American Handbook of Psychiatry

MENTAL HEALTH PROGRAMS IN THE SCHOOLS

Irving N. Berlin

MENTAL HEALTH PROGRAMS IN THE SCHOOLS

Irving N. Berlin

e-Book 2015 International Psychotherapy Institute

From *American Handbook of Psychiatry: Volume 2* edited by Silvano Arieti, Gerald Caplan

Table of Contents

MENTAL HEALTH PROGRAMS IN THE SCHOOLS

Origins of Mental Health Programs

Mental health programs in schools began as unorganized efforts by administrators and teachers to meet the need as public schools became widespread and mandatory in the 1930s. Sensitive teachers and administrators with knowledge and understanding of their students learned and helped others learn the signs that alerted them to emotional problems and crises in a child's life. Their prompt concern was usually expressed by efforts to talk with the child, to gather information about the difficulties, and to talk with the parents. Innovative educators found ways of utilizing the school's resources, community physicians, settlement house workers, and so on on behalf of problems at home. Increased attention and concern seemed to help the student.

When public health nurses, school nurses, and health support services became a functional part of schools in the mid-1930s, they very quickly found themselves involved with mental health problems depending on their own sensitivity and capacity for empathy with children and educators. They became the resources for teaching hygiene, a short step to being consulted by girls and boys with worries that manifested themselves as psychosomatic problems. The work of Gildea, Glidewell, and Kontar and of Klein and

Lindemann and collaborators in Wellesley schools were efforts at helping parents, nurses, counselors, and teachers to understand children and to find ways to help them. They provided consultation, education, and referral resources to the schools and were able to demonstrate, by epidemiological research, some reduction of problems and greater ability of students to learn and cope with problems as a result of early case findings and intervention.

The Role of Child Guidance Clinics and Development of Pupil Personnel Services

World War I highlighted the fact that mental illness and emotional problems of crippling severity were widespread. The Rockefeller Foundation and Commonwealth Fund spearheaded the development of child guidance clinics and training programs for child psychiatrists. Social workers and psychologists soon became part of the functional team, each with unique contributions. Influenced by Adolf Meyer's concepts of the need to understand the whole personality by understanding every facet of the child's life, that is, an evaluation of the total situation, especially the interaction of parents with their child, the clinics became resources for the few communities in which they were organized. Several school child guidance clinics were formed with foundation help in the late 1920s to permit more direct access of teachers to services and also help with classroom management.

During this same period large urban school systems, faced with increased numbers of children with emotional problems, delinquent and aggressive behavior, began to pick sensitive teachers and train them through in-service work as counselors. Simultaneously, some schools of social work and a few departments of psychology began to interest their trainees in children's problems. At the University of Pennsylvania as early as 1908, Witmer, a psychologist, gave leadership to a guidance clinic which began in connection with the university. This program aroused widespread interest in work with children. Witmer involved his students in working with children, both in the clinic and in schools.

Hitler's rise to power in the early 1930s brought a mass migration of psychoanalysts to the United States. Among them were child analysts. The Depression made teaching, training, and treatment in the burgeoning child guidance clinics rather than private practice necessary for many psychoanalysts from Germany and Vienna. Thus, Freudian concepts and methodology were taught and adapted for use in clinics. A few psychoanalysts worked as school consultants. Since Anna Freud, Aichhorn, Bernfeld, Erikson, and many others were interested in or trained in pedagogy and work with teachers, their ideas were disseminated. With rare exceptions school mental health programs were conceived piecemeal to meet pressing needs, and little effort was made to assess how schools might become centers for early identification of problems—made possible when for the first time, most

children would be observed by trained personnel. Certainly early identification of problems by teachers can be effective, as demonstrated by Bower, but it was rarely taught or emphasized. The use of learning as a mental health tool was emphasized from the days of Witmer and Dewey. However, planned school mental health programs using all school and community facilities were a rarity. Even today, despite the enormous increase in school problems, disruptions, and non-learning behavior, such comprehensive programs are still rare.

Mental Health Consultation in Schools

World War II brought an increased awareness of the mental health problems of the draft-age soldier. The great number of the rejections of draftees as mentally unfit for service and the vast numbers of servicemen, in and out of combat, who were treated for mental and emotional problems brought to sharp awareness the national need for training specialists to work with children and with schools.

Thus, in the late 1940s and early 1950s the first efforts at mental health consultation to schools were described in the literature. Each author, working in his own way, began to describe his experiences and to account for results using a variety of theoretical approaches. At the nursery school level, Parker described an educative consultation model to enhance the functioning of

teachers with children. Other workers at the elementary and secondary levels described their work with teachers and administrators. The common theme that began to emerge was one of helping school personnel, educators, administrators, and other school workers to enhance their capacities to use educational methods more effectively in reducing children's difficulties in school. Caplan, from the Laboratory of Community Psychiatry at Harvard, began to describe a theory of mental health consultation that contributed to the awareness of many and enabled them to examine their work in the light of a theoretical model. Thus mental health consultation in schools was written about, and various aspects were more consciously taught and applied. Caplan's framework was congruent with Berlin's early descriptions of the consultation process in schools.

Sarvis and Pennekamp and Newman also began to describe their practice and formulate their theoretical base, borrowing in each case from their basic training and experience in intensive psychotherapy with children and adolescents. Many other workers in the mental health professions became involved in a variety of consultation efforts with schools. Some chose individual work with teachers around problem children; others worked mostly with administrators when they could. Still others experimented with and delineated group consultation methods with teachers, counselors, and school health and mental health professionals.

Inherent in all these efforts was the fact that problem children were so numerous that mental health clinics and workers as treatment resources could never catch up. Further, individual psychotherapy with children alone or including their parents did not produce rapid or miraculous results. Those on the firing line in the schools would have to become more effective in using themselves and the potentially therapeutic aspect of education more productively on behalf of disturbed and disturbing children.

The simultaneous work in ego psychology by Anna Freud, Hartmann, Kris, and Loewenstein, Erikson, and others and work on competence theory by White began to clarify how the healthy aspects of the personality of a disturbed person or child can be used to aid in the reduction of the disturbance.

In recent books and papers, Sarvis and Pennekamp, Newman, and Berlin have more clearly delineated their theoretical framework for school consultation. Sarvis and Pennekamp described vividly their experience in obtaining the close collaboration of teachers, administrators, counselors, school psychologists, and social workers in evolving a school team approach to the problem student. Newman described her methods, which were influenced by her collaboration with Fritz Redl. This approach is based on the life space interview concept, a very dynamic awareness, and understanding of both the teachers' and the students' problems in the context of the school

environment and utilizes analytic and dynamic psychiatric theory via on the spot demonstrations of intervention using interpretations and sensitive behavioral confrontations to illustrate how, when, and where a disturbed child can be helped within the school context.

Example of a Methodology of Mental Health Consultation in the School

My paper on methodology of mental health consultation in the schools focuses on a five- stage process. There are four or five steps involved in this method of mental health consultation, some of which tend to merge; but all are essential to effective mental health consultation.

The first step centers around developing a good working relationship so that the consultee does not feel suspicious or fearful that the worker will try to uncover unconscious motivations or pry into personal problems. This is one obstacle all mental health professionals must overcome in consultation. The establishment of the collaborative relationship depends on the worker's task-oriented approach, in which only the work problems brought up for discussion are considered, but never in terms of possible underlying psychopathology. Perhaps the most successful way such a collaborative relationship is established is through the mutual consideration and evaluation of the origins of the troubles of the client. Consultant and consultee together consider the factors in the home environment, the living

experiences, and the previous relationships of the client that may be etiological to the present troubles. Thus together they gather and evaluate the data that delineate the child's emotional troubles and personal and sociocultural deprivations. In this way the consultee does not feel personally responsible for the client's problems or burdened with the personal need to make up for the client's lack of nurturant and integrative experiences with important persons in the past. As a result of such exploration, the consultee can more realistically assess how much he can expect of himself in helping the client. He also comes to expect a collaboration with an expert colleague, who places no blame but instead focuses on enhancing the understanding of the client's learning problems.

The second step is an effort to reduce the consultee's anxieties and self-blame, his feelings of failure, frustration, anger, and hopelessness. These tensions are usually an admixture of reality problems and circumstances, the role problems common to the teaching profession, and the character problems that may interfere with the consultee's effectiveness. Mutual exploration of the genesis of the client's troubles may help reduce anxieties and usually lays the groundwork for a relationship in which the consultant's comments may be understood and considered, especially those comments that indicate his empathic understanding of the consultee's distress. The consultant most effectively conveys his understanding of these feelings, dilemmas, and anxieties by reporting experiences of a related nature that

have engendered similar feelings in him. When the consultee talks of his hostile and anxious feelings as he is confronted by angry parents, the consultant can be helpful by relating how long it took him to learn that such anger was indicative of parents' hopeless and helpless feelings in dealing with the child. The teacher, counselor, or administrator thus learns that such anger is not directed primarily against the worker as a person. In this process the consultee's anxiety is externalized and reduced by the consultant's comments, which illustrate that these feelings and experiences are human and comprehensible and within his own experiences as a professional person and as a human being. Thus, the consultee's feelings of blame and guilt may be reduced, and he may feel less defensive. Because he feels understood he will be able to engage himself in the consultative effort.

The third step in consultation is designed to keep the collaboration task-oriented and to prevent the helpless dependency that may follow relief of anxiety. The consideration of etiological factors in the client's troubles and the consultant's diagnostic appraisal of the consultee's ego strengths are used to focus on the first step to be taken by the consultee to help the client. Thus, the teacher is engaged in consideration of how he can engage the student in the learning process. This needs to be a mutual consideration and agreement to work with the child in a particular way that the teacher considers consonant with his own capabilities. In this phase, the consultant needs to be wary of making unilateral recommendations or being seduced into

prescriptions about the educative process in which the educator is the expert. Such recommendations will inevitably fail if the consultee is not involved in delineating and examining the educational aspect of the plan. The worker adds his expertise about the probable emotional impact of the method, consideration of how specific approaches may fit the child's particular psychological needs, and what emotional reactions might be anticipated and utilized in each plan. It is also very important that consultee and consultant agree on realistic and achievable goals. Goals need to be tentative ones, which can be tested and evaluated. Since each effort is experimental, neither participant need feel blame for any failure. Each is a collaborator in the discovery and refinement of techniques of educational approaches to the reduction of the difficulties. Recriminations endanger the consultative relationship.

The fourth step, a vital one, consists of follow-up meetings to evaluate, reconsider, modify, and try new approaches in the light of the teacher's experiences and the changes in the child. This enables the consultee to recognize that he can build on every tiny increment of learning, that each minute step is important and meaningful to the child's interpersonal experience and beginning sense of mastery. Thus, the consultee is encouraged to be content with tiny shifts, to recognize these, and to reward the child for his learning. He is helped to take satisfaction in his sustained and consistent efforts. Encouraged in continued consultations, the consultee begins to be

more spontaneous and inventive in his approaches. At this stage one hears from the consultee how he has used his insights gained in consultation to work with other children.

The fifth step is the consolidation and disengagement from consultation. As the consultee works more effectively and feels more secure in his capacity to work and help a wider variety of disturbed children, he needs the consultant less. His increasing competence as a teacher, counselor, or administrator leaves him free to call the consultant when and if he needs help. In this process, then, the consultee is helped with his own situational or character problems by an understanding of the client's problems and by helping to deal more effectively with them. He also simultaneously unlearns his idiosyncratic and previously less effective attitudes and methods. Thus he learns to integrate attitudes and methods in the use of educative techniques that are more effective and can be used with many clients.

Since this is not a casework, patient, or client relationship, certain gratifications and rewards inherent in direct work may be missing and may initially make consultation less satisfying. Consultees who are helped to work more effectively usually do not express gratitude. Because they are engaged as collaborators, they often may not recognize that they have been helped. Frequently the most successful consultation is indicated only by the evidence that the consultee does not require further consultation. As in all

interpersonal processes, it is a slow one. An indirect process, it is once removed from the consultee's personality or character problems, and indications of success may not be seen for some time.

Consultation may be very anxiety provoking if the consultee feels overwhelmed. He may demand from the consultant answers that are not available. In these circumstances it may be very difficult to recognize that the consultee may be identifying with the attitudes and methods of the consultant as he helps evaluate the situation and begins to look for "bite-sized" approaches. The consultee may often not reduce his demands, but the consultant's persistence may help in finding an avenue of approach to tackle the problems a bit at a time. The identification of consultee with consultant has been found to be an important dynamic of the process. One often indirectly hears that a teacher reacts to the pressures from a difficult child or the overwhelming burdens of a difficult classroom situation with the same general approach and style that the consultant has used with the consultee.

Employing consultation methods with individual consultees seems to help both the consultee and the client function more effectively.

Only very recently did Caplan complete his long awaited text on mental health consultation, which has very direct application theoretically and by detailed case examples for mental health consultation in the schools. Caplan

clearly delineated the variety of consultation opportunities possible in the school setting from work with clients to consultee and program-centered efforts. Some of Caplan's students have also focused on the schools and have described their experiences and contributed to the theory of mental health consultation in the schools. Rappaport focused on the social worker's role, and Bindman and others on the psychologist's role as consultant in schools.

Rowitch, in a seminal paper, describes the shift from case-oriented to program-oriented consultation in a day-care center. Here the basic procedures of the school are eventually altered to provide a more effective interpersonal and learning environment. Altrocchi, Spielberger, and Eisdorfer, Kevin, Berkowitz, and others described variations of group consultation, each seeing the process as effective but as different in focus and emphasis. Altrocchi et al. and Kevin saw it as an enlargement of individual consultation with opportunities for the consultant's modeling of behavior helpful to each consultee in his problem solving. Berkowitz viewed the process with any group of educators as moving from case to program consultation.

Mental Health Programs and the Community

Despite many and varied school consultation models and efforts, integrated and effective school mental health programs are rare. Rafferty's

program in Baltimore comes close to such a program, that is, close liaison with schools and work at various levels not only to enhance the school personnel's capacities to work with disturbed children but to work with educators to evaluate kindergarten and first-grade children. The free flow of children, educators, and mental health staff is fostered from inpatient and day-care services to outpatient service and return to school with close liaison at all times. The integrated activities, in every setting, of school and mental health center personnel in the service of a child are a unique and effective combination of talents, which enhances every professional's competence. It creates enthusiastic learning about children's functioning and dedication to the early recognition and prevention of psychological disorder. Parents are closely involved in each setting as partners in the work and as interested participants in learning how to help their children.

Blom and his associates, together with other mental health professionals, work primarily with teachers' groups on an in-service basis to help sensitize them to the signs of early disorder and to help them evolve effective educational methods for helping alter the behavior and learning set of disturbed and non-learning children.

The close working together of mental health professionals, community advocates, and parents to alter a ghetto child's chances for survival in the school is delineated by Kellam and Schiff in their work. Such a program was

not designed as a mental health program in schools but became one as the efforts to help teachers and children work together to help the child learn more effectively through group process in the classroom enhanced the total integrative functioning of both. Equally important, the program involved parents and community workers in an ever more effective collaboration with the school.

Potential of School Mental Health Programs

Designed and utilized as secondary prevention, mental health programs that emphasize the early identification and remediation of learning and emotional problems have proven effective. School programs as they move into the preschool may have primary prevention opportunities. In the preschool and day-care settings, the identifications of developmental crises of children, nutritional and other indications of health, mental health, and learning problems may lead to their prevention. This requires the involvement of the family and the community in a joint enterprise with the school. The school must develop those relations with community agencies and especially with parents and the community they serve so that they can obtain collaborative mental health interventions supported by all concerned. The child and family advocate system proposed by the Joint Commission on Child Mental Health and currently being sponsored by the Office of Child Development, the Office of Education, and the National Institute of Mental

Health may help to intervene early and to ensure more relevant and stimulating education.

Community-School Mental Health Programs

On a large scale community-school mental health programs are new, although they reflect the learning from Lindemann and Klein in such projects as at Wellesley, and Gildea and Glidewell in projects at St. Louis.

A few such programs are in existence, and the rare ones are becoming very effective and are composed of known ingredients, but none specifically are directed to school mental health and effective learning. Historically they came about because of mass migration from rural to urban areas by minorities, the creation of enormous ghettos, and children who were not well prepared for learning. Families' reactions to the stresses of mass poverty in urban ghettos have resulted in many children with a myriad of problems which have overwhelmed school health and mental health resources.

Schools have not changed in the last several decades to meet the growing urban problems. Teachers have been poorly prepared in newer, more relevant educational methods necessary for their jobs. The rewards for learning need to be more tangible and the methods of teaching more innovative. As mental health personnel found that individual work with children was not feasible and evolved group techniques and consultation

methodology, educators evolved creative, high-impact, high-interest classes.

Most relevant to new modes of helping children has been the impact of parents, who as paid aides and volunteers have proven their worth, first to the education of preschool children and currently to elementary school children.

New programs are beginning to rely on professionally trained teachers as coordinators of volunteers. They spend their time helping volunteer parents and community persons learn how to help individual children and small groups. They have evolved highly attractive and effective learning games that volunteers can use with children who are failing in reading, math, history, and the like. Usually, volunteers can find time for work with individual children; most teachers are so involved in overall programming and total classroom monitoring that they have little time for individual work. The most emotionally disturbed children, those with severe ego defects due to early lack of nurturance and object constancy, can often, through working with a parent or interested community volunteer, begin to learn and to identify with the volunteer who is able to give the necessary time to the disturbed child.

Consultation by mental health personnel to volunteers around some of the very disturbed children they serve has been quite effective. In one system

such group consultation has not only provided a regular way of problem solving with the volunteers but has also permitted a healthy exchange of ideas. New learning for all, the integration of several community health and mental health services and school educational services on behalf of the child, and enhanced respect of each group toward the others have also occurred to the child's benefit.

In some day-care, preschool, and Head Start programs the very young and very disturbed children require an enormous amount of individual attention that only a large number of community volunteers can provide. The attentive concern, for example, of a trained elderly volunteer has tremendous impact on disturbed non-learning young children. In these same systems parent groups are involved in learning to help their children via games at home. They learn to provide prompt tokens as rewards that can be cashed in at school for toys and foods. These parents, rather than being alienated by their difficult non-learning child who usually evokes a threat of retaliatory administrative action, learn to enjoy working with their child, often for the first time successfully.

The use of older children to teach younger children with learning and mental health problems has repeatedly proven effective. The older children prove to be effective objects for identification. Their interest and competence in teaching younger children enhances their feelings of self-worth, and they

are eager for mental health consultation. As consultees they learn quickly, raise relevant questions without hesitation, gather data effectively, and carry out mutually agreed on plans with energy and enthusiasm helpful to the disturbed child. They can also translate the objectives of their work to teachers and parents with clarity and vividness. Notably, student tutors also become better students and relate the mental health knowledge acquired to other situations, such as in their own class work. Some students look to entering the mental health fields themselves as important occupational objectives.

The Community Mental Health Center and School Mental Health

New school mental health programs for students of all ages have come from the consultation and education components of some community mental health centers. The heavy involvement of mental health aides and para-professionals in the centers means that the neighborhood problems as well as the school problems that contribute to mental health problems are potentially well understood by community members. The previous lack of collaboration of agencies with the school on behalf of a student and parent is reduced as the center begins to facilitate interagency collaboration using its facilities as part of the total system of services to be coordinated on behalf of its citizens. In some community mental health centers, mental health aides, teachers' aides, and health aides may be trained to be interchangeable, that is, to develop

similar skills so that any of them can work with students and parents at home, at the day-care center, in the school project, and within the center's therapeutic day-care, inpatient, and halfway house services. Thus, one of the major road blocks may be overcome if a community mental health center begins to function to coordinate health, education, mental health, and even welfare services in its catchment area. To date such collaboration and integration of services is still rare, but where they have occurred, they appear to be effective examples of how children can be served.

The Role of New Mental Health Workers in the Schools

To provide for needed personnel to help with mental health problems in schools, several new kinds of trained educators have evolved. The elementary school counselor in many areas is a consultant to several elementary schools and uses primarily an educational approach to mental health problems with some personal counseling for children and parents. Primarily the elementary school counselor tries to help teachers find ways to work with disturbed children via educational means. He is often trained to demonstrate such methods to teachers. In the main these are behavior modification methods, using token and social reinforcement.

School counselors, social workers, and psychologists are developing new skills to add to the problem-solving techniques of their profession. They

have developed group work techniques to help children and young adolescents. The counselors learn group counseling and special techniques of consulting with teachers. School psychologists have begun to abandon mass testing for involvement with teachers and troubled children using behavior modification techniques to help them learn to use clear rewards for successful learning and especially how to develop social reward systems. It has become clear that nurses, skilled counselors, social workers, and psychologists can in many of their functions work in the same ways.

Added to these workers are the teachers' aides, volunteers, and older children as tutors. Importantly, parents can be helped to learn to work with their own and other children. Mental health professionals can collaborate with teachers to evolve models of helping others work with children. Incremental learning of teaching methods, as well as the use of observation and mental health consultation to help each worker overcome common problems in working with children, can also help reduce problems of working with severely disturbed children.

Very recently, school social workers and school psychologists have begun to learn mental health consultation methods in their course of training so that they can more effectively utilize their understanding of human behavior to help teachers work with disturbed children. Such in-house consultation is sometimes more effective than outside consultation because

the consultant, as part of the school, knows the system, the administrators, the children, the teachers, the community, and all the various needs. Such efforts are often effective in working on system problems because they are common problems to all those concerned with children. Alliances within the system can be effected to solve the problems such as innovative teaching methods, more open community access to schools, more help to teachers with the teaching job to be done, as well as working out more effective methods of team teaching, helping schools to be more responsive to minority children's' needs, and helping schools to develop more relevant courses. Such alliances, which utilize the mental health worker's skills to reduce expected and usual anxieties about change through mental health consultation and which focus on how needed change may reduce tensions in the schools, also promote better health and mental health programs for solving system problems.

Thus, what began as very sporadic and individual efforts to solve school mental health programs have now occasionally become system-wide programs in several large urban and rural areas.

The role of the mental health worker has evolved into several roles. The generic role will always be relevant since some children will always require help for severe troubles via individual and group therapeutic methods. Referrals of health and mental health problems and diagnosis of developmentally oriented psychological and learning problems, which lead to

collaboration with educators, counselors, and remedial specialists to effect meaningful remediation, are clearly essential for some children. Many workers will also learn to use mental health consultation with individuals and groups to enhance the capacities of teachers, counselors, administrators, and sub-professionals to work more effectively with a wider spectrum of students with behavior problems. Mental health workers will also learn how to use group consultation to focus on system changes required to better educate a child population very poorly served by the schools for many years. One of their newest roles is that of school-community liaison. Here professionals with a particular feel for community problems, often minority mental health workers who have not moved too far from their communities, can help effect interaction between community and school around the needs of children, which are of concern to all. Such interaction often leads to innovative changes in teaching and curriculum and parent participation in the program.

Recently mental health professionals have been able to help school personnel deal with confrontation in an integrative way. Thus, rather than wounded, angry, and authoritarian responses to various confrontations, they may help their colleagues in education to a more rational collaboration with students. In some instances the mental health professionals' modeling of confrontation situations and illustrating the various kinds of common reactions and those that have led to integrative solutions may be helpful. Other workers' efforts to sensitize their colleagues to their students' feelings

have helped. That is, increased awareness by educators of the kinds of anger that long-standing feelings of impotence, indifference of the educational system to needs of the poor, and racist attitudes have induced in students may increase collaboration with students to meet their specific needs. Effective collaboration helps students use their potency constructively to effect more and better learning. Hopefully, mental health professionals can also help their colleagues in education to increased awareness of how the schools from the early grades on can enhance the sense of effectiveness and ego mastery of students through participatory democracy first in the classroom, then in the community around the school, and then in the larger community.

Mental health programs in the schools need now to focus on the use of recent research and knowledge to utilize the students' inherent ego strengths. Thus, the curiosity and investigativeness at every developmental level must be facilitated. Through both in-service exposure and mental health consultation, educators who were previously discouraged and weary have often rediscovered their skills and pleasure in involving each child in the excitement of learning. Simultaneously, as students acquire knowledge, they need help to use it for their own growth and to learn how to collaborate with others to solve the problems of their community and their society.

Only a school program that uses its mental health workers inside and

outside the system to help the teachers and administrators recognize and utilize the therapeutic effects of education will effectively deal with the many mental health problems in the school. It will utilize mental health consultation as one aid in the process of enhancing the competence of the faculty and students and their rapport with the community they serve.

In several of the most advanced school mental health programs, the mental health workers, both in the school system and outside, have begun to see their roles as catalysts to develop the capabilities of the administrators and educators in a school to anticipate problems and to recognize the very early signs of difficulties. Reexamination of previous experiences, where missed cues have resulted in exacerbation of difficulties, provides clues for primary prevention and early intervention or secondary prevention. School mental health programs in crises find it difficult to use their mental health personnel to focus on prevention as a major means of reducing crises. They tend to focus on treatment and administrative actions to deal with each crisis, which usually means the continuation of a crisis state. Efforts at gathering data about the nature and etiological factors of crises so that they can be anticipated and worked through are still rare. However, when carried out, they have led to effective preventive efforts.

School mental health programs still usually emphasize individual therapy of disturbed and disturbing children. The size of the problem without

surcease has led to the use of mental health consultation as a means of dealing more effectively with problems in the classrooms. Massive school problems in both ghetto and suburban schools have led to widespread use of paraprofessionals and community resources. Only recently has there been a serious concern with the study of epidemiology and prevention of mental health disorders in the schools.

Conclusions

Mental health programs in the schools have come a long way from the pioneering work of Witmer, in the early 1900s, and didactic group mental hygiene efforts with parents, to recognition of individual children's problems and efforts at individual psychotherapy in the 1940s and 1950s. The 1960s saw consideration of efforts to meet growing needs with more effective methods of group work with children and mental health consultation with teachers and administrators to enhance their competence to help disturbed children within the school setting. Only recently, with the evolution of community mental health centers, has there been any effort to provide services close to the neighborhood. The massive problems resulting from in-migration of minorities into the ghettos—without responsive social and educational changes to alter the impact of poverty and discrimination—have required new patterns of mental health response to needs. These patterns of response tend to be community based and have utilized responsive mental

health professionals as consultants to paraprofessionals and volunteers to provide greater manpower and impact on the ever- mounting problems.

In the schools, mental health programs depend on trained and responsive mental health professionals able to work effectively with parents, teachers' aides, and other paraprofessionals and students as teachers and consultees as well as with professional educators and administrators. Often their role is one of catalyst, to be alert to and anticipate the problems in such a system with its many diverse helpers and enormous needs in both educational and mental health spheres. As mental health workers learn to anticipate problems and honestly and openly raise them with all concerned, the needed changes within the systems and their relation to the community occur, and effective methods of helping children to learn and to grow are enhanced. As a result, others in the system begin to work toward anticipatory solutions of beginning problems, and prevention becomes possible.

Bibliography

Almy, M. "Intellectual Mastery and Mental Health." In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969. pp. 107-119.

Altrocchi, J., Spielberger, C., and Eisdorfer, C. "Mental Health Consultation with Groups." *Community Mental Health Journal,* 1 (1965), 127-134.

Aries, P. *Centuries of Childhood.* New York: Vintage Books, 1965.

Balser, B. H. "Further Report on Experimental Evaluation of Mental Hygiene Techniques in School

and Community." *American Journal of Psychiatry,* 113 (1957), 733-739.

Bennett, E., and Kaplan, F. "A Way of Thinking: Mental Health Professionals in Community Programs." *Community Mental Health, Journal,* 3 (1967), 318-324.

Berkowitz, H. "Varieties of Mental Health Consultation for School Personnel." *Journal of Secondary Education,* 45, no. 3 (1970).

----, ed. A *Report on School Consultation Activities.* Denver: University of Colorado Medical Center, 1969.

Berlin, I. N. "Some Learning Experiences as Psychiatric Consultant in the Schools." *Mental Hygiene,* 40 (1956), 215-236.

----. "Mental Health Consultation in Schools as a Means of Communicating Mental Health Principles." *Journal of the American Academy of Child Psychiatry,* 1 (1962), 671-679.

----. "A History of Challenges in Child Psychiatry Training." *Mental Hygiene,* 48 (1964b 558-565.

----. "Learning Mental Health Consultation: History and Problems." *Mental Hygiene,* 48 (1964), 257-266.

----. "Mental Health Consultation in Schools: Who Does It and Why?" *Community Mental Health Journal,* 1 (1965), 19-22.

----. "Consultation and Special Education." In I. Phillips, ed., *Prevention and Treatment of Mental Retardation.* New York: Basic Books, 1966. pp. 270-293.

----. "Preventive Aspects of Mental Health Consultation to Schools." *Mental Hygiene,* 51 (1967), 34-40.

----. "Mental Health Consultation for School Social Workers: A Conceptual Model." *Community Mental Health Journal,* 5, no. 4 (1969), 280-288.

----. "From Confrontation to Collaboration." *American Journal of Orthopsychiatry,* 40, no. 3 (1970), 473-480.

----. “Professionals’ Participation in Community Activities: Is It Part of the Job?” *American Journal of Orthopsychiatry,* 41 (1971), 494-500.

Bindman, A. J. “The School Psychologist and Mental Health.” *Boston University Journal of Education,* 146 (1964), 5-10.

Bower, E. M. *Early Identification of Emotionally Handicapped Children.* Springfield, 111.: Charles C Thomas, i960.

----. “Mental Health in Education.” In F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969. Pp. 13-26.

----. “The Modification, Mediation, and Utilization of Stress During the School Years.” In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969. pp. 344-352.

----. “Primary Prevention of Mental and Emotional Disorders: A Frame of Reference.” In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969. pp. 294-303.

Braun, S. L., and Lasher, M. G. *Preparing Teachers to Work with Disturbed Preschoolers.* Medford, Mass.: Nimrod Press, 1970.

Brenner, M. “Life Space Interview in the School Setting.” In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969.

Brown, B. S. “Definition of Mental Health and Disease.” In A. M. Freedman and I. Kaplan, eds., *Comprehensive Textbook of Psychiatry.* Baltimore: Williams & Wilkins, 1967. pp. 1519-1520.

Caplan, G. “Recent Trends in Preventive Child Psychiatry.” In G. Caplan, ed., *Emotional Problems of Early Childhood.* New York: Basic Books, 1955. Pp. 153-163.

----. “Mental Health Consultation in Schools.” In *The Elements of a Community Mental Health Program.* New York: Milbank Memorial Fund, 1956. Pp. 72-85.

----. *Concepts of Mental Health and Consultation.* Washington, D.C.: U.S. Children's Bureau, 1959.

-----. "Types of Mental Health Consultation." *American Journal of Orthopsychiatry,* 33 (1963b 470-481.

----. *Principles of Preventive Psychiatry.* New York: Basic Books, 1964.

----. "Problems of Training in Mental Health Consultation." In S. Goldston, ed., *Concepts of Community Psychiatry, A Framework for Training.* Bethesda, Md.: National Institute of Mental Health, 1965. pp. 91-108.

----. *The Theory and Practice of Mental Health Consultation.* New York: Basic Books, 1970.

Central Advisory Council for Education (England). *Children and Their Primary Schools.* Vol. 1. London: Her Majesty's Stationery Office, 1966.

Cowen, E. L. "Emergent Approaches to Mental Health Problems: An Overview and Directions for Future Work." In E. L. Cowen, Gardner, and M. Zax, eds., *Emergent Approaches to Mental Health Problems.* New York: Appleton-Century-Crofts, 1967. pp. 389-345.

Eisenberg, L., and Gruenberg, E. M. "The Current Status of Secondary Prevention in Child Psychiatry." *American Journal of Orthopsychiatry,* 31, no. 2 (1961), 355-367.

Erikson, E. H. *Childhood and Society.* New York: Norton, 1930.

Freud, A. *The Ego and Mechanisms of Defense.* New York: International Universities Press, 1955.

Friedenberg, E. Z. *The Vanishing Adolescent.* New York: Dell, 1969.

Gallagher, J. J. *Teaching the Gifted Child.* Boston: Allyn & Bacon, 1964.

Gibb, J. R., and Lippitt, R., eds. "Consulting with Groups and Organizations." *Journal of Social Issues,* 15 (1959), 1-74.

Gilbert, R. "Functions of the Consultant." *Teachers' College Record,* 61 (1960), 177-187.

Gildea, M. C. *Community Mental Health: A School Centered Program.* Springfield, Ill.: Charles C Thomas, 1959.

----, Glidewell, J. C., and Kontar, M. D. "The St. Louis School Mental Health Project: History and Evaluation." In E. L. Cowen, Gardner, and M. Zax, eds., *Emergent Approaches to Mental Health Problems.* New York: Appleton-Century- Crofts, 1967. Pp. 290-306.

Graubard, P. S., ed. *Children Against Schools: Education of the Delinquent, Disturbed, and Disruptive.* Chicago: Follett, 1969.

Griffith, C. R., and Libo, L. M. *Mental Health Consultants: Agents of Community Change.* San Francisco: Jossey-Bass, 1968.

Hartmann, H., Kris, E., and Loewenstein, R. M. "Comments on the Formation of Psychic Structure." *Psychoanalytic Study of the Child,* 12 (1946), 11-38.

Hewett, F. M. "Educational Engineering with Emotionally Disturbed Children." In F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand- McNally, 1969. Pp. 386-397.

The Emotionally Disturbed Child in the Classroom. Boston: Allyn & Bacon, 1970.

Hobbs, N. "Helping Disturbed Children: Psychological and Ecological Strategies." In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969.

Holt, J. *How Children Fail.* New York: Delta Books, 1965.

Joint Commission on Mental Health of Children. *Crisis in Child Mental Health: Challenge for the 1970s.* New York: Harper & Row, 1970.

Jones, R. M. *Fantasy and Feeling in Education.* New York: New York University Press, 1968.

Kellam, S. G., and Schiff, S. K. "Adaptation and Mental Illness in the First Grade Classrooms of an Urban Community." In Greenblatt, Emery, and Glueck, eds., *Poverty and Mental Health.* Psychiatric research report, no. 21. Washington, D.C.: American Psychiatric Association, 1967.

Kevin, D. "Use of the Group Method in Consultation." In L. Rapoport, ed., *Consultation in Social Work Practice.* New York: National Association of Social Workers, 1963. Pp. 69-84.

Klebanoff, L. B., and Bindman, A. J. "The Organization and Development of a Community Mental Health Program for Children: A Case Study." *American Journal of Orthopsychiatry,* 32 (1962), 119-132.

Klein, D. C. *Consultation Processes as a Method of Improving Teaching.* Report no. 6g. Boston: Boston University Human Relations Center, 1964.

----. "An Example of Primary Prevention Activities in Schools: Working with Parents in Preschools and Early School Year Children." In N. M. Lambert, ed., *The Protection and Promotion of Mental Health in the Schools.* Public Health Service publication, no. 1226. Bethesda, Md.: U.S. Government Printing Office, 1965.

---, and Lindemann, E. "Preventive Intervention in Individual and Family Crisis Situations." In G. Caplan, ed., *Prevention of Mental Disorders in Children.* New York: Basic Books, 1961. pp. 283-306.

Kohl, H. *36 Children.* New York: New American Library, 1967.

Kozol, J. *Death at an Early Age.* New York: Bantam Books, 1967.

Krugman, M., ed. *Orthopsychiatry and the School.* New York: American Orthopsychiatric Association, 1958.

Lapouse, R. "The Epidemiology of Behavior Disorders in Children." In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969. Pp. 37-44.

Leighton, D. C., et al. *The Character of Danger: Psychiatric Symptoms in Selected Communities.* New York: Basic Books, 1963.

Leopold, R. L., and Kissick, W. L. "A Community Mental Health Center Regional Medical Program and Joint Planning." *American Journal of Psychiatry,* 126 (1970), 1718-1726.

Levine, M., and Levine, A. "The First Psychological Clinic: Lightner Witmer, 1896." In M. Levine

and A. Levine, eds., *A Social History of Helping Services.* New York: Appleton-Century-Crofts, 1970.

----, and Levine, A. "The Visiting Teacher." In M. Levine and A. Levine, eds., A *Social History of Helping Services.* New York: Appleton-Century-Crofts, 1970.

Libo, L. N., and Griffith, C. R. "Developing Mental Health Programs in Areas Lacking Professional Facilities: The Community Consultant Approach in New Mexico." *Community Mental Health Journal,* 2 (1966), 163-169.

Lippitt, R. "The Youth Culture, the School System, and the Socialization Community." In A. J. Reiss, Jr., ed., *Schools in a Changing Society.* New York: The Free Press, 1963.

Long, N. J., and Newman, R. G. "The Straws That Break the Teacher's Back." In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand- McNally, 1969. pp. 282-288.

Lowery, L. G. "Orthopsychiatry Treatment." In L. G. Lowery and V. Sloane, eds., *Orthopsychiatry, 1Q23-1Q48: Retrospect and Prospect.* New York: American Orthopsychiatric Association, 1948.

MacIver, R. *The Prevention and Control of Delinquency.* New York: Atherton Press, 1966.

Minuchin, P., Biber, B., Shapiro, E., and Zimiles, H. *The Psychological Impact of the School Experience.* New York: Basic Books, 1969.

Minuchin, S. "The Use of an Ecological Framework in the Treatment of the Child." In E. J. Anthony and C. Koupernik, eds., *The Child in His Family.* New York: Wiley, 1970. pp. 41-57.

Moore, W., Jr. *The Vertical Ghetto.* New York: Random House, 1969.

Morse, W. C. "Enhancing the Teacher's Mental Health Function." In E. L. Cowen, Gardener, and M. Zax, eds., *Emergent Approaches to Mental Health Problems.* New York: Appleton-Century-Crofts, 1967. pp. 271-289.

Nelson, E. K., Jr. "Organizational Disparity in Definition of Deviance and Uses of Authority: Police,

Probation, and Schools." In A. J. Reiss, Jr., ed., *Schools in a Changing Society.* New York: The Free Press, 1965.

Newman, R. G. *Psychological Consultation in the Schools: A Catalyst for Learning.* New York: Basic Books, 1967.

----, Redl, F., and Kitchener, H. L. *Technical Assistance in a Public School System.* Washington, D.C. Washington School of Psychiatry, 1962.

Parker, B. "Psychiatric Consultation for Nonpsychiatric Professional Workers." *Public Health Monograph,* no. 53, 1958.

----. "Some Observations on Psychiatric Consultation with Nursery School Teachers." *Mental Hygiene,* 45 (1962), 559-566.

Pasamanick, B., and Knoblock, H. "Epidemiological Studies on the Complications of Pregnancy and the Birth Process." In G. Caplan, ed., *Prevention of Mental Disorders in Children.* New York: Basic Books, 1961. pp. 74-94.

----, Knoblock, H., and Lilienfeld, M. "Socioeconomic Status and Some Precursors of Neuropsychiatric Disorder." *American Journal of Orthopsychiatry,* 26, no. 3 (1956). 594-601.

Peck, H., and Kaplan, S. "A Mental Health Program for the Urban Multiservice Center." In M. Shore and F. Mennino, eds., *Mental Health and the Community.* New York: Behavioral Publications, 1969.

Rafferty, F. T. "The Community Is Becoming." *American Journal of Orthopsychiatry,* 36 (1966), 102-110.

----. "Child Population Service for a Total Population." *Journal of the American Academy of Child Psychiatry,* 6 (1967), 295-308.

----, Mackie, J., Maxwell, A. D., and Sila, B. The Diagnostic Check Point for Community Child Psychiatry. Unpublished manuscript. School 95, Franklin Square School, Baltimore, Md., City School System.

Rappaport, L. *Consultation in Social Work Practice.* New York: National Association of Social Work, 1963.

Ratner, J., ed. *Intelligence in the Modern World: John Dewey's Philosophy.* New York: Random House, 1937.

Reid, D. *Epidemiological Methods in the Study of Mental Disorders.* World Health Organization public health papers, no. 2. Geneva, i960.

Reiff, R., and Reissman, F. "The Indigenous Nonprofessional: A Strategy of Change in Community Action and Community Mental Health Programs." *Community Mental Health Journal,* Monograph no. 1, 1963.

Reissman, F. "A Neighborhood Based Mental Health Approach." In E. L. Cowen, Gardener, and M. Zax, eds., *Emergent Approaches to Mental Health Problems.* New York: Appleton-Century- Crofts, 1967. pp. 162-184.

----, Cohen, J., and Pearl, A. *Mental Health of the Poor.* New York: The Free Press, 1964.

Rioch, M. J., et al. "National Institute of Mental Health Pilot Study in Training Mental Health Counselors." In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, pp. 430-441.

Rowitch, J. "Group Consultation with School Personnel." *Hospital and Community Psychiatry,* 19, no. 8 (1968), 45-50.

Sarason, S. *Psychology in Community Settings.* New York: Wiley, 1966.

Sarvis, M. A., and Pennekamp, M. *Collaboration in School Guidance.* New York: Brunner/Mazel, 1970.

Schiff, S. K., and Kellam, S. G. "A Community Wide Mental Health and Health Program of Prevention and Early Treatment in First Grade." In Greenblatt, Emery, and Glueck, eds., *Poverty and Mental Health.* Psychiatric research report, no. 21. Washington, D.C.: American Psychiatric Association, 1967. pp. 92-102.

Shapiro, T., and Frosch, W. A. “Faculty Responses to Student Confrontation.” *American Journal of Psychiatry,* 127 (1970), 599-605.

Thompson, M. H. *The History of Education.* New York: Barnes & Noble, 1963.

White, R. W. “Competence and the Psychosexual Stages of Development.” In M. Jones, ed., *Nebraska Symposium on Motivation.* Omaha: University of Nebraska Press, 1960.

Witmer, H. L. *Psychiatric Clinics for Children.* New York: Commonwealth Fund, 1940.

Zax, M., et al. “A Teacher-Aide Program for Preventing Emotional Disturbances in Young School Children.” In H. F. Clarizio, ed., *Mental Health and the Educative Process.* New York: Rand-McNally, 1969. pp. 313-323.

Zimilies, H. “Preventive Aspects of School Experience.” In E. L. Cowen, Gardener, and M. Zax, eds., *Emergent Approaches to Mental Health Problems.* New York: Appleton-Century-Crofts, 1967. pp. 239.