

## Social Work Services in Schools

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There is a growing recognition that school systems in our nation, both public and private, are confronted with students who evidence serious social, emotional, learning and behavioral problems. Despite protests that schools are ill-equipped to handle these problems (which is true), and that communities must develop the capacity to deal more effectively with these concerns (which is also true), the reality is that students will continue to bring with them to school the stresses and conflicts that produce distressing symptomatic behaviors and interfere with learning. The other reality is that students and parents rarely seek or respond to referrals to outside agencies or resources without sensitive assistance in doing so.

It is the job of the school social worker to assist schools in identifying those stresses precipitated by schools themselves, those affected by developmental disabilities and issues of growth and change, and those impacted by external influences such as health factors and family and community pressures.

Unlike outside community agencies with different orientations and loyalties, social workers in schools know the school system and understand its values, approaches and constraints. Speaking similar language, social workers hired by school systems can work within the system not only to provide a different professional perspective in looking at problems, but also to assist in effecting positive changes in student behaviors and learning. This is accomplished through activities conducted with students, parents, teachers, counselors and other staff and administrators. An understanding of social systems, and human behavior and unique training in influencing and motivating human capacities prepares social workers to work individually and cooperatively with other disciplines, both within and outside of the school system.

Following are brief problem vignettes of actual situations in which social workers have provided services. Some of these situations had persisted for years and would not have been addressed if the school social workers (SSW) had not identified the problem and persisted in efforts to alleviate the problem:

H.R. is a 17 year old Black student with cerebral palsy. Possessed with average intelligence, she was frustrated by the lack of normal adolescent peer and recreational outlets. The foster mother expressed frustration with H's "rebellious" attitude and seemed hesitant about encouraging outside involvement in activities, seeming to fear H's increasing independence and desire for separation. In an effort to assist with H's mobility, the SSW initiated collaborative efforts with the school nurse, physical therapist and the visiting orthopedist in efforts to secure an electric wheelchair. In addition to her efforts with H and the foster mother, the SSW was involved in efforts to change the principal's negative attitudes towards this student whom she originally viewed as retarded. It was only after the SSW secured psychological testing to confirm the student's average intelligence level that the principal's attitude mellowed.

The SSW's problem identification, direct assistance and counseling, as well as coordination of services effort extended to several agencies, including the social worker at the United Cerebral Palsy Association, (who was contacted to develop

appropriate recreational programs for H.) and the housing authority. The SSW and foster mother were seeking Section 8 accessible housing in order that this adolescent female would not have to continue to crawl up and down the stairway in order to get in and out of the building. An additional complicating factor is related to the desire of the foster mother to adopt this student, which process involves an agency in another state which has been resistive to untangling complicated legal factors. In this regard, an advocacy agency has been requested to intervene on this student's behalf.

J.W. is a 15 year old white shock trauma victim, seriously handicapped as the result of an automobile accident. This student had been a runaway prior to the accident, and exhibited other adjustment problems in the school and community. Since her release from the hospital and return to a school setting, her attitude and behavior has grown increasingly difficult and frustrating for the mother and stepfather. Her attendance at school was very sporadic. The parents disagreed about J's discipline, with the stepfather believing the mother was "too soft" on her. The SSW arranged for a psychiatric evaluation, which revealed that this student was very depressed and in need of hospitalization and an educational program for the seriously emotionally disturbed. Meanwhile, until such a level 6 placement could be obtained, efforts were made to secure inpatient psychiatric treatment. Since the student wanted to be away from home, it posed no real problem to assist her in accepting the services she required. She seemed almost relieved to learn of this resource for her. Intensive social work counseling was necessary to alleviate parental guilt and to support the mother in her decision to place her daughter in a psychiatric treatment facility. This was complicated by the stepfather's continuing putdown of the mother for being too easy on J. The other huge obstacle was to convince the appropriate persons at the recommended facility to accept this student. Factors other than the student's diagnostic assessment confused the issue. Finally, after several phone calls and questions to many people, the SSW accompanied J and her parents to the facility for admittance. The SSW's support of the mother and advocacy on the student's behalf were essential to the success of this tedious process. Incidentally, family therapy was included in this student's treatment plan.

P.S. is a 12 year old Black student of good potential who was doing very little in school. His attention span was poor and there was much "escape behavior" when asked to complete a task. Underlying much of his behavior was a family conflict, which was extremely stressful. The grandmother had cared for P. since infancy after his young teenage mother was judged neglectful and unfit.

The grandmother was not legally his guardian, however, and the mother recently took the youngster to live with her and her husband. P, an ambulatory cerebral-palsied student, was described by the stepfather as street-wise and smart, but completely undisciplined. P. apparently chooses to be with adults, shunning neighborhood peers. The grandmother and hospital social worker both concur that the stepfather is a heavy drinker and possibly abusive. The mother was alienated from the grandmother who has sought legal aid assistance to regain the child. The mother agreed that P. needed more discipline and structure, but her ambivalence around the love/discipline dichotomy was evident. She also was not allowing the child to see the grandmother who had raised him.

P. was obviously feeling caught in the middle as he talked with the social worker. He was not complying with his therapeutic regimen at the school, and he seemed unwilling or unable to cope with home and school. The school social worker's task was to assist in the effort to unravel the family's complicated legal, and interpersonal problems and to support the student's strengths in order that he might

achieve and progress. Coordination with other agencies and services was essential if P. was to overcome a resultant depression and ultimately adjust to this upheaval in his life.

Summary Statement of Problems  
Pregnant Students

Tenth grade student was living in another state with her father until three months ago, when he "put her out" and she went to Baltimore to live with her mother. Two months pregnant, she planned to abort.

Eleventh grade student recently discovered her pregnancy and that the boyfriend is not interested in supporting her or continuing the relationship. Student is also upset at prospect of telling her mother (father is deceased), and was seriously considering not returning for her final year.

Tenth grader is very sick in the mornings and does not feel like going to school. She is not highly motivated and plans to marry the father before the school year ends. Student is very easily led and worker questions her motives for marriage as they appear to be her parents' wishes and not hers.

Twelfth grader lives with mother. Father, whom she states she "hated", died when she was 5 years old. Oldest brother killed a couple of years ago. Sees father of baby as good provider, but realistically wants to postpone wedding plans. Adamant about not applying for AFDC, not needing counseling and not signing Title XX forms, yet goes by SSW's office several times and talks.

Emotionally Disturbed Students

Fifteen year old immature student leaves school, will not stay in class, deliberately evasive when worker tries to talk to him. When in class, lies on floor, grins and giggles, makes faces. Medication alleviates more bizarre behavior. He is suspected of being on other drugs. He seldom gets into trouble at school, unless he allies himself with a professed Nazi classmate. At home, mother does not trust him, believing he brings people into the house. Father is ineffectual; as a result of motor cycle accident, his functioning is impaired. Mother is very controlling, described as being "plump, fluttery, with weird, blinking, squinting eyes," which mannerism the son appears to be imitating.

Fourteen year old female student looks and behaves like a well developed 18-20 year old. She is active sexually, suggestive in dress and manner, and openly discusses her related sexual problems. She addresses all staff members as family members, (ex. female head of program is "Mother," male social worker is "Daddy," etc.) She fabricates tales, somatizes conflicts and has been described as an hysterical personality.

Seven year old female student has temper tantrums at school, screams, calls names, pouts with thumb in her mouth. Although hair was uncombed for two weeks, she was neat and clean. Child complained of being beaten by mother's boyfriend and of her mother using a cord on her. The pregnant mother has 6 children and presides over a totally disorganized home. She seems to have very little sensitivity to this child's needs.

Eleven year old male lives with his maternal grandparents. His mother died of a heart attack 2 years ago. His father and stepmother are on trial for murder and rape. Child is upset by taunts of his peers, who call his grandparents names. He is also upset by the transfer of his former SSW from the school. This depressed emotionally needy child physically attaches himself to the present SSW, is able to discuss the loss of his mother, but will not discuss his father or the trial.