



Core SSW Services Working Paper: Referral, Screening, Assessment, & Service Delivery Process (RSASD) for School Social Workers

Michael Stokely Kelly¹

¹ Loyola University Chicago

Abstract

The framework offered here is rooted in a variety of sources, primary among them my own research on SSW practice, consultation with the PLC Project Advisory Board, and the ongoing work with the various PLCs here in Ontario. I am grateful for all the different PLC members, co-leads, and outside research and practice experts that helped form this draft framework.

Ontario SSW Managers and the 70+ Professional Learning Community (PLC) members identified significant concerns with how SSW struggled to manage the different expectations of their “host setting.” A primary concern was the lack of control many SSW reported having with how their caseload came about, specifically in how referrals were made for SSW services. This Plain Language Summary (PLS) will detail the key components of the proposed new Referral, Screening, Assessment, and Service Delivery process (RSASD). Drawing on the work of Dr.

Kelly the leadership of the Assessment/Criteria PLC, we will identify the best evidence-informed practices (EIP) in screening and assessing student clinical concerns, and suggest some best practices that formed the basis for our new RSASD model. The EIP in each PLS will also be aligned where applicable with the evidence-based practice (EBP) Common Elements identified by School Mental Health-Assist (SMH-ASSIST). Additional recommendations for further reading and implementation strategies are included in the PLS, while a more extensive annotated bibliography and related materials are included elsewhere as part of all of the Ontario SSW PLC ToolKits.

Introduction

The framework offered here is rooted in a variety of sources, primary among them my own research on SSW practice, consultation with the PLC Project Advisory Board, and the ongoing work with the various PLCs here in Ontario. The framework I offer here is meant to be viewed as a draft and will likely need to be modified according to the review by the Managers Group and the ensuing discussions. I am grateful for all the different PLC members, co-leads, and outside research and practice experts that helped form this draft framework.

Towards a Clear, Responsive and Effective SSW Assessment Process

Most SSW have a good idea of what they think constitutes a good referral for their services. However, few SSW report having predictable and consistent ways to ensure that schools utilize their services and expertise in the most effective way possible. This was reflected in the ON SSW survey data when respondents listed “Practicing in a host setting which may not understand what school social workers do” and “Balancing needs as determined by professional judgment versus school existing/emerging priorities” as major frustrations in their day-to-day practice. This framework draft breaks these issues into four related but distinct categories:

The assessment process itself (a proposed five-step process shown in Figure 1 below);
A discussion of what the literature says about what the most effective kinds of SSW services are (brief treatment, group, teacher consultation, family work, among others);
A sampling of measurement tools (progress monitoring tools, clinical assessment tools

for specific mental health issues) that Ontario SSW Managers could consider using with their staffs; and

Entrance and exit criteria for SSW services based on my previous work with a variety of SSW groups.

I will conclude with some further thoughts on issues related to the implementation of this framework (what I'm calling "Flexibility vs. Consistency") across Ontario SSW Boards.

The Assessment Process: A Five-Step Model

The 5-step model follows in Figure 1.

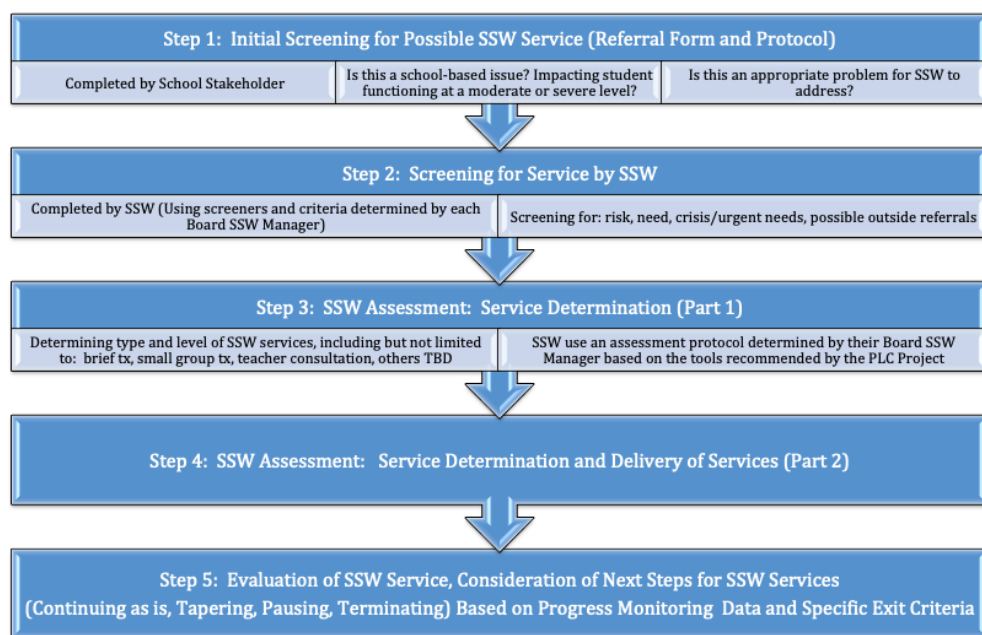


Figure 1

Figure 1 describes the Assessment Process framework I'm proposing for further discussion and possible revisions. The framework grows largely out of the work of the Assessment/Criteria PLC and my further consultation with outside experts on the Advisory Board. In this framework, we have tried to establish a series of steps for SSW to establish within their schools so that referrals are made with more clarity and also that the SSW themselves is more in charge of determining what (if any) SSW services are needed.

SSW Services: What Works Best?

An important and nagging question in the SSW literature relates not to whether SSW

services “work” (they do), but whether most SSW are engaged in levels of service that are most effective and efficient (less than we would like). Decades of survey research and numerous qualitative studies have shown that SSW overwhelmingly prefer individual or small-group treatment interventions that closely approximate outpatient mental health treatment. This is true even when for some clinical and behavioral student issues, the evidence base for teacher consultation, parent/child work, and brief treatment is stronger than the standard open-ended clinical approaches favored by many SSW (Franklin et al., 2012; Kelly, 2008; Kelly et al., 2010)

Given this potential opportunity to further shape SSW practice in Ontario going forward, the five-step assessment framework noted above allows for flexibility in how SSW choose to provide services to their students, but it also establishes the assumption that SSW using the framework will first explore a time-limited, evidence-informed treatment working with the student within their “client system” i.e. working with their classroom, teacher, and caregivers to establish whether more intensive SSW services (or outside services) are indicated. We will also hope that doing this will help the SSW in each Board feel more empowered to assert their professional role as a practitioner who has the ability to intervene at multiple levels within the client and school system to help students and their families. Our PLC project will have made significant impacts on ON SSW practice if we see more SSW using the referral and assessment framework described here; specifically, that they use it to tailor their services more to specific student needs and clinical issues, while also bearing in mind what makes the most sense to do from both a school-level and evidence-informed perspective.

Progress Monitoring and Additional Measurement Tools for SSW Practice: Measuring Intervention Impacts and Establishing Exit Criteria for SSW Services

Our ON SSW survey data indicated that most ON SSW are interested in using data to track student progress, but that most rely on school-level office data (behavior referrals, attendance, and grades) and teacher and student self-report rather than standardized measures. (Few also reported consistently using screening tools to establish the need for SSW services.) The literature is clear that SSW need to become more familiar with using data to demonstrate the impact of their services, but I would add that without clear data, it is often hard to show that students have met the goals of SSW service and are able to be exited from services. Without hard data, the very teachers, parents, and administrators that made the initial referral for services are likely to claim that the

student still “needs” the SSW and will be resistant to the SSW exercising their professional judgment to taper, pause, or even terminate services.

Table 1 shares some preferred screening, assessment, and progress monitoring tools to use with implementing the RSASD:

Tools For SSW	Type	Age Range	SF	Link
CES-DC	S, A	8-17	High	https://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf
Child Behavior Checklist	S, A	6-18	Medium	http://www.aseba.org/schoolage.html
Children’s Thoughts Questionnaire	A	11-14	High	E-mail author at BelDeb@missouri.edu for access to the scale
Daily Report Card (DRC)	PM	K-12	High	http://www.interventioncentral.org/teacher-resources/behavior-rating-scales-report-card-maker
DASS-21	S, A	14-18	High	http://www2.psy.unsw.edu.au/dass/
Direct Behavior Rating	PM	K-12	Low/\$\$	https://dbr.education.uconn.edu/
FACTS Tool (Functional Assessment Checklist for Teachers and Staff)	A	K-12	High	http://www.midwestpbis.org/materials/fba-bip-training-materials (look under the “Tools that are used to complete the FBA-BIP process with fidelity” section.)
Functional Behavioral Analysis/Behavior Intervention Plans (FBA/BIPs)	S, A, PM	K-12	High	http://www.midwestpbis.org/materials/fba-bip-training-materials
GAD-7	A	12+	High	http://www.canmat.org/anxietylinks2.html
Kutcher Adolescent Depression Scale (KADS)	S, A, PM	12-18	High	http://www.mdaap.org/Bi_Ped_KADS6.pdf
Mood and Feelings Questionnaire	S, A, PM	7-18	High	http://devepi.duhs.duke.edu/mfq.html
PHQ-9 (and PHQ-A)	S, A	11-17	High	http://www.canmat.org/depressionlinks2.html
Spence Children’s Anxiety Scale	S, A	4-15	High	http://www.scaswebsite.com/1_1_.html
Strengths and Difficulties Questionnaire (SDQ)	S, A	4-18	High	http://www.sdqinfo.com/

Table 1

Notes: S=Screening Tool; A=Assessment Tool; PM=Progress Monitoring Tool. SF=Social Feasibility Rating: High (free, brief, easy-to-use, minimal training); Medium (low cost >\$100, some training needed); Low (cost<\$100, training needed, concerns about complexity of the tool or intervention for regular practice)

Most of these tools are free and all are easy to administer and score. The Child Behavior Checklist, Direct Behavior Rating (DBR) and SDQ are both potentially attractive and user-friendly, but will require some cost up front, perhaps cost that could be borne by the Board. In addition, this is not an exhaustive list: in the Annotated Bibliography and Supplemental Materials for this ToolKit we will share some additional resources to consult.

Perhaps more important than just simply picking a standardized measure and using it is the importance of situating it within a “data plan” that you and your SSW colleagues find is practical and feasible within your Board context. We offer a sample of a “data plan”

template in Table 2, adapted from Maggin & Mills (2013 in Barrett et al., 2013) and our Assessment/Criteria PLC’s work (2016-2017), to help you get started.

Table 2: Data Plan Sample to use for 2 SSW Key Domains of Practice (Depression and Anxiety)

	Screening	Assessment	Determining Service Plan Based On Data	Progress Monitoring Plan	Exit Criteria
Depression	School referral form BAG (Behavior, Attendance, Grades) School-wide universal screener e.g. SDQ	CES-DC (Depression Scale for Children) Kutcher Adolescent Depression Scale (KADS) (12-17) (both tools can be used as pre-/post-tests)	Based on SSW assessment, moderate to significant impact on school functioning	Possible progress-monitoring tools e.g. Daily Report Card (DRC)	DRC, BAG data improved; post-test scores on CES-DC or KADS out of clinically significant range
Anxiety	School referral form BAG (Behavior, Attendance, Grades) School-wide universal screener e.g. SDQ	Spence Children’s Anxiety Scale GAD-7 (Adolescent anxiety scale) (both tools can be used as pre-/post-tests)	Based on SSW assessment, moderate to significant impact on school functioning Possible progress-monitoring tools e.g. Daily Report Card (DRC)	Possible progress-monitoring tools e.g. Daily Report Card (DRC) Collecting BAG data	DRC, BAG data improved; post-test scores on Spence or GAD-7 out of clinically significant range

Sources: Maggin & Mills, 2013, Assessment/Criteria PLC, 2017

Figure

Cultural Considerations/Anti-Oppressive Practice (AOP)

“The theoretical rationale for an anti-oppressive transformation of social services may include developing non-hierarchical work relations between clients and social workers, promoting social rights, adopting structural and contextualised views of clients’ social problems and developing client representation. In addition, the rationale includes responding to social, class, gender and ethnic diversity, acknowledging unequal power relations with clients, creating a non-bureaucratic organisational culture, developing alliances with clients and critical consciousness among clients and workers, as well as promoting reflexivity between workers and clients (Strier and Binyamin, 2013, p. 3).”

As with all the ToolKits in this project, the interventions and tools summarized here represent EIP, but they are neither an exhaustive list of EIPs or a completely sufficient one. Part of the reason for this is related to the quote above about anti-oppressive practice (AOP): AOP is far from being realized in our schools, and within the framework of mental health treatment itself more broadly. The nature of engaging in EIP calls us to carefully examine all the interventions and tools we choose to use for how they do (or don’t) fit within the “social, class, gender, and ethnic diversity” of our school clients and

their families. To be sure, none of the EIP listed here have been shown to be harmful to any specific population that we SSW serve; but saying that alone is no guarantee that these strategies are going to be acceptable to the specific client sitting in front of us. The hard work of doing AOP in applying EIP is ahead of all of us, and to that end, I offer some thoughts on Implementation Action Steps for this ToolKit.

Implementation Action Steps

For each ToolKit, here are some suggestions on steps for Ontario SSW to increase the effectiveness of their EIP:

1. *Establish a referral, screening, assessment, and service delivery (RSASD) process and stick to it.* In partnership with each Board and the larger community of Ontario SSW, having clear criteria for what constitutes a SSW referral and what the appropriate type and level of service will be is going to be crucial in creating a manageable SSW caseload going forward. I have asked each Board Manager to work with their team to decide on how they want to implement the RSASD described here, and am thinking that the best way to do this will involve piloting some of the work by the end of the 2018 school year, creating the RSASD template for each Board heading into Fall 2018.
2. *Principal and teacher consultation are crucial—how are you creating teams and structures in your schools to ensure it happens regularly?* Along with a clear RSASD mentioned earlier, teachers are going to make-or-break your efforts to effectively do this process (along with principals). School staff aren't always able to identify more internalizing mental health problems, and having a regular and consistent teaming structure (with the specific data and progress monitoring tools that could be part of the new RSASD your Board adopts) will help teachers increase their capacity to make better referrals.

Appendix A: PLS References

Franklin, C., Harris, M. B., & Allen-Meares, P. (Eds.). (2012). *The school services sourcebook: A guide for school-based professionals*. Oxford University Press

Kelly, M. S., Raines, J. C., Stone, S., & Frey, A. (2010). *School Social Work: An Evidence-Informed Framework for Practice*. Oxford

University Press.

Maggin, D. & Mills, C. (2013). Interconnecting school and mental health data to improve student outcomes in Barrett, S., Eber, L., & Weist, M. (2013). Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support. Center for School Mental Health. Retrieved from <https://www.pbis.org/school/school-mental-health/interconnected-systems>

Massat, C. R., Kelly, M., & Constable, R. T. (2016). *School Social Work: Practice, Policy, & Research* (8th Ed.). Oxford.

Strier, R., & Binyamin, S. (2013). Introducing anti-oppressive social work practices in public services: Rhetoric to practice. *The British Journal of Social Work*, 44(8), 2095-2112.

Appendix B: A Brief History of the SSW PLC Project

Starting in Fall 2015, the various members of the Ontario Association of School Board Chief Social Workers met with Dr. Michael Kelly in Niagra Falls, Canada to talk about school social work (SSW) in their Boards and their goals for enhancing SSW practice into the next decade. After some discussion and reflection over Fall 2015, the group decided to work with Dr. Kelly starting in January 2016, with the work presented in these ToolKits concluding in December 2017. The work was focused on the Professional Learning Community (PLC) project referenced here in this paragraph from the project agreement:

“This Project will examine the school social worker role in light of current practice realities within the diverse School Boards of Ontario and in anticipation of further significant changes for school social workers with the implementation of School Mental Health-Assist in Ontario. Activities of the Project will include working with all interested Ontario School Social Work Managers over a 20-month period to develop a careful and complete consideration of school social work (SSW) practice in Ontario, to collect data about current SSW practices in Ontario School Boards, and to create an intensive, comprehensive and sustainable model of training and supervision to further clarify and focus the work of SSW in Ontario schools moving forward.”

The overarching goals of the PLC project included the following:

- Understanding and mapping SSW practice in Ontario (and deciding what that meant

for Ontario SSW training needs going forward)

- Creating sustainable evidence-informed Professional Learning Communities (PLCs) that deepen and extend the work of Ontario SSW
- Using the PLC work to develop messaging and intervention tools that work for Ontario SSW

The PLCs came together quickly, with a lot of energy and excitement for all of the 5 topic areas, and a high level of involvement from Chief/Managers in nominating SSW from their Boards. That energy and momentum has continued, even as the work has intensified and moved us into Summer and Fall 2017.

SSW Key Domains and Core Services

Due in large part to the efforts of the different PLCs (particularly the Unique Role PLC), there was a growing sense that the project needed to clarify more fully the nature of the SSW role within the diverse school contexts of Ontario to move the project forward into implementation. To that end, I (Dr. Kelly) collaborated with the SSW managers on a document that incorporated our survey data, best practice literature, and the practice wisdom of the SSW managers to focus on 6 Key Domains of SSW Service and 6 Core SSW Services. This document was approved by the manager group, and formed the basis of the work heading into the implementation phase of 2018-2019.

Ontario PLC SSW Key Domains of SSW Service and Core SSW Services

Six Key Domains of SSW Service

Personal Adjustment (Social Skills, Emotional Regulation)

Family Adjustment

Anxiety

Depression

School Avoidance/School Refusal

Crisis Intervention (Suicidal, Self-Harming Students)

Core SSW services

- Conducting social work assessments and delivering brief, time-limited evidence based/informed interventions when clinically indicated by best practice guidelines for students in their schools as appropriate--referring the youth to outside mental health services in cases where intervention continues to be required beyond brief intervention.
- Delivering evidence-based group curriculum in small groups or classroom settings

targeting students identified at Tier II level (at-risk but not yet showing evidence of a disability or DSM-V disorder);

- Providing regular teacher consultation to enhance teacher capacity to handle social-emotional-behavioral challenges in their classrooms, as well as to help design specific plans for challenging students;
- Engaging in yearly needs assessment processes with their school leadership teams to identify key school climate to address with school-wide evidence-based/ informed programming (e.g. bullying prevention curriculum, SEL programs, suicide prevention training for teachers);
- Employing universal screening tools, progress monitoring data collection tools, and other standardized measures to evaluate the impact of their interventions on their school clients;
- Conducting professional development sessions for school staff on mental health promotion topics

Appendix C: Referral, Screening, Assessment, and Service Delivery (RSASD) Process ToolKit Annotated Bibliography

EIP Resources Consulted (Books)

1. Barrett, S., Eber, L., & Weist, M. (2013). Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support. Center for School Mental Health. Retrieved from <https://www.pbis.org/school/school-mental-health/interconnected-systems> (Lots of good templates and strategies to use across all the Core SSW Services)
2. Corcoran, K., & Fischer, J. (2013). Measures for clinical practice and research, Volume 1: Couples, Families, and Children (Vol. 1). Oxford University Press. (A range of free and/or low-cost rapid assessment instruments to use to screen and assess students)
3. Franklin, C., Harris, M. B., & Allen-Meares, P. (Eds.). (2012). The school services sourcebook: A guide for school-based professionals. Oxford University Press. (73 chapters on EIP-related SSW topics, written by leading SMH scholars)
4. Harrison, J. R., Schultz, B. K., & Evans, S. W. (Eds.). (2017). School Mental Health

Services for Adolescents. Oxford University Press. (A strong focus on EIP for adolescent school mental health issues)

5. Kelly, M. S., Raines, J. C., Stone, S., & Frey, A. (2010). *School Social Work: An Evidence-Informed Framework for Practice*. Oxford University Press. (Provides a critical review of the best available EIP for some key domains of SSW practice identified in the authors' 2008 National SSW Survey, many of which are relevant to the current Ontario PLC Project)
6. Kelly, M. S. (2008). *The domains and demands of school social work practice: A guide to working effectively with students, families and schools*. Oxford University Press. (Offers some step-by-step ideas about how to "do" EIP in a real-world school setting, with lots of practice examples from the author's time as a SSW in the Chicago area)
7. Kim, J., Kelly, M., & Franklin, C. (2017). *Solution-Focused Brief Therapy in Schools: A 360-Degree View of the Research and Practice Principles (2nd Ed.)*. Oxford University Press. (a brand-new summary of the EIP related to SFBT and strength-based interventions for a myriad of SSW referral reasons)
8. Massat, C. R., Kelly, M., & Constable, R. T. (2016). *School Social Work: Practice, Policy, & Research (8th Ed.)*. Oxford. (the foundational guide for SSW for 40+ years; the 36 chapters and appendices provide a range of EIP for all 12 of the Key Domains and Core SSW Services identified by the Ontario SSW PLC Project)

EIP Resources Consulted (Websites)

1. Blueprints for Healthy Youth Development (a well-curated EBP site that provides specific information and ratings on programs to address youth risk and resilience factors in school and community settings) <http://www.blueprintsprograms.com/search>
2. California Evidence-Based Clearinghouse for Child Welfare (while focused on child welfare, there are a number of programs and interventions that this site provides detail appraisal for that relate to SSW practice) <http://www.cebc4cw.org/home/>
3. Campbell Collaboration (an international repository of systematic reviews on mental health and SW topics, including several that are pertinent to the Key Domains/Core Services of SSW Practice) <https://www.campbellcollaboration.org/>
4. National Elf Service (a UK-based EBP site that provides critical commentary on mental health EBP for youth and adults) <https://www.nationalelfservice.net/evidence-based-practice/>
5. National Registry of Evidence-Based Programs and Practices (NREPP) (a U.S. government site that provides extensive detail about EBPs for use with youth in school and community settings, and has a user-friendly search engine feature)

<https://www.nrepp.samhsa.gov/landing.aspx>

6. Schoolsocialwork.net (SSWN) (the website created by Dr. Kelly and colleagues in the U.S. to bring a variety of user-friendly EIP resources and strategies to SSW)

<https://www.schoolsocialwork.net/>

7. School Success Online (Developed as a companion site to the School Success Profile suite of needs assessment tools, this site provides a well-curated list of EIP, organized by interventions that the authors have judged to be “Evidence-Based” or “Promising”)

<https://www.schoolsuccessonline.com/resources/>

8. Teen Mental Health.org (a Canadian site used by a number of Ontario SSW already, providing solid mental health promotion EIP for students, teachers, and SSW)

<http://teenmentalhealth.org/curriculum/>

9. What Works Clearinghouse (another U.S. government site focused on education EIP; lots of good materials here for helping students with behavior problems and enhancing teacher capacity through effective SSW-teacher consultation)

<https://ies.ed.gov/ncee/wwc/FWW>