

Field Work Refelction 2

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Introduction

For this reflection I will focus on the incident that took place in October at Rosa Parks Middle School. Prior to this risk assessment I had seen my site supervisor perform the risk assessment tool that helped determine where the students are in their suicidal situations. I was trained on the program that we used which is called S CRRS. It is a questionnaire asking students questions about how they feel about themselves and if they are going to harm themselves. From this assessment we can determine if they are high or low risk. Depending on their answers and where they rate on the scale we send them to the hospital, and call parents or call parents and make referrals to the doctor.

Summary

A student approached me in the hallway during passing period. A.G. asked to talk to me. I could tell this student was stressed as she would not stop scratching her skin and could not stop shaking. I immediately stopped what I was doing and pulled her into the counseling office. The supervisor hadn't come in yet so I went ahead and spoke to her. She told me immediately that she was having suicidal thoughts. I had asked her a bunch of questions. (at this point I was not trained yet) the questions pretty much came naturally to me. After she responded to my questions, I told her to wait by the receptionist so I could grab my supervisor. At this point in time I needed to make sure she was being watched while I found the counselor. He was the only trained person on campus to be able to perform the test. Even though he was in the middle of talking with a student, I interrupted him and apologized to the student but said Risk emergency and he dropped what he was doing to come help me. We pulled the student back into the office

and began the risk assessment questions right way. We were able to determine that the student was a high risk and needed to go to the hospital.

The student has been receiving outside support but felt it was not helping her. She felt she could not talk with her mom which is why she came to me. A.G. explained that she was living with her mom and that she had an abusive dad and was having lots of memories that were bothering her. After lots of talking we looked up the clinic that is connected to our school and called mom. Mom came and picked up her child. We had mom sign paperwork stating that she knew her student needed to be taking to the hospital. The process took about 4 hours. The next day we followed up and noticed A.G. was not at school. We called mom and mom said that she had been admitted and was on a 51/50 hold at the hospital. While our student was gone we learned that she had also been sending nude photos to boys on campus and ended up being bullied.

A.G. returned to school and we followed up with her. She shared her experience and was put on medication. She said she had been feeling numb but feeling better. While she was in the office we referred her to the Cost program where she can connect with the social worker. The social worker can connect her to outside resources if she needs more guidance. I do see A.G. once a week as she is on my case load since she came to me. After this happened three days later I was trained on the risk assessments. However. Because I am an intern I can't do them on their own but can follow procedures when my supervisor is in the room. I am so glad I was able to help guide this student into the right path and I am happy to see that she is doing better. Definitely feels great to be able to say I was able to support this student.

Scopes/leaderships/Cultural Differences

After looking back at this incident I would say the scopes for this assignment would be SCOPE two: (Legan, ethic and professionalism) and SCOPE 5: Social and emotional. I also might add in SCOPE 7 Leadership. equity of justice. I find it interesting because this student that I was helping was Asian. I recently had another risk assessment where the student was Asian but the family would not give him the resources that he needs to succeed. I also know that different cultures do not understand and do not want the support because they think it is bad. The culture differences is a big concern for me as a school counselor when dealing with mental health issues such as suicide and depression. I asked my supervisor what happens if the parent refuses to take their student to the hospital or refuses services. In this case we are covered because we have our parents sign the slip stating that they are aware of why there child was seen in our office and report to CPS.

In this situation I feel as if I took on the role of a counselor. I was a very professional leader and knew what I needed to do and acted quickly. Providing support for this student was my main priority and I was able to succeed in helping saving her life. She was in turmoil and I was able to talk with her and able to calm her down. While talking with her I was able to share my experiences as well so that she would know she wasn't alone in the world about having those kinds of thoughts. Even though succisde is hard to talk about it takes a lot of courage for the students to be able to come to you for help. I felt I had the courage, leadership, and made it a judge free zone for her to share her experience and how she was feeling with me. As for the scopes. I was abel to follow the legal aspect of this situation . scope two Legal and ethics plays a

big part in this situation. Making sure that student is safe, while protecting the student at the same time. And protecting ourselves as counselors.

Conclusion

I feel I have received great experience from this situation. I learned how to be open and let the students share their stories, I've learned when to ask for help., and I learned how to do the risk assessment before I was trained. I feel as if I acted in a responsible, timely matter and was able to provide support for this student in need. I understand and have knowledge on how to help the next student that will need support. I also have learned how to support students as well as families and provide resources to help with