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ABSTRACT

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)

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INFORMATION CENTER (ERIC)*Chapter One***Becoming Indispensable Through
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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 a 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 design 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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