



Critical Social Work Practice

Social work in a US school

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My name is Amanda Mihaly. I live in Middletown, Connecticut which is about half hour outside of Hartford. I work as the Coordinator of the Student and Family Assistance Centre at Quirk Middle School and that's in Hertford, Connecticut. -I got my Masters in Social Work from the University of Connecticut in 2005. It took me three years to do it, part time.

My current salary is 49,200 Dollars a year. I'm supposed to work for 35 hours a week over a 5 day week but I would say it's probably closer, usually, to 45 hours a week. Um, I do have the benefit of working in a school so I have July and August off and then I have a week's vacation at Christmas, February and April.

And I wanted to be a social worker since I was little. My father is a social worker, um, and he's a refugee from Hungary so he always talked a lot about the struggles of coming from another country and starting over here and how much help and support is really needed and he really made sure that my sister and I were aware of the injustices and difficulties in our country and throughout the world so, that was really instilled in me from a early age that I wanted to try and do something about that.

I chose to come here to work at the Student and Family Assistance Centre at Quirk, because when I was at UConn [i.e. University of Connecticut] I did my second internship here so I just loved it, I loved being in the school setting because, although there's many challenges of being in the school setting as a social worker, you also are in kind of a natural environment for the students and you can really become part of their every day life and be a consistent adult in their lives, which I think is a very powerful thing when you are trying to do basically what amounts to grass roots social work.

In the Student and Family Assistance Centre our staff consists of 2 masters level social workers, myself and one other, we're the co-coordinators of the centre and we have 1 programme assistant who is not a trained social worker. A large part of our workforce is interns, Bachelors and Masters level interns. This year we had a total of 23 college interns working for us throughout the year. There are the 2 school based mental health clinicians, we have 3 school social workers and we have an attendance case manager who also does outreach and works with kids that truant and that often leads to, you know, talking with them leads to real social issues and things at home.

Our services are available to the whole school and so we end up seeing, out of the 700 students, we will have seen between 5 and 600 of those students at least once for something throughout the year because we function as the crisis centre. Of those 5 to 600 students, between 70 and 80 will be case managed or case counselled, meaning they will have either a social work intern or myself or my co-coordinator meeting with them on at least a weekly basis for on-going counselling.

If you look at our grant, it's to improve attendance, improve behaviour and improve academics and we're actually cited as a prevention programme. Unfortunately again, with the intensity of the needs in this community we end up doing more intervention and even crisis work than prevention.

In this school I would say the majority of the students could benefit from having someone to talk to on a weekly basis.

Students can come into our services a variety of different ways.-We work with 7th and 8th graders so when students are coming in to 7th grade we get, they call them placement cards, and on that card the teachers have an opportunity to talk about what kind of issues and recommendations they have. So before the student even comes in 7th grade, we have access to those cards and my co-coordinator and I decide, you know, there's certain 7th graders that we want to really get before the problems start and start to build a relationship with before the pattern from 6th grade continues. So that is, is how we get our base case load. Then throughout the year we get numerous referrals from administrators, teachers, any

staff and as the year goes on, we get quite a few self-referrals from students who are really looking for help. Often times the school administrator, the Vice-Principal for that student, will refer for a conflict resolution or they'll get in a fight or their, the teacher notices that they've just been very aggressive or very quiet, you know, some behaviour that's of concern to the staff and they will refer the student to us to assess what's going on and often times out of that we'll find that there's some real issue that needs on-going services. Some of those issues include a lot of trauma. There's a lot of students that are very traumatised by community violence, domestic violence, incarcerated family members, a lot of grief and loss around incarcerated family members and family members who have passed away, often times in a very violent manner. This year there's been a real rise in the number of referrals that we've got in for self mutilating and self injury. There's a lot of "cutters". We have had a lot of risk assessments for suicide this year also.

The initial referral is often behaviourally based so the kid is just having all kinds of behaviour problems in the classroom, so that would be the initial reason for seeing the student and then as you talk to the student you, you really get a sense of why they are acting out and those are the underlying issues of the trauma, depression.

We assess their family history, their mental health, their physical health, social, academic involvement in the community, we try and get basically a picture of, of what is going on in the student's life and what has gone on in the student's life in the past.

The staff and interns of the Student and Family Assistance Centre are constantly in contact and, and collaborating with other service providers, other social workers, ~~um~~, both within the school and the school district and in the community, community based organisations, um as well as state organisations. As the coordinator I'm working with outside agencies and internal service providers to-develop programmes, address the needs that we're noticing within the school and the population. On a micro level we are constantly talking with social workers in other agencies and here in the school, about cases, case planning, making referrals. I personally talk with other social workers, largely on a need basis, you know, it's not really a scheduled thing.

Once a month we have what's called a prevention team. We meet with the social workers, the school councillors, the mental health administrators, the psychologists, here in the building and we try to invite community agencies to come in to talk about services at that time to facilitate and enhance the relationship that we have with the community.