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ABSTRACT

The survival of psychologists and psychological services in public education is a pressing concern of critical importance to children, families, and school systems. Psychologists advocate that the critical first step for clients to change behavior and personality is to define the problem and to accept its validity. The main problem facing psychology in education is that school psychology is committing suicide; its narrowness of vision and compulsive resistance to change is causing its demise. School psychology has failed to convince its primary consumers of its values. Notwithstanding, psychology in education can survive and actually thrive, but only if it heeds three major new directions: (1) reintegration and reidentification with mainstream psychology; (2) demonstration and promotion of its value to all aspects of public education within the larger community; and (3) formation of partnerships with the emerging healthcare sector by establishing school-based developmental healthcare initiatives. (JBJ)

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Chapter Twenty-Seven

Psychology in Education as Developmental Healthcare: A Proposal for Fundamental Change and Survival

Stephen J. Bagnato

The survival of psychologists and psychological services in public education is a pressing concern of critical importance to children, families, and school systems. Nevertheless, the stated theme of this APA publication, "Making Psychologists in Schools Indispensable," is both a revelation and an indictment. This theme, itself, poses and tacitly acknowledges two serious propositions: (a) that psychologists and psychological services in schools are in grave jeopardy; and (b) that *school psychology,* the identified school-based psychology subspecialty, has failed in its mission to make psychology an indispensable part of public education. This position paper agrees reluctantly with both obulous and long-ignored propositions, but offers guideposts that will contribute to a broader reconceptualization of psychology in education and to its rebirth and viability.

Psychologists advocate that the critical first step for clients to change behavior and personality is to define the problem and to accept its validity. The main problem facing psychology in education is that school psychology is committing suicide; it narrowness of vision and compulsive resistance to change is causing its demise. School psychology has failed to convince its primary consumers of its value. People and organizations fail to survive and become irrelevant when they do not recognize the irrefutable signs of change and fail to adapt; unfortunately, the obituary of school psychology will read that it failed to heed 20 years of harbingers about the clear need for fundamental change. Moreover, school psychology as a field is individually responsible, not only for failure to fulfill its own primary mission, but also the jeopardy to which it has exposed its professionals. It is time for psychologists in schools and for trainers of school psychologists to conduct a *reality check* and to accept the above propositions.

Notwithstanding, psychology in education can survive and actually thrive, but only if it heeds the failure of the past and charts three major new directions: (a) reintegration and reidentification with mainstream psychology; (b) demonstration and promotion of its value to all aspects of public education within the larger community; and (c) formation of partnerships with the emerging healthcare sector by establishing school-based developmental healthcare initiatives.

Reintegrate with Mainstream Psychology

It is debatable whether a separate subspecialty of psychology in education should continue to exist. At a time when regular education, special education, and healthcare fields are advocating

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relentlessly for generalist services that are high quality, efficient, and effective, psychology as a profession is expanding its increasingly narrow subspecialist disciplines in which doctoral training is promoted as entry level. It is understandable that managed healthcare licensing panels are making it more difficult for psychologists in education to qualify as a sanctioned provider given the restricted focus on testing and learning disability, primarily; the highly variable training programs; and the myriad of end degrees (e.g., Ed.S., M.S., M.Ed., Psy.D., Ed.D., D.Ed., Ph.D.). It is also to be expected that other more creative providers are *stealing our turf.* For example, educational diagnosticians perform the major testing responsibilities in many school districts and states. Licensed social workers (LSW) have developed highly effective and economical behavioral consultation as well as individual and family therapy practices connected with both the schools and community agencies, but in partnership with managed healthcare purchasing groups. Moreover, school psychology training has focused too much on the *mechanics* (i.e., administering tests) of the professional while giving too little emphasis to the *dynamics* of the profession (i.e., team building in schools, nurturing family-professional collaboration, problem-solving around system-wide issues). Yes, these are emphasized topics in some training programs, but of secondary emphasis in general; furthermore, employers have learned to expect the traditional testing functions to be primary. It seems timely that we as a subspecialty reconsider the benefits of reintegrating with mainstream psychology.

The American Psychological Association (APA) needs to convene a task force to study seriously the benefits of consolidating subspecialties within psychology and psychology training. The continued fragmenting of psychology through relentless subspecialization or *guilding* of the association at a time when professional colleagues in education and medicine are pursuing generalist preparation and practice seems unwise. It is timely to consider a merger, for example, between clinical, school, developmental, and mental retardation and perhaps other subspecialties and subdivisions within APA in order to produce psychologists with uniform but expanded and comprehensive expertise. Numerous icons in the field of school psychology, for instance, have called for a retitling of this subspecialist as, for example, an *applied developmental psychologist.* Consolidation could have numerous benefits including systematizing training priorities for all students across university programs; reintegrating the identity of trainees as generalist psychologists with some identified specialty preparation; expanding the arena of practice for all psychologists; and promoting psychology to the public and to the healthcare sector as a unified allied health specialty with uniform training, degrees, and credentials. In the process, the viability of masters level training in the emerging economic environment needs to reconsidered. As a result of such consolidation, comprehensively trained generalist psychologists with expertise in educational applications of psychology to meet social, learning, and health needs can be ensured.

Demonstrate the Value of Psychology to All of Public Education Within the Community

A profession or business risks extinction when it severely restricts its market and its consumer base. Despite lip service and many years of genuinely creative initiatives to expand its reach within the public schools, school psychology has compulsively acted to protect its narrow role even within the narrow field of special education—namely, the testing, labelling, and placement functions for students with special needs. The elusive hope was that federal and state law would continue to underwrite a profession and give it ascribed value. Inexorable trends with federal

budget cuts ensure that the underwriting of the testing role will end—witness the threat to related services in the Senate version of the Individuals with Disabilities Education Act (IDEA) reauthorization bill. School psychology has proved incapable of moving beyond this narrow compulsion despite impassioned and clearly defined strategies for change from many influential individuals in the field.

Unfortunately, fundamental change requires serious risk-taking which has not been a distinguishing characteristic of traditional school psychology. Consider a strategic plan for the future of a profession or business which relegates its professionals to discharge one activity 80 to 90 % of the time to serve only five percent to, at best, twenty percent of potential consumers within a marketplace. Such a strategic plan courts economic disaster and by its very form is inefficient and inviable. School psychology has continued to guard its cherished, but discredited testing function even while special education moved to abandon the need for categorical placements, and regular education needed help on more pressing social matters. Because of fundamental changes in special education philosophy and federal and state mandates, school psychology, as it is currently configured, no longer has anything of value to offer special education. Special education has moved beyond school psychology in terms of the effective integration of students with disabilities into regular education circumstances. The nearly exclusive testing and diagnostic role, particularly intelligence testing, has made school psychology irrelevant to modern education and healthcare. Thus, school psychology has become a sub specialty without a purpose and without a venue.

The viability of psychologists and psychology within public education depends fundamentally on the capability of the field to demonstrate to teachers, principals, parents, school boards, and community partners and leaders that it can spearhead the design and implementation of effective solutions to the pressing social, learning, and health problems faced by all students within a school system. Thus, the consumer base for psychology services within education will expand and success will create the *need* for psychology services in other areas.

Make no mistake, psychology can be also an invaluable partner to special education and must be available to teachers, parents, and students in a full-service, school-wide program. The difference is that psychologists should focus their role and functions on strategies which they decide will have the greatest value and impact and on activities which consumers directly report (social validity) that they need without dependence on the presumed security of legally mandated activities. The new psychology in education must become a risk-taking and risk-sharing venture between the school board, the psychologists, and managed healthcare purchasing groups including other third party funding mechanisms such as MA and EPSDT Wrap-Around for as long as they continue to exist.

Moreover, psychology can benefit regular education and the entire public school system in numerous ways. Some ideas include: (a) working with principals and superintendents to implement facile, but effective instructional evaluation systems or new program monitoring systems; (b) grant-writing and proposal development so as to garner ongoing research and foundation support for new programs or creative community-based ventures; (c) sports psychology for the athletic programs; (d) developing programs to foster parent-school collaboration; (e) operating evening groups for parents on issues of normal child and adolescent development; (f) staff inservice training; (g) developing interagency partnerships with mental health and child welfare agencies and healthcare entities to implement approaches to address teenage pregnancy, school violence, drug/ alcohol abuse; (h) spearhead efforts to teach team

decision-making in schools and to chair pre-intervention referral teams, school and district-wide; and (i) help to champion entrepenurial efforts for school districts such as operating child care centers or private tutoring business.

Establishing School-Based Transagency Developmental Healthcare Programs

The future and viability of psychology in education depends predominantly on the talent of psychologists (both as individuals and groups) to forge transagency partnerships with school systems, hospitals, community mental health centers, family health centers, primary care and family physicians, and managed healthcare organizations. In the future, it is likely that far fewer psychologists will be directly employed by the public schools solely, but will be semi-independent professionals funded through collaborative revenue pools from the partner agencies and augmented by state and federal monies to the extent that they exist. This risk-sharing scenario is already occurring across the U.S. and is being promoted as the most cost-effective and potentially most effective way of delivering comprehensive services within school systems. This trend is underscored by the state and federal funding cuts for school districts across the U.S., the move toward external contracting for psychology services, and the decreasing reliance on property taxes as the principal revenue base for school taxes.

Within the past three years, leaders within the psychology subspecialties and within the American Psychological Association have composed position papers on the role of psychology in reforming America's schools and in promoting more comprehensive and cohesive service delivery for children and families (Paavola et al., 1995; Talley & Short, 1995; Witt, 1995). Two trends and propositions are especially noteworthy in these position papers: interagency service coordination and integration and comprehensive school-based service delivery programs.

School-based or school-linked healthcare clinics or programs are increasingly touted as the future wave for ensuring comprehensive medical and mental health services for children and families in the natural community setting—the school. Such comprehensive *one-stop* service programs can ameliorate the high costs of a school district employing several specialists by pooling financial resources from cooperating partnership agencies to create a type of *convergent trans-disciplinary program* in which the collaborative professionals work jointly to fulfill common missions. Each of the partner agencies then arrive at a business agreement in which each shares equally in the revenues and possible specialty referrals. In addition, some managed care organizations (MCO) are organizing cooperatives especially designed to serve children and families with chronic illness and neurodevelopmental disabilities, mental health problems, and other complex needs.

One of the most unique examples of a transagency school-linked developmental healthcare partnership spearheaded by a psychologist is *Project CHILD: Collaborative Health Interventions for Learners with Disabilities—A Developmental Healthcare Resource Partnership* (Bagnato, Hamel, Belasco, & Nash, 1994-1997). Project *CHILD* is a three year model field-validation grant that this author was awarded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services—one of only four model efforts funded nationally. Project *CHILD* is an innovative transagency partnership among Pittsburgh Public Schools, Children's Hospital of Pittsburgh, Western Psychiatric Institute and Clinic, and primary care pediatricians and family physicians that is based within inclusive early childhood classrooms in the city schools of Pittsburgh, Pennsylvania. The mission of Project *CHILD* is

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to plan, deliver, and research the quality, efficacy, and cost-effectiveness of comprehensive developmental healthcare (i.e., physical and mental health) services to children 3 to 8 years of age who have three conditions: a chronic illness, behavior problem, and developmental delay or disability.

CHILD uses a transdisciplinary team of professionals who provide direct, consultative, training, and technical assistance support services to children, families, teachers, principals, and existing special education teams within the public schools. The *core* Developmental Healthcare Team consists of a psychologist, as team coordinator, parent, teacher, and pediatric nurse practitioner with specialty consultation as needed by a developmental pediatrician and child psychiatrist—all representatives of the transagency partner agencies. For instance, Project *CHILD* serves young children with seizure disorders, sickle cell disease, cancer, congenital and acquired brain insults, asthma, diabetes, and associated behavior and adjustment difficulties, and developmental learning differences and family coping problems. Project *CHILD* currently serves 45 children and is expanding its developmental healthcare services to offer weekly consultation tochildren and teachers in regular elementary school classrooms through a new service known as *School HOUSE CALLS*. One of the most tangible products of Project *CHILD* is the design of a Individualized Developmental Healthcare Plan for each target child and family which merges medical and mental healthcare goals and interventions with developmental/educational goals within the IEP/IFSP. The central missions of Project *CHILD* are to provide or implement:

1. pediatric medical and mental health consultation services linked and coordinated with the child's developmental and educational program;
2. equal parent and family participation with professionals in reaching team decisions about the child's comprehensive developmental healthcare needs;
3. an Individualized Developmental Healthcare Plan of healthcare goals and strategies that link to the child's IEP/IFSP;
4. consultation and monitoring of medical treatments and their functional impact;
5. improved communication between the family physician or the hospital and the school staff and teachers;
6. ongoing staff inservice training to address the medical and mental health needs of children;
7. on-site classroom direct intervention, observations, assessments, and behavioral and environmental interventions;
8. improvements in child social-emotional behavior, coping skills, social communication, teacher and school staff response to complex child needs; and collaboration parent-professional team decision-making; and
9. field-validation as the overall effectiveness of a *mobile* transdisciplinary developmental healthcare team.

After its three year field-validation, Project *CHILD* will demonstrate the viability of a psychologist-directed interagency model for delivering comprehensive services to the public schools that can be replicated and creatively reapplied by other agencies in an effort to make psychology in education an indispensable service when partnered with other specialties in creative, community-based ways.

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