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Working with Schools

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Mental health professionals are participating in school programs where their knowledge of the psychological needs of children and their skills of working within organizational structures are becoming integrated into systematic methods of dealing with the problems inherent in educating students. A wide range of possibilities exists for becoming involved in schools and these possibilities will be influenced by the focus of the mental health professional's activity, the organization and auspices from which he comes, and his approach, procedures, and goals. The professional can focus on: (1) individual emotionally disturbed children; (2) a population of children that present severe emotional disturbance; or (3) both the population of emotionally disturbed children and the climate in which they function, which would include the teachers' approach and the administrative design of a program for the child.

Although in the past most mental health consultation has focused on these problems, it is becoming evident that as the mental health professionals take an interest in broader areas of intervention, they are increasingly concerned about other groups of children, such as the mentally retarded and children who have serious learning difficulties. As this concern and intervention enlarges to incorporate these children, it becomes evident that the mental health professional, who is using a conceptual framework of open

social systems, will further enlarge his focus to reach out to children in the classroom who may be acutely disturbed for a brief period of time and for a variety of reasons as well as to children who are chronically mildly disturbed. Again it is difficult to establish a definite boundary between this population and the normal population in the classrooms of schools. In reality then, if a mental health professional wants to work within a school system, he will have to pay attention to the total population in that school but may want to place emphasis on certain groups of children at different times of his intervention.

The opportunity to do this may be facilitated by the stance the mental health professional may develop for himself. For example, a private therapist will work with his patient along with some of the teachers and administrators who work with this child, while a mental health professional working in a mental health center, whose mission is to look at the problems of a population within a "catchment area," might want to work with the totality of the school system.

The focus of intervention will vary depending on what the issues are with respect to individual children, so that the mental health professional may find himself working with (1) special classes; (2) special educational services (retardation, programs for dyslexics); or (3) teachers and principals within the total school. This means, then, that the professional must be aware of the necessity to coordinate his activities with pupil personnel services

within the school at different administrative levels so as to prevent duplication of services. He should ally himself with individuals within these services in such a way as to integrate his activities with theirs. This means he should direct his efforts in order to create a framework of comprehensive and collaborative actions around the child's problems.

The mental health professional will find that these special services activities and his own may be vaguely defined and will tend to develop overlapping responsibilities. This can result in poor communication, lack of trust, excessive manipulation, and conflicting goals and priorities unless attention is paid to the necessary steps to avoid this. Although professionals working in schools and mental health clinics are concerned about the welfare of individual children, hierarchical aspects of a school's structure can make it difficult for them to ally their efforts with the educators.

When mental health services are well organized within a school, they tend to be integrated into the ongoing activities of the educational system. The professionals who staff these services have easy access to information from the teacher or the principal and are sanctioned to enter the children's homes and obtain relevant material from community agencies. This means, then, that the mental health professional working within the special education system can be integrated further into the rest of the system as his efforts and activities are seen as useful and as he participates in a meaningful

way with areas of concern of administrators and teachers.

Establishing a Collaborative Co-professional Practice in the School

Let us assume that, for a multitude of reasons or motivations—as the therapist of an individual child with specific emotional problems who is having difficulties adapting to school or as a regular consultant invited by the school—a mental health professional decides to participate in a school program. He will wonder what principles can be adapted from the traditional one-to-one treatment model and how to order and modify these principles so that he can use them in the development of collaborative approaches within the school system. As a co-professional collaborator he will want to know how he can relate most effectively to the school personnel and help them plan programs for the emotionally disturbed child, regardless of whether this condition is due to a poor school program, to temperament, or to outside social or familial conditions. With whom will he work, and how can he intervene in an existing school program? These issues, and many more, are continually raised by experiences that are being accumulated, as an increasing number of mental health professionals join with the schools to look at the abundance of children experiencing different ranges and levels of emotional disturbance.

Areas of Inquiry

There are many questions that a mental health professional should ask himself when entering a school. The four major lines of inquiry pertain to (1) the academic climate,

the emotional climate permeating the educational tasks, (3) the existing programs and personnel within the educational system, and (4) the populations at risk within the school.

Academic Climate

Is this school characterized by an open or relatively closed culture? What are the educators' attitudes about emotionally disturbed youngsters, in terms of the process of adjustment to the school environment? How do the school's pedagogical approaches relate to the psychosocial tasks of students in the school?

Emotional Climate

What is the level of sensitivity to children with special needs? What type of emotional climate exists? That is, do the teachers listen to the children? Do they accept the differences between children without placing value judgments on these differences? Are there programs planned for the special and individual needs of children? Do activities have, as their ultimate goal, the integration of all children, including the emotionally disturbed child, into the

mainstream of school life? Are there teachers selected and trained specifically for dealing with emotionally disturbed children?

Existing Programs and Personnel

Considering the special programs in existence, what type of intrastructural program communication does the school have? Do special programs have a highly compartmentalized, fragmented character (as is so often the case) that impedes dialogue between people who are functioning in different areas and levels of the school's hierarchy? How complex are the special services offered, and what are the quality and quantity of their specialists and the administrators and teachers who interact with the children? What characterizes the personnel for special services, in terms of numbers, training, and interest?

Populations at Risk

What is the range of psychopathology in the area of emotional disturbance and retardation represented by children in the school? For what age child are existing programs designed? Do special programs reflect the appropriate range of age and need, and, if necessary, do they function for children with mild, moderate, and severe psychopathology?

How to Begin Working in the Schools

Let us now consider the classical aspects of entering a school system and developing relationships within it.

Entering the System

Caplan gave us a well-documented and extensive description of the fundamentals of entering a school system. His work can help the mental health professional to conceptualize principles, attitudes, and goals, which can guide him as he moves through different levels of a school's hierarchy. It also suggests ways of establishing rapport between mental health professional and educator.

At his initial entry into a school a mental health professional should make personal contact with the top authority figure of the school. This will help him to understand the overall climate of the school and to get sanction for his future work. He should be continually aware that although he is dealing specifically within the classroom with one teacher, the influences on this teacher reflect the surrounding administrative and peer network. The more direct information the mental health professional has about this network, the more feasible his suggestions can be. Depending on hearsay will give him a distorted view of the organizational and social patterns he has to work with. He needs to learn as much as possible about the way the school goes about accomplishing its goals, about the values and traditions of the

educators there, and about the climate of trust and respect at every level of the school.

Although few mental health professionals have the time or inclination to study organizational school charts and predefined roles, having this larger picture is as important as being aware of personal idiosyncrasies and abilities of specific individuals in a school or school system. Within what tends most often to be a conservative, traditional organizational structure, the mental health professional sets out to find some shared values to facilitate open communication with educators. Most schools are interested in the help that mental health professionals can offer to alleviate problems occasioned by the disruptive behavior of emotionally disturbed children. But it is the mental health professional who must offer his initiative, creativity, and expertise in a positive and affirmative manner if he is to help the educators solve their problems. At this particular historical moment, explicitly energetic, active approaches are imperative: Our past professional neglect of the schools has fostered many negative, ambivalent, and consequently detrimental stereotypes about school mental health workers.

Learning the Language of the Educators

Once the mental health professional has an overall sense of the organization of the school system, he has to learn the style of communication

that school personnel share. The communication used by the mental health professional must respect both the educational-technical language (developed by educators to describe their own activities and socioaffective climate) and the language of local cultural and historical traditions. Though it will take time to acquire intimate knowledge of the details and characteristics of the local language, the mental health professional needs to be constantly aware of it, using every available opportunity to ascertain that he is getting the right message, which relates not only to verbal messages but also to nonverbal behavior. An inability to understand some of the symbolic shorthand of the school communication methods puts him at a disadvantage, which he can acknowledge; on occasion he should be prepared to ask for more explanation in a situation that seems obscure to him.

Building Relationships and Developing Trust

Mental health professionals must realize that when working in schools, it is essential to build mutually respecting relationships with the teachers before the teacher can hear and, in turn, modify attitudes and ways of dealing with the children. Often a child's problems require a group of educators and staff personnel to work together as a team. If the mental health professional is not accepted and respected, the potential for his contribution on this team is minimal. Educators must be convinced that the mental health professional is in general sympathy with the educational goals of the school. He will probably

have to neutralize the threatening stereotype that educators have about mental health workers; he will also have to prove that he will not slight the personal status of teachers and special services personnel. There is a high degree of dread in the schools that professionals, coming in from outside, will make use of information they obtain there to humiliate and vilify people already working in the schools. The mental health professional must sincerely make school personnel feel that, although in his field he has expert knowledge that can be directly helpful to them, he lacks knowledge in those areas where the educators are experts. He should acknowledge very explicitly that he knows the chief responsibility for educating children is theirs. He can also point out that, being trained to understand problem situations from different points of view, he is willing and able to make his knowledge and training available to them and to collaborate with them in overcoming problems created by the mentally or emotionally handicapped child within the classroom setting.

Policy, tradition, lack of manpower or of funds can create predicaments for teachers and special services personnel. The mental health professional who is concentrating on the well-being of a specific vulnerable child will find himself extremely unhappy at conditions in the school that impose added stress; he may have difficulty balancing his awareness of the realistic issues confronting the educators with his own affective reactions to specific situations, which he labels sociopathologic. This is one of the crucial conflicts

that mental health professionals have to resolve before they can be helpful within a system already overburdened with impediments to good programming for handicapped children. To be a truly effective collaborator with educators who, by law, have to work with children who have severe learning problems takes a great deal of time. The multiplicity of issues that affect a child's experience must be continuously kept in mind. Often the very high expectations that most mental health professionals have of the ideal milieu for handicapped children can impede effective collaboration with educators who, for so many reasons beyond their control (such as lack of adequate space, a governmental local body cutting the school budget, or a restrictive teachers' union policy), may not be producing the optimum environment.

Developing Collaborative Rules for Working in Schools

Together mental health professionals and school personnel should work out their ground rules for collaboration. When a mental health professional first comes to a school, he should define his particular interest, approach, and mode of working. He should be as clear as possible about the type of child he is most interested in discussing, thereby indicating to educators just what they may expect from collaboration with him. Ground rules then demonstrate what goals and aims they share and circumscribe the procedures they will mutually undertake, as for instance how often they will meet, where these

meetings will take place, and how the mental health professional will set treatment programs into motion after conferences. In other words, everyone needs to be very clear about just what a mental health professional can and cannot do within the structure of the school.

Testing the Mettle of the Mental Health Professional

When he is first asked to participate in programming for emotionally disturbed children, a mental health professional should expect the initial cases to be test cases. School personnel generally use these opportunities to scrutinize a mental health professional's ability and to assess his willingness and capacity to collaborate and communicate within their structure. If the mental health professional realizes that a case is being used as a means of establishing relationships with school personnel he will not neglect these first challenges in a school and will address his efforts both to the child and to the needs of the educators. Details of individual cases need to be discussed in general terms, with full respect for the rights of the child for confidential and competent diagnosis and treatment. Educators are rarely interested in specific dynamics, and generally they lack the framework in which to understand theoretical psychiatric material, which should be kept to a minimum, with elimination of psychiatric jargon.

Techniques Available to the Mental Health Professional

As more experience is being accumulated by mental health professionals working in the schools, it is evident that there has been an evolution of roles and techniques. Although there are differences in the amount of interest demonstrated by mental health workers in entering schools and that of educators in accepting their efforts, a resulting interaction can no longer be subsumed under the umbrella of classical consultation; new techniques are being developed that could be classified by the degree of responsibility and activism. Within the circumscribed area of dealing with the ranges of severely to mildly emotionally disturbed children, the following techniques are often used: education in mental health principles, consultation, collaboration, coordination, and liaison.

Education in Mental Health Principles

It is essential for the mental health professional to realize that of all professional adults in a school the teacher has the most constant contact with students and hence the greatest potential for effectiveness. Many teachers come to the classroom without having had much experience with children whose egos are disorganized and weak. Mental health professionals need to share their knowledge of ego development, particularly as it relates to a child's concept of self and sense of being meaningful to others. Teachers must understand the child's approaches and the levels on which he communicates his feelings and attitudes and how these relate to the maintenance need of

ego integrity. Some teachers need to know which classroom activities promote opportunities for increasing ego organization. Principles of child psychology, special education, and group dynamics can be integrated into the curriculum. A teacher may have to be helped to develop specific skills for communicating with an individual child so that the child is not confused by distortions and so that the teacher can carry out effective educational projects. The hope is that, by educating a teacher in the principles of mental health, he may increase his repertoire of approaches.

Consultation

In the process of socializing the child, educating him, and coping with his tension, consultation between mental health professional and educator can be of help. Interaction and communication between mental health professionals and educators come about when they [the educators] are having difficulty with some current work problems and decide that this may be within the province of the mental health professional's expertise. We should emphasize again that the same care of the multilevel process and sequential steps necessary in entering a system and establishing relationships should be reproduced in a relatively simpler setting when establishing consultation relationships with individuals.

A teacher in special classes is often confronted with activity and

behavior that are beyond the pedagogical sphere, and with which he cannot deal appropriately. He needs to build up a repertoire of techniques for working with emotionally disturbed children. This is core material for him to discuss with mental health personnel. Consultation helps a teacher to increase his knowledge and diminish his feelings of helplessness and his lack of understanding.

Even though a teacher can become more and more experienced in handling difficult situations, there may be certain categories of classroom problems that will continue to create an unusual set of circumstances that he may not feel competent to handle and for which he would like continuous consultation. It appears that the need for consultation, and the value it has, increases according to the competence of the consultee. This is because as the consultee becomes more aware of the mental health dimensions involved in working with emotionally disturbed children, he is more likely to benefit and profit from discussion with an expert.

Different categories of consultation between mental health professionals and administrators, special services staff, and teachers have been defined by many descriptive terms according to different authors. Distinctions were made by Caplan primarily on the basis of whether the focus of concern is on an individual case or on an administrative problem having to do with a special program or policy. He also distinguished between those

cases where the consultant's primary job is to give his own specialized opinion and recommendation and those where he should attempt to help the consultee by letting him find a way of solving his own problem.

Collaboration

Collaboration refers to the process whereby the mental health professional actively helps a teacher and takes part of the responsibility for dealing with problems in the classroom or with specific emotionally disturbed children. It enables the mental health specialist not only to discuss and advise but also to participate in implementing a program. He shares the responsibility of resolving problem situations; he and the teacher work together in ways appropriate to their respective, professional training and roles. The mental health specialist may sit in the classroom and participate in some activities. He may be part of a group session, including the child and his family, in an administrator's office. He may see the family and the child in his own clinic and then come to school to discuss the care of the child in the classroom. In collaborative situations, both teacher and mental health professional continually have direct contact with the child and his family; both contribute to the actual therapeutic program.

In collaborating, the mental health professional accepts direct responsibility for codetermining what action will be taken, depending on the

need of the child. In this type of working relationship between professionals, the differences between the value systems and goals of the mental health professional and the teacher tend to emerge very clearly. Many of the mental health professional's activities are of a very specialized nature and have no direct applicability to the classroom situation. However, his activities must be undertaken in conjunction with what is going on in the classroom; he should understand that he is most likely to enhance the therapeutic program if he keeps the specific teacher and school system clearly in mind. If, in addition to giving advice and guidance, the mental health professional is sharing responsibilities for a case, and if his expectations for change are not being met, hostility may develop between himself and the educators. It is important that the mental health professional's sense of a case's evolution be realistic, and if he finds that his frustration and anxiety make it hard for him to act as a collaborative ally, he himself should ask for consultation.

Coordination

We ascribe to coordination those efforts that mental health professionals make when they endeavor to link together departments or individuals who participate in the care of a given child. For example, there are many occasions when children need special programs that clash with a school's policy and tradition. Individual arrangements may have to be worked out. In such cases, mental health professionals can recommend types of

settings in which a particular child might function better. Frequently, children benefit from having a different teacher or a different peer group with whom to relate. On these occasions mental health consultants work with administrators whose job it is to form the groups and design the programs within the school.

A school is sometimes unable to understand the functions of different professionals in its own hierarchy as being relevant to the totality of care for a single child. A coordinator can help design a program that meets different needs of a child even though it may seem diversified or superfluous to school administrators. In such cases an aide or a nurse, for example, who does not ordinarily interact educationally with an emotionally disturbed child, may be important in collecting all the information and executing the therapeutic program. There will be opportunities for group meetings, discussions between individuals, the sharing of responsibility by departments in a school that may not have worked together in the past. This affords the mental health professional the opportunity to practice both educational and consultative techniques.

Liaison

The principle underlying the concept of liaison is that coordinated approaches enhance the development of comprehensive programs and

provide follow through within the health, welfare, and education areas. Liaison techniques have special relevance for low socioeconomic groups whose needs are varied and usually not met by the compartmentalized, fragmented, and discontinuous network of services existing in most communities. The mental health professional should try to stimulate and occasionally himself establish connections between the services, educational approaches, and activities of the school and outside community agencies. He should try to reach as many outside areas of activity as possible: mental health clinics, hospitals, welfare agencies, recreational centers, community legal services, police stations, and the courts. This is a new territory for mental health professionals working with emotionally or mentally handicapped children, but it is evident that many children who are involved with any of these outside agencies are in need of an integrated advocacy approach. Community liaison work is viewed ambivalently by some mental health professionals, who would rather like to ascribe this very large responsibility to school personnel. But the potential of the school as a mental health or human services center for a deprived child has just begun to be recognized, and school personnel will have to conceptualize their jobs in broader terms than they have in the past. Mental health professionals should see the school as the focus for efforts that not only reinforce the child's own capacities but also influence the total milieu in which he is living. And if mental health professionals can help inform school personnel about services

available in the community, they can also promote the involvement of school people and parent groups in community planning, particularly when such planning concerns itself with mental health needs. The hope is that a school's active participation in community affairs will come to be respected and requested, contributing, as it can, a valuable dimension to the many programs needed for good child care.

Perspectives for the Future

Although the issues and problems brought about by the disruptive behavior of intellectually and emotionally disturbed children within the school system are not considered significant areas of concern for many school professionals relative to their major problem of educating the majority of students, it is emerging as a fighting cry for a large group of parents in the core urban communities who are becoming sophisticated in the needs of their children. The leadership is emerging from parents who are becoming cognizant of new mental health programs while participating as aides or ethnic indigenous paraprofessionals in community mental health centers. Through the work in the mental health or antipoverty programs they are recognizing the situation in the schools as an acute one and are going to be demanding more cooperative programs between professionals concerned with these problems. They are also beginning to use the component offered by the legal aid groups and learning to use the judicial channels as a way of

obtaining better services for children with emotional disturbance or mental retardation problems. It is foreseeable that in the future the mental health professional will be placed in the stressful position of having to become an intermediary systems-bridge person, trying to help the overloaded, understaffed, under-budgeted school systems, which are dealing with problems that necessitate expensive and sophisticated manpower, versus the frustrated, long-suffering emergent empowered parents. This will necessitate a continued reevaluation and innovative efforts of mental health professionals who are working in one of the most potentially therapeutic systems to influence the mental health of children in our community. Hopefully the mental health professional will rise to this challenge.

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