

2 Ethical Issues in Addressing Mental Health Concerns in Schools

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The two besetting sins in our prevailing habits of ethical thinking are our ready acquiescence in unclarity and our complacency in ignorance.

William Frankena (1973)

Not long ago, a group in Virginia called for the removal of counselors from their schools. The group's position was that school counselors were discussing inappropriate topics with students – personal and value-laden matters best left to families. In arguing their position, they declared that schools should focus solely on academics and not be involved with “mental health.”

A counter-campaign was launched by teachers and counselors. They stressed that students experience many problems that interfere with effective performance and learning, and so support services in schools are essential for enabling school success.

The conflict in Virginia underscores long-standing policy and practice controversies over mental health in schools. It also highlights the central role played by stakeholders' social and moral philosophical commitments.

Anyone who has pursued practices associated with mental health in schools has encountered a wide range of ethical dilemmas. Commonly discussed examples include: when is it appropriate to compel/coerce? How can schools balance privacy and confidentiality and still appropriately share information? How can schools do no harm or at least minimize negative side effects? What is the best way for schools to prevent problems? Fortunately, there is a robust literature on basic ethical principles to aid in addressing such matters (e.g., Beauchamp & Childress, 2012; Raines & Dibble, 2010; Tribe & Morrissey, 2015; Welfel, 2012; also go online and see the ethical guides published by the various school professional associations).

Beyond general principles, however, appreciating specific ethical considerations requires a relatively deep contextual understanding. And it requires going beyond individual cases. Those working in schools must be prepared to deal with ethical concerns about school-wide practices. This rapidly became evident to José in his first year as a school psychologist. He found his training had prepared him well for handling most of the ethical considerations arising from his work with specific students and their families. However, he soon discovered he was ill-prepared for the many system-level concerns he was expected to address.

In this chapter, we highlight the importance of context and the need for preparation in analyzing system-wide school practices. Specifically, we explore major ethical concerns related to: (1) identifying and labeling student problems; (2) the use of

social control strategies to manage student behavior; and (3) the call for using evidence-based practices.

Concerns about Labeling and Screening

... consider the American penchant for ignoring the structural causes of problems. We prefer the simplicity and satisfaction of holding individuals responsible for whatever happens: crime, poverty, school failure, what have you. Thus, even when one high school crisis is followed by another, we concentrate on the particular people involved – their values, their character, their personal failings – rather than asking whether something about the system in which these students find themselves might also need to be addressed.

Alfie Kohn

After a school shooting by a student at another school in the state, the principal and teachers turned to José and asked him to set up a screening program to identify potential shooters. And while he was at it, they wanted to screen for potential suicidality. He knew that any first-level screening instrument would produce many false positives and potentially lead to pathological labeling of some students. Clearly, identifying potential problems was a good thing, but did the limitations of available screening procedures make the practice unethical?

Over a school year, many students not only are identified as having problems, they are diagnostically labeled. Sometimes the processes lead to appropriate special assistance; sometimes they contribute to “blaming the victim” – making young people the focus of intervention rather than pursuing system deficiencies that are causing the problem in the first place (Ryan, 1971). Major ethical concerns arise when students are inappropriately assigned diagnostic labels and when systemic deficiencies are not addressed.

Concerns about Labeling

Normality and exceptionally (or deviance) are not absolutes; both are culturally defined by particular societies at particular times for particular purposes.

Ruth Benedict

It is evident that strong images are associated with diagnostic labels, and people act upon these images. Sometimes the images are useful generalizations; sometimes they are harmful stereotypes. In all cases, diagnostic labels can profoundly shape a person's future.

Students manifesting problems at school are commonly and often erroneously assigned labels that were created to categorize internal disorders (e.g., attention deficit hyperactivity disorder [ADHD], depression, autism, learning disabilities [LD]). The diagnoses are made despite the fact that the learning, behavior, and emotional problems manifested by most youngsters are not rooted in internal pathology. Indeed, many of the identified symptoms would not develop if environmental circumstances were appropriately different.

Of major concern to schools is the widespread *misapplication of the terms ADHD and LD* (Center for Mental Health in Schools, 2015; Hinshaw & Scheffler, 2014; Lyon, 2002; Maki, Floyd, & Roberson, 2015). Almost 50% of students currently assigned a special education diagnosis are identified as having LD, and there is widespread agreement that the majority are misdiagnosed “garden variety” learning problems. And, it is likely that similar errors are occurring in diagnosing so many students as having ADHD. Such misdiagnoses contribute to trends of over-pathologizing problems manifested by students.

The many reasons for misdiagnoses include inadequate definitions of disorders, classification schemes that use overlapping symptoms because current assessment procedures cannot identify causation, and the various professional and personal biases that influence decision-making. All of this contributes to false-positive diagnoses of persons with learning, behavior, and/or emotional problems. And this exposes many individuals and subgroups to the negative consequences associated with diagnostic labeling, such as being stigmatized, experiencing self-fulfilling prophecies, and limiting their social relationships and status.

The Dilemma of False-Positive Diagnoses

For schools, a long-standing dilemma stems from the fact that reimbursement for mental health services and special education interventions are only available for youngsters assigned labels that convey significant pathology. This reality is associated with the profound increases in the number of students assigned diagnostic labels and with an escalation in false-positive diagnoses.

Consider these points: a large number of young people are unhappy and emotionally upset; only a small percentage are clinically depressed. A large number of youngsters behave in ways that distress others; only a small percentage have ADHD or a conduct disorder. In some schools, a large number of students have garden variety learning problems; only a small percentage have LD. The constant dilemma for schools is how to minimize inappropriate use of diagnostic labels while still ensuring students receive the help they need.

One aspect of minimizing false positives is to escape the biases built into the institutionalized classification systems used to generate differential diagnoses of students’ learning, behavior, and emotional problems (e.g., the *Diagnostic and Statistical Manual of Mental Disorders* [DSM], the set of special education diagnostic labels). These systems predispose the labeling of problems by focusing only on differentiating internal disorders and disabilities from each other. For example, rather than distinguishing subgroups *among the full range of behavior problems*, these classification schemes stress making differential diagnoses *within their defined categories*. The result is that too many students are assigned a pathological label and then are viewed as having problems primarily instigated by internal pathology.

Overemphasis on classifying problems in terms of personal pathology skews theory, research, practice, and public policy. One example is seen in the dearth of comprehensive classification systems for environmentally caused problems or for problems caused by the transaction of internal and environmental factors. There is

considerable irony in all this because so many practitioners who use prevailing diagnostic labels understand that most problems in human functioning result from the interplay of person and environment. And this recognition is reflected in efforts to establish multifaceted diagnostic classification systems such as the multi-axial system developed in the latest editions of the DSM. The DSM does include a dimension acknowledging the role of "psychosocial stressors." However, this dimension is used mostly to deal with the environment as a contributing factor to psychopathology, rather than as a possible primary instigating causal factor that leads to severe and pervasive personal symptoms.

In general, most differential diagnoses of children's problems still are made by differentiating among the disorders specified in formal systems dedicated to classifying pathology. Thus, for instance, in evaluating behavior problems, professional diagnosticians generally consider which pathological label to assign (e.g., is it oppositional defiant disorder, ADHD, or an adjustment disorder?), rather than first asking: *is there a disorder?*

Bias toward labeling problems in terms of personal causation also is bolstered by psychological, political, and economic factors and other forces shaping professional practice. For example, research on attributional bias points to the tendency for observers (e.g., professional diagnosticians) to perceive others' problems as rooted in stable personal dispositions. Examples of political and economic influences include government policy priorities and reimbursement decisions by major third-party payers.

Toward Addressing the Above Concerns

Minimizing misdiagnoses and tendencies to over-pathologize are practical and ethical imperatives. For school psychologists and other student support staff to deal with these concerns requires countering nature versus nurture biases and adopting a broad causal paradigm in thinking about student problems. With this in mind, we stress the reciprocal determinist framework illustrated in Exhibit 1 as a useful starting place. The framework is designed to keep the full range of primary causes in perspective when classifying behavioral, emotional, and learning problems.

As illustrated, problems are differentiated along a continuum that separates those caused primarily by external factors (e.g., impoverished and hostile environmental conditions) as contrasted with internal disorders. As a strategy for countering biases that lead to overuse of diagnostic labels in such cases, we find it effective to consider environmental circumstances first in hypothesizing what *initially* caused a student's behavioral, emotional, and learning problems.

The intent is not to ignore internal disorders. The point is that, as a first categorization step, however, it is essential not to limit the diagnostic process to differentiating among categories of disorders. After environmental causes are ruled out, hypotheses about internal pathology become more viable. See Exhibit 2 for details on neighborhood, family, school, and/or peers, which are widely recognized as potential primary instigating causes of commonplace behavior, learning, and emotional problems manifested by students.

Exhibit 1 *A Continuum of Problems Based on a Broad Understanding of Cause**

Primary Source of Cause		
Problems caused by factors in the environment (E)	Problems caused equally by environment and person	Problems caused by factors in the person (P)
E	$(E \leftrightarrow p)$	P
Type I problems	Type II problems	Type III problems (e.g., LD, ADHD, other disorders)
<ul style="list-style-type: none"> • Caused primarily by environments and systems that are deficient and/or hostile • Problems are mild to moderately severe and narrow to moderately pervasive 	<ul style="list-style-type: none"> • Caused primarily by a significant <i>mismatch</i> between individual differences and vulnerabilities and the nature of that person's environment (not by a person's pathology) • Problems are mild to moderately severe and pervasive 	<ul style="list-style-type: none"> • Caused primarily by person factors of a pathological nature • Problems are moderate to profoundly severe and moderate to broadly pervasive

* Using a transactional view, the continuum emphasizes the *primary source* of the problem and, in each case, is concerned with problems that are beyond the early stage of onset.

Thankfully, those suffering from true internal pathology (referred to in Exhibit 1 as type III problems) represent a relatively small segment of the population. Ethically, society must never stop providing the best services it can for such individuals. Doing so is aided when great care is taken not to misdiagnose others whose "symptoms" may be similar but are caused to a significant degree by factors other than internal pathology (referred to in Exhibit 1 as type I and II problems). When too many students are misdiagnosed with ADHD and LD, available resources are depleted. As a result, only a relatively small percentage of all the students in need of special assistance are helped effectively (Adelman & Taylor, 2010; Center for Mental Health in Schools, 2015; Hinshaw & Scheffler, 2014; Lyon, 2002; Maki, Floyd, & Roberson, 2015).

While a simple continuum clearly cannot do justice to the complexities associated with labeling and differentiating problems, the framework offered in Exhibit 1 shows the value of starting with a broad causal paradigm. It helps counter the unethical tendency to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual; this can help combat tendencies toward misdiagnosis and blaming the victim. The framework also helps highlight the notion that improving the way the environment accommodates individual differences often may be a sufficient intervention strategy.

Exhibit 2 *Examples of Risk-Producing Conditions that Can Become Barriers to Healthy Development and Learning*

Environmental Conditions*			Person Factors*
<i>Neighborhood</i>	<i>Family</i>	<i>School and Peers</i>	<i>Individual</i>
>Extreme economic deprivation	>Chronic poverty	>Poor-quality school	>Medical problems
>Community disorganization, including high levels of mobility	>Conflict/disruptions/violence	>Negative encounters with teachers	>Low birth weight/ neurodevelopmental delay
>Violence, drugs, etc.	>Substance abuse	>Negative encounters with peers and/or inappropriate peer models	>Psychophysiological problems
>Minority and/or immigrant status	>Models problem behavior		>Difficult temperament and adjustment problems
	>Abusive caretaking		>Inadequate nutrition
	>Inadequate provision for quality child care		

* A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

A reciprocal determinist paradigm underscores a significant disconnect between what schools currently do and what is needed. This has immense implications for those concerned with mental health in schools and for the need to transform student and learning supports.

Another strategy many school staff use as a corrective to false-positive labeling is the practice widely referred to in schools as *response to intervention* (RtI). Controversy has arisen over the contrasting ways the process is applied. One form of application mainly views students' problems as deficits in knowledge and skills that can be corrected through better instruction and by analyzing subsequent learning and performance to determine subsequent teaching. The success or failure of the application is used to gauge whether or not a disability may be interfering with learning and performance. In contrast to this limited approach, we have emphasized an expanded RtI strategy that applies a reciprocal determinist causal paradigm (Center for Mental Health in Schools, 2012). The emphasis is on proceeding in stages beginning with personalized instruction to establish a better match with the learner's current motivation and capabilities; then, as necessary, the focus is on special assistance to address barriers to learning and teaching. The special assistance involves a hierarchical sequence of interventions designed to (a) develop missing learning and performance prerequisites and/or (b) provide needed specialized interventions that can address other underlying external and internal barriers to learning.

Approaching the problem of labeling students as discussed above will help José and his colleagues address the ethical and practical concerns that arise. At the same

time, we all need to pay greater attention to reforming the policies and processes that contribute to labeling students at schools. With this in mind, we turn to the topic of screening “at-risk” students.

Concerns about Universal, First-Level Screening

Waiting until someone refers a student for special assistance can exacerbate problems. Thus, primary and secondary prevention are essential in keeping problems from worsening. From this perspective, attempts by schools to identify individuals who are “at risk” or who are dangerous commonly are viewed as reasonable ways to intervene early with respect to a variety of health, psychosocial, and educational problems (e.g., violence, drugs, depression, suicide, ADHD, LD, obesity). In schools, the emphasis in identifying such students often is on universal, first-level screening. Unfortunately, this practice often is used injudiciously.

About First-Level Screening of Students

Universal, first-level screening involves using *broad-band* screening procedures. The focus is on all students in order to identify those “at risk” as well as those with existing problems. Because criteria scoring for first-level screens is set low, many false-positive identifications are inevitable. To identify false positives and provide additional data on the rest, first-level screening is supposed to be followed by individual assessments. And the whole enterprise is meant to lead to corrective interventions.

When false positives are identified and corrective interventions follow, first-level screening can be beneficial, albeit with costs (including unintended negative consequences). In such cases, ethical concerns for *schools* mainly arise when the costs to the school outweigh benefits. Ethical concerns about *individuals* involve different cost-benefit analyses and may be downplayed as schools pursue screening.

Arguing Benefits versus Costs

Those in favor of universal, first-level screening emphasize benefits. They state that screening allows for identifying and then preventing potential violent behavior, suicide, and other mental health, psychosocial, and educational problems. Proponents also view school personnel as well situated to screen students and, with training, the presumption is that school staff will screen effectively, using appropriate safeguards for privacy and confidentiality. Advocates clearly believe that positive benefits outweigh any negative effects.

Opponents of universal, first-level screening are not arguing against the value of preventing problems. Rather, they are concerned about research findings that indicate specific universal screening practices are ineffective and therefore are unethical for schools to use.

For example, based on the first major study of drug testing at school (76,000 students nationwide), Lloyd Johnston and colleagues at the University of Michigan

conclude such testing does not deter student drug use any more than doing no screening at all. Johnston states, "It's the kind of intervention that doesn't win the hearts and minds of children. I don't think it brings about any constructive changes in their attitudes about drugs or their belief in the dangers associated with using them." At the same time, he stresses, "One could imagine situations where drug testing could be effective, if you impose it in a sufficiently draconian manner – that is, testing most kids and doing it frequently. We're not in a position to say that wouldn't work." Graham Boyd, director of the American Civil Liberties Union Drug Policy Litigation Project who argued against drug testing before the Supreme Court, said, "In light of these findings, schools should be hard-pressed to implement or continue a policy that is intrusive and even insulting for their students" (quotes are from Winter, 2003). Available research also led the American Academy of Pediatrics to oppose widespread implementation of drug testing in schools (American Academy of Pediatrics, 2015). Other findings indicate inadequate support for efforts to predict who will and will not be violent or commit suicide.

An additional and central ethical argument against universal, first-level screening of students suggests that the practice infringes on the rights of families and students. As one state legislator was heard to say about mental health screening, "We want all of our citizens to have access to mental health services, but the idea that we are going to run everyone through some screening system with who knows what kind of values applied to them is unacceptable."

In considering the adoption of universal, first-level screening practices, the debate requires schools to address the following general questions:

- Is such screening an appropriate institutionalized role for schools to play?*
- If so, what procedures are effective and appropriate?*
- If so, how will schools avoid doing more harm than good in the process?*

Discussions should include exploration of such major ethical concerns as:

- Are the procedures antithetical to the school's education mission?
- How will parental consent and due process considerations be handled?
- How will privacy and confidentiality be protected?
- How will staff become qualified to screen?
- Will the activity distract teachers from teaching?
- Since some of the activity is oriented to policing and monitoring, will it counter efforts to enhance a positive school climate?
- How will the school enhance access and availability of appropriate assistance?
- How will negative consequences be countered?

It is noteworthy that the tendency to implement universal, first-level screening increases after high-visibility press coverage of a student gunning down other students or when there are a series of student suicides. Indeed, legislators at federal and state levels often respond to such events by introducing bills calling for schools to screen. While one school shooting is too many, fortunately few students ever act out in this way. One suicide is too many; fortunately, few students take their own lives. Increasingly, however, such rare events are used as a catalyst for policies that

call for screening by schools, and in the responsive rush, ethical concerns are given short shrift.

Before establishing a policy for first-level screening of behavior and emotional problems, in-depth cost-benefit analyses are essential. And where first-level screening is in vogue, greater attention must be paid to minimizing inappropriate assignment of pathological disorder and disability labels to students.

In sum, ethical concerns are a primary consideration and raise fundamental questions with respect to the role of public schools in first-level screening for mental and psychosocial problems. False-positive identifications are one major problem. And, because first-level screens focus mainly on factors residing in the student, another significant problem is that the practice colludes with tendencies to over-pathologize and blame the victim.

There are alternatives. As our research on early-age screening for educational problems found, teachers and parents are a basic and natural early warning system that often can fill the role of first-level screening (Adelman & Feshbach, 1971). Then, what needs to be put in place is a student and learning support system that promotes healthy development, prevents problems, and responds quickly when teachers and parents indicate concerns about students who manifest emotional, behavioral, or learning problems. From this perspective, rather than investing heavily in screening, a better approach for schools is to invest in establishing a unified, comprehensive, and equitable system for (1) addressing barriers that interfere with students performing well at school and (2) engaging/re-engaging them in classroom instruction. Note the emphasis on engagement. Engagement is essential to sustaining student involvement, good behavior, effective learning at school, and general well-being.

So José has a growing body of research and practice he can draw on in labeling and screening students ethically. Moreover, he can take a leadership role in helping his school rethink better ways to identify students who need special assistance.

Concerns about Social Control Strategies

Punitive school discipline procedures have increasingly taken hold in America's schools. While they are detrimental to the well-being and to the academic success of all students, they have proven to disproportionately punish minority students, especially African American youth. Such policies feed into wider social issues that, once more, disproportionately affect minority communities: the school-to-prison pipeline, high school dropout rates, the push-out phenomenon, and the criminalization of schools.

David Simpson

José and his student support staff colleagues continuously find themselves in discussions with teachers about how to handle discipline problems. He is distressed that so many school policies and practices emphasize punishing and controlling students and generally ignore what might be *causing* a student to misbehave. While he understands the school's role as a socialization agent, as a psychologist, his ethical and practical beliefs stress that greater attention should be given to preventing rather

than waiting for misbehavior and then punishing students. And he is also concerned that some students' misbehavior is the result of stress and frustration at home and at school; he believes that punishing such students simply exacerbates problems for them and the school.

Clearly, misbehavior disrupts schooling. In some forms, such as bullying and intimidating others, it is hurtful. And, observing such behavior may disinhibit others. When a student misbehaves, a natural reaction is to want that youngster to experience and other students to see the consequences of misbehaving. One hope is that public awareness of consequences will deter subsequent problems.

In their efforts to deal with deviant and devious behavior and to create safe environments, schools spend considerable time on discipline and classroom management. A major concern raised is that the emphasis is more on socialization than helping students succeed at school. Also raised are concerns that many of the practices currently in use model behavior that can foster rather than counter development of negative values, and some practices produce other forms of undesired behavior. As a result, the degree to which schools rely on social control strategies is a significant issue practically, ethically, and legally.

Overemphasis on Social Control

In general, teaching involves being able to apply strategies focused on content to be taught and knowledge and skills to be acquired – with some degree of attention given to the process of engaging students. All this usually works fine in schools where most students come each day ready and able to deal with what the teacher is ready and able to teach.

Teachers are indeed fortunate when they have a classroom where the majority of students show up and are receptive to the planned lessons. In schools that are the greatest focus of public criticism, this certainly is not the case. It is evident that teachers in such settings are confronted with an entirely different teaching situation. They encounter many students who not only frequently misbehave, but are not easily intimidated by “authority” figures. Efforts to do something about this state of affairs has escalated the emphasis on social control tactics. We note that a SmartBrief sent out by the Association for Supervision and Curriculum Development (ASCD) reported:

Southern schools increasingly are requiring students to take “character” classes as part of an effort to combat disrespectful behavior. Louisiana lawmakers, for instance, recently passed “courtesy conduct” legislation that requires elementary students to address their teachers as “ma’am” and “sir.”

As teachers and other staff try to cope with those who are disruptive, the main concern usually is “classroom management.” At one time, a heavy dose of punishment was the dominant approach. Currently, the call at the policy level is for developing more positive practices designed to provide “behavior support” in and out of the classroom. For the most part, however, even these strategies are applied as a form of *social control* aimed mainly at reducing disruptive behavior rather than engaging and re-engaging students in classroom learning. And ironically, the need to

control students has led to coercive and repressive actions that have made some schools look and feel like prisons.

Overemphasis on social control can exacerbate students' emotional, learning, and behavior problems and future well-being. This raises not only ethical but also legal concerns. This is especially the case when schools continue to pursue extreme and failed policies such as enacting zero tolerance and suspension mandates (American Psychological Association, 2008; Losen & Martinez, 2013; Skiba, 2014) and do too little to address the conditions that lead to the need to control student behavior.

Some time ago, the National Coalition of Advocates for Students (1991) expressed concern about the trend toward "predetermined, harsh and immediate consequences for a growing list of infractions resulting in long-term or permanent exclusion from public school, regardless of the circumstances, and often without due process." They cautioned that

... such policies are more likely to result in increased drop-out rates and long-term negative consequences for children and communities ... such policies have a disparate impact on children of color, and do not result in safe schools and communities ... alternatives to such policies could more effectively reduce the incidence of violence and disruption in our schools, including but not limited to: (1) creating positive, engaging school environments; (2) provision of positive behavioral supports to students; (3) appropriate pre- and in-service development for teachers; and (4) incorporating social problem-solving skills into the curriculum for all students.

Civil rights researchers estimate that

... well over two million students were suspended during the 2009–2010 academic year. This means that one out of every nine secondary school students was suspended at least once during that year ... the vast majority of suspensions are for minor infractions of school rules, such as disrupting class, tardiness, and dress code violations, rather than for serious violent or criminal behavior. (Losen et al., 2015)

Moreover, they report gross disparities in use of out-of-school suspension for students with disabilities and those from historically disadvantaged racial, ethnic, and gender subgroups. They stress that "the egregious disparities ... transform concerns about educational policy that allows frequent disciplinary removal into a profound matter of civil rights and social justice." This is a profound ethical and potentially unlawful example of denying educational opportunity.

It is widely acknowledged that many students who are labeled "dropouts" are actually "pushouts." Increasing pressures for school improvement seem to have the negative consequence of creating policies and practices that, in effect, cleanse the rolls of troubled and troubling students and anyone else who may "compromise" the progress of other students and keep achievement score averages from rising.

To move schools beyond overreliance on control strategies, there is ongoing advocacy for school programs to enhance personal responsibility and positive social interactions (e.g., social skills training, positive behavior support, emotional intelligence training, asset development, and character education). There have also been calls for greater home involvement, with emphasis on enhanced parent responsibility for their children's behavior and learning.

From a motivational perspective, the emphasis is on moving away from overtly coercive strategies and overcontrolling social environments. The call is for autonomy-supportive contexts where teachers “empathize with the learner’s perspective, allow opportunities for self-initiation and choice, provide a meaningful rationale if choice is constrained, refrain from the use of pressures and contingencies to motivate, and provide timely positive feedback” (Vansteenkiste, Lens, & Deci, 2006).

Taking a more school organizational view, some reformers are calling for an enhanced focus on school climate. They want to transform schools in ways that create an atmosphere of “caring,” “cooperative learning,” and a “sense of community.” Such advocates usually argue for schools that are holistically oriented and family centered. They call for an emphasis in all curricula and instruction on enhancing values and character, including responsibility (social and moral), integrity, self-regulation (self-discipline), identification with academics, and a work ethic; they also want schools to foster intrinsic motivation, self-efficacy, self-esteem, diverse talents, and emotional well-being.

Social Control and Disengaged Students

Students who misbehave often are the target of egregious social control interventions. Overemphasis on such strategies can disengage students from schooling and interfere with re-engagement. As long as a student is disengaged, misbehavior is likely to occur and re-occur (Deci & Ryan, 2012; Fredricks, Blumenfeld, & Paris, 2004). Unfortunately, strategies for re-engaging such students in classroom *learning* rarely are a prominent part of pre- or in-service preparation and seldom are the focus of interventions pursued by staff whose role is to support teachers and students. The emphasis remains, first and foremost, on implementing social control techniques.

When disengaged students display significant aggressive behavior, one common social control strategy is to place them in a special program. Researchers stress what school staff have long worried about: the increasing levels of deviancy associated with concentrated groupings of aggressive students. As Dishion and Dodge (2005) note: “The influence of deviant peers on youth behavior is of growing concern, both in naturally occurring peer interactions and in interventions that might inadvertently exacerbate deviant development.” Such a contagion effect has relevance for student groupings that result from grade retention, alternative school assignments, special education diagnoses and placements, and more. Concerns are that the resulting groupings exacerbate negative outcomes (e.g., increased misbehavior at school, neighborhood delinquency, substance abuse, dropping out of school).

An often-stated assumption about social control is that stopping misbehavior will make a student amenable to teaching. In a few cases, this may be so. However, the assumption ignores all the work on understanding *psychological reactance* and the need for individuals to restore their sense of self-determination (Brehm & Brehm, 1981; Deci & Ryan, 2012). Moreover, it seems to belie two painful realities: the number of students who continue to manifest poor academic achievement and the high dropout rate in too many schools.

Efforts to engage and re-engage students in learning draw on what is known about human motivation, especially intrinsic motivation. What many of us were taught about dealing with student misbehavior and learning problems runs counter to what we intuitively understood about human motivation. Teachers and parents, in particular, often learn to over-depend on reinforcement theory, despite their appreciation about the importance of intrinsic motivation.

An increased understanding of motivation clarifies how essential it is to avoid processes that limit options, make students feel controlled and coerced, and focus mostly on “remedying” problems. Such processes are seen as likely to produce avoidance reactions in the classroom and disengagement from school and, thus, reduce opportunities for positive learning and for development of positive attitudes. Re-engagement depends on use of interventions that help minimize conditions that negatively affect motivation and maximize conditions that have a positive motivational effect.

Fairness in Responding to Troubled and Troublesome Students

It was said of a famous football coach that he treated all his players the same – like dogs! When social control strategies are used in schools, the tendency is to treat everyone the same. This usually is justified as the way to be just and fair. But what does that mean? Fair to whom? Fair according to whom? Fair using what criteria and procedures?

What is fair for one person may cause an inequity for another. Should school personnel respond in ways that consider cultural and individual differences and needs? Should past performance be a consideration?

When students have similar backgrounds and capabilities, the tendency is to argue that an egalitarian principle of distributive justice should guide efforts to be fair. However, when there are significant disparities in background and capability, different principles apply. Students who come from a different culture, students who have significant emotional and/or learning problems, young versus older students, students who have a history of good behavior – all these matters suggest that fairness requires consideration of individual differences, special needs, and specific circumstances.

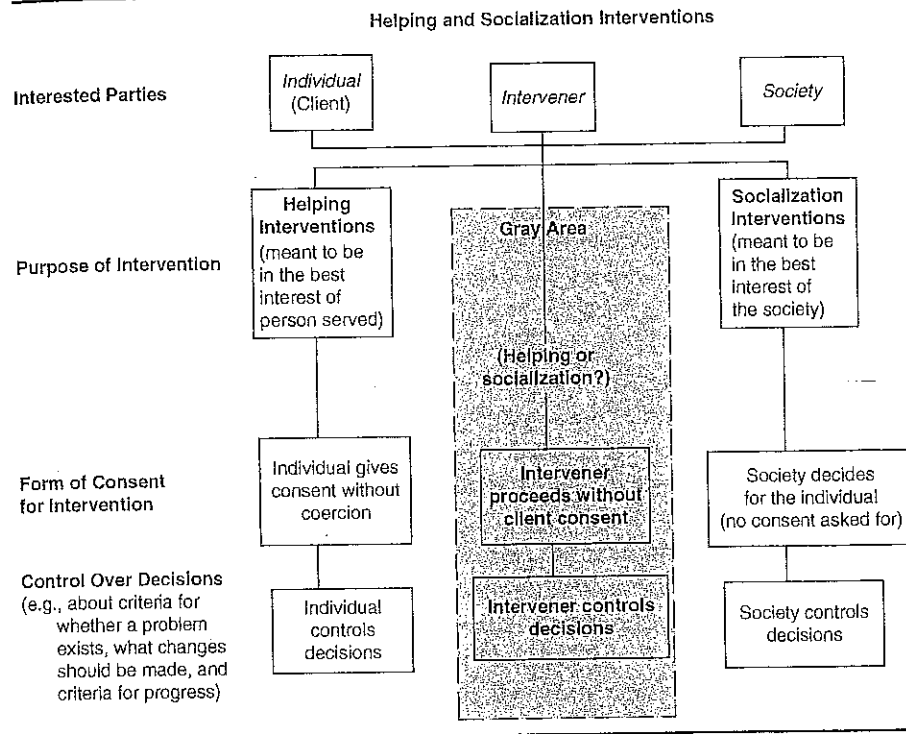
Sometimes fairness demands that two students who break the same rule be handled differently. For example, to do otherwise with a student who has significant emotional problems may result in worsening the student’s problems and eventually “pushing” the student out of school.

Adopting a broad set of principles to guide fairness is an ethical necessity. Moreover, use of the different principles at school provides natural opportunities for social-emotional learning and promoting mental health (Center for Mental Health in Schools, 2003).

When Helping Conflicts with Socialization: A Challenge for Mental Health in Schools

An essential perspective on social control comes from appreciating distinctions between helping and socialization interventions. When interveners focus on deviant behavior, the agenda may be to help or to socialize or both.

Exhibit 3 *Helping and Socialization Interventions*



The key to differentiating helping from formal socialization interventions is to determine whose interests are served (see Exhibit 3). Helping interventions are defined in terms of a primary intention to serve what the “client” perceives as his/her interests; socialization interventions primarily seek to serve the interests of the society.

How does one know whose interests are served? The answer is based in the differences in consent and ongoing decision-making. That is, individual interests are defined by the client consenting to intervention without coercion and having control over major intervention decisions. In contrast, socialization agendas usually are implemented under a form of “social contract” that allows society’s agents to decide on certain interventions for the individual without asking for consent, and in the process, society maintains control over major intervention decisions.

Situations arise when the intent is to serve the individual’s interest but it is not feasible to elicit truly informed consent or ensure the individual has control. Then, one is forced to operate in a gray area. This arises, for example, with legal minors and those with severe and profound problems who are ruled legally incompetent.

In schools, helping and socializing interventions too often come into conflict with each other. Conflict in the form of socialization versus helping can be expected whenever decisions are made about dealing with behavior that the majority of stakeholders find disruptive or view as inappropriate. Such conflicts arise especially in dealing with students who misbehave.

When socialization and helping agenda are in conflict, most school staff find themselves expected to be socializing agents and pursue socialization goals. Helping is not their primary concern. Some school personnel are unclear about their agenda or are forced by circumstances to try to pursue helping and socialization simultaneously, and this adds confusion to an already difficult situation. In contrast, from an ethical perspective, student and learning support staff need to pursue a helping agenda. The goal is to work with consenting individuals to resolve experienced problems. For some students, this includes efforts to make environments more accommodative of individual motivational and developmental differences.

From this perspective, *compulsory* education raises a basic paradox. One major reason for compulsory education is that society wants schools to act as socializing agencies. When a youngster misbehaves at school, one facet of responding involves bringing the deviant and devious behavior under control. Interventions usually are designed mainly to convince the student he or she should conform to the proscribed limits of the social setting. Parents tend to value a school's socializing agenda, but also want their child to receive special help at school when there is an emotionally based problem. Students for the most part do not appreciate efforts to control their behavior, especially since many of their actions are intended to enable them to escape such control. Under the circumstances, not only is there likely to be conflict among the involved parties, it is probable that the intervention efforts actually cause students to experience negative emotional and behavior reactions.

In sum, in institutional settings such as schools and residential treatment centers, interveners often are tasked with both helping individuals overcome underlying problems and controlling misbehavior to maintain social order. At times, the two agenda items are incompatible. And, although interventions may be designated as "counseling," "remediation," or "treatment," the need for social control can overshadow the helping agenda.

It is unfortunate whenever a school's role in socializing the young comes into conflict with the school's role in helping students who have problems. If the aim is to *help* all students have an equal opportunity to succeed at school, then schools must avoid the trap of enforcing rules with such all-too-simple *socialization* solutions as "no exceptions" and "zero tolerance." Concerns about punitive social control practices are compounded when the focus is on students who have emotional problems and when actions are disproportionately aimed at specific subgroups.

The tendency for schools to pursue social control raises ethical dilemmas every day. All school practitioners must personally come to grips with what they view as morally proper in balancing the respective rights and responsibilities of various stakeholders as schools address behavior, learning, and emotional problems. Ultimately, however, the overemphasis on social control needs to give way to addressing conditions that lead to misbehavior and to strategies that fully engage students in learning.

Society's obligation is to do more than exert power to control and punish. Social institutions such as schools must balance socialization with interventions that help individuals in need.

For José, each day means avoiding falling into the trap of just reacting to a student's misbehavior by applying consequences and trying to instill socially appropriate behavior. Ethics calls for working with colleagues on (1) establishing preventive strategies, including helping teachers redesign classrooms to minimize factors that set off misbehavior and (2) moving away from punitive thinking to developing policies and practices that focus on enhancing socialization through helping strategies.

However, José also has to appreciate that the dilemmas that arise related to how a school responds to misbehavior have deep roots. As the following discussion illustrates, his ability to make good ethical decisions requires that he deepen his understanding and that of others at the school about benefits versus costs, distributive justice, coercive interventions, and individual versus societal rights and responsibilities.

About Benefits versus Costs

Those advocating for mental health in schools always stress the benefits of what they propose. However, such benefits usually are acquired at a cost – in several senses of the term. The law of unintended consequences is omnipresent, and negative consequences constantly plague our best intentions. Negative effects encompass a wide range of institutional and individual costs, such as wasted financial resources, system disruption, and personal harm.

Negative effects alone, of course, do not contraindicate practice. Concerns arise when costs clearly outweigh benefits. The problem for schools is that data on effectiveness and negative effects are sparse. This makes it extremely difficult to specify benefits and costs, let alone determine net gains or losses. Thus, decisions about the relative balance between costs and benefits usually involve weighing potential – but unproven – positive and negative effects.

For example, in labeling students, basic questions must be asked, such as: in this instance, is the student really the appropriate focus for intervention or should the emphasis be on systemic changes? Will the label lead to provision of an effective intervention? If so, will the benefits justify the financial expenses to the school and family and the discomfort, stigmatization, and other potential negative effects the student may experience upon being labeled and treated as different from others?

The complexity of cost–benefit analyses is compounded by the realization that one must go beyond consideration of outcomes for a particular person or organization. Persons from *subgroups* whose backgrounds differ from the dominant culture provide a case in point. Such individuals sometimes are classified and treated as deficient primarily because their actions and performance differ markedly from those of the dominant culture. However unintentional, student labeling and corrective intervention practices have colluded with biased attitudes and discriminatory actions against nondominant subgroups in the society.

Over the years, court cases dealing with IQ testing and disproportionate special education placements of minority populations have highlighted this concern. Some litigants argued that minority populations are inappropriately served by most IQ tests and labeling. Court decisions have stressed that intelligence testing should be

“culture fair,” including use of the individual’s “home language,” and that tests alone should not be the basis for classifying individuals. The courts even restricted the use of tests because of the costs to persons from minority backgrounds. Such cases highlight that a practice’s benefits for an individual may be outweighed by its costs to specific subgroups in the society. Of particular concern are interventions that perpetuate racial injustice in the form of additional discrimination, stigmatization, and restriction of educational and socioeconomic opportunities. Given that harmful effects go beyond specific clients, cost-benefits for subgroups and multiple systems also must be weighed.

An even broader ethical perspective warns that modern societies are manifesting an ever increasing, distressing, and unnecessary overdependence on institutionalized intervention. Some writers suggest that the negative effects of this overreliance on professionals include widespread mystification of the public and a general loss of people’s ability to cope with their own affairs.

These effects are illustrated by the unquestioning acceptance by large numbers of people of diagnoses and related special interventions. Illich (1971, 1976) called this state of affairs “cultural iatrogenesis.” He argued that professionals must judge the ethics of their activities not only in terms of consequences for specific individuals, subgroups, and institutions, but also with respect to impact on the entire culture. This position, of course, further compounds the complexity of determining whether costs outweigh benefits and goes well beyond what most of us are ready to factor into our ethical analyses.

In sum, every intervention rationale reflects conclusions that the benefits of chosen processes and intended outcomes outweigh costs. At the same time, even when benefits seem to outweigh costs, decisions to intervene must not overemphasize this “utility” principle. Consideration must also be given to the dilemmas of coercive interventions, ensuring fairness (equity and justice), and balancing individual and societal rights and responsibilities.

About Coercive Intervention

Growing awareness of rights has increased attention to the question: *when is coercive intervention appropriate?* A perspective on this question provides an important counterpoint for appreciating informed consent and assent.

Some practitioners argue that any type of involuntary psychoeducational intervention is unjustifiable. Others argue that various forms of majority-disapproved behavior (ranging from illegal acts through immoral and deviant behaviors to compulsive negative habits) produce enough social harm, offense, or nuisance to warrant compulsory intervention.

Examples cited with respect to minors include substance abuse, truancy, aggressive behavior toward adults or peers, and low self-esteem. Even when the focus is on the most dramatic psychosocial problems, serious ethical concerns are raised whenever compulsory treatment is proposed to socialize or “re-socialize” individuals.

When the need for coercive intervention is extrapolated from dramatic cases to less extreme behaviors, such as common misbehavior and attention problems, the

ethical concerns seem even more pressing. Ironically, in such instances, the coercive nature of an approach may not even be evident, particularly when the activity is described as in keeping with appropriate socialization goals and as unlikely to be harmful. For behavior that is illegal (or in violation of organizational rules), it is frequently decided to compel or at least “encourage” individuals to enroll in treatment rather than experience usual consequences (e.g., expulsion from school). When treatment is offered as an alternative to punishment, the choice between the lesser of two evils may seem clear and devoid of coercion. For example, many juveniles can be expected to express preference for a “diversion” program of treatment over incarceration. However, given a third nontreatment alternative they see as more desirable, treatment probably would be chosen to a lesser degree.

One moral basis for decisions to allow and pursue involuntary interventions is found in the philosophical grounds for coercion. As Feinberg (1973) suggests, such decisions are informed by principles that address justifications for the restriction of personal liberty. These are: (1) to prevent harm to others, either injury to individual persons (The Private Harm Principle) or impairment of institutional practices that are in the public interest (The Public Harm Principle); (2) to prevent offense to others (The Offense Principle); (3) to prevent harm to self (Legal Paternalism); (4) to prevent or punish sin – that is, to “enforce morality as such” (Legal Moralism); (5) to benefit the self (Extreme Paternalism); and (6) to benefit others (The Welfare Principle).

As Robinson (1974) cogently summarized the matter:

None of these justifications for coercion is devoid of merit nor is it necessary that any of them exclude the others in attempts to justify actions against the freedoms of an individual. . . . It is one thing to assert each of these justifications enjoys some merit but quite another to suggest that they are equally valid. And it is manifestly the case that they do not share equally in the force of the law. Yet, while not sharing equally, they have all, on one occasion or another, been relied on to validate a legal judgment.

About Fairness

Any discussion of coercive intervention raises concerns about distributive justice and fairness in responding to needs. As discussed, these concerns frequently arise for schools in the context of balancing their role as socialization agents and the need to help students experiencing learning, behavior, and emotional problems.

Legal emphasis on “right to treatment” and “right of all to an education” highlights the moral obligation to ensure fair allocation of society’s resources. Given inadequate budgets to underwrite needed programs, many compete for the same resources. Schools vie with social programs. Enrichment interventions compete with treatment programs. Questions arise such as: is it fair to help those who have psychological or educational problems by drawing from the limited resources available for regular educational programs? And, beyond fair resource allocation, the general expectation is that interventions will be carried out in just and fair ways.

In addressing concerns about fairness, a basic problem is: how do we decide what is fair? Decisions about this require dealing with questions such as: fair for whom? Fair according to whom? Fair using what criteria and what procedures for applying the criteria? Should everyone be given an equal share of available resources? Should each be provided for according to specific need? Should we base distribution of resources on their being earned (e.g., through a societal contribution) or because they have been denied previously (e.g., through discrimination)?

Obviously, what is fair for the society or an organization may not be fair for an individual; what is fair for one person may cause inequity for another. To provide special services for one group may deprive another or may raise the taxes of all citizens. To deny services to those who need help is harmful.

Making fair decisions about who should get what and about how rules should be applied requires use of principles of distributive justice. As Beauchamp and Childress (2012) underscore, interveners incorporate different principles of distributive justice into their intervention rationales based on whether they subscribe to (1) egalitarian theories (emphasizing equal access to the goods in life that every rational person desires), (2) Marxist theories (emphasizing need), (3) libertarian theories (emphasizing contribution and merit), or (4) utilitarian theories (emphasizing a mixed use of such criteria in order to maximize public and private utility).

Clearly, interventions based on rationales adopting different views of distributive justice conflict with each other. In addition, confusion may arise when an intervention rationale incorporates more than one fairness principle.

Decisions based on fairness principles often call for unequal allocation and affirmative action with regard to dispensing resources and applying rules. Thus, although justice and fairness are intended, such decisions can be quite controversial, especially when resources are scarce.

Practitioners who see themselves as “helping professionals” lean toward an emphasis on individual need. For instance, they tend to believe that fairness means that those with problems deserve special aid. Indeed, the duty to serve those in need is seen as an ethical reason for diagnostic labeling and other highly intrusive specialized practices.

At the same time, conflicting views exist as to which of many ongoing needs in a society should be assigned highest priority. Are prevention programs more important than treatment programs? Are programs for the gifted more important than programs for students with problems? Should school athletic teams be funded at higher levels than vocational programs?

Beyond resource allocation, interveners consistently are confronted with the problem of fair implementation, especially with regard to applying rules and consequences for infractions. For example, should different consequences be applied for the same offense when those involved differ in terms of needs, problems, stage of development, previous discrimination, potential contribution to society, and so forth?

Some persons try to simplify matters by not making distinctions and treating everyone and every situation alike. For instance, some school administrators insist on enforcing rules without regard to the particulars of the case. They believe standard

consequences must be applied without accounting for an individual's social and emotional problems. This is seen with respect to zero tolerance policies. The position taken is that it is unfair to others if the same rule is not applied in the same way to everyone. Unfortunately, while a "no exceptions" approach represents a simple solution, it ignores the possibility that nonpersonalized rule enforcement exacerbates problems not only for the rule breaker but also for society, which is unjust.

In sum, no ethical analysis can ignore concerns about distributive justice. In particular, decisions must be made about what constitutes fair allocation of resources, fair rules, and fair rule enforcement. And these decisions require clarity about which principle of distributive justice is used. They also overlap concerns about individual and societal rights and responsibilities.

About the Individual versus Society

Schools are a societal institution. They are expected to play a role in the socialization of the young, the well-being of the economy, and the maintenance of the country's political system. In pursuing these institutional goals, concerns about individuals often are marginalized.

Discussion of the matter falls into ongoing discussions about the ethics of the common good and the ethics of individual rights and responsibilities. Advocates tend to cite both sets of concerns in proposing agendas for mental health in schools. In doing so, however, they often avoid addressing the problem that maximizing the common good often means increasing limits on individual rights. Our discussions about the need for mental health in schools to promote equity of opportunity and about helping versus socialization highlight the dilemma.

In keeping with the ethics of the common good, schools have a primary responsibility to benefit society. And as societal citizens, we have a responsibility to work in ways that enable schools to succeed. At the same time, our desire and right to pursue personal and subgroup beliefs and interests can conflict with what a school is doing.

There are fundamental disagreements about what is in the best interest of our society and its people. These have been fueled as the voices of marginalized subgroups have found political platforms. The disagreements are seen in conflicts over curricula and instruction, ways to enhance equity of opportunity, strategies for preventing and correcting problems, and so forth.

For all of us who work with schools, there is a constant valuing of individual rights; at the same time, we appreciate that such rights come with societal responsibilities. This, of course, requires moving beyond the ever-pressing desire to do our "own thing" and engaging in a continuous search for feasible ways to minimize harm to individuals and enhance equity of opportunity while maximizing good for society.

Concerns about Science-Based Interventions

Intentional interventions are rationally based. An underlying rationale consists of views derived from philosophical (including ethical), theoretical, empirical, and legal

sources. Not all intervention rationales are equal. Some reflect a higher level of scholarly sophistication; some cover a broader range of relevant considerations; some have greater philosophical, theoretical, and empirical consistency. And these are not the only important considerations. Systematic biases that arise from dominating models also are of concern. For instance, prevailing views of intervention for emotional, behavioral, and learning problems tend to (1) attribute cause to factors within the individual, and (2) focus intervention on changing the individual.

Adelman & Taylor (1994)

José was caught off-balance by the demand that school improvement efforts be science-based. Did that mean it was unethical for the school and anyone at the school to use a practice that had not been well-researched? Did not efforts to improve schools often require transformative practices – many of which have not yet been subjected to well-designed studies?

School improvement requires trying new approaches. As a result, schools are continuously introducing new projects, programs, and initiatives (e.g., to improve instruction; address students' behavior, learning, and emotional problems; enhance safety; promote healthy development). Because of the call for schools to use science-based practices, questions arise such as: is there evidence that a proposed new approach works? How good is the evidence? Do benefits outweigh costs?

However, a more fundamental question often is not considered: *will what is proposed reduce or increase inequities and disparities across the student population?* With this ethical concern in mind, cost-benefit analyses must include whether what is proposed will enhance equity of opportunity for success at school and beyond not just for a few students but for the many who are being left behind.

Also, other fundamental matters include: what if there is not an evidence-based approach for effectively addressing the many barriers to learning and teaching that confront schools? Or, with respect to complex problems such as dropout prevention, what if it is necessary to bundle together interventions. *Is it unethical for a district to pursue an unproven approach in such instances?*

Concerns about the Pressure to Use Evidence-Based Interventions

The demand that schools and other public agencies adopt practices that are evidence-based is increasing (Olson & Viadero, 2002; Painter, 2009; Pew-MacArthur Results First Initiative, 2015). As a result, terms such as “science-based” or “empirically supported” are assigned to almost any intervention identified as having research data generated in ways that meet “scientific standards” and that demonstrate a level of *efficacy* deemed worthy of application.

A somewhat higher standard is used for the subgroup of practices referred to as evidence-based *treatments*. This designation usually is reserved for interventions tested in more than one rigorous study (multiple case studies, randomized control trials) and consistently found to be better than a placebo or no treatment.

An even higher standard involves data on *effectiveness*. This involves demonstrating that the practice produces good outcomes under real-world conditions and when replicated widely.

Currently, most evidence-based practices are discrete interventions designed to meet specified needs. A few are complex sets of interventions intended to meet multifaceted needs, and these usually are referred to as programs. Most evidence-based practices are applied using a detailed guide or manual.

No one argues against using the best science available to improve professional expertise. However, as evidence-based practices are increasingly emphasized in school improvement policy, the concerns raised have a variety of ethical overtones (Biesta, 2007; Norcross, Beutler, & Levant, 2005). For example:

- (1) *Limited efficacy research, little effectiveness research.* Interventions proposed for schools are mainly based on short-term studies, and these have not included samples representing the range of students with whom the practice is to be used. From a school perspective, until researchers demonstrate that a prototype is effective under real-world conditions, it can only be considered a promising and not a proven practice. At this time, the evidence base continues to consist, as noted by Green and Glasgow (2006), almost entirely of efficacy studies with little effectiveness research.
- (2) *Prematurely recommended and adopted practices.* A constant concern is that schools will leap to implement practices with limited evidence and later find that new data show the practice to be not only ineffective, but also harmful. An example was the “research-based” adoption by some schools of single-session psychological debriefing after a crisis with the intent of countering post-traumatic stress. Subsequent research pointed out that such debriefing “appears to be an ineffective intervention to reduce symptoms and prevent PTSD” (Gartlehner et al., 2013) and can be harmful (Van Emmerik et al., 2002).
- (3) *Overemphasis on pathology.* The mandate for schools to use science-based practices in addressing student problems brings with it the risk of perpetuating the skewed emphasis on individual pathology found in most approaches to mental health in schools. The movement also contributes to the tendency to prematurely push practices developed under highly controlled laboratory conditions into widespread application.
- (4) *Undermining innovation.* Furthermore, as the evidence-based movement gains momentum, an increasing concern is that certain interventions are officially prescribed and others are proscribed by policy makers and funders. This breeds fear that only those professionals who adhere to official lists are sanctioned and rewarded. More generally, there are concerns about the potential “tyranny” of evidence-based practices, and the possibility that an emphasis on such programs can inadvertently undermine rather than enhance school-wide reform efforts necessary for enhancing equity of opportunity for all students to succeed at school and beyond. There is virtually no evidence that evidence-based practices contribute to overall school effectiveness, as data on such an issue are never gathered.
- (5) *Increasing inequity of opportunity.* Then there is the concern for equity. *Schools must address the many, not just a few of the students in need.* From a systemic and public policy perspective, introducing any new practice into an organization

such as a school has to be justified not only in terms of its science base, but also on how well it can advance the organization's mission. In the context of school improvement planning, then, each proposal requires cost-benefit analyses that consider need, fit, and the nature and scope of potential outcomes. Just adding a practice because it is evidence-based may not meet a school's needs, especially with respect to addressing the wide range of students manifesting problems and enhancing equity of opportunity. Highly circumscribed practices tend to add little to school improvement; the same is true for practices that are unlikely to be widely implemented. Expending considerable resources on such practices can increase inequities and disparities.

Needed: Equitable and Sustainable System Change and Scale-Up

Efforts to make substantial, sustainable, and equitable improvements to address student problems requires much more than implementing a few science-based demonstrations. From both a practical and ethical perspective, new approaches are only as good as a school district's ability to develop and institutionalize them equitably in all its schools. This process often is called diffusion, replication, roll-out, or scale-up, and it is complex (Adelman & Taylor, 2014).

The complexity is especially evident in making comprehensive, innovative systemic changes to improve how schools deal with factors interfering with learning and teaching. For example, in our work, we stress that addressing such factors requires comprehensive systemic changes – some focused on individuals and some on environmental systems, some focused on mental health and some on physical health, education, and social services, some intended for the short term, but most implemented over extended periods of time (Adelman & Taylor, 2010).

The history of public education is strewn with innovations that were not sustained or replicated to scale. These frequent failures have undermined efforts to enhance equity of opportunity.

Naturally, financial considerations play a role in failures to sustain and replicate, but a widespread "project mentality" also is culpable. We continuously find that new practices – some science-based, some not – are introduced as special projects that usually distract school staff from making transformative systemic changes. New initiatives usually are developed and initially implemented as a pilot demonstration at one or more schools. This is particularly the case when initiatives are specially funded projects. For schools involved in projects or piloting new programs, a common tendency is for personnel to think about their work as a time-limited demonstration. And, other school stakeholders also tend to perceive the work as temporary (e.g., "It will end when the grant runs out," or, "I've seen so many reforms come and go; this too shall pass"). This mindset leads to the view that new activities will be fleeting, and it contributes to fragmented approaches and the marginalization of initiatives. It also works against the type of systemic change needed to sustain and expand major school improvements.

All this underscores the need to increase the understanding and implementation of transformative systemic changes. Elsewhere, we have delineated the nature and

scope of what is involved in bringing new prototypes into schools (Adelman & Taylor, 2014).

In sum, the point of improving the science base for school practices is to identify broadly effective and cost-efficient approaches that can be replicated in all schools that can benefit. This goes beyond adopting best practices, because *best* simply denotes that a practice is better than whatever else is currently available and does not indicate that it is a good practice. How good the practice is depends on complex analyses related to costs and benefits, including ethical and practical considerations.

Implicit in the call for schools to use science-based practices is the notion that other practices should be avoided. But what should be done when school improvement requires trying an innovation for which research has not yet been conducted (e.g., innovative approaches to address educational, psychosocial, and mental health concerns; school-wide approaches; comprehensive, multifaceted approaches)? The reality is that many innovative school improvements must go beyond activity for which there is an evidence base. And some proposed science-based practices should not be adopted because they detract from and may undermine efforts to make the type of systemic changes necessary for accomplishing comprehensive school improvements. This is especially so when it comes to *transforming* how schools address inequities and disparities. Enhancing equity of opportunity requires ensuring essential supports for the many students manifesting learning, behavior, and emotional problems.

Clearly, José and all his colleagues at the school understand that ineffective practices should not be adopted and any in use should be dropped. But what should be done when there is a need and there is no evidence-based approach? More broadly, what should be done when transformative approaches to school improvement are needed? José will find that the ethical responsibility in such instances is mainly to analyze rationally how well what is under discussion will:

- Replace an essential, but ineffective practice;
- Fill a high-priority gap in a school's efforts to meet its mission;
- Integrate into school improvement efforts;
- Promote healthy development, prevent problems, respond early after problem onset, or treat chronic problems;
- Help a few or many students;
- Integrate into a comprehensive continuum of interventions rather than become another fragmented approach;
- Be implemented in an effective and sustainable manner and can be replicated to scale.

Concluding Comments

Long ago, Nicholas Hobbs (1975) cautioned: "Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child. . . . 'To take care of them' can and should

be read with two meanings: to give children help and to exclude them from the community.”

Anyone who works in schools must come to grips with the concerns we have discussed in this chapter. There are no simple and straightforward answers. Thus, it is not surprising that discussion about the most ethical and effective ways to pursue mental health in schools is controversial.

The world around us is changing at an exponential rate, and so must the way schools approach behavior, learning, and emotional problems. Our position is that, at present, the agenda for mental health in schools mainly needs to focus on minimizing the barriers to school and student success and helping to develop better systems for enhancing equity of opportunity. This approach is reflected in our efforts to embed mental health into a unified, comprehensive, equitable system of student and learning supports for addressing the needs of all students rather than just focusing on a small segment of students (Adelman & Taylor, 2010).

Now is the time to move forward in ensuring that all youngsters have an equal opportunity to succeed at school and to achieve productive and healthy lives. This is consistent with schools serving the common good and ensuring individual rights. To paraphrase Goethe: not moving forward is a step backward.

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- For more on the matters discussed in this chapter, use the Quick Find Online Clearinghouse at our Center at UCLA (<http://smhp.psych.ucla.edu/quicksearch.htm>). Here are a few examples of relevant documents that are in the Clearinghouse:
- > *Behavior Problems and Conduct Disorders* – http://smhp.psych.ucla.edu/qf/p3022_01.htm
 - > *Assessment and Screening* – http://smhp.psych.ucla.edu/qf/p1405_01.htm
 - > *Stigma Reduction* – <http://smhp.psych.ucla.edu/qf/stigma.htm>
 - > *Ethical/Legal/Consumer Issues* – http://smhp.psych.ucla.edu/qf/p1406_01.htm