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EVIDENCE-BASED SCHOOL SOCIAL WORK AND INCREASING PSYCHOSOCIAL RESILIENCE IN PUPILS

Carmen PALAGHIA[1]

Abstract
School social work has a long history internationally, being the oldest sub-specialisation in the field, and for over 20 years, emphasis has been placed on Evidence-based practice. The recent events humanity has faced highlight the necessity for students to be prepared for major traumatic situations. In many countries, efforts have been made to facilitate practitioners' access to the latest research to enhance intervention effectiveness. The main purpose of this work is to highlight the most effective Evidence-based intervention methods that school social workers need to use when working with students dealing with depression, age-specific anxieties, phobias, frustration intolerance, the parents' divorce, homelessness, anger, aggression, suicidal thoughts, or attempts. We present the PREPaRE Model, an effective response to school crises, and an effective way to enhance psychosocial resilience in students, *The Window of Empowerment and Resilience* (Șoitu, 2012). Evidence-based school social work is founded on effective research for addressing emotional management, stress, and anger in (pre)adolescent students.

Keywords: school social work, Evidence-based social work, resilience building in students.

Résumé
L'assistance sociale scolaire a une longue histoire à l'échelle internationale, étant la plus ancienne sous-spécialisation dans le domaine, et depuis plus de 20 ans, l'accent a été mis sur la pratique fondée sur des preuves. Les événements récents auxquels l'humanité a été confrontée soulignent la nécessité pour les élèves d'être préparés aux situations traumatiques majeures. Dans de nombreux pays, des efforts ont été déployés pour faciliter l'accès des praticiens aux dernières recherches afin d'améliorer l'efficacité des interventions. Le but principal de ce travail est de mettre en évidence les méthodes d'intervention les plus efficaces, basées sur des preuves, que les travailleurs sociaux scolaires doivent utiliser lorsqu'ils travaillent avec des élèves confrontés à la dépression, à des angoisses spécifiques à leur âge, des phobies, une intolérance à la frustration, de la colère, le divorce des parents, sans-abri, de l'agressivité, des pensées ou des tentatives de suicide. Nous présentons le Modèle PREPaRE, une approche efficace d'intervention en cas de crise dans les écoles, et une manière efficace d'augmenter la résilience psychosociale chez les élèves, *La Fenêtre de l'Autonomisation et de la Résilience* (Șoitu, 2012). Le travail social scolaire basé sur des

[1] Lecturer, PhD, Department of Sociology, Social Work and Human Resources, Faculty of Philosophy and Social-Political Sciences, „Alexandru Ioan Cuza" University of Iasi, Romania, carmenpalaghia@yahoo.com

preuves repose sur les recherches éprouvées pour aborder la gestion émotionnelle, le stress et la colère chez les élèves (pré)adolescents.

Mots-clés : travail social scolaire, travail social basé sur des preuves, renforcement de la résilience chez les élèves.

Rezumat
Asistența socială școlară are o istorie îndelungată la nivel internațional, fiind cea mai veche subspecializare a domeniului, iar de mai bine de 20 de ani s-a pus accentul pe o practică bazată pe evidențe. Evenimentele cu care întreaga omenire s-a confruntat în ultima perioadă arată necesitatea ca elevii să fie pregătiți pentru situații major traumatice. În multe state s-a urmărit facilitarea accesului practicienilor domeniului la cele mai recente cercetări pentru eficientizarea intervenției. Scopul principal al lucrării este de a releva cele mai eficiente metode de intervenție, bazate pe dovezi, pe care asistenții sociali școlari trebuie să le utilizeze în lucrul cu elevii care se confruntă cu depresie, anxietăți specifice perioadei copilăriei, fobii, intoleranță la frustrare, divorțul părinților, homelessness, mânie și agresivitate, gânduri sau tentative suicidare. Prezentăm Modelul PREPaRE, o modalitate eficientă de intervenție în situațiile de criză din școli și o modalitate eficientă de creștere a rezilienței psihosociale la elevi *Fereastra împuternicirii și rezilienței* (Șoitu, 2012). Practica asistenței sociale școlare bazată pe dovezi are la bază cercetări cu eficacitate dovedită, pentru lucrul cu managementul emoțiilor, stresului și furiei la elevii (pre)adolescenți..

Cuvinte cheie: asistența socială în școală, asistența socială bazată pe evidențe, creșterea rezilienței la elevi.

1. Introduction

Evidence-based school social work (Palaghia, 2022a) has developed over the past 20 years, aiming for the accuracy of social work practice based on the professional's experience and skills, on the specific features of the ongoing case, but, above all, on the results of the scientific research in the field. „The Evidence-based practice is defined as an assistance practice based on enabling the decision-making processes obtained to improve the efficiency of the offered social services and of the results obtained by the beneficiaries" (Drisko & Grady, 2015, apud Sandu et al., 2021, p. 15). The Evidence-based social work was founded by analogy with medical practice, whereas the professionalization was, from the beginning, based on the social diagnosis, which enables the practising professional social worker to know the beneficiaries and the community, and to intervene efficiently, according to the plan (Palaghia, 2023a). Evidence-based school social work is similar to Evidence-Based Medicine, which focuses its therapeutic strategies on „the best available data", which are obtained from scientific studies, by the integration of information into the clinical experience of the practitioner and into the responsible and well-informed choice of the beneficiary who makes decisions on previously confirmed results. The ranking of evidence, in the phrase „Evidence-based", becomes relevant for subsequent recommendations (Palaghia, 2023b).

2. The elements of Evidence-based school social work

The key elements of Evidence-based social work are: first, the conscientious practitioner is the one who uses interventions with efficient evidence useful for the intervention. For this purpose, professional competence becomes crucial for the future of social work. Good practice needs us to explain to the beneficiaries with whom we work what, when and especially why we intervene, by reviewing the options available to the users of social services, and we inform them by a thorough, in-depth assessment of their needs and the good knowledge of the current research and relevant to the efficiency of the intervention (Weber, 2008).

The proofs in health and social work that are considered largely valid and reliable are based on scientific principles. The epistemological paradigm was synthesized by Bolton (2002) and is based on the following elements:

1. The objectivity of observation, which is the categorical opposite of a subjective approach, is based on sensory experience and intuition.

2. The experiment, in which knowledge is not based on observing reality, but mainly represents a process of intervention and observation.

3. Causality, where the purpose of the experiment is to determine a causal process to find explanations of events and also to make predictions.

4. Generality, where causality becomes vital.

The speciality literature (Hillman, 2002; Payne, 2011; Vrasti, 2012) reveals that the field of social work sees the usefulness of the process based on edifying data, where social workers are supported to use all the best available evidence in addressing the critical issues for educational institutions.

Kelly et al. (2010) start with the next hypothesis to point out the practical efficacy of Evidence-based school work:

- A process of Evidence-Informed Practice is useful for collecting, organising and evaluating practice, whereas the choices would improve the ability of school social workers to approach the multitude of problems existing in schools;
- School social work represents a unique speciality that should align the practice choices with contemporary educational models, currently known and appreciated by teachers;
- Although no information should be excluded from taking into consideration, in an Evidence-based process, we must mention the fact that it is necessary to supplement it with academic practices and interventions, based on the current research.

3. Types of reactions to the psychological crisis

There are several types of reactions to the psychological crisis, such as suicide, depression, anxiety disorders, mania and aggression (Palaghia, 2023c). The suicide of a student is a traumatic experience for colleagues, relatives, the teaching and auxiliary staff of the school. The role of the School Social Worker (Dupper,

2003; Lines, 2006; Kelly, 2008; Openshaw, 2008; Sandoval, 2013) is to support the children and adults who stay alive, to deal with the situation, to prevent the contagion of the suicidal phenomenon, by avoiding the valorisation of the lost person or the suicidal act. The School Social Worker must know how to respond effectively to suicide threats, and the first step is to recognize the signs. Sometimes suicidal beneficiaries send direct messages, other times their messages are subtle and require more attention to be found. Suicide messages (Krogsrud Miley et al., 2006) can be of 4 types:

1. A direct verbal message: Example: „I will shoot myself if you leave me alone";
2. An indirect verbal message: Example: „A life without love is a life without meaning";
3. Direct behavioural messages which can be shown by storing medicines, in the case of a person suffering from a chronic disease or serious disability;
4. Indirect behavioural messages can be noted by the sale of beloved objects, insomnia, and the loss of appetite. Also, previous events such as a series of attempts, or even an attempt of a close person, can signal an increased suicide risk.

The suicidal tendencies of the preadolescents may be related to community violence (for example, neighbourhood violence), past abuse, the presence of aggressive thoughts against others or oneself, parental ambivalence and family issues, the lack of social support, as well as the psychological and/or sexual abuse in the past. Indicators of the presence of suicidal thoughts can also be represented by sudden changes in appetite and sleep-related habits, personal care, the increased consumption of alcohol or drugs, agitation or tardiness, school failure, and behaviours that involve risk-taking. Also, concerns about ideas related to death are noted. The School Social Worker must know the fact that a sudden change in the mood of a depressed person can reflect the firmness of the decision to end one's own life. Also, in the assessment of the suicide risk, a distinction must be made between the facts and the opinions of the beneficiary, keeping in view that the people who often talk about suicide could go all the way, and, after an unsuccessful attempt, they can try again. The professional who intervenes must talk directly with beneficiaries about suicide prevention since direct discussions do not rush to suicidal behaviour, but on the contrary, they can prevent it. It is a myth that people who attempt suicide either come from wealthy families or have family members who have made this choice. Any person, regardless of their socio-economic status, if „caught in a network of circumstances" could be defeated by suicidal thoughts. In the intervention itself (Krogsrud Miley et al, 2006, p. 244), when a client is considering suicide, social workers can ask direct questions, such as:

1. „Are you thinking of harming yourself?"
2. „Are you telling me you're thinking about killing yourself?"
3. „I heard you mention the possibility of killing yourself. Are you thinking of that?"

4. „I have noticed some changes in the way you behave as if you let everything go. What are you trying to do?"

By asking direct questions, the beneficiary in a suicidal risk situation is offered the possibility to discuss their thoughts openly, during which the seriousness of the beneficiary's threats is evaluated, and the most important factor is the existence of a plan. Important elements of the evaluation are related to the method (Is it a relatively slow method?), to the means (Does the person have the necessary means at their disposal, by which to bring their plan to the end?) and to the plan (Is there a specific plan?). If there is a detailed, specific plan, and the chosen methods are at hand with them, the suicide risk is an increased one. The social worker will immediately involve the support systems and will ask family members and friends to accompany the beneficiary permanently until the self-destructive thoughts have disappeared. Practically, the beneficiary is „under surveillance", not left alone, with their feelings of despair and suicidal thoughts. The incidence of depression is high among adolescents with suicide attempts, although a small percentage suffer from depression during the attempt. The predictors for the possibility of depressive episodes are cognitive variables such as self-appraisals with negative content, pessimism, and the lack of strategies to adapt to the demands of life. In the prevention and treatment of depressive disorders in adolescents, it is efficient to use techniques specific to cognitive-behavioural therapy (Gîrleanu, 2002).

4. Interventions of the school social worker in cases of depression

The incidence of depression is high among teenagers with suicide attempts, although a small percentage suffer from depression during the attempt. Predictors for the possibility of depressive episodes are represented by cognitive variables such as self-appraisals with negative content, pessimism and the lack of strategies to adapt to the demands of life. Efficiency in the prevention and treatment of depressive disorders in teenagers is the use of techniques specific to cognitive-behavioural therapy.

Interpersonal psychotherapy (IPT) used in depression is a short-term therapy. Depression (Holdevici, 2011a) may represent a symptom in the case of conditions such as schizophrenia, diabetes, viral infections, or thyroid gland conditions. Or it may be generated by the drug treatment, in the case of anti-psychotic or anti-hypertensive drugs. It is also a symptom in people addicted to alcohol and drugs. Depression can be explained with the help of the attachment theory. Bowlby's theory (1982) shows that intense human emotions are caused by making, breaking, or resuming interpersonal affective bonds of friendship, love, marriage, divorce, mourning, etc. The breaking of the affective relationship between mother and child generates depression in adulthood. The same author proposes a therapeutic method that leads the beneficiaries to the awareness of the link between early attachment types and current interpersonal solutions. Depressed beneficiaries do not have many friends, they have a low number of pleasant interactions with other people.

There are two defining elements specific to depression:

1. The mood of the beneficiary is irritable or capricious most of the time.

2. The loss of interest in previously enjoyable activities occurs and persists.

There occur insomnia or hypersomnia, fatigue or the lack of energy, feelings of guilt and worthlessness, difficulty in concentration, recurrent thoughts of death and suicide attempts. The diagnosis can be established when the symptoms last for a long time, they show increased frequency and intensity and, last but not least, they affect the person's functionality.

In the school context, depression in children and teenagers is closely related to academic pressure, characterized by unrealistic expectations, which both parents and teachers have. Bullying and cyberbullying aggression also make the child develop depression symptoms. Another cause may be related, especially in girls, to issues about body ideals or obesity (Palaghia, 2022b).

5. Anxiety disorders. Working with fearful pupils and their parents

Nothing exhausts the body more than worries
MAHATMA GANDHI

In the specialized literature, it is revealed that a high number of children and teenagers have an avoidant personality disorder, social phobia and low social skills. School phobia is an effect of social anxiety. Children refuse to go to school because of the assessment fear (Holdevici, 2011b). The anxiety of children is the most frequent type of mental disorder. Children with anxiety disorders suffer in silence, when adults do not provide them with the necessary therapeutic interventions, as they see anxiety as simply part of the child's behaving way. Practically, most of the children who encounter this problem do not receive specialized help. Causative and maintaining anxiety factors are genetic and temperamental; they are correlated with the parenting style (the parents of anxious adults have been reported to be cold, controlling, or overprotective in comparison to the parents of non-anxious adults), cognitive (there are thoughts related to negative outcomes in the social sphere: „I will hurt myself", „I will not succeed", „Others will laugh at me", „My parents will die" etc.) or negative physical consequences. One of the main characteristics of anxiety disorders is avoidance behaviour (the avoidance of eye contact, the avoidance of school, etc.). Among other factors involved in the development of anxiety in children, there are anxious parents, from whom the child takes the behaviour, and who transmits to him/her, intentionally or not, that the world is dangerous, which increases the anxiety of the child. Some anxiety types, such as post-traumatic stress disorder, are caused by severe life events characterized by stressful and traumatic experiences. Therefore, an anxious parent may raise a child with vulnerability to anxiety. In children (Clark & Back, 2012), we talk about anxiety if there is one of the following six symptoms:

1. The feeling of restlessness.
2. The child is easily tired.
3. There is difficulty in concentrating or mental emptiness.
4. There is irritability.
5. There is muscle tension.
6. Sleeping disorder occurs, characterized by the difficulty in falling asleep or staying asleep, or when sleep is restless and agitated.

When working with anxious persons, the counsellor uses cognitive intervention strategies. New trends in the school social work are represented by Evidence-based intervention for anxiety and depressive disorders (Levy et al., 2020), which start from the narrow and focused approach of Evidence-based medicine, where treatment decisions rely on explicit evaluations of the evidence. The National Institute for Health and Clinical Excellence in the UK ordered that the development groups for the mental health intervention use a medical model approach based on evidence of different treatments used in the case of mental disorders.

6. Anger and aggression. Working with out-of-control students

Pupils suffering from conduct disorders find it difficult to solve problems, which triggers aggressive behaviours in physical and verbal terms. Hostility and anger trigger aggressive behaviour. Crisis intervention (Palaghia, 2021a) must aim at the immediate risk of an aggressive action. The same with suicidal risk, direct interviews about aggressive thoughts or intentions are still the best strategies.

Diagnosis criteria for conduct disorder, according to DSM-5 (2016) include aggressive behaviour toward people and animals, the destruction of property, theft or fraud, and severe violations of rules. The school social worker can focus his/her intervention in the work with aggressive children and teenagers on anger management, by teaching them activities that make them respond healthily in tense situations (Luca & Pascaru, 2017).

7. The ABCs of Anger

The ABCs specific to the rational emotive and behavioural approach (Ellis & Tafrate, 2017) offer the beneficiary a more effective analysis of the anger management issue, by identifying solutions. The rational and irrational aspects of anger are identified, as well as the deep understandings related to them. These thoughts are then challenged, and the recipient is taught to let go of aggression by thinking differently, feeling differently, and acting differently. The child is taught new strategies to let go of anger by changing thoughts and applying additional anger reduction strategies. Recently, the traditional perspective according to which, in the case of pupils who must adapt to the divorce of their parents (a situation that generates negative effects on children), is replaced by a clearer perspective on the phenomenon, outlined in terms of vulnerability and resilience, which can create adequate methods of prevention and intervention (Visu-Petra et. al., 2016).

The elements identified in children's speech regarding divorce reveal:

1. The lack of meaning, as they do not understand the reasons for their parents' divorce;

2. The child adopts an inflexible position, in which he/she insists that the parents stay together;

3. There is a mixture of anger and confusion;

4. During counselling, the child finds it difficult to talk about the parents' relationship and looks for distractions (for example, screams, games with different objects that take the discussion to other directions, etc.);

5. School can be seen as a safe space that provides the child with continuity in changing times.

8. Effective response to school crises: The PREPaRE Model

Before the 1990s, the literature on the school crisis pointed out that the models and techniques recommended until then consisted of directive, time-limited, goal-oriented procedures designed to support the pupil and the community school in rebalancing after a crisis. However, Brock et al. (2001) made the distinction between response to crisis and intervention in crisis; they made recommendations for a Comprehensive Preparation Plan for School Crisis based on which remains the composition of a responsible team who is trained to act in such situations and who participates in specialized courses and for whom a set of procedure is adopted by the management of the educational institution. Later, in 2006, the National Association of School Psychologists presented the Preparation School Curriculum (Broke et al., 2006). This is „the first scientifically validated educational program for intervention in crisis". It is also relevant that „one of the fundamental principles of the PREPaRE Model consists in the fact that schools play an essential role in the prevention of crisis" (Smallwood et al., 2016, p. 556). The model draws attention to the fact that young people are extremely vulnerable and can be affected in terms of cognitive, emotional, and behavioural development, after being exposed to a crisis. Mental health practitioners working in schools (Broke, 2006) who have been trained in the PREPaRE Model, can effectively intervene, and mitigate the negative impact of the exposure of children to crises. A brief presentation of the PREPaRE would be:

a. P = Prevention and preparation for psychological trauma;
b. R = Reaffirmation of physical health status and strengthening perceptions of safety and security;
c. E = Evaluation of the risk of psychological trauma;
d. P = Providing the intervention;
e. a = and
f. R = Response to psychological needs;
g. E = Examining the effectiveness of crisis prevention and intervention measures in crises.

Source: Mennuti et al. (2016).

Table 1. The PREPaRE Model

Astor et al. (2003) found that school violence prevention programs have taken a backseat to crisis intervention and individual student counselling. The principles of counselling in crises, with an emphasis on how pre-university education units can prevent and intervene when such situations occur. The specific intervention of specialists in crises focuses on events that can mark the lives of some pupils, such as family violence, parents' divorce, situations of bullying, mistreatment, bereavement, illness, disability, pupils with unemployed or imprisoned parents, acts of violence, homelessness etc. All the previously mentioned situations, as well as any other, which can be perceived by the pupil as extremely stressful and difficult to manage, require the intervention of specialists in schools: psychologists, school counsellors, priests, specialists in paediatric psychiatry (if the situation requires), school safety officers. The activity of the multidisciplinary team made up of the mentioned specialists, is coordinated by the school social worker case manager (Palaghia, 2021b).

9. Increasing psychosocial resilience in pupils

The objective of social workers who intervene in crises has a double impact: to reduce stressors and to use the situation of people in crisis to support them in solving their immediate problems and to control possible similar problems that may occur in the future, using the mechanisms of coping acquired. The activity of the School Social Worker requires flexibility since he is often asked to intervene in situations that are often the result of a crisis or trauma, usually caused by violent acts that take place in schools or the community. Witnesses of family violence can have serious traumas, like those generated by direct physical abuse, they can face behavioural, cognitive, and social problems, such as impulsivity, depression, vandalism, sleep problems, cruelty to animals, tantrums, hyperactivity, delinquency, minor pregnancies, etc. The School Social Worker must, first, create a therapeutic relationship with pupils who are victims of neglect and family violence. The school is the space where children should not feel ashamed or threatened, but the place where they should feel supported and safe. Masten (2001) believes that resilience is considered to be an ordinary process that occurs as a result of specifically human adaptation systems. Resilience is the ability of beneficiaries to develop, despite risk factors or prolonged exposure to stressful situations. We can argue that the main goal of the professional school social worker remains the increase psychological resilience in schools, especially in crisis times. Among the protective factors that contribute to resilience, we find constructive relationships with children of the same age and the presence of caring adults in children's lives. The intervention services in crisis are based on activities designed to meet the needs of all the pupils (for example: to discuss traumatic events in class, to provide them with the opportunity to vent emotionally and to activate positive coping strategies) after restoring the feeling of safety, then teaching activities according to the schedule, as soon as possible after the crisis occurred. The natural reaction is that pupils no longer require further services from mental health professionals. The development of children's skills goes „hand in hand" with the formation of

resilience. Emotional resilience in children and teenagers is still well known in the specialized literature in the field of emotional health. It is the process by which they control or self-regulate their internal reactions to emotions, and emotional regulation represents the development of children's capacities to develop coping strategies to help them regulate the intensity of the negative emotions they experience in the presence of adverse events. In children, differences in coping ability are governed by several factors, including their genetically determined temperament, parenting practices, and each child's emerging belief system (Ellis & Bernard, 2007).

Resilience (Muntean & Munteanu, 2011) is still a phenomenon manifested in young people who develop favourably, although they experience a type of stress, recognized as producing a serious risk of unfavourable consequences. The resilient child shows moderate and acceptable responses in case he is subject in the living environment, to harmful stimuli, having the ability to succeed, despite the situations that involve the serious risk of a negative outcome. Resilience (Mennuti et al., 2016) determines the success of those who adopt the behaviours and think the way that generate it. It is considered to be a common phenomenon that appears in most cases as a result of specifically human adaptation systems. If children and teenagers are given support and the right circumstances to develop harmoniously, then their development path is still a positive one, despite possible adversities. Psychosocial resilience in children and teenagers is the process by which they develop coping strategies to help them regulate the intensity of the negative emotions they experience in the presence of adverse events. In children, differences in coping ability are governed by several factors, including their genetically determined temper, parenting practices, and the emerging belief system of each child. We can argue that the main goal of the professional school social worker is still the increase psychological resilience in educational institutions, especially in crisis times. Crisis intervention services are based on activities designed to meet the needs of all the pupils (for example: to discuss traumatic events in the class, to provide them with the opportunity to vent emotionally and to activate positive coping strategies) following restoring a sense of security. Șoitu (2012) identifies the characteristics that help a person to be stronger or less strong, as well as ways in which we can diminish or, on the contrary, increase our strengths, which we will configure in a window (of empowerment), in the following model:

Stronger:	Less powerful:
- Open to change; - Assertive; - Proactive, action-oriented; - Taking the blame; - Self-oriented; - Needing feelings, using them; - Learning from mistakes; - Facing; - Living more in the present; - Realistic;	- Resistant to change; - Unassertive or aggressive; - Reactive, with reservations about action; - Blaming others; - Oriented to others; - Does not recognize feelings or fails in trying to recognize them; - Being brought down by mistakes; - Avoiding; - Being oriented to the past and/or future;

- Thinking in relative terms; - Searching and seeing alternatives; - Committed to doing new things; - Liking himself; - Valuing others; - Altruistic, considering the others' needs; - Interested in what is happening in the world, improving the lives of others' lives; - Balanced lifestyle.	- Unrealistic; - Thinking in absolute terms; - Seeing things in black or white; - Fulfilling the obligations; - He doesn't like himself; - Denying the others' values; - Being selfish, self-oriented, making other people's lives worse; - Focus on one living area, to the detriment of the others.
We can increase our power when: - We are clear about what we want to achieve and how; - There are many common points between the way we see ourselves and the way others see us; - We are open to change; - We develop our skills, and competencies so that we can face the change; - We notice the difference between what is and what we think it is, acting appropriately; - Focus on realistic goals and objectives.	We can diminish our power when: - We decide that something cannot be done/we cannot do something without identifying the reasons and possible alternatives; - We look at things only from the inside, closely related to traditions; - We do not develop enough skills/competencies, having to rely on others; - We believe that we cannot change anything about us or the situation we are in; - We try to do too many things, so we will not focus on anything.

Source: Şoitu (2012)

Table 2. The Window of Resilience and Empowerment

References

Astor, R., Benbenishty R., Marachi, R. (2003). *Violence in schools*. In P. Allen -Mears (Ed.) Social work services in schools, New York: Allyin & Bacon.

Bolton, D. (2002). Knowledge in the human sciences. In Priebe, S. & Slade M. (eds.) *Evidence in mental health care*, Routledge.

Bowlby, J. (1982). *Attachment and Loss*, New York.

Broke, S. E. (2006). *Crisis Intervention and Recovery: The Roles of Mental Health Professionals in Educational Institutions*.

Broke, S.E, Reeves, M.A., Nickerson, A., B. & Jimerson, S. R. (2006). *Crises Prevention in School and Intervention Training Curriculum*, www.nasponline.org.

Brock, S.E., Sandoval, J., Lewis S. (2001). *Preparing for the crisis in the schools: A manual for building school crisis response teams*, New York.

Clark D. A., Beck A. T. (2012). *Terapia cognitivă a tulburărilor de anxietate. Știința și practică.* [Cognitive therapy of anxiety disorders. Science and practice] Vol I și Vol II, Cluj Napoca: ASCR, translation by Mihaela Marian Mihăilaș.

DSM-5 (2016). *Manual de diagnostic și clasificare statistica a tulburărilor mintale*, [Manual of diagnostic and statistical classification of mental disorders] București: Editura Medicală Calistro.

Dupper, D. R. (2003). *School social work: skills and intervention for effective practice*, Hoboken, New Jersey.

Ellis, A. & Tafrate R.C. (2017). *Cum să îți controlezi furia înainte de a te controla ea pe tine.* [How to control your anger before it controls you] București: TREI, translation by Vasile Dem. Zamfirescu.

Ellis, A. & Bernard, M. E. (2007). *Terapia raţional emotivă şi comportamentală în tulburările copilului şi adolescentului*, Editura RTS, Cluj Napoca.

Gîrleanu, D. T. (2002). *Consilierea în Asistența Socială*, [Social work counselling] Iași: Editura Universității „Alexandru Ioan Cuza".

Hillman, J. L. (2002). *Crisis Intervention and Trauma. New Approaches to Evidence-Based Practice, Issues in the Practice of Psychology*, Springer Science Buseness Media, LLC.

Holdevici, I. (2011a). *Psihoterapii de scurtă durată*, [Short-term psychotherapies] București: TREI.

Holdevici, I. (2011b). *Tratat de psihoterapie cognitiv-comportamentală*, [Treatise of cognitive-behavioural psychotherapy] București: TREI.

Kelly, M. (2008). *The Domains and Demands of School Social Work Practice. A Guide to Working Effectively with Students, Families, and Schools*, Oxford University Press.

Kelly M., Raines J., Stone S., Frey A. (2010). *School Social Work. An Evidence-Informed Framework for Practice*, Oxford.

Krogsrud, Miley, K., O'Melia, M., & DuBois, B. (2006). *Practica asistenței sociale. Abordarea participativă*, Collegium Polirom, translation by Ioana Ciocian, Maria-Paula Mărginean, Elena Hortenzia Pop.

Levy, A. R., Ablon J. S. & Kachele H. (2020). *Psihoterapia psihodinamică. Practica bazată pe dovezi empirice.* [Psychodynamic psychotherapy. Practice based on empirical evidence] București: TREI, translation by Vlad Vedeanu.

Lines, D. (2006). *Brief Counselling in Schools.* Working with Young People from 11 to 18, SAGE Publication, London.

Luca, C. & Pascaru, G. (2017). *Managementul furiei pentru (pre)adolescenți. Program psihoeducativ de grup.* [Anger management for (pre)adolescents. A group psychoeducational program] Iași: Editura Universității „Alexandru Ioan Cuza".

Masten, A. S. (2001). *Ordinary magic: Resilience processes in development.* American Psychologist, 56, 227-238.

Mennuti, R. B., Christner R. W. & Freeman A. (2016). *Intervenţii cognitiv – comportamentale în educaţie*, [Cognitive-behavioral interventions in education] Cluj-Napoca: Asociaţia de ştiinţe cognitive din România, translation by Alexandra Tomiță.

Muntean, A., & Munteanu, A. (2011). *Violență, trauma, reziliență*, Polirom, Iași.

Openshaw, L. (2008). *Social Work in Schools. Principles and practice.* Guilford Press, New York.

Palaghia, C. (2021a). Identities and crises. The school social worker, a professional of social intervention. În *Analele Științifice de Sociologie și Asistență Socială ale Universității „Alexandru Ioan Cuza" din Iași*, Editura Universității „Alexandru Ioan Cuza" din Iași.

Palaghia, C. (2021b). Consecinţele dramatice ale bullyingului. Posibile soluţii aplicabile la nivel naţional pe termen scurt, mediu şi lung, în Rusu M., Doncean M., Cuciureanu S. (coord.) *Dezvoltarea economico-socială durabilă a euroregiunilor și a zonelor transfrontaliere* [Sustainable economic and social development of Euroregions and cross-border areas], Iași: Performantica.

Palaghia, C. (2022a). Asistența socială școlară bazată pe date edificatoare, [School social work based on revealing data] în Rusu M., Doncean M., Cuciureanu S. (coord.) *Dezvoltarea economico-socială durabilă a euroregiunilor și a zonelor transfrontaliere* [Sustainable economic and social development of Euroregions and cross-border areas] (volumul XLIII), Iași: Performantica.

Palaghia, C. (2022b). Obezitatea între dependență, bullying și sinucidere lentă, în Rusu M., Doncean M., Cuciureanu S. (coord.) *Dezvoltarea economico-socială durabilă a euroregiunilor și a zonelor transfrontaliere* [Sustainable economic and social development of Euroregions and cross-border areas] (volumul XLIII), Iași: Performantica.

Palaghia, C. (2023a). Intervențiile în situațiile de criză din cadrul școlii și pracica bazată pe date edificatoare, *Revista de Asistență Socială*, No. 3.

Palaghia, C. (2023b). Eating disorders and obesity in children and teenagers from the perspective of evidence-based school social work, *Revista Universitară de Sociologie*, No. 2.

Palaghia, C (2023c). The role of the school social worker in preventing crisis situation in preuniversitary education institutes, *Revista Universitară de Sociologie*, No. 1.

Payne, M. (2011). *Teoria modernă a asistenței sociale*, [Modern theory of social work] Iași: Polirom.

Sandoval, J. (2013). *Crisis Counseling, Intervention, and Prevention in the Schools*, Routledge, New York.

Sandu, A., Unguru E. & Frunză, A. (2021). *Asistența Socială bazată pe evidențe*, [Evidence-Based Social Work] București: Tritonic.

Smallwood, D.L., Williams, B.B., Mohanon, L.W. (2016). Abordări cognitiv comportamentale față de situațiile de criză din cadrul școlii, [Cognitive behavioral approaches to crisis situations in the school] În Mennuti R. B., Christner R. W., Freeman A. (2016). *Intervenţii cognitiv – comportamentale în educaţie*, [Cognitive-behavioral interventions in education] Cluj-Napoca: Asociaţia de ştiinţe cognitive din România, translation by Alexandra Tomiță.

Șoitu, D. (2012). Formarea viitorilor asistenți sociali pentru activitatea de consiliere, [Training of future social workers for counseling activity] în Dumitrașcu H. (coordonator). *Consilierea în Asistența Socială*, [Social Work Counseling] Iași: Polirom, 43-64.

Visu-Petra, G., Buta M. & Visu-Petra, L. (2016). *Psihologia copilului în context judiciar, [Child psychology in a judicial context]* Cluj Napoca: ASCR.

Vrasti, R. (2012). *Ghid Practic de Intervenție în Criză*, accessed on www.vrasti.org.

Weber, M. (2008). *Evidence-based Policy and Practice in Mental Health Social Work*, TJ International, Padstow, Cornwall, Great Britain.