Countering the Over-pathologizing of Students' Feelings & Behavior:
A Growing Concern Related to MH in Schools
(http://smhp.psych.ucla.edu/pdfdocs/practicenotes/pathology.pdf)

Reasonable concern for the well-being of children and adolescents and the need to address barriers to learning and teaching has led schools to deploy resources to deal with a variety of health and psychosocial matters (e.g., bullying, depression, suicide, ADHD, LD, obesity, etc.). Over time, agenda priorities shift, and resources are redeployed. Some of the activity is helpful; some is not; some has unintended negative consequences.

Among the many issues raised by all this, there is growing concern about how often the ways in which students respond to and cope with the demands of growing up are labeled as pathological and sensationalized.

The problem is compounded by the tendency to generalize from extreme and rare incidents. While one school shooting is too many, fortunately few students will ever act out in this way. One suicide is too many; fortunately few student take their own life. Some young people commit violent crimes, but the numbers are far fewer than the news media conveys and are on a downward trajectory.

The violent behavior of a few does not justify demonizing and creating an aura of fear and hostility around young people. And, rare incidents do not warrant excessive paternalism toward the young or underestimating their competence and potential for positive development.

School practitioners, family members, and young people themselves all walk a fine line in trying to understand the behaviors they see and in deciding what to do and not to do about them.

C Is a student just sad, unhappy, or seriously depressed?

C Is the statement "Sometimes I just don't feel my life is worth living." a precursor to suicide?

C Is a learning problem a learning disability; is a behavior problem ADHD?

C Is bullying an indication of a deep seated psychological problem?

Descriptions of behaviors such as those highlighted above are never devoid of interpretation. In all cases, the interpretation is a product of the interpreter's biases as shaped by past experiences, training, job position, economic considerations, current interests and beliefs, and more.

Over the years, many factors have converged to encourage the tendency to view a wider range of growing up behavior and individual differences as inappropriate, disordered, and in need of treatment. This includes much of the risk taking, emotional reactivity, rule and law breaking, and subpar learning that occurs in schools.

The result has been a wholesale increase in students designated as having special problems, and the development of specialized programs for each problem. Because diagnosis plays a role in all this, misdiagnoses have become more commonplace.

From a school system perspective, concern is increasing that specialized programs have resulted in widespread fragmentation of student supports and have increased the marginalization and counterproductive competition for sparse resources. On a larger level, the problem of fragmented programs has led to many coordination initiatives at city, county, state, and federal levels. The latest is seen in the 2005 Federal Youth Coordination Act that has been passed in the House and sent to the Senate.

And, then there is the problem of the marketplace. Student problems have become a commodity. Thus, the term *commodification* has been applied to this aspect of enhancing the commercial value of young people.

Large amounts of money and resources are tied specifically to dealing with the problems of children and adolescents. Many folks have an economic interest in emphasizing that young people are troubled and troubling and in need of "care."

Long ago, Nicholas Hobbs stressed that "Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child .... 'To take care of them' can and should be read with two meanings: to give children help and to exclude them from the

community." Today, it is necessary to add a commercial agenda to that of protecting and helping.

The commercial agenda is focused on creating a large market for products and services aimed at caring for young people. And, unfortunately, more money is to be made by treating problems than preventing them and/or from promoting healthy development – especially when the money is from public funds.

Doing Something about Over-pathologizing

(1) Student support staff at a school can play a key role in reversing the trend by

C providing general information – about the wide range of "normal" behavior and individual differences and the importance of not over-pathologizing

>distribute info and fact sheets
>offer as part of the school's inservice programs

See:
> *Bias in Psychiatric Diagnosis* (2004) by P.J. Caplan & L. Cosgrove (Eds)

C offering specific feedback on specific incidents and students – using staff concerns and specific referrals as opportunities to educate them about what is and is not pathological and what should be done in each instance.

See:
> *Guidebook on Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment*
http://smhp.psych.ucla.edu/pdfdocs/psysocial/entirepacket.pdf

> *Revisiting Learning & Behavior Problems: Moving Schools Forward*
http://smhp.psych.ucla.edu/pdfdocs/contedu/revisitinglearning.pdf

C Resisting the pull of special funding – One of the hardest things to do is avoid using the need for funds and other resources as justification for a "pathological" interpretation of student actions and performance. The first step in countering this is to raise concern about the problem.

See:
> *The Impact of Fiscal Incentives on Student Disability Rates* (1999) by Julie Berry Cullen, National Bureau of Economic Research, Working Paper 7173.
http://www.nber.org/papers/w7173

> *Effects of Funding Incentives on Special Education Enrollment* (2002) by J.P. Greene & G. Forster. Manhattan Institute for Policy Res.
http://www.manhattan-institute.org/html/cr_32.htm

C Using the least intervention needed when it becomes essential to provide students with special assistance.

See:
> *Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs*
http://smhp.psych.ucla.edu/pdfdocs/leastint/leastint.pdf

(2) School leaders and all staff must focus on enhancing the professional development of teachers to ensure they have the knowledge and skills to

C engage all students in learning

C re-engage students who have become disengaged from classroom learning.

C accommodate a wider range of individual differences when teaching

C use classroom assessments that better inform teaching.

See:
> *Re-engaging Students in Learning* (Quick Training Aid)
http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/reengagingstudents.pdf

> Re-engaging Students in Learning at School (newsletter article)
http://smhp.psych.ucla.edu/pdfdocs/Newsletter/winter02.pdf

> Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling (Continuing Education Modules)
http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf

Need More?

Use the Center's Online Clearinghouse Quick Finds (Each contains links to key references, empirically supported programs, and centers specializing in the designated topic and related topics.)

Quick Finds that may be helpful:

>>Classroom Climate/Culture
>>Classroom-focused Enabling
>>Environments that Support Learning
>>Learning Supports:
    Enabling Students to Succeed
>>Mentoring
>>Motivation
>>Parent/Home Involvement in Schools
>>Prevention for Students "At Risk"
>>Resilience/Protective Factors
>>Tutoring
>>Self-Esteem
>>Volunteers
>>Youth Development