

National School Social Work Survey
Final Report

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Executive Summary

School social work is a growing and important subspecialty within the social work profession. The field has been in existence for over 100 years and is supported by national and state associations, and its own state-driven certification process. Although the actual number of school social workers in the U.S. is unknown, the field serves children in most states. To continue building the infrastructure of school social work and inform practice in this field requires a commitment to understanding the current work and context of school social work practitioners. National data about the field has not been collected for more than 10 years. During that time, changes to education policy and thinking about service provision have been dramatic, as highlighted by No Child Left Behind (NCLB), Response to Intervention (RTI) and Positive Behavior Supports (PBS). Given these changes in education policies and interventions, there is a need for a systematic review of school social work practice in this current context.

The National School Social Work Survey Project 2008 represents an attempt to update the field's knowledge of school social work practice and examine how practitioner characteristics, practice context, and practice choices have evolved. The Survey Project is a collaborative effort of five professors from across the country, SSWAA, and leaders of state associations of school social work from across the country. The survey was developed during 2007 using an iterative process of research and practice professionals. Participants for the survey were recruited from SSWAA and organizations in all 50 states (and the District of Columbia) that represent school social workers. The survey was distributed using an on-line format and yielded 1,639 complete responses. The survey gathered information related to school social worker characteristics, practice context, population served, and practice choices. A summary of the findings is presented below:

Summary Findings

- School Social Worker Characteristics
 - The population of school social workers remains largely unchanged since previous studies, with the practice dominated by women who are Caucasian, hold a master's degree in social work, and have been practicing for more than 5 years (Allen-Meares, 1994).
- Practice Context
 - School social workers practice predominantly in public school settings, with a higher percentage practicing in elementary schools than other grade levels.
 - School social work practice exists across districts of varying community sizes.
 - School social workers often practice at multiple schools, with almost one-third serving four or more schools.
- Population Served

- Respondents report that their caseload is referred primarily from teachers and rank behavioral and emotional problems as the most common reasons for referral.
- One-third of the respondents reported more than half of their caseload is served as part of an Individualized Education Plan (IEP).
- Fewer than 10% of school social workers reported that the majority of their caseload received counseling or therapeutic services from an outside agency or professional.

Practice Choices

- School social workers do not appear to have embraced national trends related to school-based research, contemporary education frameworks, or evidence-based practice (EBP). They report spending more time on tertiary intervention activities (typically known as “micro” or “Tier 3” interventions) than on primary and secondary prevention (“Tier 1” or “Tier 2” interventions).
- Encouragingly, respondents would like to engage more in primary and secondary prevention and do use family engagement as a prevention strategy.
- Individual and group counseling remain the primary practice activities of school social workers with fewer engaged in teacher consultation and family-based practice.
- Respondents report high administrative demands and low involvement in school-wide leadership or activities.
- EBP is not evident in the reports on what practitioners use to inform service delivery. They remain reliant on workshops and peer consultation rather than online research or journals.

These findings suggest school social work has not strayed far from its historical roots in terms of characteristics of practitioners or practice choices. However, the population of children being served by the field faces complex difficulties and little support from outside agencies. What is clear is that school social workers remain the main provider of mental health services for many of the children and families with the greatest needs, yet are stretched with multiple demands and limited engagement in the broader activities of the educational system. This study helps us to assess the state of school social work and begin a dialogue on how school social work can respond to the changing educational landscape. It is hoped that this survey will assist the field as we all work towards supporting school social workers and making improvements in policy, teaching, practice, and research to help school social workers best serve our students and families.

Introduction

School social workers are engaged in practice in multiple school settings in the United States and use a variety of practice approaches. However no current, representative data exists to document the characteristics, practice context, or practice choices of school social workers. The National School Social Work Survey Project is a collaborative effort of five professors, SSWAA, and leaders of state social work associations from across the country. The survey was conducted to update the current state of school social work practice and inform education, research, and practice in the field.

Only a few studies over the past 20 years have attempted to characterize school social work practice nationally. Allen-Meares (1994) analyzed a national sample of school social workers and found that they are largely focused on delivering individual and group mental health services to students, most often those with an Individualized Education Plan (IEP). School social workers described the role in their schools as being highly autonomous, but also to involve their having many high-stress direct service, crisis intervention, and casework demands. Allen-Meares did not find her sample to be engaged in school-wide prevention programming and school leadership roles. She characterized this result as "disappointing" (Allen-Meares, 1994, p. 564). A national survey of school social workers by Astor and his colleagues (1998) revealed similar findings. Although their study was confined to interventions employed to address school violence, Astor's team found that individual and small group counseling interventions were dominant:

...although social work literature is replete with calls for school, community, and home linkages, very few school social workers (in the survey) reported being involved with parent groups, anti-gang programs, or services that address community violence (Astor et al., 1998, p. 230).

Practice Trends in School Social Work 2008

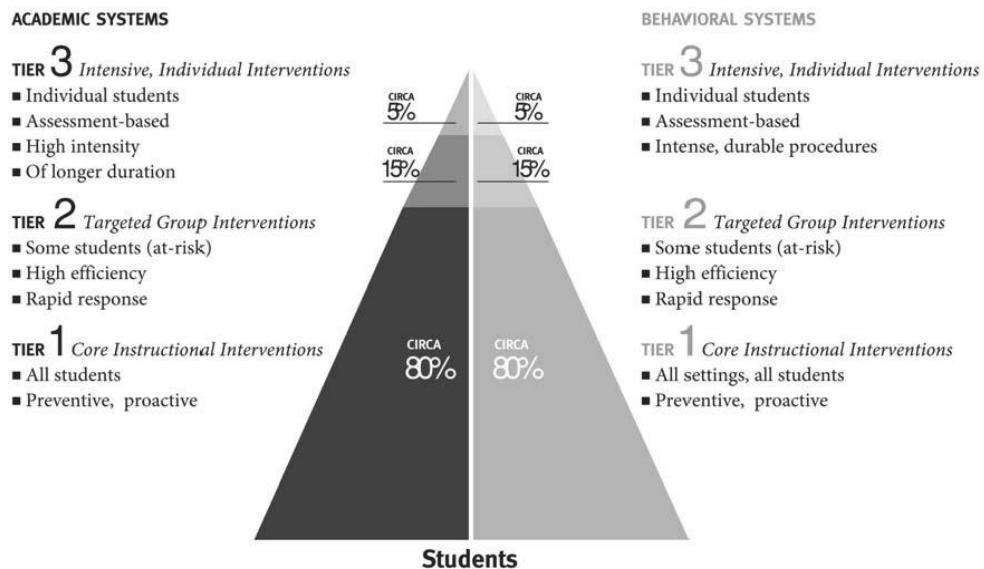
There are many practice trends that have potentially impacted the landscape of school social work since the most recent national survey over a decade ago. Each of these contemporary frameworks is designed largely to promote primary and secondary prevention and ensure school-based intervention efforts have a greater likelihood of success. However, it is not clear if any of these efforts have affected the provision of school social work services.

One trend potentially impacting school social work services since the most recent national survey is the advancement of contemporary education frameworks for organizing and delivering related services in the schools. The first framework is Positive Behavior Interventions and Supports (also referred to as positive behavior support, school-wide positive behavior support (k-12), or program-wide positive behavior support (preschool). Positive behavior supports (PBS), shown in Figure 1, is the systematic application of effective, positive, strength-based, relevant, and efficient instructional and behavioral practices, often applied across whole schools, programs, states, or districts,

that are designed to achieve desired social and learning outcomes while preventing problem behaviors (Sugai & Horner, 2008). PBS is a technology embracing five core defining features: (1) the promotion of research-validated practices, (2) the integration of multiple intervention elements to provide ecologically valid, practical supports, (3) the commitment to substantive lifestyle outcomes, (4) implementation of supports within organizational systems to promote sustained effects, and (5) building local capacity to sustain effective practices over time (Dunlap, Sailor, Horner, & Sugai, 2009). The use of PBS is supported through the Individuals with Disabilities Education Act, and the Office of Special Education Programs of the U.S. Department of Education has funded a national technical assistance Center on Positive Behavior Support since 1998.

A second framework of organizing and delivering related services is Response to Intervention (RTI). RTI is defined as the practice of providing effective instruction and interventions that match students' needs, monitoring progress regularly to inform decision-making about changes in instruction or goals, and using child response data to guide these decisions (Batsche, Curtis, Dorman, Castillo, & Porter, 2007). Response to intervention can provide a decision-making framework for identifying students who need more intensive levels of academic or behavioral support. Similar to PBS, it employs the three-tiered model (primary, secondary, and tertiary) to identify when more intensive interventions should be considered for individual students, based on their response (or lack thereof) to interventions at prior levels of prevention.

Figure 1. Academic and Behavioral Dimensions of Positive Behavior Interventions and Supports

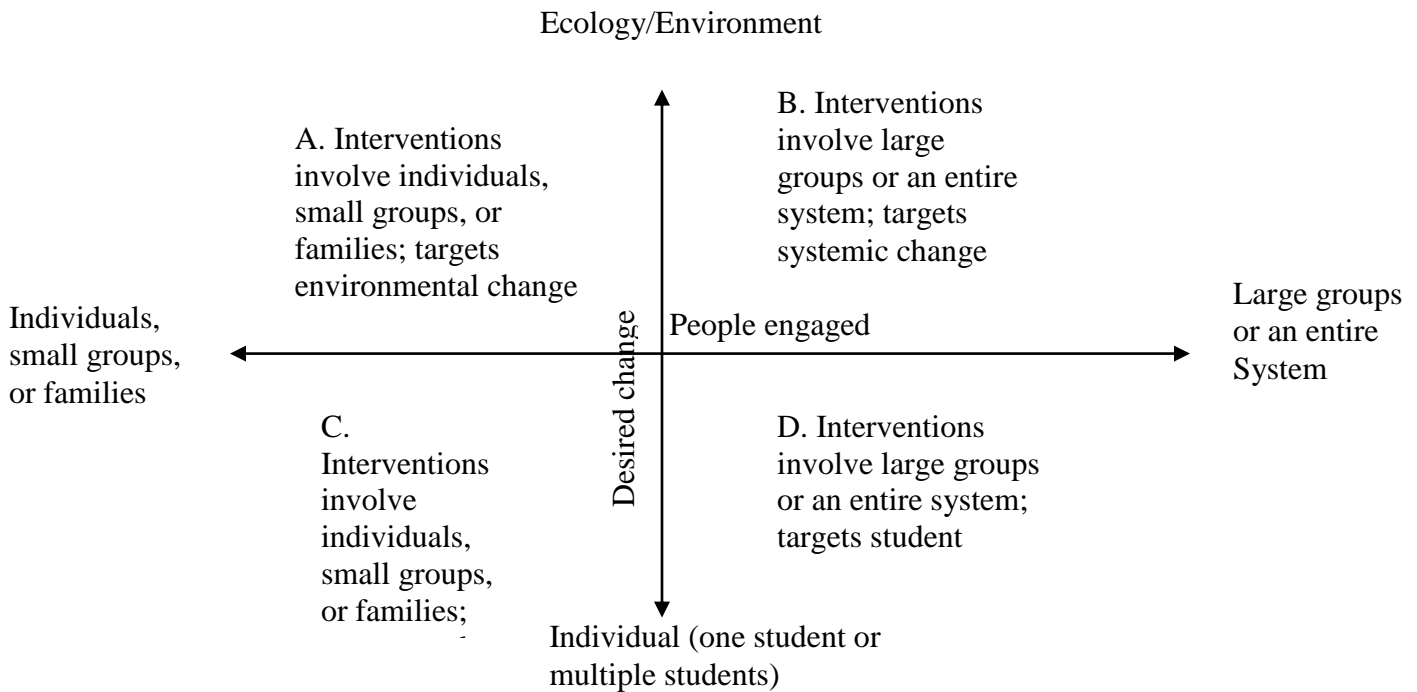


Reprinted with permission from Sugai, R & Horner, R. (2007). *SW-PBS and RTI: Lessons being learned*. Retrieved October 2, 2007, from OSEP Center on Positive Behavior Interventions and Supports Web site: <http://www.PBS.org/main.htm>

Finally, the clinical quadrant framework, shown in Figure 2, is a model that has been put forth to conceptualize the complex range of clinical tasks and interventions that are

essential to effective school social work practice today, as well as those that are likely to maximize educational reform efforts and promote the advancement of school social work (Frey & Dupper, 2005). The clinical quadrant depicts two important dimensions. The horizontal axis divides tasks/interventions based upon whom the school social worker engages. Tasks/interventions on the left side of the quadrant engage individuals, families, and small groups while those on the right side engage large groups or an entire system. The vertical axis divides tasks/interventions based on whether they seek to promote change within the students' ecology (or environment) or the individual (one student or multiple students). Tasks/interventions at the top of the quadrant seek to promote change in the students' environment, while those on the bottom promote change at the individual level. Tasks/interventions in all four quadrants are designed to remove barriers to learning.

Figure 2. Clinical Quadrant



Source: Adapted from Frey, A. & Dupper, D. (2005). Towards a 21st century model of school social work practice. *Children & Schools*, 27 (1), 33-44.

These frameworks have all been informed and inspired by the proliferation of school-based research in recent years. One theme in the school-based literature is that effective strategies employ a comprehensive approach that targets multiple intervention agents (e.g., teacher, parents, peers) and intervenes at multiple levels (e.g., school, home, community) (Sloboda & David, 1997; Dupper, 2003). A second theme supports primary prevention efforts. Prevention efforts that relate to family and community linkages to school have shown some success in promoting positive student outcomes. (Henderson & Mapp, 2002; National Governor's Association Task Force on School Readiness, 2005). A

third theme which relates to the use of EBP is that prevention and intervention strategies have only modest effects when applied in isolation. Programs have larger effects when they are delivered by high quality staff and incorporate cognitive-behavioral components. Additionally, effect sizes are positively related to school quality processes (i.e. strong principal leadership). Recent evidence, moreover, indicates that schools' achievement levels and rates of absenteeism, residential mobility and student poverty level moderate the effects of high quality "evidence-based" programs. Because developments in school-based research are advancing rapidly, Raines (2008) advocates the use of an EBP process that is generally advocated in social work and related disciplines. EBP involves a process of integrating the "best research evidence with clinical expertise and patient values" (Sackett, Strauss, Richardson & Rosenberg, 2000, p. 1). Whether the landscape of school social work has changed in light of these contemporary education frameworks, school-based research, and EBP movement is unknown.

Recent discourse generated by the 100th anniversary of the profession in 2006 called for a celebration of the profession and a need for better understanding of how changing research paradigms, knowledge development in related fields, and shifts in education and mental health have transformed school social work practice (Allen-Meares, 2006). The purpose of the National School Social Work Survey Project is to examine the characteristics, practice contexts, and practice choices of school social workers nationally, and to discuss the findings in relation to previous studies of school social work practice, recent legislation, the school-based research and the evidence-based practice movement, and contemporary education frameworks.

Methods and Survey Design

The National School Social Work Survey was developed through an iterative process, involving researchers, SSWAA staff, and an expert panel of national leaders in school social work practice and research. The recruitment process involved gathering e-mail addresses and contact information of respondents from state associations, state boards of education, and SSWAA. Organizations in all 50 states and the District of Columbia that represent school social workers (including state school work associations, state NASW chapters, and state school counseling associations) were contacted about participation. Organizations from 47 states participated in the project, with Maine, Nevada, and West Virginia being the only exceptions.

Participation methods varied with 10 state associations proving a list for direct distribution from the survey team, SSWAA and 36 state associations (including D.C.) distributing the survey through a link to the survey website themselves, and two associations proving the link to the survey website through a newsletter without a direct e-mail about the survey. Examining complete respondents yielded n=1,639. Additional details about the sample are provided in Appendix A.

Data was collected between January 2008 and May 2008. Participants were sent an e-mail link to the on-line survey. The survey was administered using Opinio (online) software (Opinio User Manual, 2008). Following survey completion, data was


downloaded into Microsoft Excel and transferred to SPSS for analysis. Data analysis primarily included descriptive statistics and frequencies to summarize and describe characteristics, practice context, and practice choices of school social workers.

National Findings

Characteristics

This sample represented 1,639 school social workers from 47 states and the District of Columbia. The sample was predominantly female (89%) and Caucasian (79%) (See Figure 3). Most (87%) respondents reported having earned a master's degree in social work, and 70% reported having obtained state school social work licensure or certification. Finally, 46% of respondents report holding a clinical social work license. The average years of experience of the sample was 11.4 years (SD=8.17).

Figure 3. Who are Today's School Social Workers?

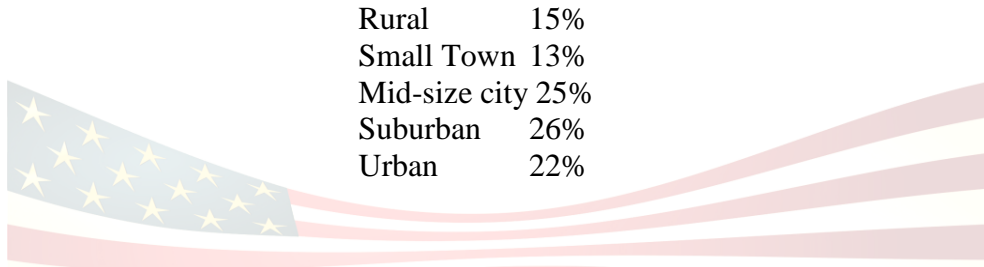
	89% Women
	79% Caucasian
	11% Black/African American
	6% Hispanic
	70% Have State School Social Work License or Certificate
	87% Have MSW
	46% Licensed Clinical Social Worker

Practice Context

Respondents reported most frequently working in elementary school settings (44%) with 21% reporting working in high schools and 18% reporting working in middle schools. This may reflect the fact that there are considerably more elementary schools than secondary schools (70% compared to 24%, respectively) (Digest of Education Statistics, 2007). 89% of respondents reported practicing primarily in the public education system with 1% representing private school employees. Given that that over 25% of schools are private (Digest of Education Statistics, 2007), this may suggest our survey did not adequately reach school social workers in private schools, that school social workers are underutilized in this setting, or that school social workers in these settings are not as heavily represented in state and national associations. The other 10% include social workers from other social service agencies or mental health clinics. 78% of respondents' positions were described as requiring a state social work license or certification, and 16% described their position as a grant-funded or contractual. Respondents reported serving between 0 and 415 schools (mean = 4.61 (SD = 15.2); median = 2). However, when outliers (those reporting serving more than 50 schools) were eliminated, the mean number of schools served was 3.59 (N=1,560, SD=4.80); in this subset 597 respondents (40%) served a single school, while 298 (19%) served two schools, 175 (11%) served

three schools, and 490 (32%) report serving four or more schools. As can be seen in Figure 4, respondents practiced in many settings across the United States:

Figure 4. Practice Settings of School Social Workers



Population Served

Teachers were the most common referral source, representing nearly half of all referrals (see Figure 5). The most commonly reported reasons for referral all or most of the time were behavior issues and emotional problems (see Figure 6).

Figure 5. Student Referral sources

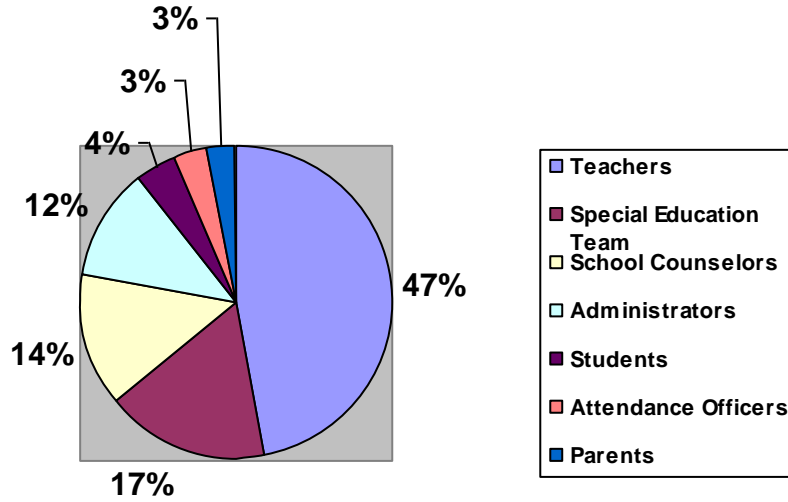
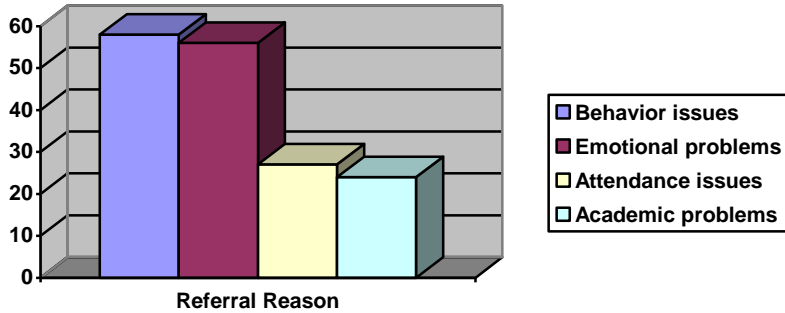
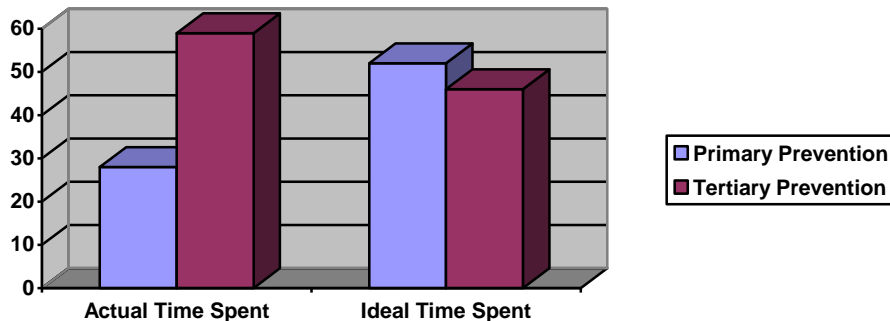


Figure 6. Reason for Referral “all of the time” or “most of the time”

Study results also provide information on the characteristics of the students served by school social workers. Thirty percent of respondents reported more than half of their caseload is served as part of an IEP and 24% reported that most or all of the children they serve receive government services such as Medicaid, TANF, SSI, or free/reduced lunch. Only 7% reported that most or all of the children they serve receive any counseling or therapeutic services from an outside agency or professional.

Practice Choices

Respondents were asked to indicate the ideal and actual percent of their time they engage in primary versus tertiary¹ prevention. As can be seen in Figure 7, participants reported spending more time on tertiary prevention activities than they considered ideal. On average they report spending 28% (SD=21.6) of their time on primary prevention and 59% (SD =27.1) of their time on tertiary prevention activities.

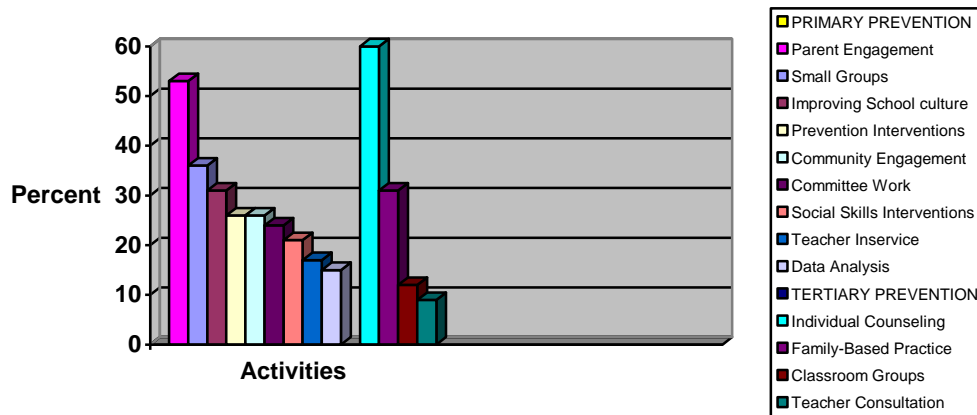
Figure 7. Percentage of Actual vs. Ideal Time Spent on Primary Vs. Tertiary Prevention Activities

1. ¹ Primary prevention was defined as work (direct or indirect/administrative) at the classroom, school, or district level to remove risk factors or promote resiliency factors for students to reduce new referrals for school social work services. This is often characterized in the field and the research literature as primary and secondary prevention and includes “Tier 1” and “Tier 2” interventions. Tertiary prevention was defined as work (direct or indirect/administrative) at the individual, family, or classroom level to remove barriers to learning for specific students who have been referred for school social work services and reduce the severity of those students’ problems at school (“Tier 3” interventions).

This discrepancy was most often attributed to having too many students on respondents' caseload that required direct Tier 3 social work clinical services; 65% of respondents indicated this factor accounts for "All" or "Most" of the discrepancy between actual and ideal time engaged in these activities. Additionally, respondents reported spending an average of 30% of their time on administrative tasks.

Of the primary prevention activities mentioned on the survey, 53% of respondents indicated they employ parental engagement most frequently (i.e., "All of the time" or Most of the time"). The next most commonly used primary prevention strategies were: 1) facilitating small groups as a Tier 2 prevention activity (36 %) 2) improving school culture (31 %), 3) engaging the community, 4) and participating on committee work (See Figure 9). The least frequently used prevention strategies employed "All of the time" or "Most of the time" were developing prevention or intervention protocols (26%), delivering classroom- or school-wide social skills curriculum (21%), teacher professional development (17%), and analyzing data to support school decision-making (15%).

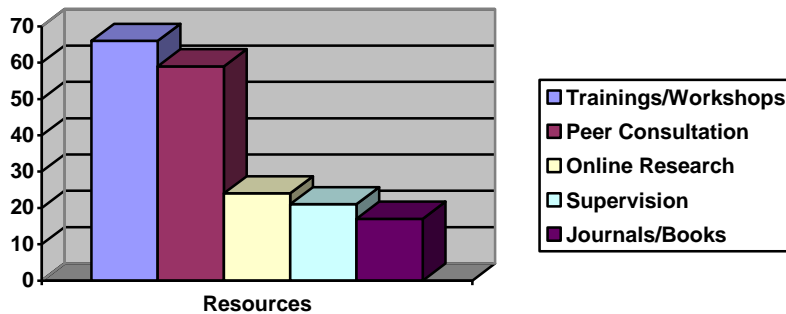
Figure 8. Engagement in Activities "All of the time" or "Most of the time"



As shown in Figure 8, school social workers are engaged in a variety of tertiary activities as well. Over 60% report doing individual counseling "All of the time" or "Most of the time." The next most popular secondary/tertiary activities were group counseling (31%) and family-based practice (21%). Tertiary strategies used less frequently included classroom groups and teacher consultation; only 12% and 9%, respectively, of respondents reported using these strategies "All of the time" or "Most of the time."

To inform practice choices, school social workers report utilizing a number of resources. They most commonly report (66%) using training or workshops "all" or "most of the time" to inform service delivery. Peer consultation (59%) is also reported by the majority of school social workers as a primary source of information. Other sources of information reported are, consulting online research (24%), supervision (21%), and journals/books (17%) (See Figure 9).

Figure 9. The Percentage of Respondent who Utilize Resources to Inform Prevention or Intervention Services “All of the time” or “Most of the time”



Discussion

This study represents the first attempt in over a decade to characterize the school social work profession. Additionally, it is the first time data on school social work practice choices have been examined within the context of recent trends in school-based related services fields. This section discusses the results in relation to previous studies of school social work practice; and recent legislation, the evidence base related to school-based services and EBP, and contemporary practice frameworks. Finally, this section of the report details how these issues will be further examined and disseminated in social work and education outlets.

This study suggests the characteristics and practice choices of school social workers remain largely unchanged from previous studies. The profession continues to be dominated by women who are Caucasian, hold a master’s degree in social work, and have been practicing for more than 5 years. Little change has also been noted in work environments with most school social workers working in the public education system, and a higher percentage practicing in elementary schools. Practice occurs across rural, suburban, and urban communities. Additionally, as noted in the Allen-Meaures study (1994), school social workers most frequently work in multiple schools.



The present study suggests that school social workers serve students who face complex issues around behavior, emotional problems, academics, and attendance; and often do not receive mental health assistance outside of the school setting. This leaves school social workers as the primary and often, only therapist or counselor with whom students are engaged. Only a third of school social workers predominantly serve children as part of a special education IEP. A manuscript that provides a more detailed breakdown of the characteristics of our sample as well as practice contexts of respondents is currently being prepared for submission to a leading social work journal.

The NCLB Act includes several provisions that emphasize the need to engage parents in the educational process. The findings of this report are encouraging, and suggest school

social workers are committed to this practice. Specifically, nearly twice as many respondents use this approach “All of the time” or “Most of the time” than any other primary prevention approach.

Next, the findings were examined in the context of the school-based literature base and EBP. Despite growing support for interventions targeted at multiple levels, and assuming multiple causes, school social workers in this study continue to report the majority of their time is spent engaging in individual and group counseling. Their efforts are focused primarily on secondary and tertiary prevention, intervening with students who have been referred for services to reduce the severity of their problems, rather than on primary prevention efforts with an entire classroom or school. This survey examined general practice choices (e.g., parental engagement, social skills interventions, small group work, individual counseling), but was not designed to extract if the specific intervention approaches used have evidence to support their use. It would be useful to glean this information in subsequent studies. With regard to EBP, few of the respondents reported utilizing online research and journals/books, which are necessary to engage in an evidence-based process. Thus, if the practitioners are engaging in practices that have research to support their use, it is not clear how they would be acquiring the necessary information. Current discourse related to EBP hopes that practitioners would utilize scholarly resources as a primary source for information with strong ongoing coaching and supervision to supplement practice choices (Kelly, 2008; Raines, 2008; Stone & Gambrill, 2007).

With regard to contemporary education frameworks, this survey provides some useful information. These contemporary education frameworks emphasize the use of evidence-based practices, the engagement in a data-based decision-making process, and the provision of interventions along a continuum of support with an emphasis on primary prevention. School social workers expressed a desire to do more primary prevention, but cite time constraints related to serving too many students and their proscribed role as the main barriers. School social workers do report engaging families as a primary prevention approach and some report doing family counseling. Although school social workers see the systems perspective as a major strength of the profession (Raines, 2006), their ability to approach student problems through primary prevention and environmental/systems change seems limited. School social work practice continues to require development to move practitioners into policy-making and leadership positions at their schools and to get them involved in more system-wide efforts. The items least endorsed with regard to prevention, developing prevention or intervention protocols, delivering classroom- or school-wide social skills curriculum, teacher professional development, and analyzing data to support school decision-making have been receiving increasing attention by school-based researchers as vital and important primary prevention activities, with some researchers arguing that this is arguably where the future of school-based mental health is headed (Flaspohler, Anderson-Butcher, & Wandersman, 2008).

The primary limitations of this project are generalizability and validity. Specifically, the extent to which the findings of this sample, which largely represents school social workers who belong to state organizations, can be generalized to the population of school

social workers nationally is unknown. We suspect this sample overestimates those with master's degrees, and those who have a certificate or licensure from a state department of education. The data is also exclusively self-report. While we do not have reason to believe respondents were not forthright, self-report data of this nature tends to reflect social desirability effects (Phillips & Clancy, 1972).

It will take a combined effort of research, teaching, and practice to move this field forward and be ready for the challenges of the future. However, armed with what is likely a fairly accurate description of the current school social work landscape, the strengths to be built upon and the areas requiring more attention are now more apparent.

State Findings

In this report findings are provided for all states with $n > 50$. Data is available on all states upon request. The study team is available for consultation on further work using state data.

State results provide responses from those who answered as part of the SSWAA sample and as part of the state association sample. Determination was made based on respondent's identification of the state in which she practices.

Table 1. Survey Participation by State

N=0	n<10		n=10-50		n>50
NH	AL	NE	CA	NY	FL
SD	AR	NJ	CO	OH	GA
WV	AZ	NM	CT	PA	IA
	DC	NV	HI	RI	IL
	DE	OK	IN	SC	KS
	ID	OR	KY	TN	MN
	ME	WA	LA	UT	MO
	MT	WY	MA	VA	NC
	ND		MD	VT	TX
			MI		WI
			MS		

FLORIDA



Sample Characteristics

- 90% are female
- 59% are Caucasian
- 97% have a master's degree in social work
- 59% report having a state school social work license or certificate
- Average length of practice is over 12 years

Practice Context

- 97% practice in public schools
- Grade level of practice
 - 39% elementary school
 - 14% junior high/middle school
 - 39% high school
- Florida school social workers practice at an average of 5 schools (SD=6.5).
- School social workers in Florida practice more commonly in mid-size city settings than other states. In Florida, mid-size city settings are reported by 40% of school social workers, with urban by 35%, suburban by 18%, small town by 4%, and rural by 4%.

Referral Information

- School social workers in Florida receive the highest percentage (27%) of referrals from friends of the student in need, followed closely by counselors (26%) and teachers (24%).
- The table below compares Florida to the national sample. The percentages represent respondents who indicated the following were reasons for referrals “all of the time” or “most of the time.”

	Florida	National
Emotional Problems	52%	58%
Behavior Issues	62%	58%
Academic Problems	29%	24%
Attendance	52%	27%

- 18% of school social workers in Florida report that all or most of their caseload is served as part of an IEP.
- In Florida, 15% of school social workers report the all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 4% of school social workers in Florida report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Florida school social workers overwhelmingly (89%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 59% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy, and 48% believe that the factor of having a prescribed role accounts for all or most of this discrepancy.
- The table below compares Florida to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Florida	National
Ideal time engaged in primary prevention tasks	58%	52%
Actual time engaged in primary prevention tasks	35%	28%
<u>Specific Tasks</u>		
Parent Engagement	62%	53%
Improving School Culture	29%	31%
Small Groups	25%	36%
Prevention Interventions	25%	26%
Social Skills Interventions	7%	21%
Committee Work	27%	24%
Community Engagement	36%	26%
Teacher Professional Development	15%	17%
Data Analysis	15%	15%

- The table below compares Florida to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., tertiary prevention “all of the time” or “most of the time”).

	Florida	National
Ideal time engaged in tertiary prevention activities	53%	46%
Actual time engaged in tertiary	58%	59%

prevention activities		
Specific Activities		
Individual Counseling	69%	63%
Group Counseling	24%	31%
Family-Based Practice	26%	21%
Student-Teacher Sessions	13%	9%
Classroom Groups	12%	12%

- The table below compares Florida to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Florida	National
Trainings/Workshops	64%	66%
Peer Consultation	51%	59%
Journals/Books	22%	17%
Online Research	27%	24%
Supervision	9%	21%

GEORGIA



Sample Characteristics

- 89% are female
- 67% are Caucasian
- 96% have a master's degree in social work
- 79% report having a state school social work license or certificate
- Average length of practice is over 9 years

Practice Context

- 97% practice in public schools
- Grade level of practice
 - 38% elementary school
 - 33% junior high/middle school
 - 9% high school
- Georgia school social workers practice at an average of 5 schools (SD=3.2).
- School social workers in Georgia practice more commonly in suburban settings than other states. In Georgia, suburban settings are reported by 27% of school social workers, with mid-size city by 24%, rural by 24%, small town by 17%, and urban by 8%.

Referral Information

- School social workers in Georgia receive the highest percentage (60%) of referrals from counselors.
- The table below compares Georgia to the national sample. The percentages represent respondents who indicated the following were reasons for referrals “all of the time” or “most of the time.”

	Georgia	National
Emotional Problems	39%	58%
Behavior Issues	34%	58%
Academic Problems	26%	24%
Attendance	73%	27%

- 29% of school social workers in Georgia report that all or most of their caseload is served as part of an IEP.
- In Georgia, 6% of school social workers report the all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 13% of school social workers in Georgia report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Georgia school social workers overwhelmingly (87%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 78% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy.
- The table below compares Georgia to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Georgia	National
Ideal time engaged in primary prevention tasks	48%	52%
Actual time engaged in primary prevention tasks	32%	28%
<u>Specific Tasks</u>		
Parent Engagement	60%	53%
Improving School Culture	27%	31%
Small Groups	18%	36%
Prevention Interventions	25%	26%
Social Skills Interventions	12%	21%
Committee Work	43%	24%
Community Engagement	39%	26%
Teacher Professional Development	16%	17%
Data Analysis	23%	15%

- The table below compares Georgia to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., tertiary prevention “all of the time” or “most of the time”).

	Georgia	National
Ideal time engaged in tertiary prevention activities	46%	46%
Actual time engaged in tertiary prevention activities	62%	59%

<u>Specific Activities</u>		
Individual Counseling	57%	63%
Group Counseling	14%	31%
Family-Based Practice	57%	21%
Student-Teacher Sessions	17%	9%
Classroom Groups	5%	12%

- The table below compares Georgia to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Georgia	National
Trainings/Workshops	68%	66%
Peer Consultation	80%	59%
Journals/Books	15%	17%
Online Research	18%	24%
Supervision	35%	21%

ILLINOIS



Sample Characteristics

- 86% are female
- 85% are Caucasian
- 99% have a master's degree in social work
- 85% report having a state school social work license or certificate
- Average length of practice is over 12 years

Practice Context

- 90% practice in public schools
- Grade level of practice
 - 42% elementary school
 - 19% junior high/middle school
 - 21% high school
- Illinois school social workers practice at an average of 3 schools (SD=15.1).
- School social workers in Illinois practice more commonly in suburban settings than other states. In Illinois, suburban settings are reported by 50% of school social workers, with mid-size city by 14%, small town by 14%, urban by 11%, and rural by 11%.

Referral Information

- School social workers in Illinois receive the highest percentage (53%) of referrals from teachers.
- The table below compares Illinois to the national sample. The percentages represent respondents who indicated the following were reasons for referrals "all of the time" or "most of the time."

	Illinois	National
Emotional Problems	53%	58%
Behavior Issues	59%	58%
Academic Problems	22%	24%
Attendance	6%	27%

- 19% of school social workers in Illinois report that the all or most of their caseload is served as part of an IEP.
- In Illinois, 44% of school social workers report the all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 4% of school social workers in Illinois report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Illinois school social workers overwhelmingly (84%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 64% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy.
- The table below compares Illinois to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Illinois	National
Ideal time engaged in primary prevention tasks	49%	52%
Actual time engaged in primary prevention tasks	24%	28%
<u>Specific Tasks</u>		
Parent Engagement	42%	53%
Improving School Culture	30%	31%
Small Groups	50%	36%
Prevention Interventions	20%	26%
Social Skills Interventions	31%	21%
Committee Work	20%	24%
Community Engagement	16%	26%
Teacher Professional Development	15%	17%
Data Analysis	10%	15%

- The table below compares Illinois to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., secondary/tertiary prevention “all of the time” or “most of the time”).

	Illinois	National
Ideal time engaged in tertiary prevention activities	48%	46%
Actual time engaged in tertiary prevention activities	63%	59%

<u>Specific Activities</u>		
Individual Counseling	59%	63%
Group Counseling	46%	31%
Family-Based Practice	7%	21%
Student-Teacher Sessions	5%	9%
Classroom Groups	16%	12%

- The table below compares Illinois to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Illinois	National
Trainings/Workshops	62%	66%
Peer Consultation	53%	59%
Journals/Books	22%	17%
Online Research	28%	24%
Supervision	17%	21%

IOWA



Sample Characteristics

- 82% are female
- 96% are Caucasian
- 99% have a master's degree in social work
- 69% report having a state school social work license or certificate
- Average length of practice is over 12 years

Practice Context

- 37% practice in public schools
- Grade level of practice
 - 41% elementary school
 - 11% junior high/middle school
 - 18% high school
- Iowa school social workers practice at an average of 5 schools (SD=5.8).
- School social workers in Iowa practice more commonly in mid-size city settings than other states. In Iowa, mid-size city settings are reported by 37% of school social workers, with rural by 31%, small town by 25%, suburban by 3%, and urban by 3%.

Referral Information

- School social workers in Iowa receive the highest percentage (48%) of referrals from teachers.
- The table below compares Iowa to the national sample. The percentages represent respondents who indicated the following were reasons for referrals "all of the time" or "most of the time."

	Iowa	National
Emotional Problems	55%	58%
Behavior Issues	75%	58%
Academic Problems	27%	24%
Attendance	13%	27%

- 46% of school social workers in Iowa report that all or most of their caseload is served as part of an IEP.

- In Iowa, 24% of school social workers report that all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 8% of school social workers in Iowa report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Iowa school social workers overwhelmingly (93%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 55% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy, and 49% believe that the factor of having a prescribed role accounts for all or most of this discrepancy.
- The table below compares Iowa to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Iowa	National
Ideal time engaged in primary prevention tasks	57%	52%
Actual time engaged in primary prevention tasks	30%	28%
<u>Specific Tasks</u>		
Parent Engagement	62%	53%
Improving School Culture	24%	31%
Small Groups	21%	36%
Prevention Interventions	32%	26%
Social Skills Interventions	12%	21%
Committee Work	17%	24%
Community Engagement	20%	26%
Teacher Professional Development	27%	17%
Data Analysis	37%	15%

- The table below compares Iowa to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., tertiary prevention “all of the time” or “most of the time”).

	Iowa	National
Ideal time engaged in tertiary prevention activities	39%	46%
Actual time engaged in tertiary prevention activities	54%	59%
<u>Specific Activities</u>		

Individual Counseling	40%	63%
Group Counseling	19%	31%
Family-Based Practice	16%	21%
Student-Teacher Sessions	11%	9%
Classroom Groups	11%	12%

- The table below compares Iowa to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Iowa	National
Trainings/Workshops	66%	66%
Peer Consultation	52%	59%
Journals/Books	21%	17%
Online Research	31%	24%
Supervision	18%	21%

KANSAS



Sample Characteristics

- 91% are female
- 86% are Caucasian
- 100% have a master's degree in social work
- 53% report having a state school social work license or certificate
- Average length of practice is over 11 years

Practice Context

- 97% practice in public schools
- Grade level of practice
 - 48% elementary school
 - 16% junior high/middle school
 - 21% high school
- Kansas school social workers practice at an average of 3 schools (SD=2.4).
- School social workers in Kansas practice more commonly in mid-size city settings than other states. In Kansas, mid-size city settings are reported by 40% of school social workers, with suburban by 26%, urban by 16%, and rural by 10%, and small town by 9%.

Referral Information

- School social workers in Kansas receive the highest percentage (54%) of referrals from teachers.
- The table below compares Kansas to the national sample. The percentages represent respondents who indicated the following were reasons for referrals "all of the time" or "most of the time."

	Kansas	National
Emotional Problems	42%	58%
Behavior Issues	60%	58%
Academic Problems	18%	24%
Attendance	9%	27%

- 50% of school social workers in Kansas report that all or most of their caseload is served as part of an IEP.
- In Kansas, 32% of school social workers report the all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.

- Only 9% of school social workers in Kansas report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Kansas school social workers overwhelmingly (80%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 64% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy, and 55% believe that the factor of having a prescribed role accounts for all or most of this discrepancy.
- The table below compares Kansas to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Kansas	National
Ideal time engaged in primary prevention tasks	48%	52%
Actual time engaged in primary prevention tasks	29%	28%
<u>Specific Tasks</u>		
Parent Engagement	52%	53%
Improving School Culture	33%	31%
Small Groups	44%	36%
Prevention Interventions	27%	26%
Social Skills Interventions	21%	21%
Committee Work	20%	24%
Community Engagement	25%	26%
Teacher Professional Development	15%	17%
Data Analysis	10%	15%

- The table below compares Kansas to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., secondary/tertiary prevention “all of the time” or “most of the time”).

	Kansas	National
Ideal time engaged in tertiary prevention activities	51%	46%
Actual time engaged in tertiary prevention activities	65%	59%
<u>Specific Activities</u>		
Individual Counseling	76%	63%
Group Counseling	28%	31%

Family-Based Practice	12%	21%
Student-Teacher Sessions	11%	9%
Classroom Groups	9%	12%

- The table below compares Kansas to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Kansas	National
Trainings/Workshops	75%	66%
Peer Consultation	44%	59%
Journals/Books	13%	17%
Online Research	24%	24%
Supervision	17%	21%

MINNESOTA



Sample Characteristics

- 94% are female
- 96% are Caucasian
- 69% have a master's degree in social work
- 83% report having a state school social work license or certificate
- Average length of practice is over 11 years

Practice Context

- 94% practice in public schools
- Grade level of practice
 - 50% elementary school
 - 16% junior high/middle school
 - 20% high school
- Minnesota school social workers practice at an average of 3 schools (SD=6.3).
- School social workers in Minnesota practice more commonly in rural and suburban settings than other states. In Minnesota, rural and suburban settings are each reported by 29% of school social workers, with urban by 24%, small town by 13%, and mid-size city by 5%.

Referral Information

- School social workers in Minnesota receive the highest percentage (66%) of referrals from teachers.
- The table below compares Minnesota to the national sample. The percentages represent respondents who indicated the following were reasons for referrals "all of the time" or "most of the time."

	Minnesota	National
Emotional Problems	59%	58%
Behavior Issues	54%	58%
Academic Problems	27%	24%
Attendance	19%	27%

- 40% of school social workers in Minnesota report that all or most of their caseload is served as part of an IEP.

- In Minnesota, 28% of school social workers report that all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 3% of school social workers in Minnesota report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Minnesota school social workers overwhelmingly (85%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 60% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy, and 41% believe that the factor of having a prescribed role accounts for all or most of this discrepancy.
- The table below compares Minnesota to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Minnesota	National
Ideal time engaged in primary prevention tasks	48%	52%
Actual time engaged in primary prevention tasks	26%	28%
<u>Specific Tasks</u>		
Parent Engagement	51%	53%
Improving School Culture	41%	31%
Small Groups	53%	36%
Prevention Interventions	23%	26%
Social Skills Interventions	23%	21%
Committee Work	25%	24%
Community Engagement	13%	26%
Teacher Professional Development	13%	17%
Data Analysis	18%	15%

- The table below compares Minnesota to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., tertiary prevention “all of the time” or “most of the time”).

	Minnesota	National
Ideal time engaged in tertiary prevention activities	48%	46%
Actual time engaged in tertiary prevention activities	64%	59%
<u>Specific Activities</u>		

Individual Counseling	71%	63%
Group Counseling	48%	31%
Family-Based Practice	10%	21%
Student-Teacher Sessions	6%	9%
Classroom Groups	10%	12%

- The table below compares Minnesota to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Minnesota	National
Trainings/Workshops	59%	66%
Peer Consultation	62%	59%
Journals/Books	6%	17%
Online Research	16%	24%
Supervision	20%	21%

MISSOURI



Sample Characteristics

- 88% are female
- 83% are Caucasian
- 87% have a master's degree in social work
- 18% report having a state school social work license or certificate
- Average length of practice is over 10 years

Practice Context

- 92% practice in public schools
- Grade level of practice
 - 35% elementary school
 - 13% junior high/middle school
 - 32% high school
- Missouri school social workers practice at an average of 4 schools (SD=3.6).
- School social workers in Missouri practice more commonly in urban settings than other states. In Missouri, urban settings are reported by 34% of school social workers, with suburban by 31%, mid-size city by 12%, rural by 14%, and small town by 10%.

Referral Information

- School social workers in Missouri receive the highest percentage (31%) of referrals from teachers.
- The table below compares Missouri to the national sample. The percentages represent respondents who indicated the following were reasons for referrals “all of the time” or “most of the time.”

	Missouri	National
Emotional Problems	60%	58%
Behavior Issues	65%	58%
Academic Problems	21%	24%
Attendance	36%	27%

- 27% of school social workers in Missouri report that all or most of their caseload is served as part of an IEP.

- In Missouri, 14% of school social workers report the all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 14% of school social workers in Missouri report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Missouri school social workers overwhelmingly (79%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 74% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy.
- The table below compares Missouri to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Missouri	National
Ideal time engaged in primary prevention tasks	52%	52%
Actual time engaged in primary prevention tasks	31%	28%
<u>Specific Tasks</u>		
Parent Engagement	60%	53%
Improving School Culture	40%	31%
Small Groups	39%	36%
Prevention Interventions	38%	26%
Social Skills Interventions	34%	21%
Committee Work	26%	24%
Community Engagement	33%	26%
Teacher Professional Development	21%	17%
Data Analysis	11%	15%

- The table below compares Missouri to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., tertiary prevention “all of the time” or “most of the time”).

	Missouri	National
Ideal time engaged in tertiary prevention activities	49%	46%
Actual time engaged in tertiary prevention activities	64%	59%
<u>Specific Activities</u>		
Individual Counseling	75%	63%

Group Counseling	24%	31%
Family-Based Practice	25%	21%
Student-Teacher Sessions	14%	9%
Classroom Groups	19%	12%

- The table below compares Missouri to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Missouri	National
Trainings/Workshops	70%	66%
Peer Consultation	68%	59%
Journals/Books	20%	17%
Online Research	22%	24%
Supervision	18%	21%

NORTH CAROLINA



Sample Characteristics

- 99% are female
- 76% are Caucasian
- 51% have a master's degree in social work
- 95% report having a state school social work license or certificate
- Average length of practice is over 9 years

Practice Context

- 99% practice in public schools
- Grade level of practice
 - 53% elementary school
 - 12% junior high/middle school
 - 22% high school
- North Carolina school social workers practice at an average of 4 schools (SD=6.2).
- School social workers in North Carolina practice more commonly in rural settings than other states. In North Carolina, rural settings are reported by 35% of school social workers, with small town by 31%, mid-size city by 29%, urban by 2%, and suburban by 2%.

Referral Information

- School social workers in North Carolina receive the highest percentage (49%) of referrals from teachers.
- The table below compares North Carolina to the national sample. The percentages represent respondents who indicated the following were reasons for referrals “all of the time” or “most of the time.”

	North Carolina	National
Emotional Problems	44%	58%
Behavior Issues	43%	58%
Academic Problems	25%	24%
Attendance	59%	27%

- 0% of school social workers in North Carolina report that all or most of their caseload is served as part of an IEP.

- In North Carolina, 6% of school social workers report that all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 15% of school social workers in North Carolina report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, North Carolina school social workers overwhelmingly (95%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 67% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy.
- The table below compares North Carolina to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	North Carolina	National
Ideal time engaged in primary prevention tasks	54%	52%
Actual time engaged in primary prevention tasks	30%	28%
<u>Specific Tasks</u>		
Parent Engagement	64%	53%
Improving School Culture	24%	31%
Small Groups	13%	36%
Prevention Interventions	23%	26%
Social Skills Interventions	11%	21%
Committee Work	27%	24%
Community Engagement	39%	26%
Teacher Professional Development	14%	17%
Data Analysis	14%	15%

- The table below compares North Carolina to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., secondary/tertiary prevention “all of the time” or “most of the time”).

	North Carolina	National
Ideal time engaged in tertiary prevention activities	46%	46%
Actual time engaged in tertiary prevention activities	58%	59%
<u>Specific Activities</u>		

Individual Counseling	60%	63%
Group Counseling	11%	31%
Family-Based Practice	63%	21%
Student-Teacher Sessions	16%	9%
Classroom Groups	2%	12%

- The table below compares North Carolina to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	North Carolina	National
Trainings/Workshops	68%	66%
Peer Consultation	61%	59%
Journals/Books	12%	17%
Online Research	26%	24%
Supervision	23%	21%

TEXAS



Sample Characteristics

- 84% are female
- 43% are Caucasian
- 68% have a master's degree in social work
- 39% report having a state school social work license or certificate
- Average length of practice is over 11 years

Practice Context

- 82% practice in public schools
- Grade level of practice
 - 30% elementary school
 - 21% junior high/middle school
 - 29% high school
- Texas school social workers practice at an average of 6 schools (SD=13.3).
- School social workers in Texas practice more commonly in urban settings than other states. In Texas, urban settings are reported by 44% of school social workers, with mid-size city by 36%, rural by 9%, small town by 6%, and suburban by 6%.

Referral Information

- School social workers in Texas receive the highest percentage (34%) of referrals from teachers.
- The table below compares Texas to the national sample. The percentages represent respondents who indicated the following were reasons for referrals “all of the time” or “most of the time.”

	Texas	National
Emotional Problems	55%	58%
Behavior Issues	58%	58%
Academic Problems	29%	24%
Attendance	33%	27%

- 38% of school social workers in Texas report that all or most of their caseload is served as part of an IEP.

- In Texas, 6% of school social workers report the all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 4% of school social workers in Texas report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Texas school social workers overwhelmingly (85%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 63% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy, and 53% believe that the factor of having a prescribed role accounts for all or most of this discrepancy.
- The table below compares Texas to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Texas	National
Ideal time engaged in primary prevention tasks	55%	52%
Actual time engaged in primary prevention tasks	33%	28%
<u>Specific Tasks</u>		
Parent Engagement	39%	53%
Improving School Culture	23%	31%
Small Groups	27%	36%
Prevention Interventions	27%	26%
Social Skills Interventions	10%	21%
Committee Work	18%	24%
Community Engagement	26%	26%
Teacher Professional Development	2%	17%
Data Analysis	8%	15%

- The table below compares Texas to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., tertiary prevention “all of the time” or “most of the time”).

	Texas	National
Ideal time engaged in tertiary prevention activities	45%	46%
Actual time engaged in tertiary prevention activities	57%	59%
<u>Specific Activities</u>		

Individual Counseling	75%	63%
Group Counseling	30%	31%
Family-Based Practice	24%	21%
Student-Teacher Sessions	7%	9%
Classroom Groups	8%	12%

- The table below compares Texas to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Texas	National
Trainings/Workshops	75%	66%
Peer Consultation	51%	59%
Journals/Books	6%	17%
Online Research	17%	24%
Supervision	17%	21%

WISCONSIN



Sample Characteristics

- 89% are female
- 92% are Caucasian
- 97% have a master's degree in social work
- 92% report having a state school social work license or certificate
- Average length of practice is over 11 years

Practice Context

- 96% practice in public schools
- Grade level of practice
 - 32% elementary school
 - 14% junior high/middle school
 - 29% high school
- Wisconsin school social workers practice at an average of 6 schools (SD=24.3).
- School social workers in Wisconsin practice more commonly in mid-size city settings than other states. In Wisconsin, mid-size city settings are reported by 43% of school social workers, with urban by 27%, suburban by 16%, small town by 8%, and rural by 6%.

Referral Information

- School social workers in Wisconsin receive the highest percentage (46%) of referrals from teachers.
- The table below compares Wisconsin to the national sample. The percentages represent respondents who indicated the following were reasons for referrals "all of the time" or "most of the time."

	Wisconsin	National
Emotional Problems	60%	58%
Behavior Issues	45%	58%
Academic Problems	13%	24%
Attendance	46%	27%

- 21% of school social workers in Wisconsin report that all or most of their caseload is served as part of an IEP.
- In Wisconsin, 18% of school social workers report the all or most of their students receive government services such as Medicaid, TANF, SSI, or free/reduced lunch.
- Only 7% of school social workers in Wisconsin report that all or most of their students receive outside counseling or therapeutic services.

Practice Choices

- Consistent with national practice choices, Wisconsin school social workers overwhelmingly (90%) report a discrepancy between the actual time and ideal time spent on primary prevention tasks, spending more time on tertiary prevention activities than they would ideally like to and less time on primary prevention. 70% of respondents believe that the factor of serving too many students accounts for all or most of this discrepancy, and 40% believe that the factor of having a prescribed role accounts for all or most of this discrepancy.
- The table below compares Wisconsin to the national sample. The percentages represent the actual and ideal time spent on prevention and then whether the following specific tasks were employed prior to meeting with referred students (i.e., primary prevention “all of the time” or “most of the time”).

	Wisconsin	National
Ideal time engaged in primary prevention tasks	55%	52%
Actual time engaged in primary prevention tasks	26%	28%
<u>Specific Tasks</u>		
Parent Engagement	60%	53%
Improving School Culture	19%	31%
Small Groups	27%	36%
Prevention Interventions	19%	26%
Social Skills Interventions	13%	21%
Committee Work	19%	24%
Community Engagement	30%	26%
Teacher Professional Development	10%	17%
Data Analysis	6%	15%

- The table below compares Wisconsin to the national sample. The percentages represent the actual and ideal time spent on tertiary prevention and then whether the following clinical activities were used after referrals for services have been made (i.e., tertiary prevention “all of the time” or “most of the time”).

	Wisconsin	National
Ideal time engaged in tertiary prevention activities	44%	46%
Actual time engaged in tertiary	56%	59%

prevention activities		
Specific Activities		
Individual Counseling	68%	63%
Group Counseling	26%	31%
Family-Based Practice	24%	21%
Student-Teacher Sessions	11%	9%
Classroom Groups	18%	12%

- The table below compares Wisconsin to the national sample. The percentages represent respondents who indicated they use the following resources to inform practice choices “all of the time” or “most of the time.”

	Wisconsin	National
Trainings/Workshops	64%	66%
Peer Consultation	70%	59%
Journals/Books	19%	17%
Online Research	31%	24%
Supervision	14%	21%

Appendix

Appendix A: Sample Description

The sample was recruited from SSWAA and associations that represent school social workers (including state school work associations, state NASW chapters, and state school counseling associations that included both school social workers and school counselors) from 47 states, with Maine, Nevada, and West Virginia being the only states with no state organization participating. School social workers in these states were captured in the dataset if they responded through the SSWAA distribution.

Participation method varied by association with 10 state associations providing a list for survey distribution by the study team, SSWAA and 36 state associations (including D.C.) distributing a link to the survey website themselves, and two associations providing the information in a newsletter or on their website without a direct e-mail about the survey.

Through direct distribution by the survey team, the survey was distributed to 1,790 participants. The School Social Work Association of America (SSWAA) distributed the survey through an internet link to its 1644 members (which represents 80% of their membership for whom valid e-mail addresses were available.) By indirect distribution (through association e-mails) the survey was distributed to 36 associations. Estimates from one-third of the associations suggest that the survey was sent indirectly to approximately 2,686 individuals. The other two-thirds of the associations were unable to provide numbers for their distribution lists. It is also possible that individuals who received the survey indirectly through the association also received the survey directly via SSWAA, making the response rate impossible to calculate.

Through all recruitment techniques, the process yielded 2,956 respondents. However, a significant portion of survey responses were incomplete. Respondents who did not complete the characteristics section of the survey were considered incomplete responders. Bivariate analysis was conducted to compare results for complete responders and incomplete responders. These results showed no significant differences between these groups for items for which they both responded. Given that data on the characteristics of school social workers enhances our understanding of school social work practice and the impact of context, incomplete responders were eliminated from further analysis. Removing incomplete responders from our analysis yielded a final sample of 1,639 respondents representing 48 states.

Appendix B: Survey instrument**School Social Work Survey 2008**

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Thank you for taking the time to complete this survey, which is designed to better understand the important role school social workers play across the country in removing barriers to learning. Your perspective is important, and the results of this study will be used to inform and advocate for school social work practice.

Please skip any question you do not feel you are able to answer accurately. This survey is intended to be completed by school social workers or those who have been trained in social work whose primary role in the school is to provide services to students and their families. If you do not fit this description (e.g., academics, principals), we would encourage you to submit the survey with the questions that are not relevant to you blank.

Section 1: In this section we are primarily interested in how you spend your time, how you select the specific interventions, programs, or modalities you rely on to serve clients, and how you evaluate the effectiveness of your services.

- 1) Please read the following category descriptions and estimate the percentage of time you have actually spent and the percentage of time you would have ideally spent in the last full academic year for each category. Your totals for each column (actual and ideal) should each add up to 100%.

Category	Actual time (%)	Ideal time (%)
1. Primary prevention work This includes work (direct or indirect/ administrative) at the classroom, school, or district level aimed <u>at all students</u> to remove risk factors or promote resiliency factors for all students . The goal can		

	also to be to prevent the need for further intervention by school social workers for additional services.		
2.	Tertiary prevention: This includes work (direct or indirect/ administrative) at the individual, family, or classroom level to help <u>specific students who have already been referred</u> for school social work services and reduce the severity of those students' problems at school		
3.	Other		

2. We would also like to know what percentage of your time you spend on these administrative tasks overall. Please indicate what percentage of your average workweek you spend writing reports, progress, notes, case notes, or other paperwork related to the services you provide? If you do not feel you can accurately estimate the answer to this question, please leave it blank.

_____ %

3. If there is a significant discrepancy between your actual and ideal percentages, could you help us understand this discrepancy by indicating how the following reasons might contribute to the discrepancy.

	Accounts for nearly all	Accounts for most	Accounts for approximately half	Accounts for some	Accounts for a little
I serve too many students/schools to engage in prevention activities	5	4	3	2	1
My role is largely proscribed for me by my district/administration	5	4	3	2	1
I have not been trained to do these activities	5	4	3	2	1
Other (specify below)	5	4	3	2	1

4. When working to support children prior to having them referred for school social work services, to what extent do you rely on the following approaches?

	All of the time	Most of the time	Sometimes	Occasionally	Rarely
Increasing parental involvement/engagement	5	4	3	2	1
Enhancing community involvement/engagement	5	4	3	2	1
Delivering teacher professional development (e.g., inservices on prevention/intervention strategies, legal issues)	5	4	3	2	1
Developing prevention or intervention protocols	5	4	3	2	1
Improving school-wide culture/climate (unified discipline systems; bully prevention; behavioral expectations; supervision)	5	4	3	2	1
Delivering classroom- or school-wide social skills curriculum	5	4	3	2	1
Facilitating small groups as prevention activities (e.g., social skill, organizational, etc.)	5	4	3	2	1
Analyzing data to support school decision-making and presenting that data to school administrators	5	4	3	2	1
Participating on school or district committees or task forces	5	4	3	2	1
Other (specify)					

5. When you are working with students who have been referred for school social work services, to what extent do you rely on the following approaches?

	All of the time	Most of the time	Sometimes	Occasionally	Rarely
Individual counseling	5	4	3	2	1
Group counseling	5	4	3	2	1
Classroom	5	4	3	2	1

groups					
Family-based practice Sessions with the student and his/her teacher	5	4	3	2	1
Other (specify)	5	4	3	2	1

6. Of the students you serve after they have been referred, what percentage of students receive social work services as part of a special education Individualized Education Plan (IEP)?

_____ % of students I serve regularly

7. What resources do you consult most often for information to apply to your work? Rate these 1-5, with 1 being rarely and 5 being all of the time.

	All of the time	Most of the time	Sometimes	Occasionally	Rarely
Online databases of research articles	5	4	3	2	1
Journals and scholarly books	5	4	3	2	1
Trainings/Workshops	5	4	3	2	1
Supervision	5	4	3	2	1
Peer Consultation	5	4	3	2	1
Other (please specify)					

8. How do you determine if your interventions/services are effective? Rate these 1-5, with 1 being rarely and 5 being all of the time.

	All of the time	Most of the time	Sometimes	Occasionally	Rarely
Standardized outcome measures e.g. rating scales	5	4	3	2	1
Observations	5	4	3	2	1
Student/teacher self-report	5	4	3	2	1
Data collected at the school level e.g. attendance, discipline records, grades	5	4	3	2	1
Other (please specify)	5	4	3	2	1

Section 2: For this section, we are primarily interested to learn about the students and families you serve at your school, as well as some other questions related to collaboration with teachers and post-high school transition planning. Please answer the following questions by making an X or check mark next to the response that best describes your work and your experience.

9. From which source do you receive the most referrals? (Pick one)

- _____ Student (Self-referral)
- _____ Another student (a friend)
- _____ Teacher
- _____ Counselor
- _____ Attendance officer
- _____ Administrator
- _____ Parent
- _____ The special education diagnostic team (for IEP services)
- _____ Other (Please specify below)

10. Please indicate the proportion of students that are referred for school social work services for the reasons listed below. Rate these 1-5, with 1 being few of the students and 5 being all of the students

	All	Most	Approximately half	Some of the students	Few of the students
Behavior problems at home or school (Externalizing Problems e.g. fighting, refusal to follow directions)	5	4	3	2	1
Emotional problems at home or school (Internalizing problems e.g. depression and anxiety)	5	4	3	2	1
Academic problems	5	4	3	2	1
Attendance	5	4	3	2	1
Other (specify)	5	4	3	2	1

11. What proportion of the following risk factors would you say helps explain the causes of the student problems you noted in the previous question?

	All	Most	Approximately half	Some	Few
Poor learning of related social skills (listening, staying on task, organizational skills)	5	4	3	2	1
Social behavior problems (social interaction with peers or adults)	5	4	3	2	1
Parent-child conflict	5	4	3	2	1
Lack of connectedness with	5	4	3	2	1

peers, family, school, and community

Limited school resources	5	4	3	2	1
Inconsistent classroom management	5	4	3	2	1
Unhealthy school or classroom climate	5	4	3	2	1
Weak, inconsistent adult leadership from parents, teachers, and other important adults	5	4	3	2	1
Overreliance on physical security measures	5	4	3	2	1

12. How do you help teachers? (Check all that apply)

- _____ Work directly with disruptive students (e.g. not following class rules, fighting with other students and the teacher)
- _____ Work directly with emotionally overwhelmed students who are not disruptive (e.g. depressed, anxious)
- _____ Follow up with families and/or community agencies after students make a serious disclosure to the teacher (e.g. disclosing abuse in the family, suicidal ideation, pregnancy)
- _____ Work with teachers on ways to improve classroom management techniques for challenging students
- _____ Work directly with teachers to implement behavior management plans for specific students
- _____ Provide inservices and additional training to teachers on a variety of mental health and education-related topics
- _____ Provide teachers with community resources and referrals to help children/parents in their classroom
- _____ Other (please specify)

13. What percentage of your time do you spend with students planning for their transition out of high school?

_____ %

_____ I don't work with students at this age level

14. Please indicate the proportion of students you work with on each of the following domains of the transition to adulthood?

	All students	Most students	Approximately half	Some students	Few students
Mental health	5	4	3	2	1
Education plans and college readiness	5	4	3	2	1
Job readiness and placement	5	4	3	2	1
Housing	5	4	3	2	1
Marital and dating issues	5	4	3	2	1
Contraception and family planning	5	4	3	2	1
Health services	5	4	3	2	1
Independent living skills	5	4	3	2	1
Connection to community resources	5	4	3	2	1
Other (please describe)	5	4	3	2	1

15. Of the work described above related to the transition to adulthood, how much of this work is done outside of the IEP process? (Check one)

_____ Most

_____ Some

- _____ A little
- _____ None

16. Of the families/children you work with regularly, what proportion of them receive services from government social welfare programs (for example, Medicaid, SSI, TANF, free/reduced school lunch)? Rate these 1-5, with 1 being few families/children and 5 being all children. If you are not confident you can estimate the answer to this question accurately, please leave it blank.

All	Most	Approximately half	Some	Few
5	4	3	2	1

17. Of the children you work with regularly, what proportion of them receive counseling or therapeutic services from an outside agency or professional (e.g., foster care, mental health system, private therapist)? Rate these 1-5, with 1 being few children and 5 being all children. If you are not confident you can estimate the answer to this question accurately, please leave it blank.

All	Most	Approximately half	Some	Few
5	4	3	2	1

Section 3: For this final section, we are interested in learning more about you and the context of the setting in which you provide your services.

18) What is your gender?

- _____ Female
- _____ Male

:
19) What is your racial/ethnic background? (Check all that apply)

- _____ African-American

- _____ Asian-American
- _____ Hispanic/Latino
- _____ Native American
- _____ White/European-American
- _____ Other

20) In what state do you practice?

21) Which degrees/certifications/licenses do you currently hold? (Check all that apply)

- _____ Bachelor's Degree in Social Work
- _____ Other Bachelor's Degree (Please specify _____)
- _____ Master's in Social Work
- _____ Other Master's Degree (Please specify: _____)
- _____ Doctorate in Social Work (PhD, DSW)
- _____ Other Doctorate (Please specify: _____)

22) Which of the following certificates and licenses do you have? (Check all that apply)

- _____ State issued School Social Work Certificate or License
- _____ Licensed Clinical Social Work or Certificate
- _____ Academy of Clinical Social Workers (NASW)
- _____ School Social Work Specialists (NASW)
- _____ Other (please specify below)

23) How many schools do you work in each year?

24) Which description best characterizes your employer?:

_____ A local education agency (public school district)

_____ A private educational system (parochial school, private school, etc.)

_____ A social service agency that (delivers) contracts to provide services in a school setting

_____ School-based health clinic

_____ Other (Please specify:

25) Is your position primarily funded through a grant, contract, or other time-limited project?

_____ Yes

_____ No

25a) If you said yes, what is your specific funding source? (Check all that apply)

_____ Federal grants

_____ State grants

_____ Foundation funding

_____ Agency contracts with local school districts

_____ Other (please specify)

26) How many years have you been practicing as a school social worker?

_____ Years

27) Does your position require you to have state social work licensure/certification to start in a school social work position?

_____ Yes

_____ No

28) How would you characterize the school or schools in which you're employed?

_____ Rural

_____ In a small town (less than 20,000 people)

_____ In a mid-size city (50,000-500,00)

_____ Suburban

_____ Urban (large city, 500,000+)

29) Which grade levels are you most involved in serving? (Check one)

_____ Pre-kindergarten/Early childhood

_____ Elementary (K-6)

_____ Junior high/Middle school

_____ High school

_____ Other grade level arrangements (Please specify below)

One final question

30) Can you comment on what you see as the future for the field of school social work?

THANK YOU!!!!

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