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Rethinking School Psychology (Commentary on Public Health Framework Series)

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The three articles in this issue, published under the title of a *public health framework*, challenge school psychologists to rethink their roles. Publication of these articles enriches the growing discussion of the need to reform and restructure the work of school psychologists and other student support personnel. With passage of the *No Child Left Behind Act* and the debates related to reauthorization of IDEA, most school psychologists are aware of the many forces in play that inevitably will reshape their role and functions.

We commend the authors for their emphasis on public health, prevention, and improving how schools address youngsters who manifest problems. However, the bigger picture that makes it essential to rethink school psychology must be derived from broader policy, practice, and research frameworks. Too narrow a focus conveys a skewed perspective of school psychology's mission that could be counterproductive in the long run. For these reasons, rather than critiquing specific facets of each article, our intent here is to reflect on and push beyond the overall message conveyed by the three papers.

Hoagwood and Johnson approach school psychology by framing schools as public health settings and then exploring the role of school psychology from the perspective of the current body of evidence-based practices, particularly those designed to serve youngsters with diagnosed psychological disorders. This set of lenses leads them to discuss the role of school psychology primarily in terms of one of "the ways to cross the chasm between science and practice." Certainly, school psychology has a role to play in all this, but it has a bigger role to play in assuring schools achieve their mission. And, as Hoagwood and Johnson suggest, that role involves "broader issues related to intervention development, or improvement of schools as systems." However, as they do not discuss, the range of inter-

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ventions that must be attended to goes well beyond the limited and fragmented focus on students with diagnosable problems. Moreover, the need to approach such interventions from a systemic and organizational perspective involves greater appreciation of why school systems continue to marginalize the work of school psychologists and their many student support colleagues.

Strein, Hoagwood, and Cohn also approach school psychology from the position that "a public health perspective can provide a broad framework that will increase both the efficacy and efficiency of school psychologists' work." They too present that work in terms of a research agenda, stressing that "the goal of research within this public health framework is to develop specific interventions targeted towards the causal processes that lead to illnesses." At the same time, they note that "a new trend within public health research and interventions has been a focus on the promotion of health, instead of the exclusive focus on the reduction of disease" and that "the central characteristic of the public health model is its accent on prevention." In applying all this to school psychology, their approach for broadening the field's focus is to redirect school psychology research (at least in terms of what they find in school psychology journals) so that it addresses "the three most needed areas . . . as identified by active authors in the speciality (i.e., prevention, classroom management, therapeutic interventions)." This certainly is needed, but the agenda seems more limited than Hoagwood and Johnson suggest when they say school psychology needs to play a role with respect to the "broader issues related to intervention development, or improvement of schools as systems."

Hunter emphasizes "the value of evidence-based and public health perspective in managing disruptive behavior" and "the important role schools psychologists can play in implementing these programs." She also highlights evidence-based interventions specifically developed in and for schools, which contrast markedly with those developed in therapy settings. Certainly, school psychologists can play a role in implementing these programs, but such interventions represent only one facet of what these personnel do now and should aspire to do in the future.

John Maynard Keynes said: *The real difficulty in changing the course of any enterprise lies not in developing new ideas but in escaping old ones.* This is not an argument against new ideas; rather it stresses that moving forward usually is hindered by an inability to get out of the box. What the three articles propose and how they contextualize the work of school psychologists won't help the field escape old ideas. We certainly support the value of a public health perspective and the importance of a valid empirical base for intervention; such perspectives clearly have played a role in our efforts to rethink the work of pupil services professionals and other student support staff. However, appreciation of where these perspectives fit into schools requires beginning with a bigger vision of what society wants its schools to

do. Such a vision provides the context for understanding the ways in which the work of all student support staff and their community colleagues must change (Center for Mental Health in Schools, 2000).

UNDERSTANDING DIFFERENCES IN MISSION AND ACCOUNTABILITY

Escaping old ideas about the functions of school psychologists requires a deep appreciation of the reality that schools are in the education business, not in the physical or mental health (MH) business (whether defined in terms of treatment, prevention, public health promotion, research, or policy). Schools also have responsibility for *all* their students, not just for those having problems. Any discussion of school psychology should start by understanding the implications of these public policy facts and why schools hire school psychologists.

Essentially, as instruments of the society, the mission of public schools is well-established. For example, in a case before the U.S. Supreme Court regarding the society's right to enforce compulsory education (Wisconsin V. Yoder et al., 1972), the federal government clarified that the threefold mission of public schooling is to (1) assist in the socialization of the young, (2) prepare students to play a role in continuing the nation's economic viability, and (3) teach in ways that help preserve the prevailing political system. Other matters, of course, are allowed to be part of a school's agenda, but only in a marginal way.

School policy makers use accountability to drive the system. And, it is the threefold mission that is the focus of their accountability demands. This reality is reflected in the overwhelming emphasis on enhancing achievement test score averages. As a result, it is achievement test accountability that drives decision making, shapes the culture of schools, and heavily influences the climate that emerges in schools and classrooms.

The impact of achievement test accountability as driver and shaper is especially apparent with respect to youngsters who are not doing well at school. In keeping with accountability pressure to increase test scores, the main thrust in addressing the problems of most of these students is to standardize teaching and increase time for tutoring. This is evident in most prescriptions arising out of the *No Child Left Behind Act* (NCLBA). Thus, the mandate in NCLBA stating that any school practice supported by federal funds must be rooted in "scientifically based research" is likely to give impetus to academic programs rather than the evidence based practices described in the series of papers. Moreover, this decree seems more to reflect the belief that such a mandate will improve test scores than an appreciation of how research can advance practice. As a result, we anticipate the impact will exacerbate rather than address many students' problems.

All who are employed by school systems are expected to support the basic mission. And, given prevailing accountability measures, the value of their work is judged in terms of whether it can improve achievement test scores. Generally, they do not think of the work of school psychologists in these terms. They do realize that there are some factors that need to be addressed in order for instruction to proceed (e.g., compensatory education, safe and drug free schools, classroom order, school attendance, conflict resolution, special education). Thus, they are willing to (and in some instances are mandated to) devote personnel to such matters. But, they address these matters in an ad hoc, piecemeal manner that limits impact and keeps the enterprise marginalized and fragmented in policy and practice. We suggest that this is a major impediment to enhancing the work of school psychologists and achieving the mission of schools.

Stated simply, much of what school psychologists do is viewed as supplementary (often referred to as auxiliary services). The degree to which marginalization is the case is seen in the lack of attention given to such activity in consolidated school improvement plans and certification reviews and the lack of efforts to map, analyze, and rethink how student support resources are allocated. Educational reformers virtually have ignored the need to reframe and restructure the work of school psychologists and other support staff. As long as this remains the case, proposals to change their roles and functions are unlikely to receive much of a hearing by school policy makers. Key to ending marginalization is making the case for a shift in educational reform policy that moves education support from the margins into a position of being an essential and primary component for schools to achieve their mission (Adelman & Taylor, 2000; Policy Leadership Cadre for Mental Health in Schools, 2001). A broad base of evidence is needed to help make the case.

Adopting a public health perspective and the type of empirically based practices described in the three articles will do little to enhance the position of school psychology and/or MH in schools. Indeed, if school psychologists were to only move in this direction, they would end up underscoring their limited value to the school's mission, which is a recipe for continuing their marginalization and vulnerability to contracting out their services and reductions-in-force. That is, such limited new directions reify the focus on a relatively small proportion of youngsters who have severe and chronic problems, rather than broadening school psychology's contributions in assisting many students who are not doing well and promoting the social-emotional development of all students. Moreover, by increasing their reliance on the current body of evidence based practices and a primary focus on small numbers of students with severe and chronic problems, school psychologists will accentuate the fact that their work has little immediate and direct impact in terms of increasing achievement test averages. (The paradox of such practices as applied in

schools is not just that they are most applicable only for a small percent of students, but that they also usually do not encompass evidence of achievement test gains).

The mission of those in the MH field who focus mainly on mental *disorders*, of course, is to advocate for the needs of those who have diagnosable disorders or sub-diagnostic problems, and/or are experiencing significant effects from psychosocial problems. From this perspective, a growing concern is how to have school personnel play a much more dedicated role in supporting that mission. For this to happen, these advocates must find better ways to clarify where their mission overlaps with that of public schools and how to work together in areas of overlap (see National Association of State Mental Health Program Directors & The Policymaker Partnership for Implementing IDEA, 2002). In this context but from a broader MH perspective, we caution that a premature rush to adopt the current body of evidence based practices will inappropriately narrow options for helping the many students experiencing learning, behavior, or emotional problems. The danger is that resources will be redeployed in ways that favor narrow-band approaches, thereby undermining efforts to deal with complex problems in a comprehensive, multifaceted way. Remember: At this stage in the field's development, the need is to develop the essential set of *interventions* and improving the science-base for all of them; it is not about reifying a science-base for a set of interventions that is too limited to do the job.

Moreover, we suggest that the basic research need related to school psychology is not just to develop and improve the implementation of evidence-based practices, but to provide a stronger empirical base to support the *rationale* for schools enhancing their efforts in addressing barriers to student learning and promoting healthy development. As long as school psychologists are marginalized in school policy and practice, it will be very difficult for them to expand their roles and functions. Thus, they must strengthen the rationale for their work. This includes clarifying a set of functions that encompass all students and making the case that such functions are essential in enabling schools to fulfill their mission.

NEEDED: "BIG PICTURE" RESEARCH

Another fundamental research need is for school psychology investigators (those at schools and universities) to gather data that can be aggregated to provide a "big picture" of what is happening in our schools to address barriers to learning and promote healthy development so that proposals for change can be empirically based. That is, research must clarify the present state of affairs as a basis for a gap analysis.

Currently, there are almost 91,000 public schools in about 15,000 districts. Over the years, most (but obviously not all) schools have instituted programs with a range of MH and psychosocial concerns in mind. As the three articles indicate, there is a large body of research supporting the promise of some of this activity. Missing, however, is the type of "big picture" research that maps and analyzes the nature, scope, and impact of what occurs daily in schools to meet the challenge of factors that interfere with students having an equal opportunity to succeed at school.

The parts of the picture that have been sketched out indicate the following state of affairs. We know there are school-based and school-linked programs focused on early intervention, crisis intervention and prevention, treatment, and promotion of social and emotional development. Some programs are provided throughout a district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals.

With specific respect to MH, the full range of topics are alluded to in schools—including matters related to promoting MH, minimizing the impact of psychosocial problems, managing psychotropic medication, and participating in systems of care. In addition to responding to crises, prevailing direct intervention approaches encompass identification of the needs of targeted individuals, prescription of one or more interventions, brief consultation, and gatekeeping procedures (such as referral for assessment, corrective services, triage, and diagnosis). In some situations, however, resources are so limited that school psychologists can do little more than assess for special education eligibility, offer brief consultations, and make referrals to special education and/or community resources.

Systems are in place in some schools for case coordination, ongoing consultation, program development, advocacy, and quality assurance. Some focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth—though it is likely that relatively few resources are allocated for such activity. In such instances, schools may be helping to counter the tendency to use the term mental *health* in ways that convey an image of mental *illness, disorders, or problems.* That is, some schools seem to have adopted the broader perspective incorporated in the Report of the Surgeon General's Conference on Children's Mental Health held in 2000. (Although no formal definition of mental health is given in that document, the vision statement provided at the outset of the report stresses that "Both the promotion of mental health in children and the treatment of mental disorders should be major public health goals").

Another part of the picture that is widely discussed is the tendency for schools to approach multifaceted problems with piecemeal and narrow-band interventions that function in relative isolation of each other and rarely are envisioned comprehensively. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific programs. Functionally, most practitioners spend their time working directly with specific interventions and targeted problems and give little thought or time to comprehensive models or mechanisms for program development and collaboration. Consequently, programs to address learning, behavior, emotional, and physical problems rarely are coordinated with each other or with educational programs (e.g., are fragmented). Efforts to improve all this seem impeded by the way interventions are conceived and organized and the way professionals understand their functions. Such impediments include the need to label students in order to obtain special, categorical funding, which seems to skew practices toward narrow and unintegrated intervention approaches focused on changing individuals.

To reduce marginalization and fragmentation, school psychologists will find it imperative to work collaboratively with other student support staff. This provides new leadership opportunities and working relationships and the need for a variety of infrastructure changes. From an organizational research perspective, for example, there is a focus on new infrastructure mechanisms such as resource coordinating teams which can maximize resource use through mapping, analysis, priority setting, and redeployment.

All of the above suggest an agenda of programmatic research that would provide a broad base for discussing policy, practice, and new directions for school psychology. Adoption of such a research agenda would encompass a public health perspective, add to the literature on evidence-based practices, and enhance the focus on systemic concerns.

NEEDED: RESEARCH ON COMPREHENSIVE, MULTIFACETED, AND INTEGRATED APPROACHES

As critics of an overemphasis on the current body of evidence based practices have stressed, the existing literature is skewed in many ways. This is not a criticism of what is, but as Hoagwood and Johnson suggest, it reflects a concern about what is missing.

As the three papers indicate, there are data that can be gleaned from various facets of the research literature that show the promise of specific practices. For example, there is a bit of data to support interventions that can be conceived in terms of a comprehensive, multifaceted continuum focused on (1) systems for health promotion and primary prevention (e.g., public health protection, promotion, and maintenance to foster positive

Table 1
From Primary Prevention to Treatment of Serious Problems: A Continuum of Community–School Programs to Address Barriers to Learning and Enhance Healthy Development

Intervention	Examples of focus and types of intervention continuum (programs and services aimed at system changes and individual needs)
Systems for health promotion and primary prevention	(1) Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness • economic enhancement of those living in poverty (e.g., work/welfare programs) • safety (e.g., instruction, regulations, lead abatement programs) • physical and mental health (including healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth) (2) Preschool-age support and assistance to enhance health and psychosocial development • systems' enhancement through multidisciplinary team work, consultation, and staff development • education and social support for parents of preschoolers • quality day care • quality early education • appropriate screening and amelioration of physical and mental health and psychosocial problems
Systems for intervening early-after-problem onset	(3) Early-schooling targeted interventions • orientations, welcoming, and transition support into school and community life for students and their families (especially immigrants) • support and guidance to ameliorate school adjustment problems • personalized instruction in the primary grades • additional support to address specific learning problems • parent involvement in problem solving • comprehensive and accessible psychosocial and physical and mental health programs (including a focus on community and home violence and other problems identified through community needs assessment) (4) Improvement and augmentation of ongoing regular support • enhance systems through multidisciplinary team work, consultation, and staff development • preparation and support for school and life transitions • teaching "basics" of support and remediation to regular teachers (including use of available resource personnel, peer and volunteer support) • parent involvement in problem solving • resource support for parents-in-need (including assistance in finding work, legal aid, ESL and citizenship classes, and so forth) • comprehensive and accessible psychosocial and physical and mental health interventions (including health and physical education, recreation, violence reduction programs, and so forth) • academic guidance and assistance • emergency and crisis prevention and response mechanisms (5) Other interventions prior to referral for intensive, ongoing targeted treatments • enhance systems through multidisciplinary team work, consultation, and staff development

Table 1 (*continued*)

	Intervention	Examples of focus and types of intervention continuum (programs and services aimed at system changes and individual needs)
t1.32		
t1.33		• short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)
t1.34	Systems for treatment of severe/chronic	(6) Intensive treatments
t1.35	problems	• referral, triage, placement guidance and assistance, case management, and resource coordination
t1.36		• family preservation programs and services
t1.37		• special education and rehabilitation
t1.38		• dropout recovery and follow-up support
t1.39		• services for severe-chronic psychosocial/mental/ physical health problems

t1.40 Adapted from various public domain documents authored by H.S. Adelman and L. Taylor, and circulated through the Center for Mental Health in Schools at UCLA.

development and wellness; preschool-age support and assistance to enhance health and psychosocial development), (2) systems for intervening early-after-problem onset (e.g., early-schooling targeted interventions; improvement and augmentation of ongoing regular support; other interventions prior to referral for intensive and ongoing targeted treatments), and (3) systems for treatment of severe/chronic problems. We have listed some examples related to each area in Table 1.

For obvious reasons, researchers have not studied the impact of implementing such a full continuum of interventions in one geographic catchment area. However, inferences can be drawn from naturalistic "experiments" taking place in every wealthy and most upper middle income communities across the country where concerned parents who have or can avail themselves of financial resources purchase any of the interventions listed in order to ensure their children's well-being. This represents a body of empirical information that cannot be ignored. (As one wag put it: *The range of interventions is supported by a new form of validation—market validity*!).

From a public health perspective, from a MH in schools perspective, and from an educational perspective, it seems evident that school psychologists should play key roles with respect to policy, practice, and research related to developing a full continuum of interventions that fits well with the school's mission and encompasses a focus on all students. Each aspect of the continuum carries with it a research agenda, and because the whole is likely to be greater than the sum of the parts, investigation of the impact of the full continuum is essential as well.

Probably few school psychologists will argue against the desirability of being involved in a broadened agenda for policy, practice, and research.

The problem for them is how to escape the box they are in so they can do so. That is a discussion in which we all should be engaged.

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