

A Collaborative-Interactive Model for Mental Health Consultation: Teacher Inservice Education by Psychiatric Clinicians

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ABSTRACT: Primary prevention of emotional disorders is often cited as a goal in community mental health consultation. The daily contact with children and parents by the classroom teacher can yield effective prevention, if the teacher is appropriately prepared to act as a resource, and by clinicians given an awareness of emotional difficulties in children and their parents. Though consultation is often described as facilitative of change, typically discussions of such programs emphasize technique rather than content. Presented here is a *collaborative model* based upon a didactic input of humanistic psychology, upon which educator and clinician draw as they become allies in pursuit of answers to questions raised in current examples from the teacher's classroom experience. Excerpts and results of the model's effectiveness are given.

The importance of bringing knowledge from the clinical mental health field into school systems has often been discussed in the literature [1]. Models and specific techniques for bringing about interaction between school personnel and clinicians have varied primarily according to the orientations and interests of the consultants [2, 3, 4]. Many observers have warily noted that the two social systems, child guidance clinic and school, are essentially different in that they have been molded by vastly divergent pressures and are based upon quite dissimilar approaches to the understanding of human behavior [5].

Considering the current incidence and prevalence of emotional disorders in the general population, and the frequency of childhood

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disorders, the decreasing availability of treatment facilities and funds for training child therapists necessitates that alternatives to the one-to-one model for psychiatric intervention be developed and employed. Expansion of the highly trained clinician's effectiveness must be sought through innovative models that utilize his training and skills to reach as broad a clientele as possible. One approach involves development of a point of entry at the earliest observable sign of emergent difficulty. Frequently a nonclinician may have the advantage as a neutral observer, naive to the signals but nevertheless witness to the early signs of difficulty. A collaboration between educators and clinicians offers ready means for early intervention. The classroom teacher, already acquainted with patterns of normal growth and development, can become alert to developmental déviancy as well. Offering suggestions as to useful resources for secondary intervention may also fall within her province. Principally, the consultation model described here can assist the teacher in creating a classroom climate that enhances emotional development. In all its facets, the sensitivity and awareness of children's emotional needs enhances the role of the teacher as a primary change agent in the area of mental health.

Though present attempts at researching the effectiveness of various methods for school mental health consultation are scant, at best, and have generally failed to yield adequate evidence of change provided through such experiences [6], some evidence indicates that teachers who are *voluntary participants* in an inservice program of consultation indicate satisfaction with the experience and demonstrate graphic shifts in self-perception and professional identity [7]. The experience that a child guidance clinic (the Reiss-Davis Child Study Center) gained through offering school personnel seminars and annual institutes relating mental health concepts to the normal child within the normal classroom has over the past 15 years yielded results consistent with Kipfer's findings. This background of experience was used as a base for developing a school mental health consultation model. This paper will describe that model, its development and its effectiveness.

Background and Development

The child study center had much experience in developing an interface between child guidance principles and educational systems [8]. Historically consistent with the child guidance movements the center offered programs to educators as a way of making available to them a body of information concerning normal growth and develop-

ment relative to the learning process. Frequently seminars would achieve case conference format. School personnel often shared observations and collateral material on the children spontaneously illuminating course content.

The Reiss-Davis/Culver City School Consultation Project had its inception following a day-long institute on emotional problems and learning conducted for educators in 1968. The enthusiasm of the participants led one of the Culver City School administrators to seek that the child study center offer some of the seminars for teachers as part of his system's inservice training program. In contrast to a number of varied consultative mental health efforts experienced in the past, the administrator felt that the principles imparted within a didactic seminar experience and the stimulation engendered through discussion of classroom examples would be most useful to his teachers and fellow administrators. A detailed description of this planning phase has been described elsewhere [9].

The inservice experience occurred in two phases. First, a didactic seminar entitled "The Learning Process," lasting for approximately 12 sessions, was offered to the teacher and other personnel. The course outline essentially followed Eric Erikson's Epigenetic Scheme for Human Development. Emphasis at each stage was upon psychosocial crises and conflicts as related to the task of learning. Issues of trust, autonomy, initiative, industry, and identity were explored in terms of their implications for the learning child. For example, the capacity of the child to trust individuals within his environment was seen as basic to successful school entry and consequent participation in the learning process. The young child who has not had a wholesome and trustworthy experience with his first caretaker and teacher, the mother, would have great difficulty in establishing a type of relationship with the teacher wherein he could participate constructively and learn. Similarly, the child feeling ashamed and guilty about himself and his products would be inhibited in areas of task orientation and production within the classroom.

In the second phase, the faculty met weekly for group consultation with a child therapist (psychiatrists, psychologists, and similarly trained social workers served in the consultant role). Examples brought from the participants' daily classroom experience related to the issues and concepts developed during the first sequence formed the bedrock of these meetings. In the next semester, another seminar was offered. This experience was focused upon "Parent-Teacher Interaction." The content of this course developed the notion of the parent as engaged in a developmental process parallel to the develop-

ment of the child as a learner and the teacher as a professional. Emphasis was upon an understanding of childhood, parenthood, and professional identity as dynamically changing experiences. Accounted for were differences among individuals at various levels of their own development. Specific issues considered included: problems brought by parents at various stages of their own development, demands made by the parent at one or another of the stages, and subtle qualitative shifts in the relationship between parent, teacher, and child as part of the developmental process. In the fourth and concluding semester, group consultation followed the case conference "live example" format that was offered.

Throughout the four-semester experience, the project coordinator was liaison to the cooperating principals and the director of guidance. The coordinator provided individual consultation on issues related to the participating facilities within the project. The project coordinator also obtained research data, including the periodic evaluations of the teacher's performance by the cooperating principals and the various indices of impact that the consultative effort had upon the school system as a whole. An overall research question formulated at the inception of the project involved the degree to which one system, namely, the humanistic psychologically oriented child guidance clinic, could have impact upon another system, the behavioristically oriented school system.

Seminar and Consultation Phases

Among the unique elements within this consultation model was the explicit use of didactic material as the baseline experience for all participants. The project consultants sought to expand upon the Caplanian approach to mental health consultation. The primary assumption accepted was that the consultee has the basic resources for effective problem solving and, therefore, that the consultant approaches him with the goal of facilitating the more effective use of those resources [10]. The consultation effort was biphasic, involving first the impartation of the humanistic principles and orientation that underpin the operational conception of man used by the clinicians and then the facilitation of available resources by means of the group consultation experiences in which the consultant adhered to the role of facilitator rather than teacher. Some brief excerpts from the transcript material and process notes of the two phases clarify that relationship on the one hand and demonstrate how the didactic experience quickly became as facilitative as did the group consultation.

In the first example taken from the "Learning Process" Seminar, the instructor had developed the concept that childhood developmental phases merge and blend, rather than begin and end abruptly. Pausing for participant reaction, one teacher asserted:

Teacher: I felt rather nonplussed when you were coming out with this because I was thinking of a very specific case of a youngster whom I taught three years ago and is still here. I was thinking: "What can I, as a teacher, do? What could I have done that I didn't do—considering the fact that he's with his parents so much? But, in reality, perhaps I have even more of an influence because I have a very concentrated amount of time with him, plus I can talk to the parents about it—being so overprotective and not letting him take risks—the effect of constantly being a buffer for the child in the world."

Consultant: What was the basic problem there?

Teacher: Well, a boy who—even today I heard a couple of times about how something would happen and he'd complain about how "this person pushed me" or "someone hit me" or "I have a pain in my foot." And he was constantly at the teacher, trying to get the teacher to punish the other person or to get the Band-Aides out.

Consultant: You have a child who has no inner discipline, who constantly wants to tell the parent or the teacher: "Do it for me; protect me from the world. Don't you see that I don't get enough?" Of course, he has many other things going on as well, but I just speak about the two now because those are important to us. We have a combination of "Can I trust you when you expose me to a world that is that hostile? Protect me." So he says: "I would trust you, but I have to constantly remind you."

At first, the instructor assisted the teacher in clarifying a basic problem, focusing on the pupil's lack of inner discipline and self-confidence. Following upon the teacher's comment, the instructor suggested the process of displacement by highlighting the interchangeability of parent and teacher. He then returned to the issue of discipline, noting that it is founded upon basic trust. The teacher agreed, expanding upon her understanding of the dilemma, and the discussion continued along the lines of relieving the situation by means of concrete suggestions to the mother as to her son's needs.

In yet another session, the consultant had been discussing the need for autonomy in the development of inner discipline. A teacher interrupted:

Teacher: I was thinking of a specific child. I taught the child as a first grader. If you'd talk to the parents, they'd say: "Of course he acts up a lot," and "Of course, he's hard to control, and he doesn't have inner discipline, but he's just like his father—the same way." This is what the mother will say, that "his father is just like that—you can't get him to sit still—

he's constantly on the move." So the mother tries to say it's a genetic thing rather than a matter of developing inner discipline.

Consultant: Well, you've heard the example of a child who is unruly and we cannot handle. We have a conference with his mother in the hope that we can find out about the child in the hope that we can get the mother's cooperation, so that perhaps she can influence the son. She says: "I know it's dreadful; I know it from home. But you've got a boy like that—I've got to cope with him and my husband." Well, what would you like to tell that mother? As a matter of fact, maybe I can ask you differently: What do you think about the mother's line of reasoning?

Teacher: I think now that she's trying to cover up for her own lack of control.

Consultant: Precisely, it's obvious at this moment at the beginning of the conference that she's somewhat defensive and, instead of being a collaborator, she's behaving almost like a little child herself.

The instructor here went on to describe the brittleness of the parent, as he perceived her. Then he asked: "How can one bring about a situation where she can be a collaborator rather than a defender?"

Teacher: I think I would try now to get her involved in a question like "What can we do about it? How can we work on this problem? Despite the fact that he's just like his dad, what steps can we take?"

Consultant: Of course, what we get to now is the problem of whether this can be moved from self-defense to collaboration, and that can be quite a long process.

Stressing the underlying notion that shifts in defensive organization may proceed along developmental lines, the instructor's remarks moved the teacher to see himself as a facilitator of development in child and parent alike, rather than adversary for each. The instructor offered the notion of an alliance as an alternative to raw confrontation. This strategy should have "spin off" in numerous areas of functioning for all of the teachers.

Turning now to the consultant's facilitator function in phase 2 of the project, the group consultation experience took on a different format and focus. Excerpts from consultants' process notes demonstrate how the entire learning process for the teachers though continuous had within several months shifted to a different level. In the first example, a teacher had just begun to present background material on a pupil whom she wished the group to conference. Having delved into the cumulative file available on the boy in question, the teacher discovered that, upon school entry, he demonstrated "phobic symptoms." He had been described as a frightened child who did not

want to attend school. One of the other teachers present in the group acknowledged this observation as fact. She had been the boy's first-grade teacher. She went on to confirm the persistence of his fears at that time. Additionally she noted with a certain conviction that the boy's mother demonstrably "babied him." This boy's reluctance to go to school carried on into the beginning of the second year and then diminished. The teacher presenting the examples then made the connection that his current *sudden willingness* to separate from mother and attend school was related to the change toward his younger sister, the only one left at home. She had just begun to attend kindergarten, coincident with his entering second grade. Parenthetically, the consultant observed:

It was interesting to note that Mrs. M. [the teacher] felt impelled to apologize for using the words "school phobia," and later, the term "anxiety." It was as though these designations were not permitted to her, that she had been reminded that these terms were beyond her comprehension and reserved for experts. If true, this is unfortunate, for she is a bright, curious, dedicated teacher who had seemed perfectly capable of being entrusted with the "mysteries" of the diagnostic classifications of emotional disorders of childhood.

The process notes then record:

When school phobia was mentioned, someone said: "Oh, that's separation anxiety." Then someone else added: "That's usually worked out by the second or third year, isn't it?" The separation anxiety and phobias seem to be placed solely upon the child, so I took leave to say that separation anxiety often went on for thirty or forty years. This brought some surprised laughter. I then briefly talked about the parent-child participation in school phobia and used clinical examples to illustrate points I was trying to make.

In this example, process notes record that the group continued to focus on the child's difficulties. When the teacher asked for the group's suggestions as to ways in which the boy could be dealt with more effectively, a number of responses came forth. Included were techniques of counseling the mother. Even the possibility of obtaining funds designated for the gifted was seen as potentially useful to provide additional tutoring for the child and social service for the mother.

Notably, the teachers had discovered an excellent source of readily available information about their pupils. The background data and cumulative longitudinal observations of the pupils, when shared by the teachers, became an additional tool at their disposal. Also,

when the consultant suggested the developmental nature of separation, he once again underlined the importance and utility in understanding the developmental process.

A concluding example comes from process notes of another consultant. Meeting with a group of teachers who at the time were having difficulty with a range of emotions evoked by a current administrative upheaval, this example demonstrates another facet of the consultant's role. Indeed, as in clinical practice, the consultant must be prepared to meet the unexpected as it occurs "in the field." Rather than focusing upon problem children, this group called upon the consultant for support while in crisis. The group of relatively young, inexperienced teachers had lately found themselves literally abandoned by a principal who, because of personal difficulties, had become unavailable to them—both emotionally and in deed. The members of this group repeatedly returned to anger-laden feelings engendered by their principal's unavailability. In addition to struggling with their own early attempts at professional self-definition, these teachers felt overwhelmed by their own anger and helplessness. They were also upset by recent legislation that would require that teachers be accountable for pupil advancement within the curriculum and, therefore, judged by student performance. The process notes record the teachers' distress, ambivalence, and anger at being so vulnerable.

There was then some general discussion about legislative action now in process which deals with identification of teacher performance. June interrupted with general comments on education and that too much was being expected of teachers. I said that it sounded as though she felt teachers were unfairly singled out to bear responsibilities for education, and I wondered if this had anything to do with the complaints about the administrator that we'd been hearing about in the previous week. June replied that she felt all administrators were alike, and that the present one was not an exception. A general discussion of how administrators function then ensued, with general agreement that all administrators lack a good deal in their functioning. I asked if there wasn't some format for functioning that administrators had to comply with too, and was told that there is a list of functions. The group felt that administrators, in general, followed these instructions as poorly as teachers do their functions. June again reiterated her concern about the rating system that was going to be instituted, bringing up the question of whether it would be fair, either for the teachers or for the administrator. Alice then came in and indicated that the State Teacher Organization was working on legal definitions of role delineation, teacher evaluations, and teacher standards. She reminded the group that tenure had specific limits. Further discussion revolved around how rating evaluations of teachers and administrators were to function. Suzy then indicated dissatisfaction with her own performance. She felt that the city

system now gave great freedom to its teachers relative to curriculum, but she feels she sometimes abuses this privilege. The others agreed that not everybody is equally conscientious and that teachers have been given the autonomy they wanted without knowing how to use it. I then summarized the concern about performance and pointed out that there was a difference between an occasional "goofing off" and constant abuse.

In this example the consultant had to be quite careful lest she drive the process too quickly and move the teachers toward expression of feelings that would be unacceptable and possibly devastating for them to recognize at the time. Fears concerning lack of direction and the perception of imposition by the structure belie the tremendous anxiety and tension experienced by these teachers in a most difficult situation. The consultant here helped to hold them together, to provide a focus, and moved them toward considering pupil examples in an attempt to facilitate feelings of competence, resourcefulness, and direction. Implicit in her management of the discussion was her understanding of helplessness and wish for leadership and structure.

Discussion and Conclusion

The consultation model described and illustrated is a flexible vehicle for primary intervention that has the potential of identifying early mental health problems, in both pupils and teachers alike. Use of the "depth" psychological understanding of the highly trained clinician in this broad interventive medium affords him effective contact with a large number of "patients" rather than just one in the course of a consultation hour. He is able to "reach" the immediate group of teachers, their pupils, and possibly the parents and administrators as well. Considering that the teachers will sharpen and reuse the approaches developed through the collaborative experience, the clientele potential becomes almost infinite. The sheer modeling effect of being heard was facilitative of the teachers' own capacity to listen to pupils, parents, administrators, and one another in a more useful way.

Essentially, this consultation model was built upon a clear notion of mutual respect. In the final example, wherein the teachers revealed feelings of anger and vulnerability, the consultant shared their frustration but also offered them access to their professional role as a way of regaining objectivity and control under most distressing circumstances. Facilitation of awareness of one's own capability and resources, so much the emphasis in all psychotherapeutic activity, is essential to the collaborative model developed in this project.

Notably, by moving the clinician out of the consulting room into the faculty room, the ultimate consumer, the school age child, should benefit. Among the demonstrable changes indicating the efficacy of the model were: positive shifts in the staff morale, increase in the frequency of appropriate referral to pupil personnel services by the participating teachers, and increase in self-esteem as measured by a pre- and postconsultation inventory of self-awareness and self-perception.

Essential to any service-based project, as this was, is the notion of flexibility. At several points in the four-year life of the project, the consulting clinicians and the coordinator had to deal with unexpected crises among the consultee groups. The team had to be prepared for any contingency. Shifts in school personnel were often precipitous and frequent. Even the demograph of a school catchment area becomes unstable. Hence, the content and context of the consultation may shift many times within a given period, bringing a varied clientele and sets of problems vastly different from those of former times and populations. The basic framework offered in the initial didactic sequence, however, afforded the consultant and the consultee a common ground, a vocabulary, and a neutral starting point from which was derived a type of alliance that cemented the collaboration while offering no immediate promises which can so often go frustratingly unfulfilled in the "technique-oriented" approach to community mental health consultation.

Finally, with educators the point of entry in this model was educative, a didactic seminar experience. The collaboration is based upon the "home ground" of the teacher. Implicit to educational philosophy and the teaching profession is the conviction that learning is a vital process. The model presented here begins with that implicit conviction—not by way of lip service but as the basis for the collaboration in consultation.

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