

*Woodford County Special Education
Association
Special Services
COUNSELING BOOKLET:*

*Guidance Document for
School-Based
Counseling Services
Provided to
WCSEA Member Districts*

WCSEA PROFESSIONAL COUNSELING POLICY

When a student is observed to be in distress or crisis and needs counseling services to address a crisis situation or a school related issue, WCSEA school-based clinicians should use their best professional judgment when deciding whether to meet with the student. The school-based clinician may decide that these counseling services may be provided when a service plan or IEP plan is in place.

When a student is reported by a school administrator or school team or identified through school-wide social emotional screening to be in distress, the school-based clinician should make every attempt to learn about the in-crisis student's immediate needs in order to determine whether an initial interview with the student is necessary.

It is acceptable for the WCSEA professional to interview the student and meet with the student up to eight sessions (90 minute increments or less) over multiple school years in order to address a short-term, school-related counseling concern or to assess the need for further intervention. If further counseling is necessary, parental consent must be obtained and a formal service/intervention and/or IEP plan formulated.

Illinois Social Emotional Learning Standards

Following the enactment of the Children’s Mental Health Act (2003) and Public Act 93-0495 – Section 15(a), the Illinois State Board of Education outlined the following goals related to students’ social, emotional, behavioral development:

1. Develop self-management and self-awareness skills to achieve school and life success
2. Use social awareness to establish and maintain positive relationships
3. Demonstrate decision-making skills and responsible behaviors in personal, school, and community contexts

WCSEA school-based clinicians (i.e., school social workers and school psychologists) collaborate to help students achieve these goals. These clinicians, whether employed by the Woodford County Special Education Association or our member school districts, provide social emotional services for students when deemed appropriate, necessary, and educationally relevant.

Establishing Educational Relevance

School-based counseling services are designed to enhance social relations and support academic achievement and learning. Therefore, counseling issues addressed by school-based clinicians are those impacting the student’s educational functioning and performance. WCSEA school-based clinicians assist in addressing problems that affect school functioning. Not every student with a presenting problem is appropriately served by a WCSEA school-based clinician. Problems that affect the child but have no adverse effect on the child during school are best addressed by outside agencies and/or outside providers (*ISBE May 2007, Student Services Providers Recommended Practices & Procedures Manual*). School-based counselors will make outside referrals for students with counseling needs better served by community-based clinical counseling or family therapy. School-based clinicians are available for consultation with school staff regarding services and interventions that might be appropriate. School-based counseling services are not intended for use in a custody decision. When educational relevance is not established, but social-emotional services may be warranted, school-based clinicians will refer students and families to community-based services. A listing of local agencies is included at the end of this document.

Types of Services Offered

School-based clinicians serve students in a variety of ways. These services may range from working directly with a student to working in a consultative role with staff.

- **Crisis Counseling-** priority and addressed immediately to ensure the student’s social, emotional and physical stability to address immediate issues.
- **Monitoring** - the school-based clinician monitors the student’s progress by meeting with the student periodically, conducting record reviews, and consulting with school staff.
- **Consultation Services**—the school-based clinician consults directly with school staff to determine the student’s needs. Intervention ideas may be suggested to help teachers and staff support the student’s social emotional needs. The school-based clinician may meet

with the student on occasion.

- **Direct Services**—the school-based clinician meets with the student one-on-one or in a small-group setting. Counseling goals are set and data is collected to determine progress toward goals.

Special Education Related Counseling vs. Service Plans

It is the legal responsibility of WCSEA to ensure that students with Individualized Education Programs (IEP) are the primary recipients of special services. Counseling is offered to students in need of services with the following priorities.

I. Students in need of counseling related to their Special Education Eligible Disability

The purpose of school-based counseling is to support educational achievement through the development of social-emotional skills. Often, it is more appropriate for school-based clinicians to co-implement behavioral/social skills goals with teachers rather than write individual counseling goals that require weekly sessions.

Progress Monitoring/ Documentation

In order to document counseling services provided on the IEP, the relevant school-based clinician must attend the IEP to evaluate the appropriateness of the counseling request. When counseling services are included in the IEP, measurable social-emotional/ behavioral goals will be written.

If a student is receiving counseling from a school-based clinician, the school-based clinician should be invited to and attend relevant IEP meetings. Staff coordinating the meetings are asked to coordinate the meeting schedule with the relevant clinician to ensure attendance.

II. Special Education Eligible Students in Need of Counseling That Is Not Related to His Or Her Disability

If a student has an IEP and the school-based clinician decides that counseling is needed, services may be provided rather than as a related service on an IEP. Specifically, a plan or a referral to the Tier system may be recommended if the counseling goal is not relevant to a student's disability but the student's personal difficulties are having an educational impact (e.g., death of a close friend) and/or the school-based clinician sees the goal as being short-term (e.g., coping with a divorce). These services may be provided directly or through consultation and monitoring.

III. General Education Students Identified through Screening or Teacher Referral

School-based clinical services are offered to general education students based on an identified social-emotional or behavioral need. School-wide social emotional screening may be used to identify students with an elevated risk of developing social, emotional, or behavioral difficulty.

An elevated screening score is not to be misconstrued as a diagnosis; rather it is an indication that a student may develop social/emotional/ behavioral problems in the future. Additionally, staff may refer students for services with a school-based clinician.

Counseling for general education students with needs that impact their educational performance is submitted through the WCSEA referral process or may be provided through tier level support. Parental consent for counseling must be obtained in accordance with the laws governing these services.

Social Emotional Learning Support Is Available for All Students

Targeted social-emotional *intervention* is based on a student's risk for developing a problem or the presence of a social-emotional-behavioral concern; however, social emotional learning services are available to all students at all levels (tiers) of need:

Tier I: Evidence based universal social emotional learning (SEL) curriculum/programming may be delivered throughout the district. The curriculum may be supported by the classroom teacher or district counselor.

Tier II: Evidenced based small group interventions that focus on skills development may be recommended and are time limited. School-based clinicians may lead these groups.

Tier III: When a student demonstrates the need for individualized, intensive social-emotional support, a school-based counselor may provide individual or small group counseling to address identified needs. This counseling will be limited to educationally relevant topics. The student may be referred for community-based counseling, if necessary.

Best Practices in School-based Counseling

- The therapeutic benefits of school-based counseling must outweigh the risks of any proposed treatment.
- School-based clinicians should be cognizant of their professional expertise and limitations. They should not counsel on issues beyond the scope of their training nor should their caseloads be greater than they can effectively manage.
- If a student is treated by a community-based counselor, the school-based clinician must consider developing a collaborative relationship with the other counselor. A consent for release of information should be obtained from the student/parent to inform the other counselor of the school-based counseling. Together the clinicians should work to establish a collaborative professional relationship that is in the best interest of the student.
- The school-based clinician will rely on professional judgment and ongoing progress monitoring data to determine the initial and continued need for school-based counseling.
- Evidence based practices should be used to guide and inform the delivery of treatment and services provided to the students.

Confidentiality

All clinicians must uphold confidentiality. There are three exceptions to confidentiality which are: the student threatens to hurt himself/herself, the student threatens to hurt someone else, and/or the school-based clinician has information which must be reported to the Illinois Department of Children and Family Services. The school-based clinician may report on general topics, progress made, attendance record, disciplinary concerns, effective strategies, or other information that might be valuable to those directly involved with the student. All other issues and specifics are confidential unless the student specifically gives the school-based clinician permission to disclose the information.

School-based clinicians may provide up to 8 sessions without parental consent (depending on the case, the school-based clinician may attempt to obtain consent prior to meeting with the student). The duration of these sessions must not exceed 90 minutes per session. The sessions are cumulative and may occur over multiple years. They do not reset for each school year. After 8 sessions, the school-based clinician must obtain parental consent. If authorizing an exchange of information and the child is 12 or older, written consent must be obtained from the parent and student.

When information is sent through email, clinicians should consider the content and identifying information contained in the communication.

How to Make a Referral to a School-based Clinician

There are several ways to make a request for counseling to school-based clinicians. These include:

- 1) Discuss the issue at an IEP meeting/problem solving meeting or directly to the school-based clinician regarding a student concern. The clinician may need to gather additional information before determining the appropriateness of service.
- 2) The person initiating the referral should contact the parent/guardian about the concern and acquire written consent.
- 3) According to the district's RtI policy and tiered referral system, a blue referral form including all necessary signatures may be completed and turned into the clinician in a confidential manner. (Please refer to each individual district's RtI policies and procedures)

Woodford County Special Education Association Procedures Incident of a Threat to Harm Self

Stage One: Preparation

1. Review local district crisis management plan. Identify areas of need as appropriate.
2. Review Woodford County Special Education Association materials with local district administrators. Integrate with existing procedures and forms as needed.
3. Develop and post a resource list including emergency phone numbers and community resources for each school district.

Stage Two: Ongoing Review

1. Each school year review crisis management plan and Woodford County Special Education Association materials with WCSEA and local district staff.
2. Locate forms and procedures in a central place.
3. Use an “information tree” or diagram, so that staff knows who to tell and/or get help in case of an incident. Not everyone is trained or comfortable with these situations but they do need to understand that it is imperative to access staff that are trained to help students.

Procedures – What to do if a suicide threat is made:

- []. Inform building administrator.
- []. Interview student using “**Columbia-Suicide Severity Rating Scale (C-SSRS)**”.
http://www.cssrs.columbia.edu/scales_practice_cssrs.html
- []. Assess level of risk using the information from the “**C-SSRS**”, the “**Suicide Risk Assessment Summary & Action Plan**” form and other relevant sources.
- []. Assess if there is any risk to the student (suspected abuse) for when parents are contacted. If yes, contact DCFS.
- []. Call parent or guardian to request that they come to the school. If the parent isn’t responding immediately do not send the student home until the parent arrives at school if the student is ‘Moderate or High Risk’.

- [] Complete **“Notification of Crisis Intervention Parent Conference”**.
 - [] When parent and/or guardian arrive, review the information and the action plan including referrals to community resources.
 - [] Provide parents with the support required to make the necessary calls and to access the recommended resources by one of the following:
 - a. Parents take the student directly to the hospital for assessment.
 - b. Medicaid eligible students would require SASS Cares Hotline (1-800-345-9049) evaluation for hospitalization.
 - c. Call ERS (309-347-1148) where available (Tazewell/Woodford Counties) – for students unless they are Medicaid eligible then call SASS.
 - d. If they currently have a psychiatrist/therapist attempt to call them for their recommendation for further assessment.
 - [] If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected. (DCFS 1-800-25-ABUSE)
 - [] b. A District Administrator will contact the state police completing and fax the form **“Person Determined to Pose a Clear and Present Danger”**. This form is available at: <https://www.isp.state.il.us/docs/2-649.pdf>
 - [] 1. Provide student with ongoing supervision in the office or other designated area.
 - [] 2. Contact the parent on the following school day to assess the student’s progress.
13. Schedule a meeting with the student for follow-up when the student returns to school.

Guidelines for Reporting Suspected Abuse or Neglect

Everyone working in the educational setting is mandated to report suspicions of abuse or neglect to the Department of Children and Family Services (DCFS). If you feel an issue needs to be reported, you **MUST** report it. WCSEA staff are available for consultation, but many times the DCFS hotline worker will request that the person who has direct knowledge of the incident make the report, as that person has the most accurate information.

Illinois Child Abuse Hotline
1-800-25-ABUSE or 1-800-252-2873
1-800-358-5117 (TTY)

Information the reporter should attempt to have ready to provide to the Child Abuse Hotline worker:

- Names, birth dates (or approximate ages), races, genders, etc. for the adults and children victim, and his or her and siblings
- Addresses and current location of the adults and children involved
- Information about the siblings or other family members, if available
- Specific information about the abusive incident or the circumstances contributing to risk of harm – for example, when the incident occurred, the extent of the injuries, how the child says it happened, and any other pertinent information.

Even if this information is not readily available, the reporter SHOULD NOT DELAY a call to the hotline.

