

## Mandated Reporting: A Guide for Graduate Educators of Mental Health Professionals

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### Abstract

Students training to be mental health professionals have many legal and ethical issues to master, including understanding their role as mandated reporters. New professionals often receive limited direct training in how to proceed once maltreatment is suspected. Research has shown that with additional training, school staff members are better able to recognize signs of abuse and neglect and are more willing to act as mandated reporters (Bryant & Milsom, 2005; Bryant, 2009; Cruise & Horton, 2001; Hindman, 1999; Pietrantonio et al., 2013; Usakli, 2012). Unfortunately, professional development in this area and pre-service training is often more limited. This article reviews the legal and ethical standards taught to mental health professionals, discusses the barriers that prevent mandated reporting, and provides recommendations for educators on how to teach mandated reporting in the graduate programs at multiple levels to increase preparedness.

*Keywords:* mandated reporting, child maltreatment, abuse and neglect detection, graduate training, professional development

### **Mandated Reporting: A Guide for Graduate Educators of Mental Health Professionals**

Students who enter graduate programs to become mental health professionals face not only the stress of learning to maneuver within a new work environment, but navigating their new and complex roles, including compliance with the myriad legal and ethical issues associated with professions working with children and families. Perhaps the most daunting is the legal requirement to report any and all suspected child abuse and neglect, also known as mandated reporting. Mandated reporting is a legal requirement in the United States, requiring any professional who works with children to report any and all suspected child abuse and neglect to the appropriate state agency/authority (42 U.S.C. §13031). Graduate programs need to provide training experiences such that students are appropriately prepared to act as mandated reporters, yet there is a gap in the literature as to the best manner in which to address this challenging topic.

This article details ways in which graduate educators at one university have attempted to bridge the gap by providing specific training activities related to mandated reporting. It provides

background information and highlighting the critical legal and ethical standards taught to mental health professionals, discusses the common barriers, including lack of training guidelines, that can prevent mandated reporting and provides real life clinical examples for illustrative purposes. Finally, it provides recommendations for educators on how to teach mandated reporting in graduate programs at multiple levels to increase student preparedness.

## **Background**

### **Rates and Prevalence of Abuse and Neglect**

The number of children that are abused or neglected every year is immense. According to the U.S. Department of Health and Human Services (2010), from 2004-2005 one in every 58 students experienced some form of child maltreatment. Additionally, it was the conclusion of their study that due to lack of reporting efforts even more cases should be investigated, but are not (2010). A recent Associated Press article discusses the prevalence of abuse and neglect and the corresponding epidemic of inaction. The article exposes over 700 abuse and neglect related deaths in a six-year period and the failure of mandated reporters to do their duty (Mohr & Burke, 2014). This, coupled with the ambiguity of language in the mandated reporting law, supports a need for more training to be provided for mental health professionals.

### **Relevant Definitions of Abuse and Neglect**

Definitions as to what constitutes child abuse and child neglect, or more broadly, child maltreatment, can be found in federal legislation. The Child Abuse Prevention and Treatment Act of 1974, or CAPTA, as reauthorized in 2010 (42 U.S.C.A. §5106g) provides the following definitions: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.” (p. 6) Organizations such as the National Institute of Justice, World Health Organization, and the Center for Disease Control and Prevention, further elaborate that child maltreatment, a form of family violence (National Institute of Justice, 2011), is defined as an act, or series of acts by a caregiver that results in harm to a child (Center for Disease Control and Prevention, 2014; World Health Organization, n.d.). The definitions include acts of commission, commonly referred to as abuse, which can be physical, emotional, or sexual (abuse or exploitation) (Center for Disease Control and Prevention, 2014; World Health Organization, n.d.). The definition of child maltreatment also includes acts of omission, commonly referred to as neglect (Center for Disease Control and Prevention, 2014; World Health Organization, n.d.). Harm is further defined to include actual harm, potential harm, or even threat of harm. (Center for Disease Control and Prevention, 2014; World Health Organization, n.d.).

### **Ethical Mandates**

School psychologists and school counselors must also follow the ethical mandates spelled out in their respective professional codes of ethics. The American Counseling Association (ACA) Code of Ethics (2014) Section B2(a) explicitly provides for exceptions to confidentiality under the “Serious and Foreseeable Harm and legal requirements” which states that “the general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed” (p. 7). Similarly, the

American School Counselor Association's (ASCA) Code of Ethics (2010), under section A.2(c) states that school counselors "keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student" (p. 2).

The ASCA Codes of Ethics (2010) are the guidelines for practice as a school counselor. Section A.1 states the school counselors' ethical responsibility is solely to the students at the school, not the school administrators or the school's image. Therefore, school counselor ethics supersede school policies and protocol. In addition, Section A.2 addresses how confidentiality should be addressed in the schools. The codes require school counselors to breach confidentiality in cases of "serious and foreseeable harm", which includes physical and sexual abuse.

For School Psychologists, the National Association of School Psychologists' Principles for Professional Ethics (NASP PPE) (2010) provides relevant ethical principles and standards, including Principle I.2 Privacy and Confidentiality, Standard I.2.2 and I.2.4, and Principle IV Responsibility to Schools, Families, Communities, the Professions, and Society. Standard I.2.2 discusses the privileged nature of communications with the client and that the information is not shared "except as permitted by the mental health provider-client privilege laws in their state" (p.5). Standard I.2.4 highlights a similar need to protect confidentiality, "except in those situations in which failure to release information would result in danger to the student or others, or where otherwise required by law" (p. 5).

Finally, the introduction to Principle IV indicates, "School psychologists promote healthy school, family, and community environments. They assume a proactive role in identifying social injustices that affect children and schools and strive to reform systems-level patterns of injustice" (p. 11-12). The text of Principle IV.1 states, "School psychologists use their expertise in psychology and education to promote school, family, and community environments that are safe and healthy for children" (NASP PPE, p. 12).

With respect to other relevant ethical codes for school-based personnel, the National Education Association's Code of Ethics does not directly address the issue of Mandated Reporting of child abuse and neglect. It does mention an ethical responsibility of all professionals to uphold and follow all laws pertaining to professional practice (National Education Association of the United States, 2010). Additionally, the American Association of School Administrators' Code of Ethics also does not specifically reference mandated reporting, but does subscribe to the importance of implementing local, state and national laws (American Association of School Administrators, 2010).

It is one thing to describe ethical mandates, but ensuring compliance with those mandates is quite another. The ramifications for failing to report suspected abuse or neglect vary by state and licensing body. Depending on the state, the legal repercussion of failure to report can range from a fine to a felony charge of child endangerment, leading to incarceration (Child Welfare Information Gateway, 2014). Other consequences might run the gamut from a requirement to take another course in ethics to other legal actions. Additionally, school counselors and school psychologists might be subject to the loss of a license to practice, and ultimately the loss of their

career. Despite serious repercussions for failing to act in compliance with the legal mandate, professionals may not make required reports for a variety of reasons.

### **Common Barriers to Reporting**

#### **Fear, Frustration, and Doubt**

Several barriers arise for both new and seasoned professionals that may prevent professionals from fulfilling their legal and ethical duties to report. The most commonly reported barriers to mandated reporting include believing that the report will cause more harm to the family, that the government agency will not investigate the allegation, or questioning the accuracy of the allegation (Bryant, 2009; Herendeen, Blevins, Ansen, & Smith, 2014). Similarly, abuse that is not easily verified is often unreported, leading school officials to report physical abuse more often than sexual abuse or neglect (Bryant, 2009).

Furthermore, professionals cite concerns about violating confidentiality, the impact of cultural norms on decision-making, particularly when reporting behavior viewed as normal within the culture of the client and/or the professional, and fears of repercussions from the culture at large as additional barriers to reporting (Feng, Chen, Fetzer, Feng, & Lin, 2012). Fear of students refusing to continue seeking treatment or support from school officials is also a primary barrier to reporting (Bean, Softas-Nall, & Mahoney, 2011). Another critical barrier includes the culture of the school, particularly when staff members are directly instructed not to file a report by their superiors (Cruise & Horton, 2001). The previously identified barriers are not to be discounted. The fear, frustration, and doubt professionals experience are very real and should be acknowledged yet they should not overshadow the gravity of the situation and become reasons to avoid or delay reporting. Promoting child safety is one way in which these obstacles can be overcome, and providing reminders that failure to report suspected abuse or neglect can lead to a number of consequences is another (Cruise & Horton, 2001). Possible outcomes may include a monetary fine, a loss of professional license, a felony charge of child endangerment, and may lead to incarceration (Child Welfare Information Gateway, 2014).

Finally, lack of training can be a barrier as well. New professionals often have a concrete understanding of what constitutes abuse or neglect, but they may have had little training in how to proceed once an allegation is made. In fact, when surveyed regarding their readiness to report suspected abuse, professionals routinely indicated feeling poorly prepared and complained of receiving minimal training in their graduate school programs (Bryant & Milsom, 2005; Bryant, 2009; Pietrantonio et al., 2013; Usakli, 2012). This is unfortunate as mental health professionals are well poised to act as an initial line of support for children who are victims of maltreatment, making it critical for staff to not only be appropriately trained in abuse and neglect detection, but in how to handle a situation and proceed without exacerbating the trauma, or leading to what has been termed a “disclosure disaster” (Cruise & Horton, 2001; Hindman, 1999). With respect to gaps in training, the burden to overcome this obstacle falls to graduate educators. Specific examples and training activities are detailed in the following sections.

#### **Gaps in Training**

While charged with the role of mandated reporter, previous studies have found that teachers, counselors, school psychologists and many others do not get the appropriate amount of

training on the topics of abuse and neglect to be fully capable of identifying certain signs of abuse and neglect (Cerezo & Pons-Salvador, 2004; Champion, Shipman, Bonner, Hensley & Howe, 2003; Kenny, 2004). Research has found that with additional training on mandated reporting and abuse and neglect, staff members are better able to recognize signs and are more willing to act as a mandated reporter (Cerezo & Pons-Salvador, 2004). The following three case examples illustrate the importance of training and the dire consequences when lack of training occurs.

**Case Example One –Gina Bartucci, PhD, School Psychology, Licensed Psychologist, Counseling Center**

Lisa was a full time school psychologist in the suburbs of Chicago and I was in my fourth year of graduate school pursuing my Ph.D. in school psychology. She told me a story about her experience as a mandated reporter at her previous school and how she had a concern about a student. She was a confident, well-trained, capable school psychologist, so the story had a more positive ending than the typical story. Lisa shared with me an experience of going to the principal and letting him know she was going to call child protective services on behalf of a student she suspected was the victim of abuse. The principal responded unfavorably, fumbling and saying, “Are you sure?” and other such comments that could have created doubt in a less capable, confident school psychologist. Lisa responded, “Yes. I am making the call as soon as I leave your office. I just wanted to let you know.” If school personnel do not have the confidence and abilities to firmly make the decision on their own, then the decision-making can be deferred and a report delayed or not made at all.

**Case Example Two –Sheri Pickover, PhD, LPC Graduate Educator/Clinical Mental Health**

In my previous career I worked for an agency that later became involved in a criminal case shortly after I left the position. A small child was murdered by his foster parent after coming to visits with clear bruises. The therapist told the case manager, who spoke to her supervisor about the issue. The foster parent informed the case manager that the child had a fight with his foster siblings, resulting in the injury. The child did not disclose being hit by the foster parent, so no report was made. Several days later the child died. The state prosecuted the case manager and supervisor for felony child abuse because they failed to report the abuse. I use this case example with students to discuss how easily good, competent and caring individuals can make errors by substituting their own judgment. This case illustrates what happens when a professional looks for explanations to avoid problems or investigates rather than follows the ethical and legal guidelines. The barriers that prevented this report are the same as those listed earlier in this paper, but the result was tragic and avoidable. As a teaching tool, I remind students that no one knows what goes on inside someone else’s home and erring on the side of caution will protect both you and the child.

**Case Example Three –Jocelyn Bennett-Garraway, PhD, LPC School Counseling, Graduate Educator**

During group supervision, one of my supervisees shared her case of an African American child molested by his uncle. The student had failed to report the incident to child protective services (CPS). I informed my supervisee she was required to report the abuse. Through further discussion with the student I reminded her of several key things: 1. It was not necessary to have all of the information to file a preliminary report, 2. Inaction continued to jeopardize the child,

and 3. Loss of licensure was a very real possibility. Ultimately I took action and reported the abuse, including informing the supervisee that she had been named in the initiated report, as well as in other complaints, for failure to report the abuse in compliance with her role as a mandated reporter.

### **Recommendations for Reducing Barriers**

There are serious consequences for limited preparation and training in the area of mandated reporting. The most serious consequence is the overall impact on children. If mental health professionals continue to receive limited training and preparation to effectively address child abuse and neglect, they may continue to lack the commitment to the ethical, legal and moral obligations to the children (Cerezo & Pons-Salvador, 2004). Currently there is a gap in the literature as to how programs can best incorporate training in mandated reporting into curricula, a gap this article seeks to begin to address. As graduate program educators for Counseling, School Psychology, and School Counseling, these are some of the approaches we take to both raise awareness of our roles and train our students in their responsibilities as mandated reporters. The following recommendations are organized by course work common to mental health graduate programs.

#### **Recommendations for Legal & Ethical Courses**

Mental health professionals are required to have a strong understanding of ethical, legal, and professional standards (ACA Codes of Ethics; ASCA Codes of Ethics; NASP Standards for Graduate Preparation of School Psychologists, Domain 2.10) so discussions about mandated reporting and the consequences for failure to comply fit naturally into an ethics course. In addition to directly addressing this material in Legal and Ethical courses, the topic can be infused into other coursework and program areas as well, including Human Development courses, and throughout the Internship coursework.

Although ethics classes provide a good opportunity for initial discussions of mandated reporting, an ethics course usually occurs early on in a graduate program and for students without practical experience, ethical issues may seem theoretical. Although accreditation and training models, such as the ASCA model, provide resources to support the academic preparation of mandated reporters, it is not necessarily standardized across program curricula. Additionally, while the Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires counseling programs to demonstrate the ability to apply and adhere to ethical standards (CACREP SC B.1; 2009), the standards do not highlight the inclusion of mandated reporting as a curricular requirement. The first recommended step is to ensure that students receive federal and state definitions of child abuse and neglect. This information should be distributed several times throughout the program and form the basis for further discussion and activity. Therefore, we will discuss where and how to infuse mandated reporting throughout other courses in a graduate mental health curriculum.

#### **Recommendations for Counseling Skills & Practicum**

In counseling skills and practicum classes, role plays have been found to be an effective training tool to help counseling students learn specific skills (Larson, Clark, Wesely, & Koraleski, 1999). Exposing students to uncomfortable situations allowed the students to process

their feelings and concerns around making an abuse allegation and allowed them to recognize the difficulty they might experience when having to make the report. These role plays include completing a child abuse and neglect form, role playing the call to a hotline and role playing informing a client about the breach in confidentiality. Watching students struggle on tape with how to breach confidentiality proved to be a very effective learning tool. Students were given specific scenarios, including telling a student in a school setting of the need to tell other school officials about the abuse. Counseling students struggled to remain empathetic and firm, but eventually learned how to balance the need of the student with the legal and ethical requirements.

Training in mandating reporting should continue throughout the program, and while no one can predict if an abuse reporting situation will occur during practicum or internship, using in vivo examples may help as well. Intern counselors are developmentally ready to face these challenges in a more direct way, so bringing in specific examples and allowing students to share their own experiences during group supervision may enhance their overall understanding of what it means to be a mandated reporter. One of the most difficult training areas to overcome is the cultural bias surrounding abuse. As stated earlier, a clear barrier to mandated reporting is the role culture can play in how a graduate student and a client's family perceive physical abuse and neglect.

#### **Case Example –Sheri Pickover, PhD, LPC Graduate Educator/Clinical Mental Health**

An example that illustrates this issue occurred during a recent practicum course. A young White counseling student conducted a session with a 35 year old African American Male who stated during the session that the mother of his child asked him to come to her home and discipline his 10 year old. The client stated he “tore him up”. The counselor stated, “you mean you spanked him?” to which the client replied “yes”.

The counselor left the session and discussed it with me several days later. Her anxiety when talking with me clearly indicated she knew she made an error, but verbalized fear over confronting the client. This example illustrates that mandated reporting is not as simple as hearing an allegation and reporting it. The student and I discussed the ethical and multicultural issues arising from this client. Based on her own cultural background and perspective of discipline, the student made an assumption about what “tore him up” meant rather than asking the client to explain specifically what the client meant.

With supervision and support, the student went back to the client, asked the question, and the client disclosed that he hit his child with a belt. I helped her manage the client's anger at the need to report the allegation by entering the session, then provided supervision and support through the reporting process. Ultimately, we recommend teaching students to ask for help, to seek supervision, and to be humble as the best tool to creating successful, ethical counselors.

#### **Recommendations for Infusing Material across a Curriculum**

Both the School Counseling and the School Psychology programs take the approach of infusing the topic across courses across the curriculum. In the School Counseling program, students are first instructed in how to identify abuse through the use of case studies. The case studies highlight language children may use to indicate inappropriate interactions with adults and other children. Students learn to pay attention to subtle language indicating discomfort when in

the presence of a particular person, and to age inappropriate behavior or interactions with other children. Second, students are instructed in the importance of collaboration with teachers, school social workers, school psychologists and school administrators. In particular, strategies for working with school administrators are highlighted, due to the likelihood of school counselors working in environments where the school administrator will advise a school counselor against reporting abuse. Students participate in a mock developmental educational plan meeting, which allows the student to practice crisis leadership and the application of counseling skills to advocate and negotiate with a multi-disciplinary team.

For the School Psychology program, the topic is introduced in several courses as part of a general discussion about roles and responsibilities. The discussions are grounded not only in future legal and ethical duties, but also in future roles as advocates. As the students are in the field more frequently and are able to engage with their training in a more sophisticated manner, they are in a better position to understand and appreciate their roles as mandated reporters. Therefore as students advance through the program they revisit the subject matter, and review the reporting process step-by-step.

Another activity frequently utilized is different role-play scenarios in which students need to engage in conversations regarding suspected abuse. The scenarios range from suspecting or discovering abuse, to completing forms or making a call to protective services. It is the goal that in practicing these skills ahead of time students will be able to remain calm, avoid a panic reaction, and focus on ensuring child safety should an instance of child abuse or neglect be suspected.

Finally, during the internship year, one of the initial activities is to have a discussion with their field site supervisor in regards to the various school policies. The objective is to ensure that interns are aware of the chain of command and appropriate procedures to follow in the event of any crisis situation, including how the school handles mandated reporting. Time is allocated to discuss how best to handle a situation if the school or district does not have a clear procedure or has a questionable procedure that does not align with our roles as mandated reporters.

Overall, this training is emphasized before students enter the field and hopefully before they encounter a situation at one of their field training sites. This way, students have direct exposure to the process, including the potential challenges for the children and families that come with making the call to child protective services, and students gain a working knowledge of what it means to be a mandated reporter. Consider the following example.

#### **Case Example –Sara Golomb, PhD, School Psychology, Licensed Psychologist, Graduate Educator**

As a practicum student I was working in a school that was quite diverse not only racially and economically, but with respect to student educational needs as well. One afternoon I was working with a fifth grade African American male who was engaging in disruptive behaviors that drew peer attention. Class disruption aside, he was generally a good kid with a good attitude. On this particular afternoon he was quiet and subdued in class, and when I arrived at the classroom the teacher quietly mentioned the change and posited whether his medication had been changed. On the way to my office he briefly answered my questions with short one-word

answers. Once in my office, I continued to have difficulty engaging him, but eventually he was able to open up and revealed some details about abuse and “whoopings” that left marks. I brought the conversation around to reminding him what I had told him when we first starting working together about when I would need to share information with my supervisor, and because this was one of those times, I needed to call her and have her come join us. On the whole I was impressed with my supervisor’s ability to remain calm, provide reassurance, and discuss the next steps in an age-appropriate way. Once the student had returned to class, my supervisor walked me through the steps, the forms, and sat with me while I made the call to report. My main take-away from that experience was the importance of my supervisor not only supporting the student, but her ability to support me through the process, a combination developed from training and years of experience.

### **Recommendations for General Training Activities**

In situations when program coursework is already tightly structured and sequenced, programs may need to consider other opportunities and forums for providing training activities such as workshops, orientations, or other student association meetings. At a minimum an additional training activity that is not necessarily tied to any specific coursework, includes reviewing the reporting process with students, and providing opportunities for practice.

### **Reviewing the Reporting Process**

Across the different training programs we try to detail for our graduate students what the process of actually filing a report can look like so they can manage their own expectations and anxiety arising from the situation, while remaining able to guide children and their families through a stressful process. Reviewing and practicing the reporting process is an activity that can be done initially in training programs to provide a foundation for later fieldwork. Once professionals are practicing, continuing professional development can address reviewing or developing site policies and procedures for making reports.

### **Identification, Recognition, and Obtaining Data**

When providing services to children, all professionals should be familiar with their state law regarding the definitions of abuse and neglect as these definitions vary from state to state. Sometimes children will spontaneously disclose abuse, but often children exhibit signs that indicate maltreatment. Reporting child abuse or neglect should focus not only on child statements but also visual cues. When in doubt, always seek supervision, but quickly as most states require that a report occur within 24 hours of suspicion. Look for visual signs of physical abuse, such as marks or bruises on the child. Look for visual signs of neglect, such as dirty clothes, dirty hair and nails, and stealing or hoarding food. Signs of sexual abuse are harder to determine with older children, but younger children who engage in play sexual acts with other children might be at risk for sexual abuse.

Mental health professionals should be careful not to take on the role of the government agency. The role of a mandated reporter is to report, not investigate, and conducting an interview without specific training could be detrimental to the child and the professional. Asking questions regarding specifics of the allegation is acceptable, but not trying to determine if the allegation actually happened. The point is to obtain data: When did the incident occur or is it ongoing, who is involved in the incident, where did the incident happen, and how often does the

incident occur? Even if a child refuses to admit any abuse or neglect has occurred, the mandated report must still report the allegation and indicate that the child denied the allegation when questioned. For example, if a school counselor notices that a child never has food, and asks if the child has food in the home and the child says yes, we have plenty of food, the counselor must still make the report based on a belief that neglect might be occurring.

### **Documentation and Reporting**

Once an allegation has been made or a suspicion has occurred, the mental health professional must call the required government agency to make the report. Locate the form on the state government's website or ask the supervisor to obtain the form. As a mandated reporter, the mental health professional must identify herself of himself by name and title and then document what happened on the form. Focus on words that are factual and observable; avoid using opinion. For example, try to include statements such as "the child stated that last Monday his mother hit him with a belt around 4:00pm in the child's bedroom" and "The child stated his mother hit him on his torso and both legs." Also consider statements such as "this counselor observed child today and child appeared dirty. Child's clothes had what appeared to be caked and dried food on the sleeves of the shirt and pants had holes in the knee area. Child has attended school for the last four days in this condition." The documentation should be specific and clear.

After the report is called into the government agency, the agency provider should provide a log number to document that the report has been received. Document the number on the form then send the form to the required agency within 48 hours. Document in the child's file that the report was made and be sure to inform all supervisors that the report has been filed. Oftentimes, a supervisor should be informed prior to making the call but do not allow the supervisor to prevent you from making the call as it can impact your license.

### **Informing Parents**

The school or agency may have a policy regarding when to inform the parent that an allegation has been made. Know this policy and speak to an immediate supervisor regarding how to proceed. Controversy exists over whether to disclose that a report has been made to a parent or guardian, with professionals arguing for or against disclosure based on a variety of factors, including potential harm to the child, risk to the school and other children, and the quality of the relationship with the parent. However, unless the professional has a therapeutic reason for not disclosing to the child, the child should be informed that a report has been filed on his or her behalf.

### **Actions Following a Report**

After the report is made, a state agency follows the protocol in place for investigation. Each agency differs in how they conduct investigations. Some will inform the reporter and send a letter with follow-up, others will not. The agency investigates the allegation and makes the decision to either substantiate the allegation, or that it is unsubstantiated. If the allegation is substantiated, the child and family may receive preventative services, be removed to the home of another relative, or placed in foster care. If the allegation is unsubstantiated, the case is closed and no further action occurs.

In response to a dearth in the literature regarding how to best incorporate training in mandated reporting into graduate program curricula we have described several activities that we have implemented. By way of summary, these activities include review of ethical and legal mandates, discussions of barriers, case review and supervision, general review of the reporting process, and role-play for applied practice.

### Conclusion

School counselors and psychologists have a duty as mandated reporters to take action to safeguard children when we suspect abuse or neglect. As mental health professionals we receive extensive coursework and field based training in how to support the needs of children, yet training with respect to our roles as mandated reporters is often more limited and frequently relegated to on-the-job training, which converts a child's very real crisis situation into a graduate student's first training opportunity. Additionally, schools or agencies do not always have a clearly delineated procedure for staff to follow, or worse a procedure that exacerbates non-compliance. Staff can find themselves in difficult positions between facing sanctions for not making a necessary report, and repercussions for not following the procedures of the school or district. Direct training can alleviate the stress placed on staff when trying to navigate these types of conflicting positions, thereby maintaining the focus on the importance of the wellbeing and safety of the child.

Preparation is critical. With targeted training, professionals can develop the confidence and competence to handle a situation of suspected abuse or neglect. They may be better able to provide support to children and other staff involved in the mandated reporting process. Lastly, they are better able to lead conversations about the appropriateness of the policies and encourage change if necessary.

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