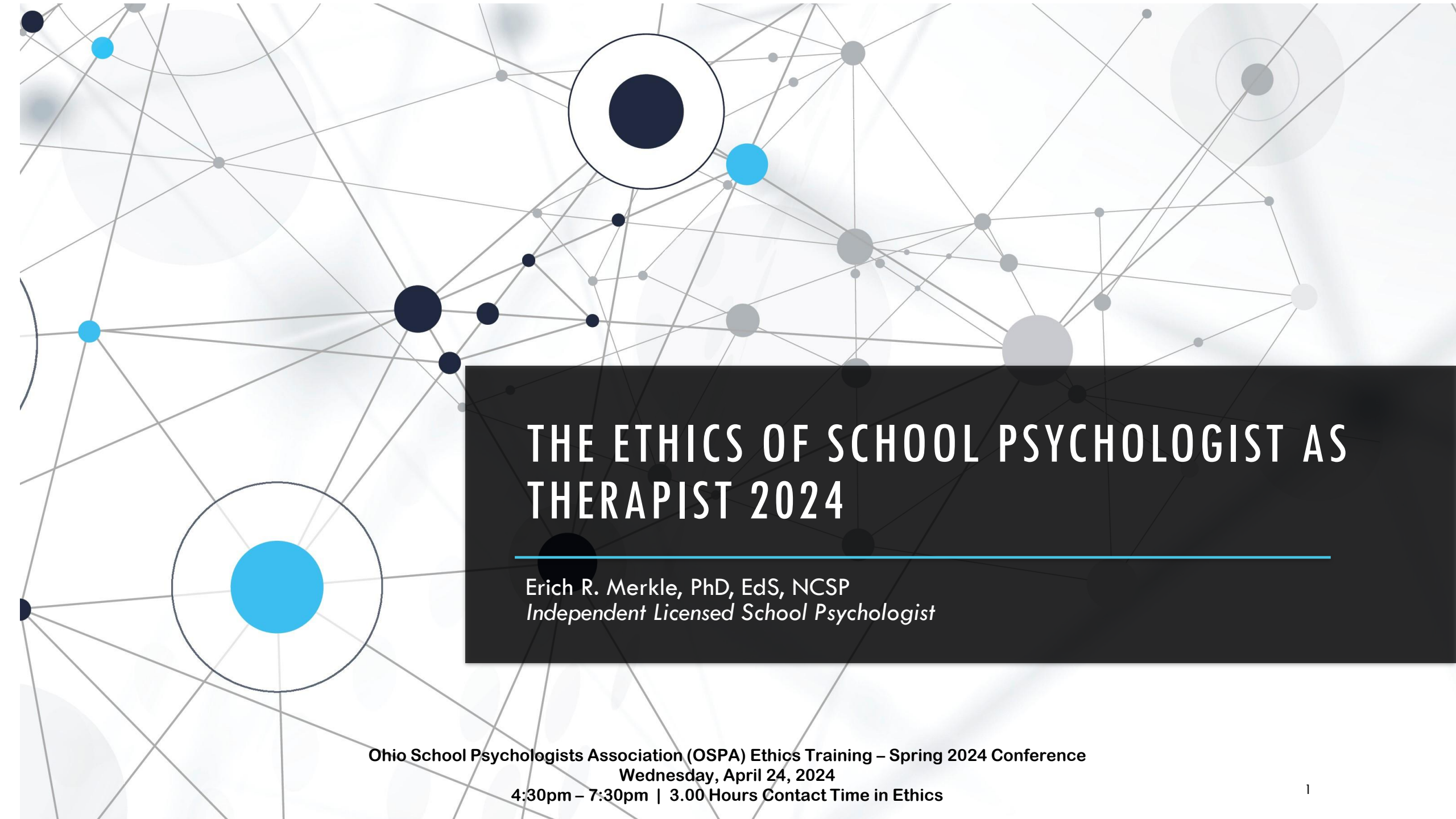




# THE ETHICS OF SCHOOL PSYCHOLOGIST AS THERAPIST 2024

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Erich R. Merkle, PhD, EdS, NCSP  
*Independent Licensed School Psychologist*

Ohio School Psychologists Association (OSPA) Ethics Training – Spring 2024 Conference  
Wednesday, April 24, 2024  
4:30pm – 7:30pm | 3.00 Hours Contact Time in Ethics

# TODAY'S TRAINING AGENDA

1. Introduction, Description, Fine Print & Reminders
2. A Few Recommended Resources
3. Introduction & Definitions
4. Broad APA & NASP Ethical Principles
5. Ohio Specific Statutory Considerations
6. The Counseling Process & Overview
7. Specific Counseling Considerations
8. Self-Care
9. Closing, Questions, & Answers

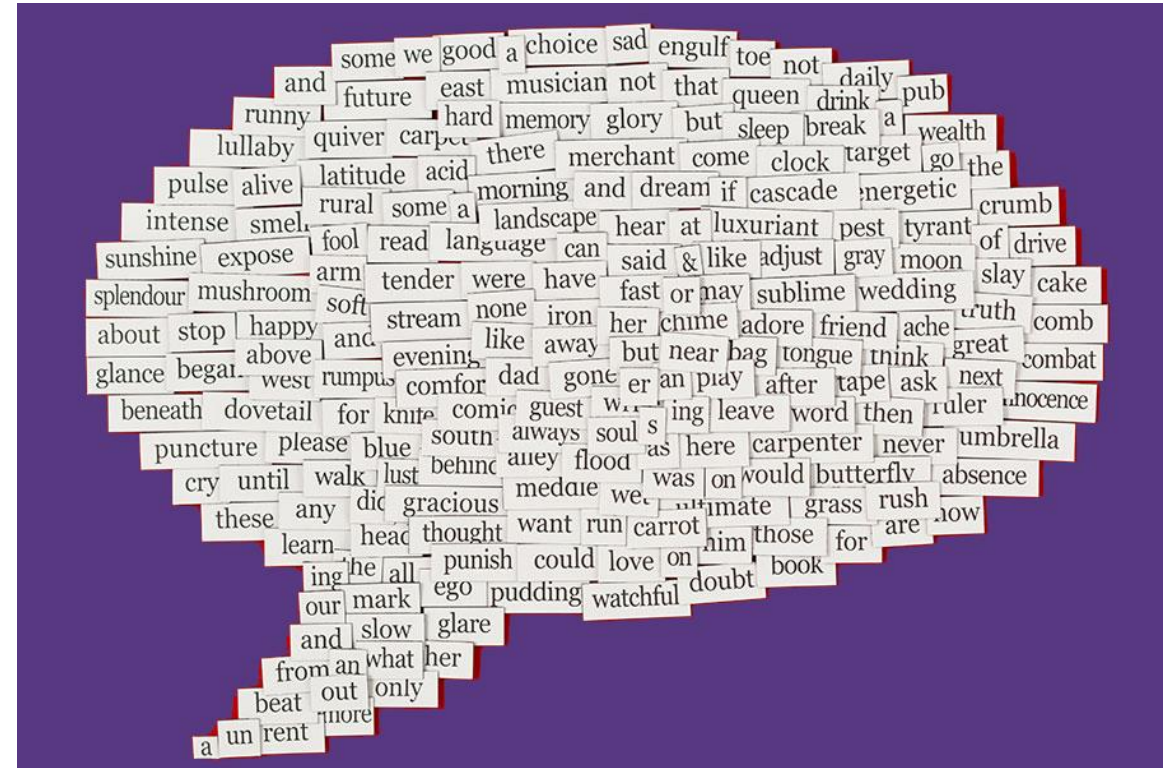


# TRAINING DESCRIPTION

*Part of the role and function within comprehensive school psychological practice includes the provision of therapeutic and counseling services.*

*Yet, many times our training background has limited or incomplete coursework and supervised experiences to fulfill legal and ethical expectations.*

*This latest OSPA Ethics Session will explore the required competencies, professional ethical principles, and guidance how to provide such services with your practice.*



# LEARNING OBJECTIVES

1. Participants will examine relevant APA and NASP ethical principals providing counseling services within school psychology towards incorporation of those items into daily practice.
2. Attendees will familiarize themselves with associated Ohio psychology practice and educational related service statutes that connect to counseling services.
3. Learners will identify commonly employed counseling approaches with children and adolescents within the psychoeducational milieu.
4. Attendees will recognize essential training requirements across coursework and supervision needed to provide various therapeutic services.



# THE FINE PRINT: DISCLAIMERS & CAVEATS



- Dr. Erich Merkle is a school psychologist. He is solely responsible for the content contained herein and his viewpoints may not reflect the policies and procedures of his employers, other educational agencies, or his professional association affiliations.
- All attempts to ensure accuracy of information from appropriate legal statutes and current best practice literature have been included, although practitioners are encouraged to review their specific discipline's literature and consult appropriate legal counsel as necessary for a given circumstance.
- Dr. Merkle's professional relationships holds itself harmless for any misuse of this content and defers liability to those in attendance with respect to their agency and professional legal obligations.
- This presentation is provided as a professional development session for OSPA's 2024 Spring Conference and should not replace professional legal advice, consultation, or clinical supervision from qualified sources.
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# MORE FINE PRINT: CONFLICT OF INTEREST STATEMENT



"What conflict of interest?!  
I work here in my spare time."

- **Commercial Interest:** The presenter today is offering this course as a professional development session on behalf of OSPA's 2024 spring conference. There is a commercial interest to Dr. Merkle as a paid professional development trainer on behalf of OSPA and within his personal professional development sessions.
- **Conflict of Interest:** OSPA is the professional association of Ohio school psychology. Today's content does not represent the official position of OSPA or various governmental entities mentioned therein. The presenter is solely responsible for its content and materials.
- **Financial Relationships:** Dr. Merkle is compensated for today's training session in partnership with OSPA.
- **Relevant Financial Relationships:** Dr. Merkle will receive residual compensation for subsequent redistribution of today's webinar session and other venues where he may be invited to present.

# PLEASE REMEMBER...



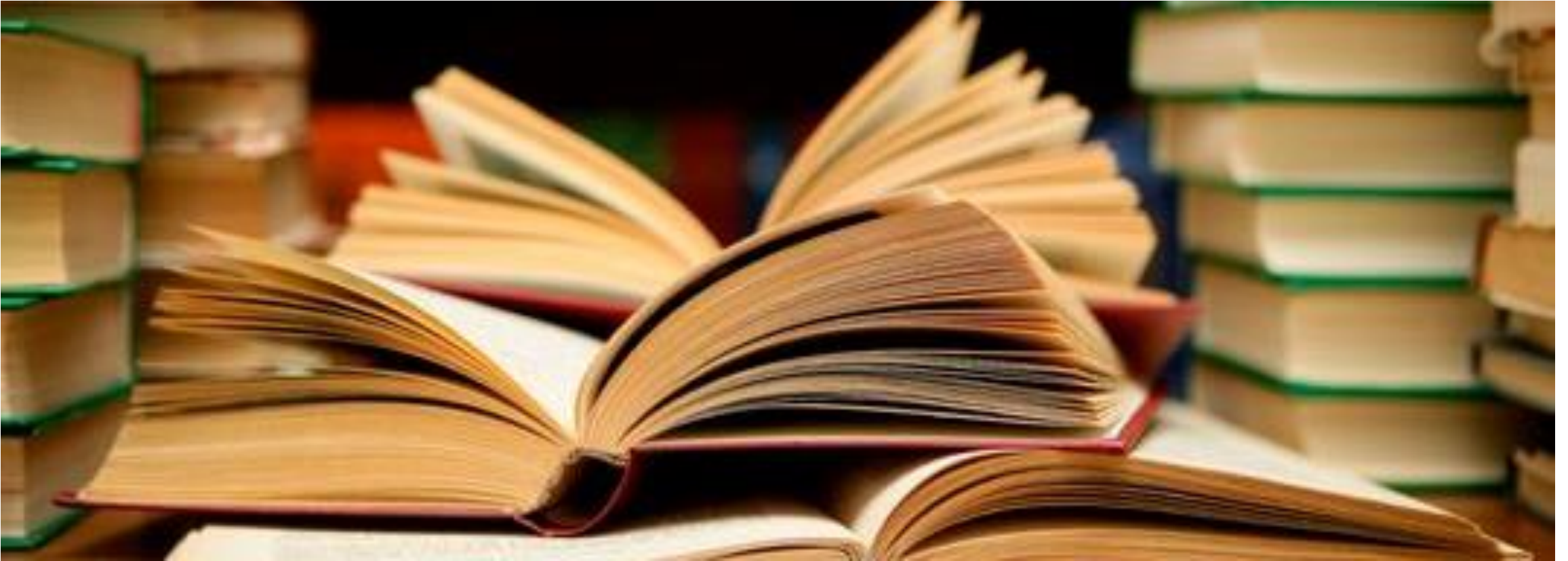
Today's live professional development will be recorded and subsequently available through OSPA as a fee-based recorded webinar.

Please use the Zoom chat feature as a place to put questions and comments. We will revisit them throughout today's session and at the end for a few minutes Q&A.

At each hour mark, we will take approximately 5 minutes break. Use your discretion for comfort breaks throughout our time together today at any other point to ensure your comfort.

Remember to keep your audio muted unless the moderator or presenter calls upon you to speak to avoid disrupting today's recording and learning of your colleagues.

Don't forget to complete the required questions to receive your CEU/MCE.

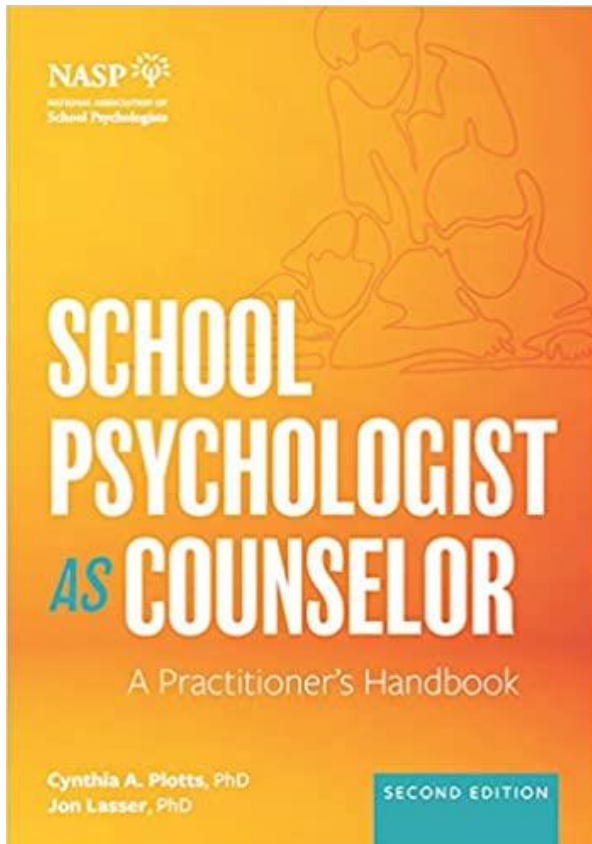


# A FEW RECOMMENDED LITERATURE & AUTHORITY SOURCES

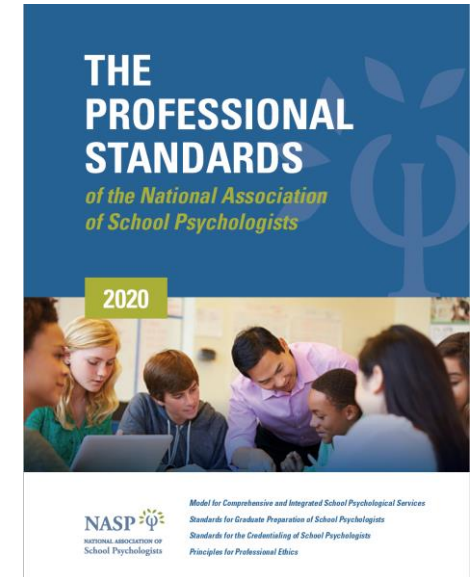
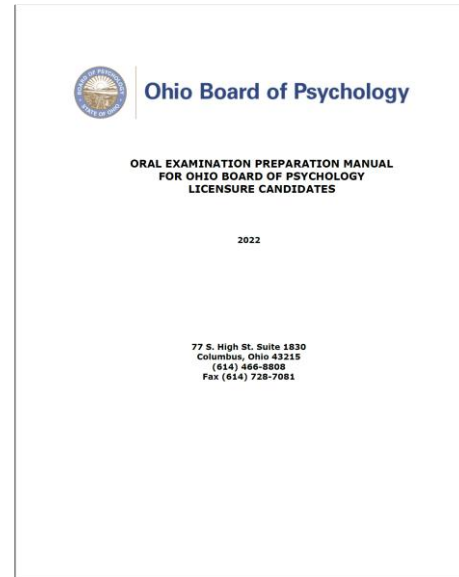
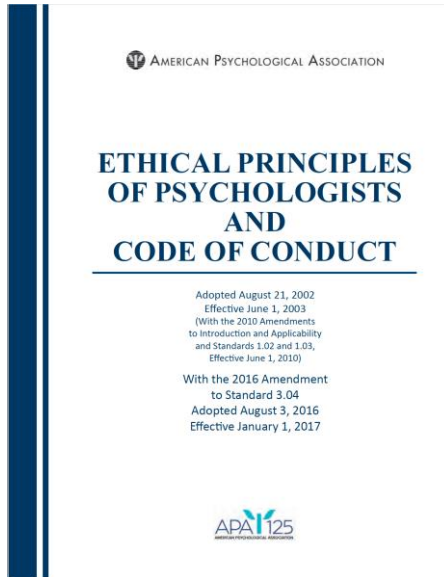
The Ethics of School Psychologist  
as Therapist 2024

# RECOMMENDED RESOURCE

(AND A NOTE OF APPRECIATION FOR THIS TRAINING'S DIDACTIC CONTENT)



Plotts, C.A., & Lasser, J.  
(2020). *School psychologist  
as counselor: A practitioner's  
handbook* (2<sup>nd</sup> ed.).  
National Association of  
School Psychologists.



# KEY ETHICS & LEGAL RESOURCES



# Definition.

A definition is a statement of the meaning of a term (a word, phrase, or other set of symbols).[1] Definitions can be classified into two large categories, *intensional definitions* (which try to give the essential meaning of the term) and *extensional definitions* (which proceed by listing the objects that a term describes).[2] Another important category of definitions is the *stipulative definition*.

## INTRODUCTION & DEFINITIONS

The Ethics of School Psychologist  
as Therapist 2024

# THERAPEUTIC NEEDS IN CHILD POPULATIONS

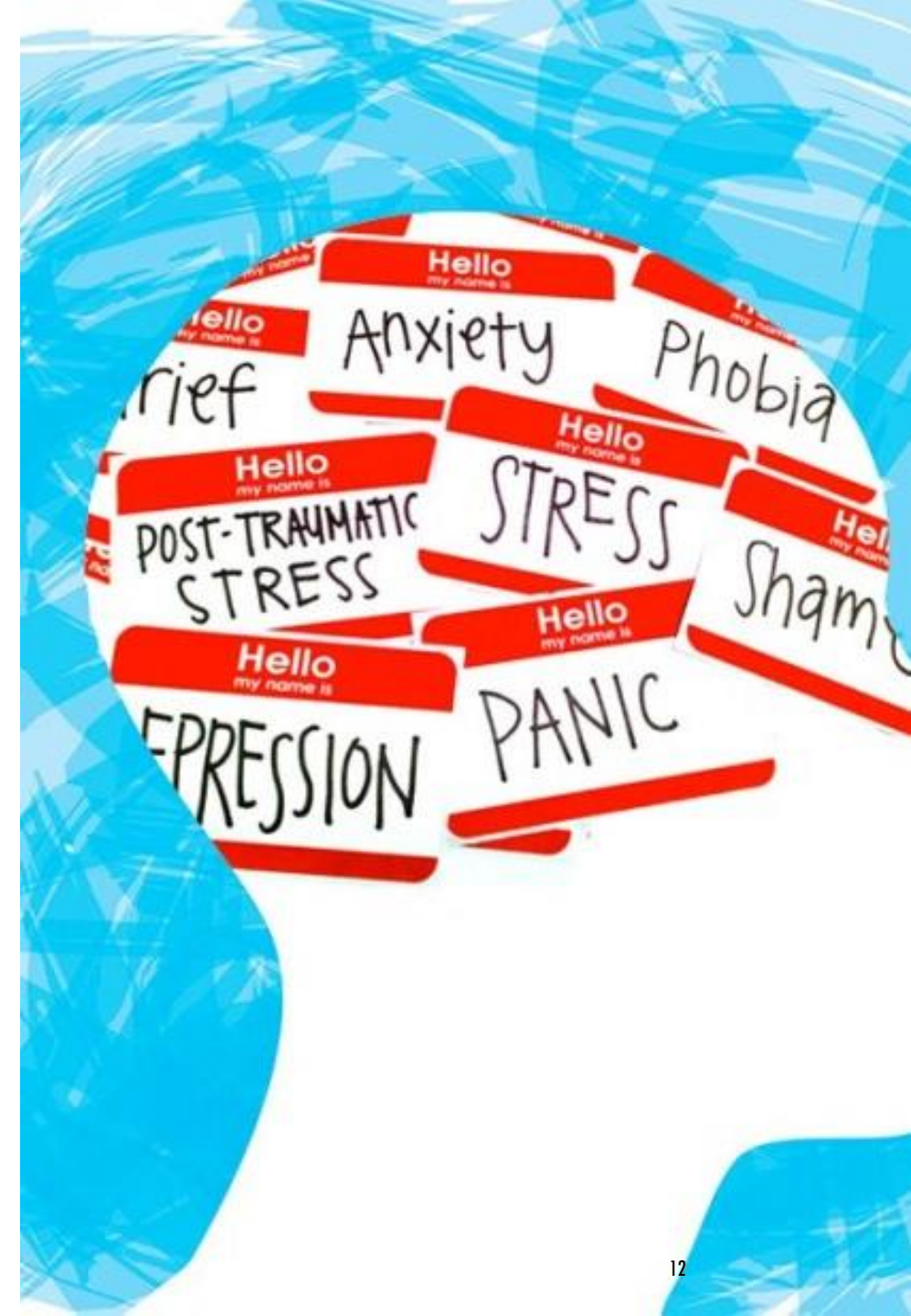
Significant need across all individuals in population

SAMHSA (2017): lifetime prevalence of any mental disorder is 49.1%

- Severe impairment is 22.2% of population
- Suicide 2<sup>nd</sup> – 6<sup>th</sup> leading cause of death in children and adolescents
  - 13.3% had at least one major depressive episode
- 10% of children & adolescents have a serious emotional disturbance but 80% do not receive needed services

CDC (2023): more than 50% will be diagnosed at some point in lifetime

- 1 in 5 Americans will experience mental illness in a year
- 1 in 5 children currently have or have had seriously debilitating mental illness
- 1 in 25 Americans live with a serious mental illness such as schizophrenia, bipolar disorder, or major depression

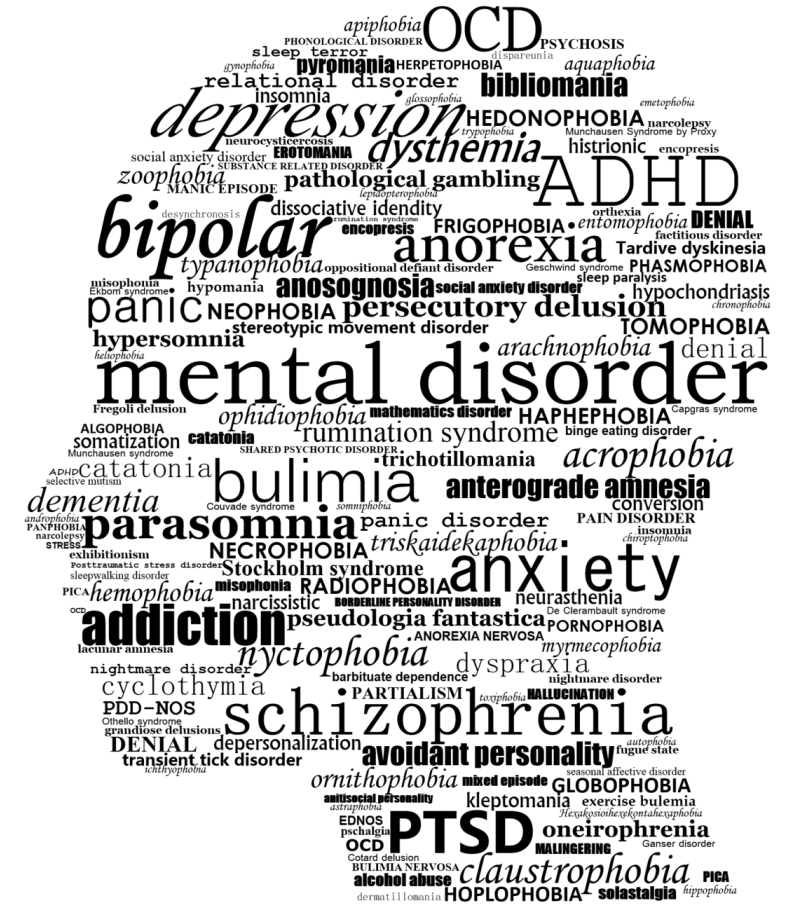


## Merkle & Bernstein (2023)

- 1 in 6 children between ages 6-17 have a treatable mental health disorder

## Exacerbation in post COVID sequelae (USDOE, 2022)

- As high as 1:3 to 1:4 of population during COVID to present day
- ACEs increased and exacerbated existing ACEs during pandemic mediated closures
  - Society across all ecologies continue to recover and heal from pandemic



# SOCIAL EMOTIONAL WORKING ASSUMPTIONS (GROSS, 2021)



- Trauma from COVID-19 and racial/civil unrest
  - Prior to the pandemic, many individuals had experienced trauma. Indeed, the data show that approximately 50% of all children and 65% to 70% of all adults have had at least one traumatic event in their lives.
  - Given the pandemic and the disheartening social events occurring in that same time frame, it can be expected that the vast majority of children and adults have been traumatized over the past 18 months.
- The degree/intensity of trauma varies by student and staff member based on their individual experiences during this time, their protective factors, and their risk factors.
- It is for these reasons that we need to deliberate how educational institutions and social service organizations that serve families can best address the reopening of schools.
- It is not sufficient to just “reopen” as if schools and social service agencies operate like light switches. We cannot focus only on physical well-being (as important as that is).
- Instead, we must plan and prepare for reopening with trauma-responsive strategies, pedagogies, and environments.

# SOCIAL EMOTIONAL WORKING ASSUMPTIONS (NASP, 2021)

- Emotional reactions such as grief, fear, anxiety, depression, anger, and others are normal and should be expected.
- Diminished time spent following routines and schedules.
- Diminished stamina for completing work because of reduced demands during closure.
- Students had inequitable access to virtual learning and adults to support both learning in the home environment and challenging emotions surrounding the stressors of a pandemic and its effects on individuals and family systems.
- Not all homes were safe.



# OFFICE FOR CIVIL RIGHTS OBSERVATIONS (OCR, 2021, P. III-IV)



1. Emerging evidence shows that the pandemic has negatively affected academic growth, widening pre-existing disparities.
  1. Math & reading may reveal students falling more behind.
2. COVID-19 appears to have deepened the impact of disparities in access and opportunity facing many students of color in public schools, including technological and other barriers that make it harder to stay engaged in virtual classrooms.

# OFFICE FOR CIVIL RIGHTS OBSERVATIONS (OCR, 2021, P. IV)



3. For many English learners, the abrupt shift to learning from home amid the challenges of the pandemic has made that struggle even harder.

4. Disruption to special education; signs that those disruptions may be exacerbating longstanding disability-based disparities in academic achievement.

# OFFICE FOR CIVIL RIGHTS OBSERVATIONS (OCR, 2021, P. IV)



5. Gender/sexually diverse students have faced particularly heightened risks for anxiety and stress and have lost regular access to affirming student organizations and supportive peers, teachers, and school staff. These students also are at an increased risk of isolation and abuse from unsupportive or actively hostile family members.

6. Nearly all students have experienced some challenges to their mental health and well-being during the pandemic and many have lost access to school-based services and supports, with early research showing disparities based on race, ethnicity, LGBTQ+ identity, and other factors

# OFFICE FOR CIVIL RIGHTS OBSERVATIONS (OCR, 2021, P. IV)



7. Heightened risks of sexual harassment, abuse, and violence during the pandemic, including from household members as well as intimate partners, and online harassment from peers and others, affect many students and may be having a continued disparate impact on K-12 and postsecondary girls and women and students who are transgender, non-binary, or gender non-conforming.

8. Identity-based harassment and violence have long had harmful effects on targeted students and their communities. Since the pandemic's start, Asian American and Pacific Islander students in particular have faced increased risk of harassment, discrimination, and other harms that may be affecting their access to educational opportunities.

# REMINDER: ADVERSE CHILDHOOD EXPERIENCES

(INFOGRAPHIC SOURCE: NPR,  
2015)

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



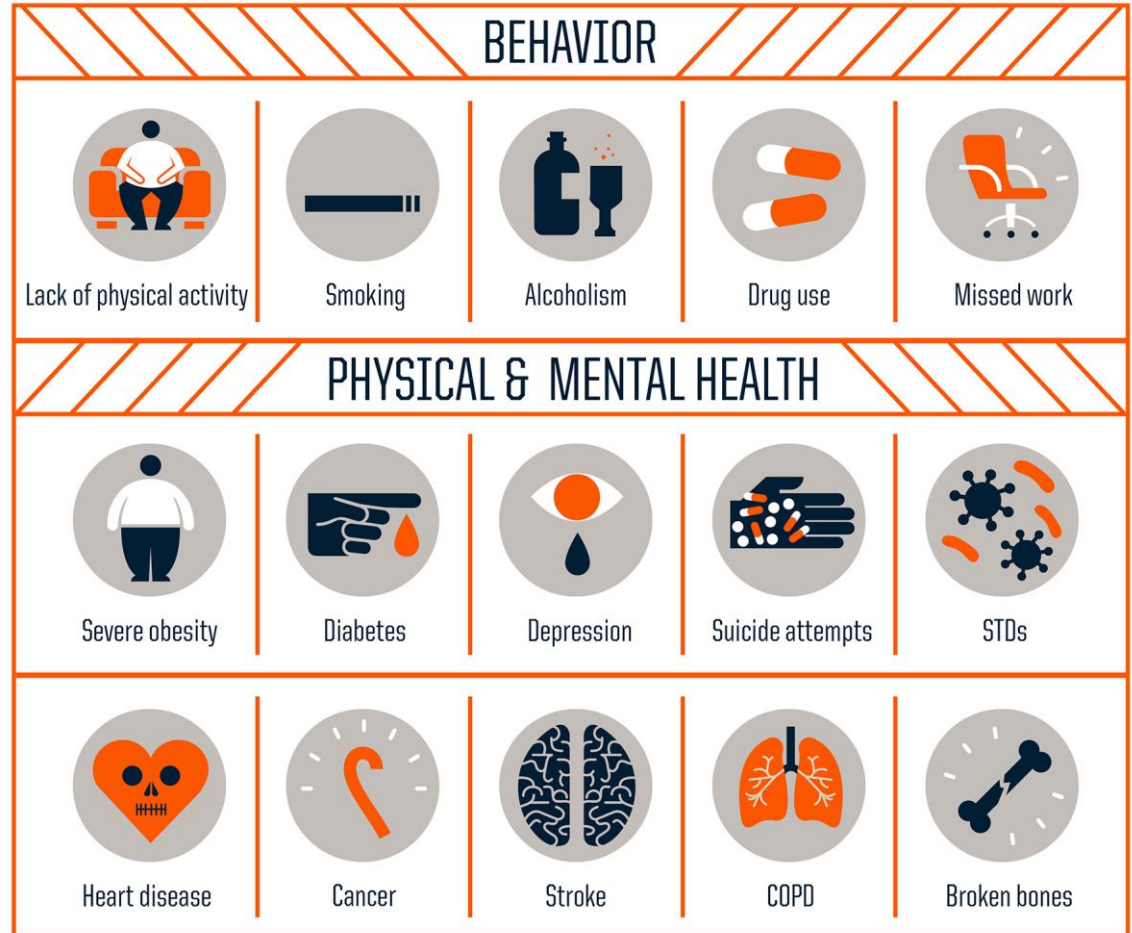
Substance Abuse



Divorce

# OUTCOMES OF ACES (INFOGRAPHIC SOURCE: NPR, 2015)

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# WHAT IS COUNSELING?

Merkle & Bernstein (2023)

- Behavioral health services = “intended to address an individual’s social, emotional, & behavioral development through a broad lens that shows how behaviors affect health” (p. NP)

Plotts & Lasser (2020, p. 5)

- Counseling in School Psychology = “set of interventions designed to promote the social, emotional, and behavioral well-being of children & adolescents”



# WHAT IS COUNSELING?

## OAC 3301-51-x

- (iii) “Counseling services” means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel [in schools].
- .. means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education...

## Counseling, psychotherapy, and therapy

- Used interchangeably and vary across occupations / disciplines
- Restriction of occupational practice terms like psychological or counseling or social work
- Counseling = brief, focused, and advice oriented
- Therapy or psychotherapy = treatment for more chronic or serious issues, possibly presumes a higher degree of training



# COUNSELING IN SCHOOLS

## In schools ...

- Meet “specific, measurable goals, and objectives” (p. 6)
- School psychologists provide these within educational environments versus an agency, health care setting, or hospital
  - Supporting the educational goals of a student
  - Within MTSS, Systems Consultation, Family, Nondirective, Directive, Mindfulness, Trauma-Informed, Substance Misuse, Delinquency

## Providers

- School psychologists → Crisis & IEP services (probably not 504 services)
- School counselors → General education students, maybe IEP, crisis services
- School social workers → Entire population, crisis services, access to “social change, development, cohesion and the empowerment of people and communities” within the educational setting
- Clinical/Counseling psychologists → Contractual or adjunct providers in schools, community/medical-based providers



# SCHOOL PSYCHOLOGISTS AS COUNSELORS

Wide variability in role and function of school psychologists

- 2015 NASP membership survey (McNamara et al., 2019)
  - 71.6% employed full-time in schools → provided individual counseling for behavioral/mental health problems
  - 43.8% engaged in group counseling
  - Similar to 2010 NASP membership survey, although increase in group counseling services
- Your district school psychologist ratio impacts likelihood of involvement in behavioral & mental health activities
  - > 1:2000 far less likely to report involvement in system-level or school-wide behavioral & MH services
  - < 1:1000 significantly greater involvement in MH & behavioral health services & crisis intervention



# BROAD LEGAL & ETHICAL PRINCIPALS AT APA & NASP

The Ethics of School Psychologist  
as Therapist 2024

# NASP PRACTICE MODEL (2020)

NASP's official policy regarding the delivery of school psychological services

- One of 4 parts of NASP's *Professional Standards*
  - NASP Practice Model
  - Principles for Professional Ethics
  - Standards for Graduate Preparation of School Psychologists
  - Standards for the Credentialing of School Psychologists



# NASP PRACTICE MODEL & COUNSELING

Counseling KSAs interact and intersect all 10 domains of the NASP Practice model.

All elements of counseling services require the 10 domains of practice within school psychology.

School psychologist as counselor is a natural element of our role & function.



# INTRODUCTION TO ETHICAL CONSIDERATIONS IN COUNSELING & SCHOOL PSYCHOLOGY

## School Psychology's Ethical Sources at National Level

- **American Psychological Association: 2017 Ethical Principles of Psychologists & Code of Conduct**
  - Beneficence & nonmaleficence
  - Fidelity & responsibility
  - Integrity
  - Justice
  - Respect for people's rights & dignity
- **National Association of School Psychologists: 2020 Principles for Professional Ethics**
  - Respecting the dignity and rights of all persons
  - Professional competence and responsibility
  - Honesty and integrity in professional relationships
  - Responsibility to schools, families, communities, the profession, and society



(PLOTTS & LASSER, 2020)

- **Autonomy & self-determination (NASP Principle I.1)**
  - Rights of individuals to participate in decisions that affect them (consent from families / assent from minors)
  - Most of our work is with child/adolescent populations, families are decision arbiters ... person providing consent must be fully informed ...
    - About the nature and scope of services offered
    - Assessment and intervention goals and procedures
    - Any foreseeable risks (including limits of confidentiality, access to information/assessment data/intervention outcomes/consequences)
    - The cost of services to parent or student
    - Alternatives to services proposed
    - Benefits that reasonably can be expected



# NASP: RESPECTING THE DIGNITY & RIGHTS OF ALL PERSONS (PLOTTS & LASSER, 2020)

- **Caution**

- Informed consent must be voluntary – dynamics of IEP team or coercing family into services, inability to ask questions
- Ethical duty of school psychologist to obtain consent for counseling, NOT IEP team
- Provision of services without consent – self harm, danger of injury, exploitation, or maltreatment
- Self referral by minors
  - 14 yo or older
  - 6 sessions or 30 days of service, whichever sooner
  - Must terminate therapy or obtain familial consent



# NASP: RESPECTING THE DIGNITY & RIGHTS OF ALL PERSONS

(PLOTTS & LASSER, 2020)

- **Privacy & confidentiality (NASP Principle I.2)**
  - “Privacy is a right of students and families whereas confidentiality is the ethical obligation of school psychologists” (p. 12)
  - Safeguard private information, collect information that is relevant to provision of services
    - Avoid seeking information that is not needed or recording information not pertinent
  - Part of informed familial consent, explain limits of confidentiality
    - Disclosures of harm to self or others or subpoenas
      - Remember your mandatory reporting duties & discharge
    - Explanation to children must be developmentally appropriate & follow up to ensure understanding

Confidential

# NASP: RESPECTING THE DIGNITY & RIGHTS OF ALL PERSONS

(PLOTTS & LASSER, 2020)

- Avoiding revealing confidential information to third parties without consent of adult students or families
  - Both proper release of information & assent from student
- Disclosure of gender and sexual diversity information is prohibited (versus parent's bill of rights statutory requirements in some states)
- Sensitive health information – determination of imminent harm
  - HIV status
  - Substance misuse
  - Pregnancy
  - LGBT+ expression/identity

# NASP: RESPECTING THE DIGNITY & RIGHTS OF ALL PERSONS (PLOTTS & LASSER, 2020)

- **Fairness, equity, and justice (NASP Principle I.3)**
  - “Promote a safe & welcoming school climate for all persons, and to treat others fairly in words & actions” (p. 14)
  - Discrimination must be avoided
    - Race, ethnicity, color, religion, ancestry, national origin, immigration status, socioeconomic status, primary language, gender, sexual orientation, gender identity / gender expression, mental, physical or sensory disability, or any other characteristics
  - Educate themselves about the ways in which diversity may affect learning, behavior, and development
  - Attend to cultural variations: communication, feelings, nonverbals, acculturation
  - Address injustices and take corrective action (e.g. discriminatory policies)



# NASP: PROFESSIONAL COMPETENCE & RESPONSIBILITY

(PLOTTS & LASSER, 2020)

Broadly: “Strive to benefit others through their work and avoid harm.” (p. 15)

- **Striving for & working within the limits of personal competence (NASP Principle II.1)**
  - Limit your practice to activities for which you are qualified and competent
  - School psychologists “bear the responsibility to reflect on their training and experience and determine which activities are within their level of competence”
  - Based upon training, supervision, and experience
    - Graduate coursework (specialist level school psychologists have far fewer coursework/training opportunities compared to doctoral level)
    - Training programs cannot simply prepare school psychologists for entire range and diversity of problems across spectrum of age, circumstances, and individual features
    - Training supervision
    - Experience
    - Subsequent training / coursework



# NASP: PROFESSIONAL COMPETENCE & RESPONSIBILITY (PLOTTS & LASSER, 2020)

- Avoiding areas where you have not had training: refer out to other practitioners, including providers outside of school
- Regularly assess your competence and seek supervision/consultation
- Be mindful about diverse languages, practices, values, and beliefs
- Watch for our personal problems limit capacity to be helpful
- Commitment to lifelong learning



## NASP: PROFESSIONAL COMPETENCE & RESPONSIBILITY (PLOTTS & LASSER, 2020)

- **Accepting responsibility for actions (NASP Principle II.2)**
  - Writing reports or signing documents → review and verify accuracy
  - Monitoring the implementation of recommendations & interventions
    - Employing clinical judgment, number of required sessions or data points
  - Unanticipated negative outcomes
  - Supervising graduate students → taking responsibility for work of their students



# NASP: PROFESSIONAL COMPETENCE & RESPONSIBILITY

(PLOTTS & LASSER, 2020)

- **Using responsible assessment & intervention practices (NASP Principle II.3)**
  - Assessment should incorporate valid and reliable instruments
  - School psychologists should evaluate computer-assisted scoring systems for accuracy & validity
  - Standardized administration procedures should be followed
  - School psychologists should always consider the effects of current instruction and behavior management practices before dx or classification
- “Competent and responsible intervention is characterized by ... selected & developed plans & activities that are
  - Evidence-based
  - Collaborative
  - Connected to the home
  - Aligned to client’s needs” (p. 17)

# NASP: PROFESSIONAL COMPETENCE & RESPONSIBILITY (PLOTTS & LASSER, 2020)

- **Practicing responsible school-based record keeping (NASP Principle II.4)**
  - Maintain records & confidentiality of records
    - Facilitate tx & transfer of care
    - Document activities
    - Monitor progress
  - Avoiding release to third party without subpoena or written consent/assent
  - Limiting access to educational professionals who have a legitimate educational interest
  - Sole possession records (private notes) kept separate from educational records
    - Still discoverable in certain circumstances
- **Responsible use of materials (NASP Principle II.5)**
  - Test security & respect for intellectual property



Records

# NASP: HONESTY & INTEGRITY IN PROFESSIONAL RELATIONSHIPS

(PLOTTS & LASSER, 2020)

“Telling the truth, meeting professional commitments, and avoiding multiple relationships” (p. 18)

- **Accurate presentation of professional qualifications (NASP Principle III.1)**
  - Represent oneself with respect to: competence, education, training, experience, certification/licensing credentials
    - Correcting misstatements: interns referred to as licensed, non-doctoral level as doctoral, psychologist vs. school psychologist
    - “Blatant misrepresentation is clearly unethical but so are subtle exaggerations of competencies or skills” (p. 18)
- **School psychologists are forthright in explaining professional services, roles, and priorities (NASP Principle III.2)**
  - Explain what services are provided, their roles, and competencies in easy to understand and clear manner.
  - Define role when working with others while also respecting roles of others
  - Prioritize rights & welfare of children to those with whom they collaborate

NASP:  
HONESTY & INTEGRITY IN PROFESSIONAL  
RELATIONSHIPS  
(PLOTTS & LASSER, 2020)

- **School psychologists are cooperative and respectful (NASP Principle III.3)**
  - Work to coordinate services
  - Avoid redundancies, align goals, streamline services, and avoid confusion
  - Mutual respect and collaborate with other providers and those involved
  - Provide multiple appropriate referral options where clients can choose
  - Adjunct or support outside services, particularly when outside of one's competence
  - Avoid making changes to outside reports



# NASP: HONESTY & INTEGRITY IN PROFESSIONAL RELATIONSHIPS

(PLOTTS & LASSER, 2020)

- **Multiple relationships and other conflicts of interest should be avoided to prevent harm (NASP Principle III.4)**
  - Reference APA Ethics Code, Ethical Standard 3.05, Multiple Relationships
    - Multiple relationship occurs when a psychologist is in a professional role with a person and
      - At the same time in another role with the same person
      - At the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has a professional relationship
      - Promises to enter into another relationship in the future with the person or another person closely associated with or related to the person
  - Refrain from entering into a multiple relationship:
    - Impair psychologist's objectivity, competence, or effectiveness in performing function, or otherwise risks exploitation or harm
  - Neither NASP Principles nor APA Code prohibits multiple relationships → should be avoided if there is potential for exploitation or harm

# NASP: RESPONSIBILITIES TO SCHOOLS, FAMILIES, COMMUNITIES, THE PROFESSION, & SOCIETY (PLOTTS & LASSER, 2020)

- **School psychologists work to promote safe & healthy systems by collaborating, partnering, and coordinating across those systems (NASP Principle IV.1)**

- Must have knowledge of ethics and laws related to school psychology
- Monitor behaviors of self and others in school psychology to maintain public trust
  - Resolve ethical concerns through a collegial problem-solving process:
    - Discussing the concern with a colleague
    - Education
    - Collaboration
  - If ineffective, bring concern to supervisor, state or national ethics committee, or occupational licensure channels



# RECOMMENDED ADDITIONAL NASP ETHICS TRAINING TOPICS IN COUNSELING SERVICES

Boccio (2015)

- Counseling
  - Addressing confidentiality and its limits with minor students
  - Clarifying what constitutes privileged communication within context of school psych / client relationship
  - Balancing rights of students' rights to self-refer with family right to refuse the provision of counseling services
- Crisis Prevention/Intervention
  - Providing psychological assistance in emergency situations without parental consent and delaying discussion of boundaries of confidentiality
  - Parents right to refuse their children's participation in screenings for mental health
  - Duty to protect students from foreseeable harm, whether to self or others



# OHIO SPECIFIC STATUTORY CONSIDERATIONS

The Ethics of School Psychologist  
as Therapist 2024

# PRIMARILY WHERE ARE YOU PRACTICING?

## Exclusively Within Ohio's Educational Arena, Boards of DD

- Ohio Department of Education licensure: see ORC Chapter 3319 & 3319.221
  - Remember, this ODE licensure exists as a carve out from ORC 4732 and specifically restricts school psychology practice to Ohio PreK – 12 school systems
  - May exist alone or with a corresponding Ohio State Board of Psychology license or other Ohio occupational license such as counseling, marriage/family therapy, chemical dependency, or social work

## Independent School Psychology or Psychology Practice

- Ohio State Board of Psychology: see ORC Chapter 4732
- Any element of independent school psychology / psychology work beyond the scope and practice of a public-school arena and ODE's ORC 3319
  - Does the agency/practice site require your ODE license?
    - Yes → Regulated under ORC 3319 (Ohio Department of Education)
    - No → Regulated under ORC 4732 (State Board of Psychology)

# OHIO LAW GOVERNING PRACTICE OF SCHOOL PSYCHOLOGY & PSYCHOLOGY

|                              |                                                                                                                    |
|------------------------------|--------------------------------------------------------------------------------------------------------------------|
| ORC 4732.01                  | Definitions                                                                                                        |
| ORC 4732.14                  | Registration of licenses                                                                                           |
| ORC 4732.17 (A)-(D)          | Actions against applicants or license holders                                                                      |
| OAC 4732-3-01(B)(C)(Q)(R)(S) | Definitions                                                                                                        |
| OAC 4732-5-01                | Psychological procedures which create a serious hazard to mental health and require expertise in psychology        |
| OAC 4732-5-02                | Exemptions from licensure                                                                                          |
| ORC 2151.421                 | Duty to report child abuse or neglect                                                                              |
| ORC 5101.61                  | Duty to report abuse, neglect, or exploitation of adult                                                            |
| ORC 5101.60                  | Adult protective services definitions                                                                              |
| ORC 2305.51                  | Immunity of mental health professional or organization as to violent behavior by client or patient                 |
| ORC 2921.22 (F)              | Domestic violence, documentation in client record                                                                  |
| ORC 2921.22 (G)              | Patient confides that a felony has been committed                                                                  |
| ORC 3901.051 (H)             | Order granting parenting time companionship or visitation rights; non-residential parent access to child's records |
| ORC 5122.04                  | Outpatient services for minors without knowledge or consent of parent/guardian                                     |

# ORC 4732.01: DEFINITION OF SCHOOL PSYCHOLOGIST

(D)(1) "School psychologist" means any person who, within the scope of employment as described in division (D)(2) of this section, holds self out to the public by any title or description of services incorporating the words "school psychologist" or "school psychology," or who holds self out to be trained, experienced, or an expert in the practice of school psychology.

(2) A school psychologist is limited in employment for the purposes of practicing school psychology to the following:

- (a) By a board of education or by a private school meeting the standards prescribed by the state board of education under division (D) of section [3301.07](#) of the Revised Code;
- (b) In a program for children with disabilities established under Chapter 3323. or 5126. of the Revised Code.

(E) "Independent school psychologist" means any person who, outside of the scope of employment as described in division (D)(2) of this section, holds self out to the public by any title or description of services incorporating the words "independent school psychologist" or "independent school psychology," or who holds self out to be trained, experienced, or an expert in the practice of independent school psychology.

(F) "Practice of school psychology" means rendering or offering to render to individuals, groups, organizations, or the public any of the following services:

- (1) Evaluation, diagnosis, or test interpretation limited to assessment of intellectual ability, learning patterns, achievement, motivation, behavior, or personality factors directly related to learning problems;
- (2) Intervention services, including counseling, for children or adults for amelioration or prevention of educationally related learning problems, including emotional and behavioral aspects of such problems;
- (3) Psychological, educational, or vocational consultation or direct educational services. This does not include industrial consultation or counseling services to clients undergoing vocational rehabilitation.

(G) "Practice of independent school psychology" means the practice of school psychology outside of the scope of employment as described in division (D)(2) of this section.

# OHIO OPERATING STANDARDS: OAC 3301-51-01 TO 09

## 3301-51x-54

- “Related services” means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speechlanguage pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, **counseling services**, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes.
- Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training.

# OHIO OPERATING STANDARDS: OAC 3301-51-01 TO 09

## (xiii) “Psychological services”

- (a) Include but are not limited to:
  - (i) Administering psychological and educational tests, and other assessment procedures;
  - (ii) Interpreting assessment results; 3301-51-01 Applicability of requirements and definitions
  - (iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
  - (iv) Consulting with other staff members to plan and develop school programs and interventions to meet the educational needs or special education needs of children or groups of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;
  - (v) Conducting and monitoring interventions;
  - (vi) Diagnosing psychological disorders that effect learning and/or behavior;
  - (vii) Planning and managing a program of psychological services, including psychological counseling for children and parents;
  - (viii) Participating in the provision of a program of mental health services; and
  - (ix) Assisting in developing positive behavioral intervention strategies.
- (b) The services of a school psychology aide shall be under the direct supervision of a school psychologist.
- (c) The school psychologist intern program shall be organized under guidelines approved by the Ohio department of education, office for exceptional children.

# OHIO OPERATING STANDARDS: OAC 3301-51-01 TO 09

(xvi) “Rehabilitation counseling services” means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability.

- The term also includes vocational rehabilitation services provided to a student with a disability by vocational rehabilitation programs funded under the Rehabilitation Act 3301-51-01 Applicability of requirements and definitions as amended and specified in the Rehabilitation Act Amendments of 1998, August 1998, 29 U.S.C. 701.

# OHIO OPERATING STANDARDS: OAC 3301-51-01 TO 09

(xviii) “Social work services in schools” includes

- (a) Preparing a social or developmental history on a child with a disability;
- (b) Group and individual counseling with the child and family;
- (c) Working in partnership with parents and others on those problems in a child’s living situation (home, school, and community) that affect the child’s adjustment in school;
- (d) Mobilizing school and community resources to enable the child to learn as effectively as possible in the child’s educational program; and
- (e) Assisting in developing positive behavioral intervention strategies.

# OHIO OPERATING STANDARDS: OAC 3301-51-01 TO 09

Other personnel with “counseling” in their role and function description:

- Audiologists: counseling children, parents, and teachers regarding hearing loss
- Speech & language pathologists: regarding S/L impairments
- “Guidance counselors,” “social workers,” “psychologists,” and “other qualified personnel”
- (x) “Parent counseling and training” means:
  - (a) Assisting parents in understanding the special needs of their child;
  - (b) Providing parents with information about child development; and
  - (c) Helping parents to acquire the necessary skills that will allow them to support the implementation of their child’s IEP.

# NEW FOR 2024 | OHIO SUB HB 68:

## OHIO SAVING ADOLESCENTS FROM EXPERIMENTATION (SAFE) ACT & SAVE WOMEN'S SPORTS ACT

1. Prohibits a mental health professional from diagnosing or treating a minor for a gender-related condition without first obtaining the consent of at least one parent or legal custodian, or the minor's guardian.
2. Prohibits a mental health professional from diagnosing or treating a minor for a gender-related condition without screening the minor for other comorbidities, abuse, and traumas during treatment.
3. Establishes penalties for physicians and mental health professionals who engage in conduct the act prohibits.
4. Prohibits Medicaid coverage of gender transition services for minors, except it allows for such coverage when applied to mental health services addressing gender-related issues.
5. Prohibits a court from denying or limiting parental rights and responsibilities or parenting time due to certain parental decisions regarding their child's gender identity and gender transition.

# NEW FOR 2024 | OHIO SUB HB 68 CONT'D

Applies to the following “Mental Health Professionals”:

- Advanced Practice RN, CNS, Psychiatrist, Psychologist, School Psychologist, Independent School Psychologist, LISW, LSW, LPCC, LPC, IMFT, MFT

Ensure consent for treatment forms specify the following: (Brush, 2024)

1. Discussion of gender
2. Gender dysphoria
3. Other gender-related concerns
4. Informed consent & minor’s confidentiality w/caregivers

Concerns: (Brush, 2024)

- ODMHAS provided with data regarding patients treated by providers for “gender-related issues”
  - May only apply to providers who Rx medications and procedures deemed medically necessary for those transitioning
    - Has not yet been formally clarified whether there is a duty for therapists to report this information.
- Prohibition against “aiding and abetting” gender transition to clinics and providers who can provide appropriate services
  - Ethical requirement to refer to providers who can provide a necessary tx when we cannot



# COUNSELING PROCESS & OVERVIEW

The Ethics of School Psychologist  
as Therapist 2024

# THE RELATIONSHIP

The relationship substantially and consistently contributes to psychotherapy outcomes, separate of the therapeutic approach.

Norcross & Lambert (2018): “the feelings and attitudes that the therapist and client have towards one another and the manner in which these are expressed”

Plotts & Lasser (2022, p. 22): “Demonstrably effective” elements of counseling relationship

- Alliance with both the student and family
- Collaboration
- Goal consensus
- Empathy
- Positive regard and affirmation
- Collection & delivery of client feedback



# BEGINNING WITH THE REFERRAL (PLOTTS & LASSER, 2020)

Referral for support (not all may be appropriate sources of referral but likely establish Child Find duties) ...

- Child or adolescent may self refer
- Educators or family express concerns about “child’s social, emotional, or behavioral functioning” (p. 30)
- District disciplinary action
- Parent surrogates
- Outside social service, medical, or behavioral health providers recommendation or prescription
- Litigation such as IDEIA Due Process outcome
- Attorney request
- Juvenile justice adjudication



# REFERRAL QUESTIONS

Keys: data-based decision making and tiered (RtI) procedures are central

Plotts & Lasser, 2020, pp 30-31

- What is nature of the concern?
- Does the concern appear to be primarily social, emotional, or behavioral?
- When did you first become aware of the this concern?
- How often does this concern present itself?
- Under what circumstances is the concern most likely to appear?
- Under what circumstances is the concern least likely to appear?
- What has been tried to prevent or eliminate this concern?
- Has this concern been brought to the attention of any professionals outside the schools?



# ELIGIBILITY FOR COUNSELING SERVICES

Plotts & Lasser, 2020, pp. 33-34

- What is the history of the social, emotional, and behavioral concerns?
- What is the student's present level of performance in the area of social, emotional, and behavioral functioning?
- What are the student's competencies and how do they suggest a capacity to benefit from counseling as related service?
- Does the student need counseling as a related service to benefit from educational programming?
- What are the antecedents and consequences of problem?
- What is frequency of the concern?
- When is the student most successful?
- What interventions have been tried so far?
- How long were the interventions tried?
- What extent have interventions been successful?
- What are the treatment goals?



# INFORMATIONAL SOURCES

There should be some formalized assessment to determine appropriateness of counseling as related service:

- Interviews with educators, family, and student
- Past and current evaluations
- Disciplinary records
- Attendance records
- Medical records
- Private psychological and behavioral health evaluations
- Records from interventions
- Problem-solving meetings (e.g. Rtl, IEP, 504 meetings)



# GOAL SETTING

Establishing a treatment goal should mirror academic or behavioral goals used in IEP writing processes:

- Present level of academic/functional performance
- Statement of measurable annual goals that are designed to enable child to make progress in general education curriculum AND met each need from the disability
- Description how progress towards goal(s) will be measured

Consider how elements of social/emotional status impact or interfere with education.

- School-based counseling goals directly link to supporting learning
  - Treatment goals beyond the scope of supporting the student in the learning environment may exceed the scope of practice in school-based counseling services by school psychologist or as related service



# TREATMENT PLANNING

Depending on the nature of the referral, the treatment plan may be formalized (e.g. IEP) or less formalized.

- This is your “compass .. and map”

All plans should include the following:

- Specific
- Treatment goals & selected methods (i.e. the therapeutic approach, individual/group)
- Estimated number of sessions needed to meet the goal(s)
  - Be sure to review with family to ensure buy in and also congruence
- Location
  - Requires coordination and collaboration among educational entities, including best time for sessions, working around specials, testing, lunches/recess, calamity days and drills, absences

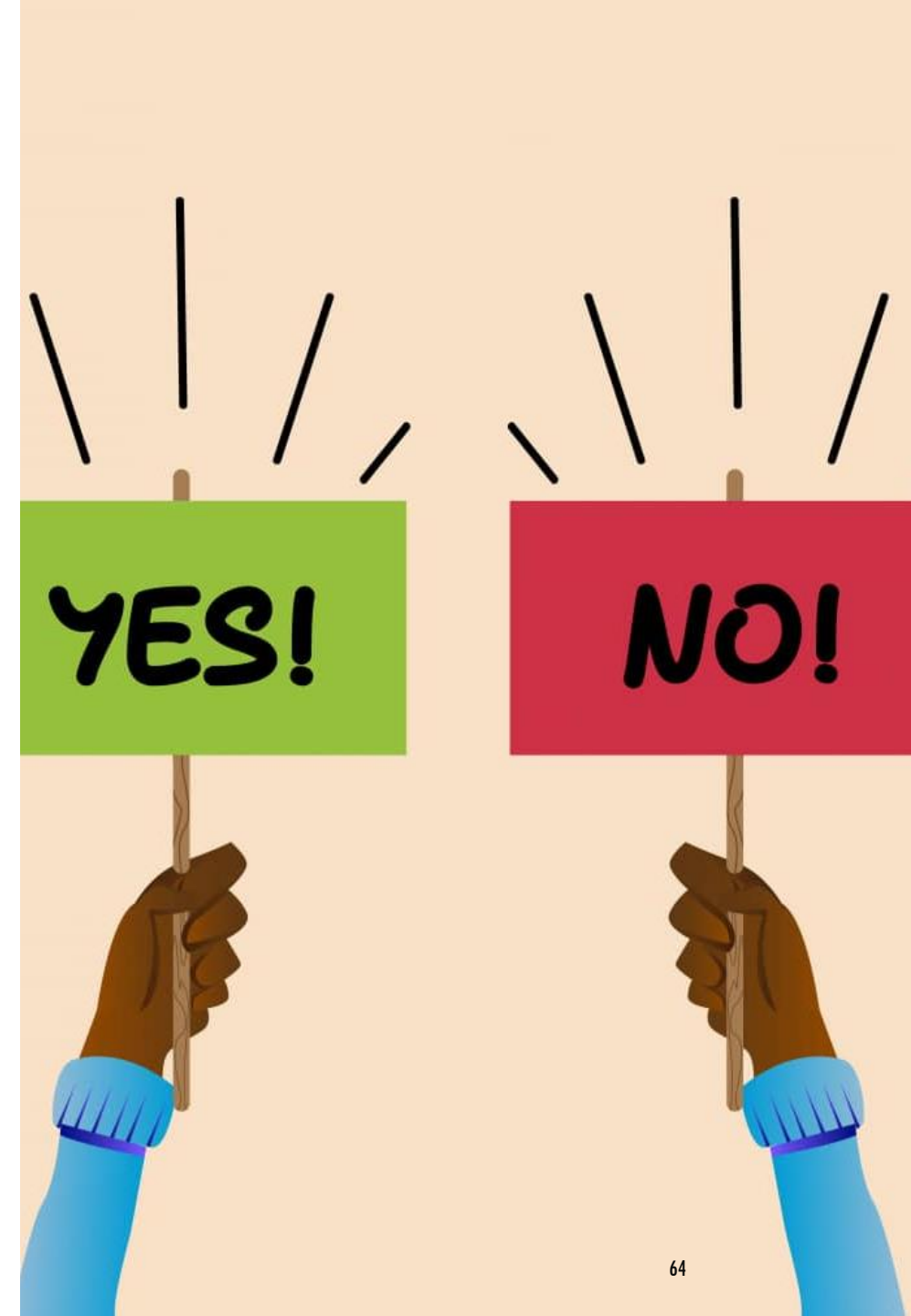
Treatment planning is a process and not a static event



# ISSUES OF CONSENT (AND ASSENT)

Consent is required both for any pre-referral assessment AND establishment of formal services

- Different practitioners have different requirements under their licensure and practice scope
- Don't neglect the rapport over the technical elements of consent
  - Rapport with families and student involves information sharing, developing a shared plan, and building relationship
- Remember assent from the student
- Crisis situations may require immediate support but there should be a debriefing and then entrance into more formalized process once acute issue has stabilized
- Avoid delegating the task of consent/assent to others
- Remember IEP team process if this is a related service

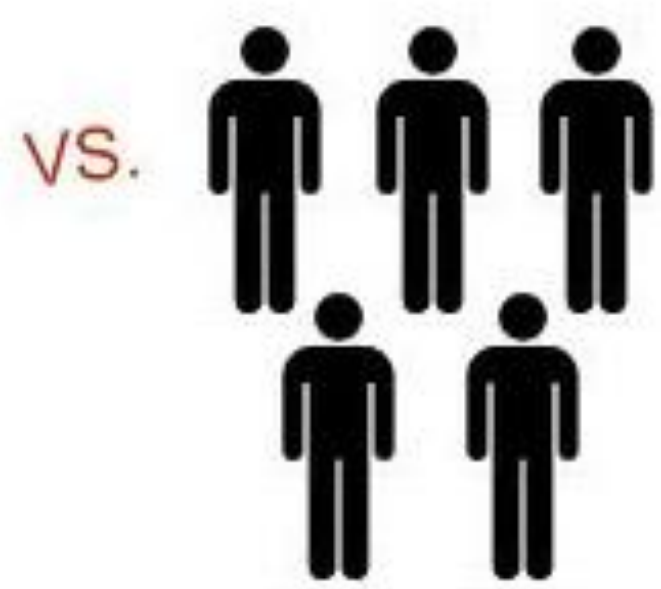


# INDIVIDUAL VS GROUP APPROACHES

Key considerations towards individual versus group approaches (Plotts & Lasser, 2020, p. 41)

- Student's capacity to listen to others
- Turn-taking abilities
- Need for privacy
- Willingness to adhere to group rules
- Language development
- Severity of student's emotional or behavioral presentation
- History of aggression
- Nature of other IEP or supports needed
- Student's cognitive development
- Student's desire to receive services in individual or group format
- Family support for group work

Remember: Group work is a therapeutic specialty and requires coursework and supervised experiences.



# BENEFITS OF GROUP APPROACHES

(PLOTTS & LASSER, 2020, P. 42)

- Group members can be facilitated to share common goals
- Group members can learn to help one another
- Group members come to experience universality (not feeling alone in their situation)
- Social interactions and skills can be practiced safely
- Clients receive immediate feedback
- Practice individual skills to learn to engage, listen, share, and use social skills
- Through group interactions, generalize skills to real world

# EVIDENCE-BASED GROUP COUNSELING

(HERBSTTRITH & TOBIN, 2014, P. 312)

| Presentation         | Program                                                                                         |
|----------------------|-------------------------------------------------------------------------------------------------|
| Anxiety              | Group CBT<br>Friends                                                                            |
| Social Phobia        | Group CBT<br>Social Effectiveness Training                                                      |
| Depression           | Penn Prevention Program<br>Self-Control Therapy<br>CBT Group<br>Adolescents Coping w/Depression |
| ODD/Conduct Disorder | Group Anger Control Training<br>Rational-Emotional MH Program                                   |
| PTSD                 | Group CBT                                                                                       |
| SuD                  | Group CBT                                                                                       |

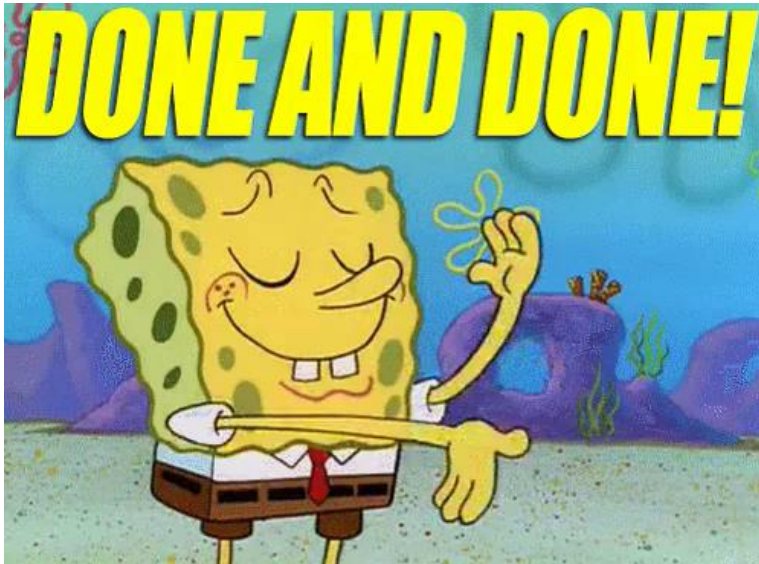
# THE FIRST SESSION

The first session establishes relationship dynamics for the remainder of the therapeutic sessions

- Rapport should be primary objective
  - Conversation, games
  - Trust
  - Confidentiality limits
- Review goals and objectives
- Discuss methods & techniques
- Enlist commitment to collaboration – especially if CBT or Reality therapy based within psychoeducational elements



# COMPLETION & TERMINATION



## Ending counseling

- Based on treatment plan
- Either goal(s) have been met OR the interventions have NOT been successful
  - Do you need to reestablish counseling goal(s) or refer to another provider?

Documentation elements for completion or termination (Plotts & Lasser, 2020, p. 45)

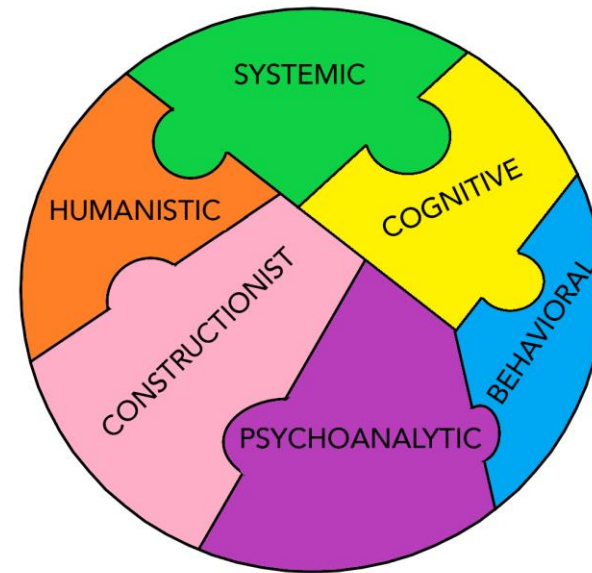
- Data documenting achievement of goals and objectives
- Information about support services available
  - Can help to mitigate fears of losing a safety net
- Reminder that goal of counseling is dismissal from counseling
- Assurance that student's needs are being met

Plan termination session to celebrate accomplishment and closure

# SPECIFIC COUNSELING CONSIDERATIONS

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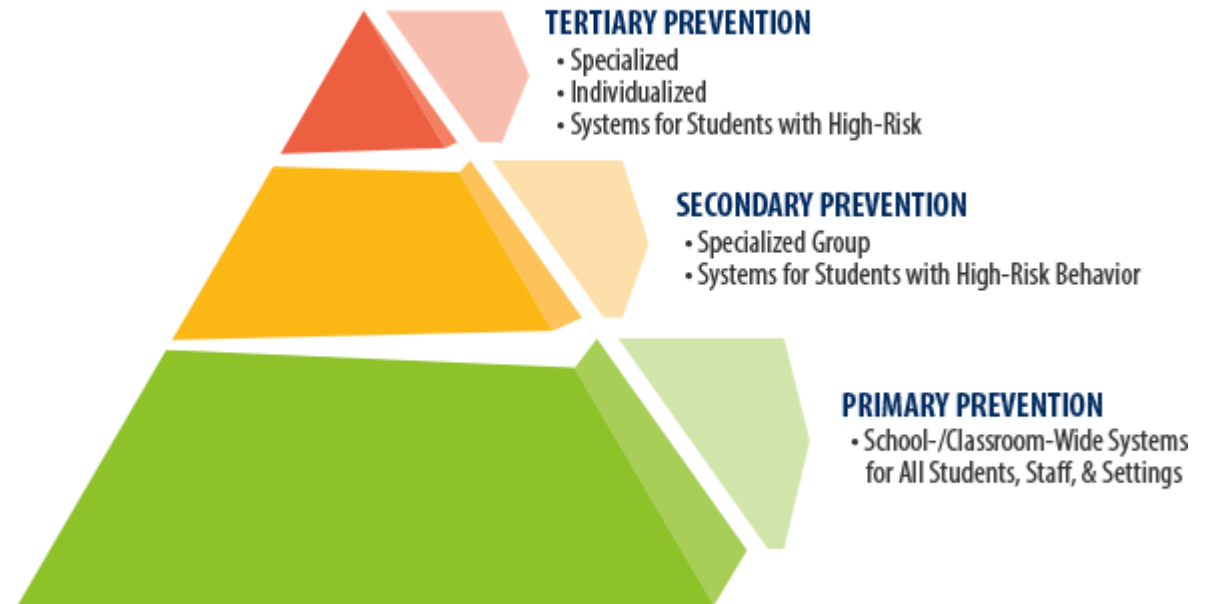


THEORETICAL  
MODELS of  
COUNSELING

# COUNSELING PATHWAYS

## Multitiered Systems of Support (Plott & Lasser, 2020, p. 55)

- Tier 3
  - FBA, individual behavior plans
  - Parent collaboration & education
  - Collaboration with physician or mental health professional
  - Intensive academic supports
- Tier 2
  - Target social skill instruction
  - Simple behavior plans
  - Alt to suspensions
  - Increased academic support
  - School-based mentors
  - Classroom management support
  - Clubs
- Tier 1
  - Teach school-wide positive behavior expectations & procedures
  - Positive reinforcement for all students
  - Consistent consequences for problem behaviors
  - Effective procedures in non-class areas
  - Effective instruction / classroom management



# COUNSELING PATHWAYS (PLOTTS & LASSER, 2020)

## Family Interventions

- NASP position statement on school-family partnerships:
  - “...partnerships involve families & educators working together as active, equal partners who share responsibility for the learning & success of all students.” (p. 86)
  - Competence in family systems work varies across school psychologists.
- School-Based Familial Interventions
  - Shared clinics with school district personnel & community based providers
- Family therapy
  - Family systems therapy
  - Multidimensional family therapy
  - Multisystems therapy (MST) – antisocial youth, working on youth’s social network
  - Parent management training



# DETERMINATION OF APPROACHES

(PLOTTS & LASSER, 2020, P. 24)

## **Low cognitive / low verbal abilities**

- Behavioral approaches for specific behavioral needs
- Art & play activities with low verbal demand
- Counseling that emphasizes reliability, acceptance and fun

## **High cognitive / low verbal abilities**

- Nondirective approaches with low verbal demand (e.g. sandtray therapy)
- Social modeling techniques (e.g. movie clips, interactive web activities)
- Bibliotherapies and interactive games

## **High cognitive / high verbal abilities**

- CBT that require metacognition, practice, and discussion
- Reality Therapy and Solution Focused that require recollection of past events and conceptualize future events
- Behavioral activation and Motivational Interviewing

# COUNSELING PATHWAYS (PLOTTS & LASSER, 2020)

## Nondirective Approaches

- Nondirective approaches = allows client to guide the therapy, aligned and structured to counseling goals & objectives
- Play Therapies
  - **Child-Centered Play Therapy:** teaches self-control & respect, make choices, take responsibility, and solve problems carefully
    - Nurturing toys, aggressive toys, social experience toys, communication toys, mastery toys
  - **Sandtray Therapy:** Using miniature objects in a sand box, buildings, people, vehicles, animals, vegetation, deities, structures, natural objects, misc objects



# COUNSELING PATHWAYS

(PLOTTS & LASSER, 2020)

## Mindfulness

- Popular to address wide range concerns, depression, anxiety, inattention, and anger management
- “...notice and acknowledge thoughts & feelings without evaluating and judging” (p. 130)
  - Equanimity: noticing what is occurring and how we feel in those experiences
- Examples
  - Nature basket technique: bring a basket with items found in nature, invite student to hold object and experience it.
  - Controlled breathing: focusing on breathing and working through a relaxation script



# COUNSELING PATHWAYS (PLOTTS & LASSER, 2020)

## **Directive Approaches:**

- Structured by therapist instead of client
- Therapeutic alliance is key: being reliable and genuine, trust & boundaries, humor and fun, unique interactions, and personalized approaches
- Need to find suitable approaches that matches client's needs.

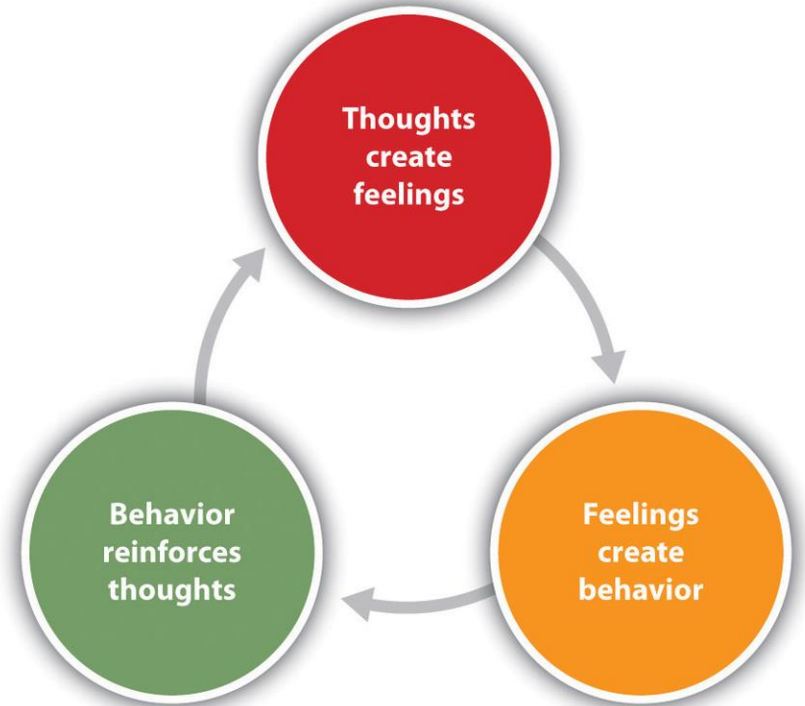
## ▪ **Behavioral approaches**

- Analysis of student behavior, targeting behaviors to reduce/eliminate/acquired/increased by consideration of setting variables, antecedents, and consequences.
- Very familiar to many educators and worthwhile to link session to broader school day.



# COUNSELING PATHWAYS (PLOTTS & LASSER, 2020)

- **Cognitive Behavioral Therapy (CBT) Approaches**
  - Short-term, 6-20 sessions, homework
  - Thoughts are hypotheses that can be evaluated; distortions in thinking negatively impact emotions and behaviors.
- **Rational Emotive Behavioral Therapy (REBT):**
  - Address activating event that preceded the emotional or behavioral consequence
  - Focuses on extreme emotional responses that intrudes in functioning
- **Dialectical Behavioral Therapy (DBT):**
  - Originally for suicidal and self-injurious clientele and now expanded to adolescents
  - Dialectics refers to two different ideas can be true at same time and DBT integrates behaviorism, mindfulness, and dialectics
- **Choice Theory & Reality Therapy:**
  - Mental illness is the expression of unfulfilled needs
  - Behavior is purposeful and driven by needs



# COUNSELING PATHWAYS

(PLOTTS & LASSER, 2020)

- **Trauma Focused CBT:**
  - Difficulty with emotional regulation, evidence-based intervention for depressive & hyperactive sx caused by traumas
  - Recognize wide range of emotions, practice arousal reduction techniques and cognitive strategies for unhelpful thoughts
  - Develop trauma narrative for gradual exposure to trauma
- **Motivational Interviewing (MI):**
  - Uses therapist-client conversations to help individuals resolve ambivalence about making behavior changes by highlighting discrepancies in values and behaviors (p. 148)
  - Originally for SuD, now evidence for students with school issues
- **Solution Focused Brief Therapy:**
  - Eliciting and achieving client's vision of solutions

# COUNSELING PATHWAYS

(PLOTTS & LASSER, 2020; MERKLE, 2022)

## Trauma, Loss, & Crisis

- Trauma = “...event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on an individual’s functioning and mental, physical, social, emotional, or physical well-being (p. 170)”.
  - Treatment via TF-CBT: Systematic treatment across relationship building, cognitive/behavioral/family tx (see [www.tfcbt.org](http://www.tfcbt.org))
- Crisis = “a sudden, uncontrollable, and extremely negative event that has the potential to impact a community” (p. 172)
  - Starts with an event as well as individual’s perceptions of or responses to an event
  - Consider NASP PREPaRE curriculum

## Crisis Processes

- Crisis Prevention & Preparation
  - Crisis Teams (remember → HB 123, Save Act)
- Crisis Responses
  - Suicide
  - Grief & Loss
  - Threat Assessment
  - Child Maltreatment

# COUNSELING PATHWAYS (PLOTTS & LASSER, 2020)

## Substance Use Disorders & Delinquency

- SAMHSA (2019, p. 195): 60% of Americans >12 yo were substance users in past month

## Delinquency

- Trauma-informed approach to intervention
- Avoiding school-to-prison pipelines
  - Discretionary approaches to school discipline
  - Necessity to treat highly comorbid trauma
  - Disproportionate impact on BIPOC and gender/sexually diverse youth

## Treatment:

- CBT
- 12 step programs and abstinence only programs (questionable treatment outcomes)
- Combination in patient, partial outpatient, detox, psychopharmacology, & DBT/MST/TF-CBT programs
- Alternative educational program solutions



# SELF CARE

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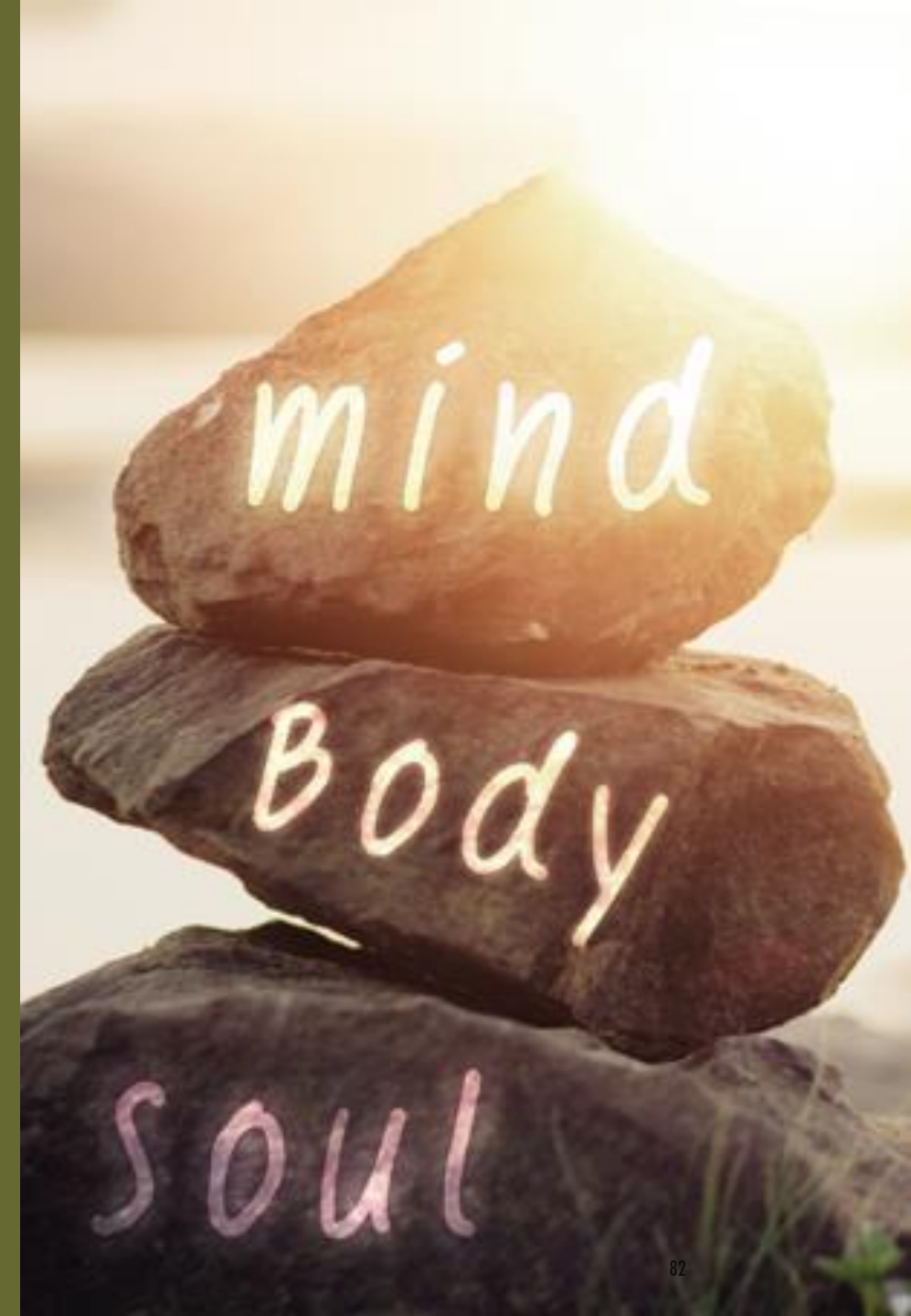
# SELF CARE

It's a bit of a paradox that busy school psychologists face every day; we often fail to care for ourselves at the expense of caring for others.

- As practitioners, we are in the profession to take care of others, not ourselves → paradox of the helping professions
- We work with many individuals across multiple systems affected by numerous stressors
  - Our work's large caseloads, limited time, limited resources → more workplace stress

## Self care

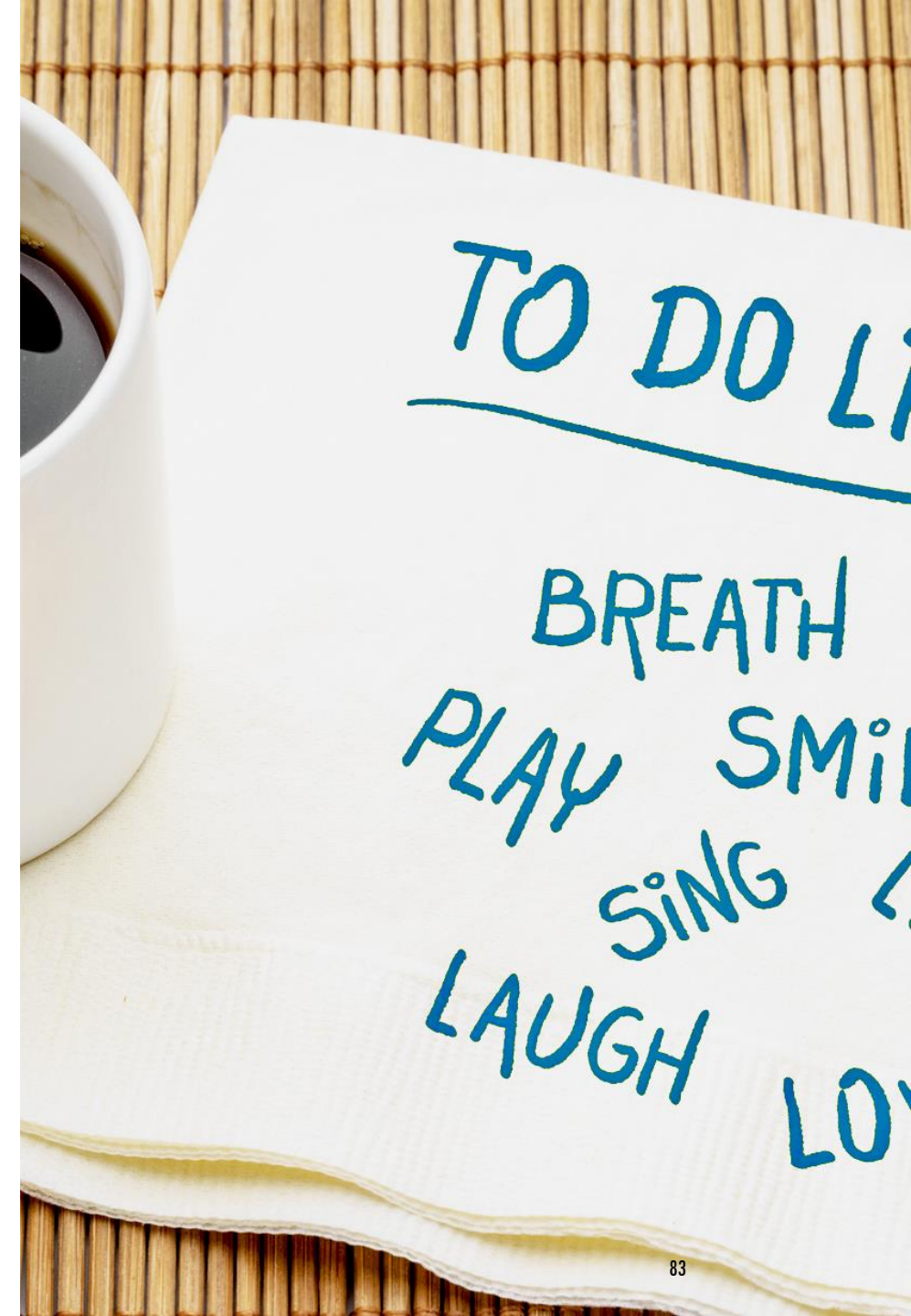
- Behaviors that support ourselves and our well-being
- Professional responsibility with direct impact on our client outcomes
- Taking time to recharge and emphasize 8 domains of wellness → improved efficiency, effectiveness, and accessibility to students, families, and staff



# IMPORTANCE OF SELF-CARE

Stress is an “elevation in a person’s state of arousal or readiness, caused by some stimulus or demand” (U.S. Department of Health and Human Services, 2005, p. 1)

- When stress becomes extreme or is not well-managed, however, it can impact both physical and mental health (Bryce, 2001).
- “Increased levels of stress may also lead to **occupational burnout** (Rosenberg & Pace, 2006), a syndrome that involves depersonalization (e.g., negative, callous, or detached response to others), emotional exhaustion (e.g., feeling drained, lack of energy), and a sense of low personal accomplishment (e.g., feelings of incompetence, lack of productivity; Maslach, 1993).”
- Self-care equates to more self-satisfaction in our careers
  - Self-care is not an add on activity or “one more thing”: it is an “ethical imperative”



# VICARIOUS TRAUMATIZATION & COMPASSION FATIGUE (PLOTTS & LASSER, 2020)

Bearse et al. (2013): vicarious traumatization

- The ongoing effect of severe and graphic traumatic material presented by clients

Compassion fatigue

- Cumulative exposure to suffering → compromises empathic ability and motivation to respond

Countertransference

- When we experience stressors, traumas, relationship problems, or mental health involvement similar to a client → heightened emotional reaction and reduced objectivity → transferring emotions to a client

Traditional assessment roles have logical end points of accountability and ongoing involvement once case is completed compared to counseling

# OUR PERSONAL CHALLENGES

(PLOTTS & LASSER, 2020)

Remember, we experience many of the challenges as humans that our students, their families, and our educator colleagues experience

- Family stressors: marriages / divorces / births
- Child care issues
- Financial crises
- Substance misuse
- Work overload
- Our own ACEs
- Acute to chronic mental illness
- Serious illness
- Death of loved ones
- Familial mental illness
- Natural disaster



Starting with a commitment and practicing self-compassion is an important first step.

- Self-compassion is one's ability to mindfully accept painful moments by embracing oneself with kindness and care and accepting that imperfection is an important part of a shared human experience (Neff & Davidson, 2016).
- Adopting a mindset that helps one recognize that imperfection is expected and accepted can help to maintain a commitment to self-care.



## HOW TO PRACTICE SELF CARE (DAVIS & KELLY, 2020)

# 12 SELF CARE STRATEGIES BY PSYCHOLOGISTS

(NORCROSS & BARNETT, 2008)

1. Valuing the person of the professional (prioritizing personal needs)
2. Refocusing on the rewards (remembering why you entered the profession)
3. Recognizing the hazards (identifying potential pitfalls)
4. Minding the body (taking care of physical needs)
5. Nurturing relationships
6. Setting boundaries
7. Restructuring cognitions (holding balanced perspectives)
8. Sustaining healthy escapes (developing positive outlets and habits)
9. Creating a flourishing environment
10. Seeking personal therapy
11. Cultivating spirituality and mission
12. Fostering creativity and growth

# SELF CARE AMONG OTHERS (DAVIS & KELLY, 2020)

## Self care as “community care”

- Move beyond teaching others to care for themselves
- Work more to collectively care for one another
- Contribute to a healthy work environment

## Using your privilege to be there for one another in various ways

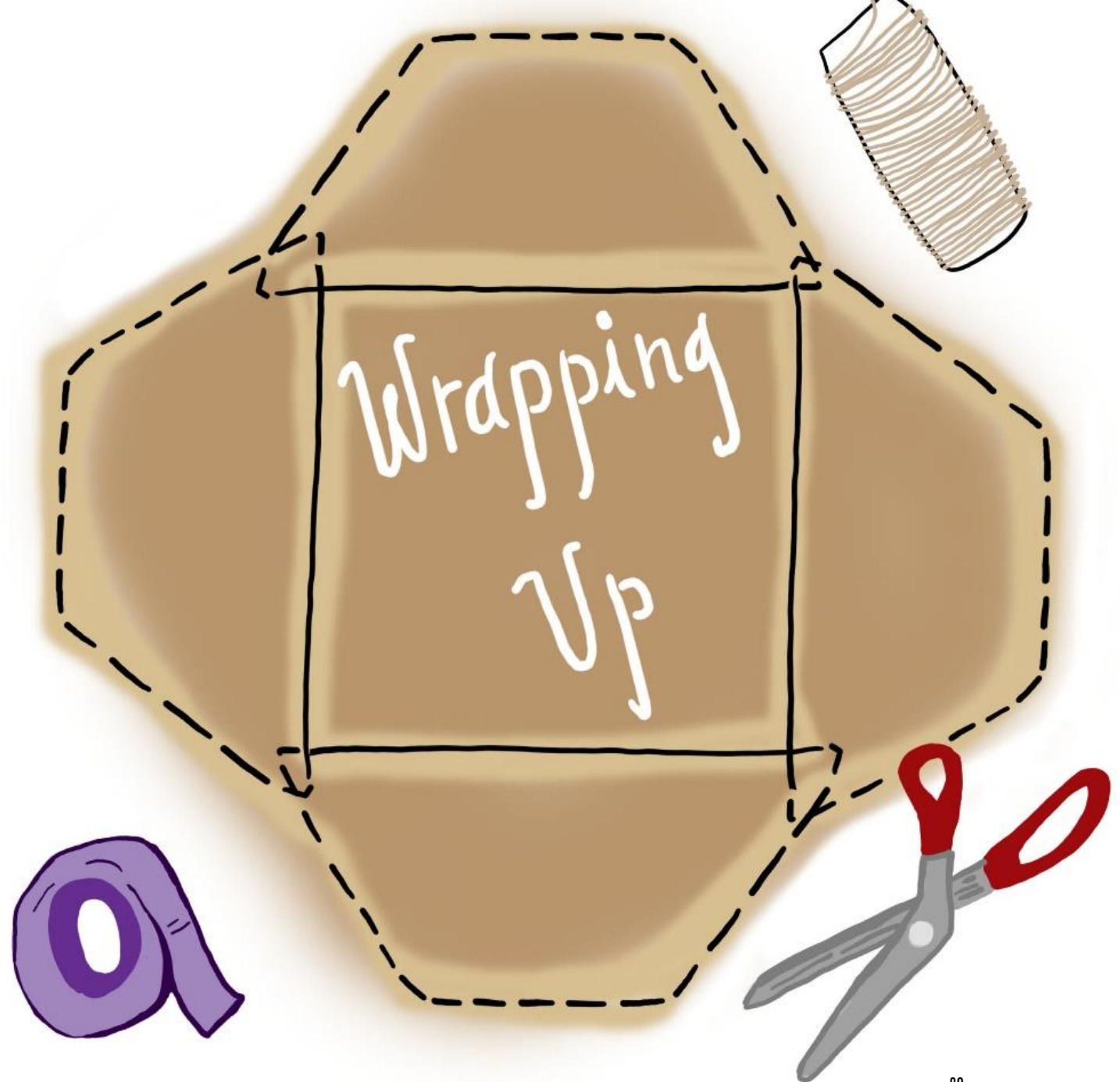
- Model effective self-care
- Actively develop self care at individual, group, and school-wide levels
- Promote use of community assets
- May help those who are socially marginalized or unable to care for themselves



# CLOSING, QUESTIONS, & ANSWERS

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# THANK YOU FOR ATTENDING...

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