Both educational attainment and mental health are part of the whole development of the child. School psychologists are indispensable in the schools because they alone bridge the gap between learning and mental health. They become even more in demand when they demonstrate that they can leverage mental health through educational interventions, and can leverage educational progress through attention to children's mental health. Through prevention, both may be facilitated simultaneously. There are many model prevention programs with a good research basis which may be replicated and a good scientific basis for preventive practice. In order for psychologists to become preventionists they must: (1) become familiar with research-based models of the causes of the conditions they wish to prevent and have a clear notion of normal development; (2) obtain explicit training in prevention and mental health promotion; (3) be entrepreneurial and able to work with others to originate and maintain programs in the face of apathy and resistance; and (4) gain support for their role through social system sanction. The development of partnerships with others concerned with children and families encompasses all strategies that facilitate health development. (JBJ)
Chapter One

Becoming Indispensable Through Mental Health Promotion

Jonathan Sandoval

At first glance, it would seem as if mental health and education are different topics, particularly to our educator colleagues. Many teachers and others will argue that the educators' job is to teach children, not to improve children's mental health. For example, the current reform movement does not speak to children's emotional development. Our national education goals exclude any mention of mental health. The irony is that if educators do teach children well, they will have a positive impact on children's mental health. The dichotomy between the intellectual and the emotional is not a useful one.

We in school psychology too often reinforce the distinction. The pendulum swings between the two extremes in our literature. As an example, there is often a contrast between mental health consultation and instructional or behavioral consultation. Mental health consultation is misunderstood to be about the mental health problems of children and teachers when in fact the objective is to improve the educational effectiveness of teachers resulting in better educational experiences for children.

In fact, both educational attainment and mental health are part of the whole development of the child. Learning depends on a certain level of mental health (and physical health) and mental health grows with the competencies developed through learning. School psychologists are indispensable in the schools because they alone bridge the gap between learning and mental health. They become even more in demand when they demonstrate that they can leverage mental health through educational interventions and can leverage educational progress through attention to children's mental health. Through prevention, both may be facilitated simultaneously.

Background

Historically, school psychologists have been concerned with how education facilitates mental health and vice versa. Lightner Witmer, one of the founders of the specialty, conceptualized the field of clinical psychology but also discussed a companion field, orthogenics (which did not catch on in the same way as "clinical psychology"). Orthogenics is the name of a science which concerns itself with the restoration of those who are retarded or degenerate to a condition where normal development becomes a possibility. The prevention and cure of retardation and degeneration on a large scale is beyond the power of the representatives of any branch of science. It must be undertaken by society, and above all by the teacher in the school room...The problem of the schools, therefore, is to educate, which means today to foster normal mental, moral and physical...
development during the most important years of
the child's life, from six years of age until early
adolescence". (Witmer, 1909).

Witmer knew of Freud's work and referred to
it in his writings (Witmer, 1925), but he preferred
the approach of orthogenics rather than one-to-
one counseling to facilitate normal development.
The methods of psychoanalysis were not viewed
as easily imported into working with school
children, probably because of the perceived
emphasis on sexuality, a forbidden topic in the
schools of the time.

Another great historical figure, Erik Erikson
also recognized the role of education in the
emotional well being of children. He believed that
the task (work) of childhood is to learn culturally
valued skills and knowledge, especially those
competencies taught in this culture by the schools.
To fail in this task means to develop attitudes of
inferiority that will influence later emotional
development and problems in adolescent and adult
mental health. For children there is inherent
motivation to achieve competence or effectance
that can be used to facilitate learning and lead to
states of satisfaction when meaningful competence
is achieved. When the achievement of
competence such as reading is frustrated, bad
outcomes are to be expected.

The humanists, particularly as represented by
the work of Carl Rogers, championed the idea of
self, and attitudes about self. Much of educators
current concern with self-concept can be traced
to this movement. But self-concept must be
realistic and earned through meaningful
achievement. By itself, it cannot be a focus of
direct inputs to achieve mental health, but should
serve as a useful outcome to test the effectiveness
of our efforts. We cannot give unearned praise or
pretend a child is successful or prevent a child from
comparing him or herself to others in the
hope of improving self-concept. True
accomplishment must come first; mental health
and healthy self-concepts are an abstract outcome
derived from successfully overcoming challenges.
We know from social psychology that a change in
behavior leads to attitude change, not the reverse.

There is little question that behaviorism
contributed a great deal to our understanding about
how to bring about behavior change. The tools
psychologists and educators need to help children
shape their behavior to become competent and
efficient learners are at hand. The principles of
social learning theory continue to evolve,
providing us with an important framework for
helping children become successful and thereby
improving mental health.

More recently, with the cognitive revolution
in psychology, the focus has shifted to concern
with ego processes and ego development in
discussions of stress, coping, and the development
of resiliency. Instead of emphasizing the
pathological, researchers and theorists have
attended to the tasks and skills children must
develop to successfully negotiate crises. It is clear
that many of these competencies are cognitive in
nature and can be developed and taught in children.
Social problem solving skills, emotional
management, and overcoming developmental and
environmental challenges leads to later success and
mental health in children.

Facilitating Healthy Development

How specifically does the school psychologist
go about the task of facilitating healthy emotional
and cognitive development? Techniques vary
depending on the severity of the problem and the
level of prevention (i.e., whether it is aimed at the
entire childhood population, at those at risk, or
those who manifest a condition). Here are a few
points on the continuum.

At the mild severity-primary prevention end
of the spectrum, school psychologists are
indispensable because they promote a quality
education for all children through the consultation
process. Consultation involves helping teachers
solve work problems through a collaborative
points on the continuum.

At the mild severity-primary prevention end of the spectrum, school psychologists are indispensable because they promote a quality education for all children through the consultation process. Consultation involves helping teachers solve work problems through a collaborative process. If it is successful, the outcomes will be classroom environments or rich curriculum content presented in a developmentally appropriate way taking into account individual differences in children. Other forms of teacher development and parent education can also achieve these ends.

At the next level of severity and population is an attention to helping children moderate normal developmental crisis events. Developmental crises (Sandoval, 1988) are events such as changing school, the birth of a sibling, the loss of a grandparent and so on that come about as a result of normal developmental processes. The transition to adolescence is particularly troublesome for many children. By creating programs and through brief counseling or environmental interventions, children may be assisted to develop the skills to negotiate changes in status which will promote mental health for a lifetime.

At the next level of intervention, focusing on children at-risk of a health, mental health or educational problem, comes early intervention. Quickly identifying children not making normal progress and doing something about it is the essence of early intervention. We can be sure that programs such as reading recovery, a systematic approach to nonpromotion, and peer tutoring are operating successfully in our schools. These programs usually involve others in multidisciplinary teams, but our expertise and leadership are needed.

Children become at severe risk when traumatic crises occur. The death of a parent, a natural disaster, an attempted suicide, and so on call for our attention. We can and should involve other helping professionals from the community in working with children and families during this time, but the school can be prepared with crisis response teams to provide an immediate response (Brock, Sandoval, & Lewis, 1996).

For the most severe problems, we have a role to play in the identification and planning for children with special educational needs. We will always be indispensable in these roles.

Some school psychologists will have the time, sanction, and training also to have a role in providing counseling and psychotherapeutic services. Working with individual and groups and creating a cadre of peer helpers is an important role for school psychologists.

Encompassing all of these strategies is the development of partnerships with others concerned with children and families. The establishment of collaborative agreements with social service, health, mental health, business, and community-based groups can lead to the delivery of integrated and seamless services appropriate to community needs. With coordination, services may be delivered more efficiently and comprehensively, avoiding fragmentation and duplication. With these efficiencies it is possible to emphasize prevention along with early intervention (Romualdi & Sandoval, 1995).

Assuming a Role in Promotion and Prevention

What will it take for psychologists to become preventionists? First, I believe it is necessary for school psychologists to become familiar with research-based models of the causes of the conditions we wish to prevent and to have a clear notion of normal development. If we have a model of the causes of, for example, adolescent suicide, we may better select points at which to intervene or ways we may screen children so they may be identified for early intervention. We may also use the model as a basis for educational programs for children, parent and teachers. Knowing, for example, that impulsivity, romantic ideas about
death, and poor social problem solving are related
to adolescent suicide and that suicidal youth more
often confide with peers rather than adults, we can
designed tailored programs in the schools to
include these features (see Davis & Sandoval, 1991).

Next, I believe explicit training in prevention/
promotion is a key. Explicit study of prevention
science will provide a basis, but accompanying
the study of stress, coping, resiliency, public health
models, and other topics should be the study of
normal child development. The emphasis in
prevention is not on pathology but on health and
the barriers to normal development. Exploring
the multiple causes of failed development is
important, as is investigating model programs to
assist children avoid less healthy behavioral paths,
such as substance abuse and violence. This
curriculum is not as concrete and circumscribed
as the study of psychometrics and child
assessment, but it will enable school psychologists
to make a powerful difference.

Although this may be a somewhat radical
suggestion, I would also argue that effective school
psychologists in a health promotion role must have
an extroverted and norm-favoring personality
(Davis & Sandoval, 1992). They must be
entrepreneurial and able to work with others to
originate and maintain programs in the face of
apathy and resistance. This hypothesis may have
implications for selection of students into our field,
or it may point to a further specialization within
school psychology of the preventionist.

A final condition necessary for school
psychologists to function in a health promotion
role is social system sanction. School
administrators and governing boards must support
this role. Gaining this support requires repeated
demonstrations that preventive activities are
effective and save money in the long run. We must
scrupulously evaluate the programs we create and
constantly present outcome data that demonstrate
we have helped children and families become
healthy and productive citizens. It is possible to
demonstrate success as others have done (Price,
Cowen, Lorion, & Ramos-McKay, 1988). When
we show that prevention works, we become
indispensable.

Conclusion
School psychologists must concern themselves
equally with intellectual, social, and emotional
development if they are to promote health. There
are many model prevention programs with a good
research basis that may be replicated. There is a
good scientific basis for preventive practice. The
schools are a unique place to work and a key
agency (along with the family) to facilitate mental
well-being through cognitive and affective
competence. School psychologists will always be
concerned about special education and we must
shift to earlier intervention, assessment, and
prereferral intervention. But we must also look
to future program development roles and use our
consultation skills with the goal of health
promotion. We must continue to work with others
in multidisciplinary teams transcending school
boundaries to provide comprehensive services to
children and families. Establishing new roles is
difficult in these financially troubled times, but
with good science, school psychologists can return
to the promise and ideas of Witmer and other
pioneers in school psychology.

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