministry of Social Services, Catholic Family Services Regina, pediatricians, the Food Bank, and TRiP; just to name a few.

Assessment

According to Openshaw (2008), in a public school setting, a complete assessment of a child should be derived from collaborative sources, such as from parents, teachers, and medical personnel that are directly involved with the student. Saleebey (2005) informs that assessments should be done using a strengths-based perspective. A strengths-based perspective assessment tool is unique to the social work profession as it focuses on the client's capacities and strengths rather than problems and weaknesses (Saleebey, 2005, p. 29). Jarolem (2014) states an effective assessment needs to include the following: "having a background in child development, gathering information about social-emotional status, academic functioning, familial and other venues of support and medical or health background" (p. 184).

The school counsellors within the RPSD have a standardized assessment tool they use when they meet with caregivers after a child is referred to them and prior to establishing any services. The assessment tool is called the social history which includes: the child's connection with peers and adults, family status and family relationships, parenting strategies, medical

concerns, strengths and interests, private logic, school history, reason for referral, other school professionals involved, outside agencies involved, action plan and other relevant information.

While meeting with the caregiver or parent to obtain information for the assessment, the school social worker uses this meeting to also obtain parental or caregiver consent to provide services. At this time consent can be obtained to share information with outside agencies that are involved with the child and confidentiality is discussed. Should a school counsellor feel a referral might be beneficial to a student, they will discuss this referral with the student's parents or caregivers and obtain a signed consent for the purpose of a referral.

The social history assessment collects information, which is used for the purpose of providing appropriate supports and services to the child and family. The social history is used to understand how a child has acted socially throughout their life (Openshaw, 2008). The first part of the history is used to collect information on the child's relationships with peers and adults. This information allows the school counsellor to see if the child has a peer group, if their peer group is pro-social or not, and to determine how the child interacts with their peers and what kind of relationships the child has with the adults in their lives.

The next section in the social history focuses on the child's family status and family relationships. This section describes who is in the family and how the family functions as a unit. It is important for the social worker to know if the child has positive or negative interactions in the home. If there is concern about family dynamics, school counsellors are able to make an appropriate referral for the child and/or family. During my practicum, I observed many referrals made to outside agencies. Numerous referrals were made to Catholic Family Services Regina for in home support for the family, and they were able to work with the parent(s) and children in several different areas. They assisted parents to attend school meetings and doctor's

appointments, acted as a parent aid and provided parenting or child management strategies for parents to use in the home.

Parenting strategies are also covered in the assessment form used by the RPSD. By discussing which strategies are used in the home, the social worker gains a sense of what the expectations are in the home, what is used in terms of disciplinary methods and what the consequences are in the home if a child misbehaves. The social history also reviews if the child has any medical concerns. This section covers an array of health concerns that may be significant in regards to a child's physical and mental health. Things that may be included are: illnesses, injuries, medications, and diagnoses.

Next, the social history assessment covers the strengths and interests of the child. The parent is instrumental in identifying the strengths of their own child and their child's interests. This section is important for the counsellor to know for many reasons. Firstly, it allows the counsellor to learn more about what makes the child unique and if there are areas of interest that have not yet been explored. If the child has a desire to participate in things such as: sports, activities, cultural or spiritual activities or community events but has not had the opportunity, the school counsellor can connect the child and family to recreational resources.

The child's private logic is also included in the assessment, which is obtained directly from the child and allows their story to be told from their point of view. The intent of assessing the child's private logic is to understand the child's thinking and their emotions behind their actions. The child's school history is the next area of assessment in the social history. The child's school history includes information from previous schools the child may have attended, interventions and past behaviours or concerns.

The reason for referral is also included in the assessment. While doing my practicum, the most common referrals were due to behavioural concerns, suicidal ideation, problems with peers or school staff, and attendance issues. Referral concerns provide the reasons school counsellors are being asked to meet with the child, and this is used to determine if it is an appropriate referral or not. Because of the large caseloads, numerous duties and diverse roles of school counsellors, individual counselling typically only occurs in the school if it is directly related to a school related issue. For example, a student's father arranged to meet with my professional associate to see if my professional associate would meet with his daughter because he and his wife were separating. Although counselling for children is often warranted for separation and divorce, the parents' separation was not impacting the child at school. The school counsellor referred the family for more appropriate counselling services outside of the school setting.

The next section of the assessment looks at which school professionals the child has already seen in the RPSD. These professionals can include: speech and language pathologists, psychologists, learning resource teachers, and counsellors. Determining which outside agencies the child and family were involved with are also included in the social history. The action plan is developed based on the social history. This is the section where goals are identified and services are explored. If the child is going to meet with the school counsellor, the area of focus is determined, as well as the types of interventions that can be used and specific services that will be provided for the child or family.

The last section of the assessment includes other relevant information. It was added so that if there was anything that may have been skipped, or if there is information, which the caregiver feels necessary to share, it can be included. School social workers are also responsible for completing suicide risk assessments and Violence Threat Risk Assessments (VTRA) when

needed. If there is a concern regarding learning or behaviour, school counsellors will also do classroom observations when needed. In classroom observations, the school counsellor will observe and assess if a child requires a specialized classroom placement such as structured learning classroom or functional integrated academic program placement.

Direct Intervention

Direct intervention is a key component to the work that school social work counsellors do. They provide mediation between the school and parents and provide crisis intervention in a tragic event. Also, the school counsellor will meet with a student for one-on-one counselling when there are concerns regarding social skills, problem solving, learning disorders, mental health concern(s), and/or anger management (Regina Public Schools, 2015 p.12). Interventions typically focus on “individual students, their families, the school and the community” (Jarolem, 2014, p.257). Interventions, which are done on a one-on-one basis with a student, are often done to address specific problems pertaining to failing grades, truancy or absenteeism (Jarolem, 2014). Family interventions need to include open communication with caregivers, making referrals to outside agencies and assisting families in accessing supports Jarolem, 2014). School interventions also focus on parent workshops, communicating with minority families more effectively and making home visits (Jarolem, 2014). Community interventions include “connecting with outside agencies, organizations and groups which may contribute to keeping students in school” (Jarolem, 2014, p. 257).

Interventions for students at the RPSD fall under three different categories: Tier 1, Tier 2 and Tier 3. In schools, tiers of intervention are used when a student is at risk in regards to learning and/or social failure. When a student has been identified to be in the Tier 1 category, interventions include classroom modifications, small group instruction, and alternative teaching

methods. If these interventions are not successful, the student will then move to the next tier until they are successful (Mellard, 2005).

The purpose of a Tier 2 intervention is to maintain a student's progress and to systematically and continuously monitor the student's progress. In Tier 2 interventions observations are based on a curriculum-based measurement. This measurement is done by observing the student's ability to perform a task; "this results in an "authentic" assessment via the use of a rubric evaluation of the student's performance" (Boyd-Webb, 2011 p.203). A Tier 3 intervention will typically include intensive individual instruction in a one-on-one learning situation (Boyd-Webb, 2011).

During my practicum, I was able to observe and participate in all 3 Tiers of interventions. Tier 1 interventions in the RPSD typically included interventions used for the entire classroom. Common Tier 1 class interventions included, but were not limited to: the Zones of Regulation, Calm Classroom and the FRIENDS curriculum. The Zones of Regulation is a program is used to assist children in developing better self-regulation and emotional control. The Calm Classroom Program incorporates mindfulness and meditation within the classrooms. It allows children to develop calming coping skills with the hope they will use them if presented with overwhelming feelings such as anger or frustration. The FRIENDS curriculum is used to address anxiety in school-aged children. They are taught skills used to manage anxiety by a trained facilitator. Tier 2 interventions were used to target children who had problems in one or two sections of the Inclusion and Intervention Plan (IIP). The IIP is a document used by the RPSD that focuses on the various areas that impact learning such as: "independence/work habits/problem solving, person/social wellbeing, communication, health/medical needs/personal care, academic

achievement, safety, sensory, motor skills, transition and “other” (Regina Public Schools, 2018, p.3).

Tier 3 interventions occur when a student has more than three areas identified within the IIP, which impact learning. These students require one-on-one services provided by a team member such as: a school counsellor, speech pathologist, occupational therapist, learning resource teacher or psychologist. Also, any child in a specialized classroom such as a structured learning classroom or functional integrated academic program, receive Tier 3 interventions.

FRIENDS Program. As previously mentioned, Tier 1 interventions are typically used for an entire classroom and include the FRIENDS Program. I had the opportunity to facilitate three FRIENDS groups while doing my practicum. Two of the groups were co-facilitated with another student who was obtaining her master’s degree in psychology, and I ran one group on my own.

The FRIENDS program was created by Professor Barrett (2013), who is a researcher in the field of child psychology. The FRIENDS program is an evidence-based program that is used in the RPSD and Regina Catholic School Division. The goal of the FRIENDS program is to reduce anxiety and depression among school-aged children (Barrett, 2013). If anxiety is left untreated in childhood, a child may develop depression in their adolescence, as “often manifestations of anxiety and depression overlap through childhood and adulthood” (Barrett, 2013, p. 4).

The FRIENDS program is divided into three curriculums based on the children’s ages. The first program is developed for children aged 4 to 7 years and is titled “FUN FRIENDS”, the second program is for children who are of elementary school ages and is titled “FRIENDS FOR

LIFE” and the last program is for youth, and it is titled “MY FRIENDS”. As my practicum was focused in elementary schools, I facilitated the “FRIENDS FOR LIFE” program.

Prior to running the group, I was able to observe the classrooms in which I would be facilitating the groups. The classrooms in which I facilitated the groups were chosen by my professional associate because of the high volume of behavioural concerns.

During my classroom observations, it was evident that a good portion of the children displayed challenging behaviours in the classroom. The types of behaviours I witnessed during my observation included children lying on the floor, arguing with peers, talking back to teachers, refusing to do work, and using inappropriate language. It was also evident that many of the students appeared to be struggling academically and were functioning below grade level. After my observation, I met with my co-facilitator to discuss how we would organize the group sessions. Each FRIENDS curriculum is organized into 10 sessions and has a clear agenda of what is to be taught during each session. It also allows the facilitator(s) to pick and choose between activities to do for each session.

The first session, which I co-facilitated with another master’s degree practicum student, was not as successful as we had hoped it would be, as the material seemed to be too complex for the children we were doing it with. We realized that we would have to make modifications to the curriculum and simplify the sessions. It was clear that although the curriculum was designed for children within the age group of the classrooms, many of the children did not have the reading level required for the curriculum. Therefore, we decided to read most of the material ourselves and let children participate in reading only if they felt comfortable doing so. We realized that the time we chose to run the group in one classroom did not work well because it was during the morning snack. We easily solved this problem by allowing the children to have their snack

before we began. We also found that we included too many activities for the amount of time we were allotted. The second session and those thereafter, ran more smoothly. We ran two groups in two classrooms back to back once a week for 10 weeks. When I facilitated the group alone, I needed to condense it to four group sessions instead of 10 because I did not start the last group until late October and wanted to complete it during my practicum. I was able to condense these sessions as I was allotted more time in the classroom.

Each session incorporated discussing one of the acronyms of FRIENDS. All together there are 7 life skills, which are taught throughout the program, these include: “(F)eelings, (R)emember to relax, (I) can do it. (E)xploring solutions and coping step plans, (N)ow reward yourself, (D)o it every day and (S)mile” (Barrett, 2013, p.130). Tools are included in each session to help students cope with unpleasant feelings, as well as a selection of meditation/mindfulness exercises and activities. After completing the program, there was a review and party held. The children made bookmarks for themselves that outlined which strategies had worked best for them and the bookmark was used as a reminder. The children were also able to keep their activity books that were handed out during the first session. They were encouraged to take them home and share what they had learnt with their family.

The Zones of Regulation Curriculum. Another intervention tool that is used within the RPSD is called “The Zones of Regulation”. I noticed posters throughout the schools and overheard teachers and other school staff refer to “The Zones” on many occasions. In discussion with my professional associate, I learned that The Zones of Regulation is used in the school to assist children and youth in developing better self-regulation and emotional control. I was able to observe The Zones of Regulation implemented on many occasions.

The curriculum for The Zones of Regulation was developed by Kuypers (2011) and is designed to “increase a child’s self-control and problem solving abilities by helping the child gain skills to consciously regulate their actions” (Kuypers, 2011 p. 1). The Zones of Regulation is based on cognitive behavioural therapy and is designed to help students when they are in different emotional states, which are referred to as “zones” (Kuypers, 2011). Each zone is represented by a different colour, which makes identifying emotions easier for children. The curriculum also contains activities, which offer strategies and tools for students to stay in a preferred zone (emotional state) or move to a more desirable zone. A student is to “explore calming techniques, cognitive strategies, and sensory supports” to use when they move between zones (Kuyper, 2011 p. 1). There are a total of 18 lessons included in the curriculum and Kuyper (2011) suggests that students of all ages can benefit from the program, including those with a diagnosis of autism, attention deficit hyperactive disorder, and oppositional defiant disorder.

As previously mentioned, Kuyper (2011) divided the zones into four coloured categories to describe different feelings. Kuyper (2011) uses the Blue Zone to describe low states of alertness. Low states of alertness occur when someone’s body and/or brain is moving slowly or sluggishly, such as when one is feeling sad, tired, sick or bored. The Green Zone is used to describe a regulated state of alertness (Kuyper, 2011). A person may be described as calm, happy, focused or content when in the Green Zone. When a child is in the Green Zone, it shows control over one’s body and emotions. This is the zone in which students generally need to be in to complete schoolwork and for being social. The Yellow Zone is used to describe a heightened state of alertness when a person has some control but may be experiencing “stress, frustration, anxiety, excitement, silliness, nervousness, confusion and other slightly elevated emotions” (Kuyper, 2011, p.9). The Yellow Zone is noticeable when someone is starting to lose control.

The Red Zone is used to describe “extremely heightened states of alertness or very intense feelings” such as when a person may be experiencing anger, rage, explosive behaviours, panic, terror, or elation (Kuyper, 2011, p.9). Being in the Red Zone can be explained by not being in control of one’s body or emotions.

The Zones of Regulation offers strategies, which can be put in to the student’s “toolbox” to be used when needed. Some strategies, which are taught, include deep breathing techniques, calming visuals, identifying if a problem is big or small, positive self-talk and flexible thinking. What is unique to the curriculum is that there is also a “tools menu” within the workbook. The tools menu offers visuals of strategies, which a child can use to stay in a zone, or move to another. Some of the pictures include doing things like: reading a book, talking to an adult, swinging, going for a walk, taking a breath, practicing belly breathing, grabbing a fidget toy and listening to music. Each student learns which tools or strategies work best for them when in the different zones. The goal is to have the child use the tools that are in their toolbox to be able to develop better self-regulation and emotional control.

Direct intervention is also done with the help of various community agencies. School counsellors are responsible to make appropriate referrals in the community to assist the child and/or their family. While I was in my practicum, numerous referrals were made to: the Food Bank, Child and Youth Services, Regina Catholic Family Services, pediatricians, etc.

Program Development. In terms of program development, Jarolem (2014) suggested that prevention programs are ideal for classrooms because they can be used with a large number of children at one time. Jarolem (2014) advises that school social workers should create and implement programs, which deal with issues occurring in their schools. Examples of these types of groups include: “alcohol and drug awareness, suicide prevention, violence prevention, groups

for special needs students, peer mediation, conflict resolution and bullying” (Jarolem, 2014, p. 252). Jarolem (2014) suggests that if there is not already a group created to respond to the various needs of the school, that the school social worker can be instrumental in creating more specific groups.

Schools within the Regina Public School Division are also responsible for program development. According to the School Counsellor Worker Handbook (2015), school counsellors are responsible to create and facilitate groups within classrooms as well as facilitate parenting groups. While doing my practicum I was able to participate in a Tragic Events Protocol as well as in programs created by my professional associate such as a games room, chess club and rock band.

Tragic Events Protocol. While doing my practicum, a tragic event occurred in which a recently retired, long time teacher of one of the schools passed away. When the school learned of this teacher’s sudden passing, a tragic events protocol, which was created by school counsellors, was implemented. According to Openshaw (2008) “Because the death of a teacher is traumatic, students need to be helped to express their grief and ask questions” (p.229). School counsellors from other elementary schools within the RPSD came to the school to assist teachers in delivering the news to students in each classroom. The counsellors pulled the students who were visibly affected into the library where they were spoken to individually. The school counsellors informed all students that if they wanted to talk they could also do so in the library. The library served as a hub in which the students could talk to school counsellors individually and could mourn in a safe and supportive environment. Drinks and snacks were provided to students. In addition we had supplies available for the students to be able to write letters and draw pictures for their deceased teacher and her family.

Some students who were in the library did not know the teacher personally, but were triggered by her passing and reacted quite intensely because of their past losses. These students shared stories of the passing of their family members and pets. The school counsellors took their time and diligently worked with all students throughout the day. The names of the students who were not coping well were recorded so future monitoring and counselling could occur. The school also sent letters to the students' homes informing the families of the tragedy. This letter included information about where they could receive services if they felt their child was in need of additional support.

Games Room. During my practicum placement I was able to participate in several creative programs for children, which were created by my professional associate. School counsellors have the ability to be flexible and creative when working with children. My professional associate created games rooms, for activities like chess clubs and rock bands. In addition, he also coached soccer in schools in which he worked. Students were able to attend the games room during recesses and breaks. Games rooms were created for children who were *not* demonstrating the appropriate social skills needed to attend recess outside with their peers. In the games room he arranged for some children to act as mentors. Mentors were chosen because they demonstrated appropriate social skills and were good role models. In discussion with my professional associate, the children who were selected to be in the group for the games room were not told they were invited due to negative behaviours. Rather, based on a strengths-based perspective, they were given an invitation to be included in a group in which they could participate in games and have fun during recess.

The games room group was designed to be a positive experience for all the children involved. All children in the group were also given the title of "games master". The children who

were in higher grades were the senior games masters while the children in younger grades were junior games masters. The goal of the games room group was to have the children, who lacked social skills, learn from their peers about how to interact in a more positive manner. The students themselves, with my professional associate's support, created the rules of the games room. The rules included things such as taking turns, being respectful and practicing humility, which allowed for accountability.

After I was involved in the games room several times, my professional associate discussed one child who was involved in the games room. He informed me that this student had an explosive temper and used inappropriate language when he would go out for recess. This student was often getting in to trouble at recess, due to conflict with peers and staff, so my professional associate decided he would bring him in to the games room. After being involved in the games room as a junior master, this student started developing more appropriate social skills simply by learning from his peers. The process took time and when he first started he would become easily angered if he lost a game, but over time, he learned that not winning all the time was fine. This student did very well in the games room and is now a senior games master who is modeling appropriate behaviour for other students. The games room provided a safe and controlled environment for children to learn and develop appropriate social skills. Instead of a student being in a principal's office during recess due to inappropriate behaviour on the playground, they were able to become a part of something that was meaningful to them. At the end of each recess, the children would shake hands with whomever they were playing with and tell each other "good game" whether they won or lost. The games room allowed the children to be connected to a pro-social group, which helped them develop social skills. This also allowed them to no longer be an outcast but rather a part of something they truly enjoyed.

As stated earlier, my professional associate also started a Rock 100 group, a chess club and coached soccer. He informed me that the groups were developed to incorporate the Circle of Courage Model with the goal of empowering students. The groups were designed to have a beginning, middle and end so students could feel a sense of achievement after completing the group. The Rock 100 group ended with a school performance, the chess club and soccer teams ended with a tournament. The goal was to have students learn by applying themselves and being disciplined whereby they could experience the feelings of accomplishment and have pride in themselves. It is hoped that these students would then apply these skills to other areas where they may be having problems, such as in their academics.

Project

During my practicum, concerns with a local family treatment program were brought to the attention of my professional associate. My professional associate and I noticed at team meetings that there were numerous issues raised about the program and how it was affecting schools within the RPSD. My professional associate thought it would be beneficial to take a closer look to at how this program was impacting schools within the RPSD. He requested that I take the project on, under his supervision, to gather information from the schools to see how they were affected by this program. The goal was to obtain information so a plan could be developed to work more effectively together.

It is important for school social counsellors to work effectively with other agencies and programs because school counsellors act as a link between the school building, community agencies and the home environment (Openshaw, 2008). By school counsellors maintaining a positive relationship with different agencies there is “ongoing communication between the home, school and community partners, which allows for system change that can build trust with the

family with a focus on strengths” (Openshaw, 2008 p. 281). I began by contacting every elementary school counsellor within the Regina Public School Division explaining the purpose of this project. I sent out an email and asked the following questions:

1. Do you currently have any children in the schools that you work in who were referred through the local family treatment program? (If yes, How many)
2. Were there any concerns about the children in the program when they were being registered to your school?
3. Do the children referred through this program access Tier 3 resources? (If so, which ones?).

I received responses from three school counsellors and learned that there were three other schools that had children referred through this program. One school in particular had 13 students from this program. The reason for the high number of children was that this program had solidified housing for their families near this particular school. After I knew which schools had students attending that were involved in this program, I conducted interviews with school staff. I met with principals, vice-principals and school counsellors to discuss their experiences and concerns with the program. Once I knew what the schools concerns were, I went online to get a better understanding of what services the family treatment program offered. I discovered that the program worked to improve family functioning so families could remain together and prevent children from being removed from their homes. The program also worked to reunite children with their parents after being in care. This program worked with families across Canada and offered: in home supports, assistance in developing parenting skills and counselling.

Once I had collected information from the school personnel and researched the services this program offered, I began to review and organize my notes. What I discovered was that there

were similarities between the concerns that each school identified; these concerns mainly fit within three categories. The first category of concern was that the schools noticed that there was a lack of information presented during registration of the children in the school. The second category of concern was that there was a lack of communication between the program staff and the school staff. The third category of concern was that the schools reported that the students coming from this program were utilizing a significant amount of Tier 3 resources.

In interviewing school staff from the three schools, which reported having students from the program, all mentioned that there were concerns at the time of registration. The concerns were that children were registered with no dates of birth or approximate ages; children were arriving from other provinces without Saskatchewan Health Cards (required for registration); children were being registered without prior academic records, without psychological assessments or information regarding behavioural concerns; and the schools were not provided information about whether the child was in a mainstream class room or in a specialized classroom in their previous school.

In regards to communication, school staff reported that it was often hard to reach the parent of the child who was attending. Situations had arisen in the schools when children needed to be picked up by their parents and the school could not get in contact with the parents. School staff also reported that it was hard to reach the program worker if concerns arose with a child. When talking with my professional associate, he mentioned that he had past conversations with the program staff to arrange a meeting prior to a child attending school. For whatever reason, this was not happening as planned.

The schools were also unsure of how long children would be attending their schools, which made it difficult to plan, and access additional resources. One school mentioned that they

did not have any children from this program attend for longer than a three month period. They believed that this led to classroom disruption and made it difficult for these students to create relationships with the teachers and other students. The schools also said that there were times when students from this program stayed as little as two weeks. Another concern was that when a child was being removed from the school it was often done on very short notice and, in some cases, with no notice. It was evident that there was no communication between the school and the program. The sudden movement from schools did not allow time for farewells or ongoing planning for the child.

The last area of concern mentioned by school staff was that many Tier 3 interventions were being used for students from the program. One school stated that every child from the program had an Inclusion and Intervention Plan. All schools reported that after additional resources were put in to place, the children ended up leaving the school shortly thereafter. Therefore, spending resources for children who were in the school on a short term basis is a concern because schools have very limited access to additional resources and believe these resources could be better spent on a child who would stay in the school long term.

The school staff members who worked with students from this program included the principal, vice-principal, school counsellor, school psychologist, speech and language pathologist, occupational therapist, learning resource teacher, classroom teacher and administrative assistants. These school staff members found that because of the high needs of the children from this program, additional resources were constantly needed but the schools did not have funds for additional resources such as additional educational assistants.

The three schools interviewed reported significant behavioural issues. Some examples of behavioural concerns mentioned by school staff included children hitting other children and

staff, school lockdowns to ensure safety, and children spending a significant number of hours in the offices of principals and vice-principals.

The three schools also shared concerns which did not fit in within the above categories. Some of these concerns were that these children were suddenly disrupted from their home environments. Children from the program came from all over Canada and there was a case in which a child did not speak English. One principal noted that a child attending their school was constantly crying because he wanted to be back in the group home he was living at in a different province. The school staff did not feel that the children were given time to adjust to their new environment. In one case, a child arrived by plane in the evening and was attending school the next day.

The school staff were concerned that the area of Regina where the program had housing had higher rates of violence, poverty and addiction problems. Because of these concerns, the schools believed it was not an ideal place for vulnerable families to live. They thought it may be more beneficial for the children involved in the program to be spread out across various schools in Regina. The rationale was that this would help in accessing specialized resources for the children. Other concerns included children arriving with inappropriate clothing for winter conditions and children arriving without lunches or without having eaten breakfast. The schools also believed there was a lack of support available to the children from the program itself. School staff read the online brochure for the program and wondered why the students were not able to access the services, which were mentioned. The schools were concerned because of the long waitlists for school services.

One of the school counsellors I interviewed had sent information which included: student enrolment dates; student grades; school staff involved with the student; time spent with the

student; if the student was discussed during the SAT meetings; if the student had been suspended; and the date the student was removed from the program. The purpose of gathering this information was to see how many students needed individual intervention with school staff and how many were utilizing Tier 3 resources.

There were 13 students who attended one school and were involved in the family treatment program from January 2016 to October 2016. The grades of the students ranged from kindergarten to grade 8 and the children attended the school from 4 weeks to 5 months while they were involved in the program. The information collection was completed in October 2016 and at this time, 9 out of 13 students were still attending the school. Of the 9 students, 5 of these students had just started school in September 2016 and the school had limited information about them. The amount of time they spent in this school and program could not be determined at that time.

When looking at school staff members (including school principals, vice-principals, school counsellors, psychologists, learning resource teachers, administrative staff, speech and language pathologists and the occupational therapists) involved and the amount of time they worked with the students on a one-on-one basis, it was determined that all 13 students had spent time with multiple school professionals for varying periods of time. It was determined that 8 of the 13 children were discussed at SAT meetings due to academic and/or behavioural concerns and 2 students were suspended from school. From the information gathered, it was noted that all 13 students had worked on a one-on-one basis with school staff meaning that the school had academic concerns, behavioural concerns, or both.

I met with my professional associate after completing my practicum placement to see if any progress had been made in working more effectively with the program. He informed me that

there was an upcoming meeting with this program including two superintendents, the supervisor of intensive supports, the school principals who had students from the program, and my professional associate.

Theoretical Perspectives

Strengths-Based Perspective

The most commonly used social work theory that was utilized by school counsellors in the RPSD was based on the strengths-based perspective. This is consistent with the literature on school social work which notes “school social workers must utilize the strengths perspective to assist students in seeing the problem as one they can solve” (Openshaw, 2008, p. 66). When working from a strengths perspective, “everything a social worker does will be based on exploring clients’ strengths so that they can realize their dreams” (Saleebey, 2013, p. 1). Saleebey (2013) continues to state that many social workers believe they are working from a strengths perspective but that often times fall short. For social workers that want to truly work from a strengths perspective, they must change the way they think about clients, and engage and relate to clients. He believes that once this is accomplished, social workers will be able to change their focus from problems to possibilities. Saleebey (2013) also states that incorporating a strengths perspective is often common sense and he offers to the following as a formula to use when incorporating strengths: “rally clients’ interests, capacities, motivations, resources and emotions in the work of reaching their hopes and dreams, help them find pathways to those goals, and the payoff may be an enhanced quality of daily life for them” (Saleebey, 2013, p. 2).

There are six key principals which are critical for strengths based practice. These include the following:

1. Every individual, group, family, and community has strengths.

2. Trauma, abuse, illness, and struggle may be injurious, but they also may be sources of challenge and opportunity.
3. Assume that you do not know the upper limits of the capacity to grow and change, and take individual, group, and community aspirations seriously.
4. We best serve clients by collaborating with them.
5. Every environment is full of resources.
6. Caring, caretaking, and context (Saleebey, 2013, pp. 17-20).

I noticed the strengths-based perspective was used in several ways by the school counsellors and in the schools I was assigned to. For example, at the time when a child is referred to meet with a school counsellor, the social history assessment is done. This assessment has a full section dedicated to identifying strengths. In addition, the goals are also based on building on students' strengths. I noticed when school counsellors would meet with children either individually or with their guardians, the strengths-based perspective was incorporated. Students were included in setting goals for themselves that focused on building their strengths, which also assisted with problem solving. The students were also encouraged to share their stories and discuss problems or concerns they had so their voices were heard and used in the intervention.

Asking students what has helped in the past and allowing them to be the expert in their own lives was a key aspect during counselling sessions. The language used during counselling sessions was also based on strengths. Instead of initially focusing on deficits, time was taken to listen to the students and hear their opinions on the matters that concerned them. They were able to share their thoughts, feelings and explanations about what happened that brought them to the attention of the school counsellor. I recall a student being called to the school counsellor's office

due to poor attendance. The student informed us that she had often slept in and therefore either came late or did not attend that day. The student continued to discuss how she was expected to get herself up and ready for school. While talking to the student about her circumstances, suggestions were offered such as setting more alarms, going to sleep earlier, preparing for the school day the night before, etc. She agreed to try the suggested options to avoid punishment. Even though this student was meeting with the counsellor because of her poor attendance, she was also commended for making it to school the days she did attend. The school counsellor acknowledged that she had a lot of responsibility for someone her age and empathized that it could not be easy having to do so much on her own.

After discussing her attendance, she stayed and the school counsellor and I talked to her about what she liked to do in her spare time and if she was involved in any activities or sports. She informed us that she enjoyed playing sports and was quite athletic. The school counsellor connected with her over sports and encouraged her to continue with it. He also informed her of a high school in Regina which focussed on sports and thought that she might do well there. Her attendance continued to be monitored and she met more frequently with the school counsellor. Each time they met, she was given positive feedback on how well she was doing and relationship was developed. I noticed that there was a significant improvement in her attendance in the last few weeks left in my placement.

Smith (2006) explains that individuals live in “strength-building environments” or “strength-limiting environments” (p.31). Those living in strength-limiting environments may have risk factors but these often interact with protective factors which may lead to resilience (Smith, 2006). The youth which was described above did appear to be living in a strength-limiting environment (the responsibility to get herself to school) and had risk factors (school

attendance, limited parental monitoring) but because she had protective factors (connection to school counsellor and peers) and strengths (sports) she was able to use her strengths to overcome her limitations.

The specialized classrooms were also based on a strengths perspective. Students were given the resources and supports they needed to make their time at school a more positive and successful experience. These classrooms had small numbers of students and educational assistants to offer support. The classrooms were set up to meet the different needs of the students. Occupational therapists were also instrumental in that they provided specialized assessments and equipment, which can be used with students to make their time in school less stressful.

As previously mentioned, my professional associate developed different groups that build on students' strengths and interests to assist students in being successful. He developed "The Games Room" to promote social skills. He formed a rock band to help students learn through music. He also developed a chess club for students to develop social skills and cooperative skills. In addition, he also coached soccer for the three schools he was assigned to, and any student who was interested in participating could be involved. The teams were not based on skills or abilities but rather were designed to include children who may not have played in the past. Being able to play soccer provided an opportunity for all students to be part of a pro-social activity regardless of financial means. These types of programs build on the personal strengths of the students and helped them enhance and develop their social skills.

I was able to incorporate the strengths-based perspective when running the FRIENDS groups. As noted earlier, this program was designed to address anxiety and depression in children and youth. At the beginning of each group I would check in with the students and ask

them to share one thing that happened during the week that made them proud or happy. Each student was able to share their achievements and positive events with their peers. The FRIENDS program also allowed for skill development and offered coping skills so the students would be able to more effectively self-regulate their emotions. The concept of resilience was incorporated within the program by helping students acquire the skills they needed to overcome adversity. The FRIENDS program was developed to help children and their families learn the skills necessary to “overcome potentially adverse life circumstances” (Barrett, 2013, p. 9).

Although the strengths-based perspective is seen as a positive way to engage clients and help them realize their strengths to overcome life’s struggles, it does not come without some skepticism. Gray (2011) informs that the strengths based perspective focuses on an equal relationship between the social worker and client and this is not always possible especially in the “harsh managerial environments” where most social workers work in (p. 8). Gray (2011) goes on to state that the strengths based perspective fails to address the “relationship of structural inequalities such as: race and class, mental illness and poverty” (p.8). In addition, Gray (2011) also suggests that the strengths based perspective is closely aligned to the agenda of the “New Right Conservatives whose critics see them as placing social responsibility on to people” (p.8).

Cognitive Behaviour Therapy

Another form of therapy, which was commonly used within the Regina Public School Division, was cognitive behaviour therapy (CBT). CBT is a form of psychotherapy, which stresses the importance of cognitions and how they impact how we feel and behave (Stallard, 2009). CBT is a “psychological and behavioural” approach, which is used to treat a number of problems including anxiety and depression (Sweet, 2010, p. 12). CBT uses an ABC analysis in which” (A) is the activating event, which is also known as the “trigger” (B) are the beliefs based

on one's morals and values which attaches to the trigger, and (C) is the consequences of their actions which include thoughts and behaviours" (Sweet (2010, p. 13). An activating event is also known as a trigger, beliefs include one's morals, views and meanings which an individual attaches to the trigger, themselves and others, and consequences include their "thoughts and behaviours which accompany emotions" (Sweet (2010, p. 13). The goal of CBT is to differentiate between thoughts, feelings and behaviours (Sweet, 2010). Stallard (2009) stresses that a CBT approach works well with children because it focuses on current events and how to cope with day to day problems that they are experiencing instead of focusing on why problems have occurred in the first place (p. 15). CBT uses a collaborative approach between the therapist and child and children play an active role in their sessions (Stallard, 2009). Children are involved in testing the "reality and limitations of their cognitions, beliefs and assumptions" (Stallard, 2009, p. 15).

Cognitive behaviour therapy is also skills based, which enables children to learn and develop a variety of skills and strategies they can practice and use (Stallard, 2009). CBT is time-limited and a short-term time therapy, which helps children to see results from therapy sooner. In CBT the therapist is not seen as an expert who has all the answers but works collaboratively with the child (Stallard, 2009). The child seeks to understand their problems and develops helpful skills and strategies to assist them with these concerns (Stallard, 2009). The therapist is used to guide the child and assist in reshaping expectations they may have (O'Connor & Creswell, 2005).

While in my practicum placement, CBT was used when working with students on an individual basis, with their parents, and in classroom settings with groups such as FRIENDS. In fact, the FRIENDS curriculum is based on a CBT approach. It is used with children to explain

what anxiety is, and offers tools which can be used to treat the symptoms which go along with it. The curriculum includes exercises which focus on mindfulness and meditation. Because CBT is a time-limited intervention, it benefits school counsellors due to their high caseloads and their various roles and duties. For example, when a student would arrive with a concern, the issue would be discussed, negative thoughts and thinking errors would be explored, and strategies to overcome the problem or cope would be implemented. I noticed that a number of students had involvement with the school counsellor due to anxiety. In these situations, the students' thoughts, feelings and actions surrounding anxiety situations were explored. If a student had negative self-talk about a particular anxiety provoking situation, they were asked to challenge these negative thoughts and put them into perspective. A student could then have the opportunity to examine and potentially realize that their perceptions may be exaggerated or distorted. The student would then have a chance to learn strategies to deal with their unpleasant thoughts and feelings.

When working with parents and their children, CBT was also used. School counsellors are responsible to deal with issues pertaining to school attendance. I recall a situation in which a student was refusing to attend school. My professional associate and I attended to the student's home to talk to him and his parents. It appeared that the student was anxious to attend school because he was uncomfortable being in crowds. Situations such as these seemed to be quite common within the schools. My professional associate and I had a number of situations in which students refused to attend school due to anxiety. I have also come across situations of school refusal due to anxiety numerous times in my career in mental health. In this particular situation, my professional associate and I met with the student and discussed options to reduce the anxiety the student felt. The student was encouraged to share his thoughts and feelings about attending school. He informed us that when the bell rang it was particularly hard because that is when large

crowds would gather to enter the building. The student was then asked to question his thoughts and beliefs about this. The student thought about it and informed us that he did not like people looking at him and feared what others would think of him. He was using negative self-talk and was also demonstrating a “thinking error”. His thinking error is known as “mindreading or fortune telling” (Sweet, 2010, p. 93). Mindreading or fortune telling is a thinking error because it results in someone jumping to faulty conclusions or believing something that in fact is not true. This student thought that his peers did not like him and assumed that others would see him in a negative way when he had no proof of this. It is imperative that self-talk be addressed while using CBT as negative self-talk can be destructive (O’Connor & Creswell, 2005). When listening to the language a child uses about how they view themselves, it is important to point out the negative self-talk and then promote positive self-talk instead (O’Connor & Creswell, 2005).

This student was asked to challenge his negative thoughts, challenge his thinking errors, and practice relaxation and grounding techniques as we began working on exposure. Exposure is a key element in anxiety treatment and occurs when “a child confronts and learns to cope with feared situations or events” (Stallard, 2009, p.141). Through exposure to the anxiety provoking event, a child learns that when they face their fear, the anxiety lessens (Stallard, 2009, p. 141). When a student demonstrates anxiety about going to school they might begin by starting out slowly and doing things such as entering the school at a time that is not busy. They might work in smaller classrooms or in a quiet space alone and then slowly transition back in to the classroom when they start feeling more comfortable. Rewards for using learned strategies and for engaging in exposure activities are also encouraged in CBT (O’Connor & Creswell, 2005). The student was asked to reward himself for his successes.

After a few weeks' time, the student was attending regularly. The student checked in with us from time to time to inform us on how he was doing and was also encouraged to continue to utilize his coping skills.

Cognitive behavioural therapy has been proven to work well with children in school settings but it does also have some barriers. Barriers to successful CBT treatment can be related to client characteristics such as: "expectations and beliefs, motivation for treatment, social system factors, problems related to techniques used, the relationship with the therapist and the clients ability to work independently between sessions" (McAleavey, Castonguay & Goldfield, 2014, p.29).

Social Work Values and Ethics

During my practicum, I noticed how the school counsellors adhered to the Canadian Association of Social Workers code of ethics. In *Value 2: Pursuit of Social Justice* it states that social workers believe in the obligation to "provide resources, services and opportunities for the overall benefit of humanity and to afford them protection from harm" (CASW, 2005, p.5).

Throughout my practicum experience, I noticed that the school counsellors made numerous referrals to ensure that the children they worked with and their families had their needs met. Referrals were made to the Regina Food Bank, to pediatricians, mental health professionals and Catholic Family Services for in home supports.

Because school counsellors also deal with attendance, I sat in on meetings with parents and children that focused on having the child attend school more regularly. In one instance there was a teenage girl who was refusing to attend school. My professional associate and I met with the girl's parents and tried to assist with having her return to school. After several meetings, it was clear that she was not going to return to school. A referral was made to an alternative school

which is designed to support and assist students who have not been successful in attending a regular school setting. All the referrals focused on assisting children and their families so they could become more successful in school.

While in my practicum placement, I became familiar with the standards by which confidentiality was practiced in the school district. The counsellors within the RPSD have clear and strict standards with respect to confidentiality. All documentation pertaining to the children they work with is located in a safe and is in a secure location either in the school counsellor's office or in the Regina Public School Board office. My professional associate kept his notes and social histories on his personal and secure password protected computer in a folder titled "counsellor's notes". These notes were not available for anyone else to see unless the child was transferring schools in which case the new school social worker would have access to this information. Every time school staff members referred a student to my professional associate, he contacted the parents and arranged for them to sign a consent form for services prior to beginning work with the child. If he needed to share information with another agency he explained the reasons he thought referrals to outside agencies may be beneficial and obtained signed consent to share information prior to making referrals. My professional associate always allowed for the student to meet with him in his personal office with the door closed to maintain confidentiality and had administrative staff call the student down to the office for these appointments.

I can only recall one instance in which I questioned if an ethical dilemma had occurred. The dilemma which I encountered was contrary to *Value 1: Respect for the Inherent Dignity and Worth of Persons* (CASW, 2005). According to the Canadian Association of Social Workers (CASW) code of ethics (2005), "Social workers respect the unique worth and inherent dignity of

all people and uphold human rights” (p. 4). The situation which had occurred involved a student who was removed from school and placed on a “medical exclusion”. A medical exclusion is to be used when the school has had no success in interventions when a student has been repetitively violent or disruptive or when a child has medical or mental health concerns which have not been addressed. The school’s superintendent makes the decision to remove a student for a medical exclusion. The rationale to remove the child is so they can see a professional to determine if the child has a medical or mental health related concern that is interfering with their ability to be successful at school. Although this exclusion is said to be “medical”, it relates more to behavioural and psychological problems. A student placed on a medical exclusion is not allowed to return to the school until they have been seen by a health professional, which can take months if they need to see a psychiatrist or pediatrician. During my practicum and career in mental health I have seen medical exclusions used several times.

I found this to be an ethical dilemma because obtaining an education is also a human right and as a social worker, we are expected to uphold human rights. In the Regina Public School Division, school counsellors are all registered social workers through the Saskatchewan Association of Social Workers (SASW) and follow the CASW Code of Ethics (2005). According to UNICEF, “Education is a fundamental human right and every girl and boy everywhere is entitled to attend school and learn” (n.d. para. 1). I also reviewed *The Education Act, 1995*, which is the *Act* that applies to elementary and secondary education in Saskatchewan. Part IV of the *Act* and in Section 141(1) it states that students have a right to education and states the following:

Subject to sections 154, 155 and 157, no teacher, trustee, director or other school official shall, in any way deprive, or attempt to deprive a pupil of access to, or the advantage of

the educational services approved and provided by the board of education or the conseil scolaire (p. 82).

Part IV of the *Act* also discusses discipline. Section 154(1) mentions, that if a student is suspended, the suspension “may not exceed 10 days” (p. 88). I did not find any policy or legislation pertaining to medical exclusions within this *Act*. I also contacted my professional associate to see if he had any information about this procedure and he did not.

My thoughts were that, as a social worker, if we are to uphold our clients’ human rights, why are children being removed from school; thus not receiving an education, which is their human right? There were many factors to consider as I contemplated if this was in fact a violation of this student’s human rights. The child was placed on a medical exclusion due to extreme behaviour, which placed others at risk of harm. This student, although young, had been physically aggressive towards school staff and students. The school personnel had several meetings with this child and his mother and various interventions had been put in to place but none were successful. The student was spending a significant amount of time in the principal’s office so he could be monitored but this could not occur on a long term basis. The student also had an additional supports when he was in the classroom but this was not enough to manage his behaviours. After several attempts by the school to manage his behaviour, he was sent home on a medical exclusion. This student was able to meet with a professional and returned to school approximately one month later.

One of the principles included in *Value 1* of the CASW Code of Ethics (2005), states that “Social workers uphold the right of every person to be free from violence and threat of violence” (p. 5). This value made determining whether a dilemma had occurred even more difficult. Because education is a human right, schools have an obligation to protect other students and staff

but when a child is removed from school for a month's time it contradicts the right to an education. I also understand that the schools within the RPSD have limited resources and are facing cuts due to the current government cutbacks, but I believe that if the schools had access to more supports and resources, the situation could have been handled differently.

Conclusion

By completing my field practicum at the Regina Public School Division, I believe that my Master of Social Work (MSW) program came full circle. I started out by taking classes, which gave me the knowledge and skill set which would be required for my practicum. By taking the required courses and choosing electives which focused on working with youth and their families, I was able to grow as a social worker. I believe my MSW course work and practicum have added to my skill set and my confidence as a social worker. I was able to incorporate experiences and skills from my years spent working as a clinical social worker working with children and youth and apply them to working with children in a school setting. I was able to learn from observation and participation about the various roles and duties included in school social work.

My experience was both rewarding and challenging. I was able to achieve all of my learning goals and much more. I was able to take on a project that was rewarding and will hopefully assist the children and youth who are involved in the family treatment program and the school. I quickly learned that I would have to adapt to a fast paced and sometimes hectic school environment. I noticed that I became more flexible and developed more efficient case management skills, and I became used to "thinking on my feet". Often during meetings, I would get ideas and suggestions, and would figure out interventions on the spot. This reminded me of the importance of knowing what community resources exist, and of the importance for me to

continue to develop professionally. I gained an appreciation for the work that school counsellors do and the relationships they form with the children and families and school personnel. It was enjoyable to watch my professional associate meet with children and youth, some years after he may have worked with them, who still pop into his office to say hello.

One thing I noticed during my practicum was how much encouragement, support and time school personnel gave to their students. It was refreshing to see how hard teachers, principals and school counsellors work to ensure success in their students. During the many meetings I attended, it was evident that everyone involved was thinking of the best interest of the child. There was never a lack of ideas or suggestions when it came to figuring out how to meet the needs of the students and their families. School staff spent countless hours volunteering for activities and organizing events for their students, many of which occurred outside of regular work hours. My professional associate had a large caseload and three schools to cover, but he also ran and facilitated three to four groups at the same time

Given the uncertain financial times for the school boards in the Province that existed when I did my practicum because of recent budget cuts, it will be interesting to see how exactly schools and students are affected. I noticed the need for more supports and resources for staff and students within the schools I was in. To imagine cutting staff or services from a system which is already exhausted is not acceptable. I sincerely hope, for the sake of the students and staff of the Regina Public School Division, that schools will be better supported and appreciated for all they do. The schools I worked in did amazing work and I cannot thank them enough for allowing me to grow and learn as a social worker within their walls.

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