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Clinical Psychology

Clinical Psychology in School and Educational Settings: Emerging Trends

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Abstract

Background: First clinical services in psychology have been established for educational purposes when Witmer founded its Psychological Clinic. Over the years, the educational dimension played a significant role in the development of new evaluation methods and intervention strategies for the pursuit of positive mental health. The present review aims to capture developments that have been considered emerging applications of clinical psychology in school and educational settings.

Methods: We conducted a search of the literature on Scopus, PubMed and Web of Science. The following search terms were used and combined: “clinical”, “psychology”, “educational”, and “school”.

Results: A total of 18 research articles were included and analyzed in the current review. A number of studies showed that school-based positive psychology interventions were effective not only in reducing symptoms of psychological distress (somatization, depression, and anxiety) but also in increasing levels of positive mental health (a sense of individual growth, self-esteem, self-efficacy and optimism). As to studies on evaluation methods, the WHO-5 and the psychological well-being subscale from the Kellner Symptom Questionnaire were found to be clinically valid self-rating scales for the assessment of positive mental health in children and adolescents.

Conclusion: Studies demonstrated that promoting positive mental health is more beneficial in the long term than simply treating symptoms of psychological distress. In clinical psychology, time has come to move from a traditional psychopathology-based perspective to a positive clinical approach to be used for innovative interventions and assessment strategies in school and educational settings.

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1. Introduction

Shakow (1976) was one of the first authors who provided a comprehensive definition of clinical psychology. He introduced the scientist professional model as a unifying framework for understanding the idiographic and nomothetic approaches in clinical psychology (Shakow, 1976). Such an innovative concept has been revived in a recent editorial (Monzer et al., 2019). The authors emphasized the importance of connecting the daily clinical practice with research

activities as a way to link the scientific and humanistic domains of clinical psychology (Monzer et al., 2019). However, as pointed out by Overholser (2014), it is not an easy task to integrate science and clinical practice. The world of clinical psychology does not rely only on methodological rigor but also on human compassion and understanding (Overholser, 2014). Clinical psychologists omitting daily practice with patients are likely to clash with the complexity of clinical reality (Overholser, 2014). Such a complexity-based epistemology (Morin, 2006) is the “*conditio sine qua non*” for understanding the link between clinical and educational psychology (Ferreira, Rodrigues, & Ferreira, 2016; Ligorio & Pugliese, 2009). To capture the applications of clinical psychology in the educational and school settings, it is important to go back to the origins of this discipline (Bertini et al., 2014). It was Lightner Witmer who coined the term clinical psychology when he founded the first Psychological Clinic in 1896 at the University of Pennsylvania. This Clinic was specifically designed to treat children with learning difficulties (Bertini et al., 2014; Witmer, 1909). Thus, historically, the first clinical services have been established for educational purposes (Witmer, 1909). The educational dimension played a leading role also in the development of clinical psychology as a profession covering not only the implementation of clinical interventions but also the planning of preventive programs (Fulcheri & Carrozzino, 2017; Tambelli, Notari, Flaminia, & Laghi, 2015; Tafà et al., 2018). The promotion of preventive interventions for the pursuit of positive mental health has been considered an emerging trend in clinical psychology (Fulcheri & Carrozzino, 2017; Joseph & Wood, 2010). Traditionally, clinical psychology has been concerned with the study and assessment of psychopathology. A number of factors, including the Greek etymology of the term “clinical” with its meaning of “medical practice at the sickbed”, led clinical psychologists to exclusively focus on negative mental health (Joseph & Wood, 2010). However, exclusive reliance on psychopathology has hindered the research progress in clinical psychology and does not reflect the complexity of mental health (Guidi & Fava, 2014; Overholser, 2014). The absence of symptoms is a necessary, but clinically not sufficient, criterion for defining a state of positive mental health (Bech, Carrozzino, Austin, Møller, & Vassend, 2016; Jahoda, 1958; Topp, Østergaard, Søndergaard, & Bech, 2015). It was Marie Jahoda (1958) who introduced the innovative concept of positive mental health. The following were the core dimensions of such a comprehensive state of positive mental health: autonomy, environmental mastery, satisfactory interactions with other people, a subjective sense of growth and self-actualization, and a positive attitude toward his/her own self (Jahoda, 1958).

The present brief review will critically focus on emerging trends in clinical psychology. In this paper, we aim to address the future challenges of clinical psychologists working in school and

educational settings. Particularly, we will try to highlight the most innovative applications of clinical psychology in the fields of educational and school psychology.

2. Methods

A review of the literature was conducted on February 7, 2019. Electronic databases included Scopus, PubMed and Web of Science. The following search terms were used: “Clinical”, “Psychology”, “Educational”, and “School”. These keywords were combined using “AND” as the Boolean operator. A manual search of the literature was also performed on Google scholar and the reference lists of initially identified articles were analyzed to screen for other potentially relevant articles. Concerning the eligibility/inclusion criteria, we included English-language articles and selected only those studies, which best display the innovative applications of clinical psychology in school and educational settings. Qualitative studies (e.g., review, commentary, book chapter) were excluded. The initial search of the literature was conducted by the first author (D.C.) who screened the titles and abstracts to identify the relevant studies. Papers appearing potentially relevant were retrieved and all authors (D.C., A.C., C.P., S.S., M.F.) independently read and evaluated the full text of each article. Any potential disagreement was resolved by consensus with the senior author (M.F.).

3. Results

After removing duplicates and clearly irrelevant articles, a total of 18 studies were briefly reported and analyzed in the present review. We included both studies on innovative intervention strategies and original reports proposing new evaluation methods for the assessment of positive mental health in children and adolescents.

In their follow-up study, Ruini et al. (2009) tested the efficacy of a new school program for the promotion of psychological well-being in adolescence. The sample included a total of 227 students (mean age = 14.4 years; SD = 0.673). They found that the intervention was particularly effective not only in promoting a sense of personal growth but also in decreasing levels of psychological distress (i.e., symptoms of somatization and anxiety) (Ruini et al., 2009). One year later, the same research group (Tomba et al., 2010) tested the efficacy of the Well-Being Therapy, the WBT (Guidi, Rafanelli, & Fava, 2018), in a school setting of 162 students (mean age = 11.41 years; SD = 0.56). They showed the efficacy of the WBT in enhancing levels of psychological well-being (Tomba et al., 2010). Consistently, Sin and Lyubomirsky (2009) conducted a meta-analysis on a total of 4,266 subjects and found that positive psychology

interventions not only enhance psychological well-being but, most importantly, decrease depressive symptoms. Recently, Young et al. (2018) demonstrated the long-term efficacy of a school intervention of clinical psychological counseling. They enrolled a sample of 186 adolescents (mean age = 13.42 years; SD 1.18). After a follow-up period of 24 months with individual and group sessions of clinical psychological counseling, they observed not only a decrease in depressive symptoms but also a significant improvement in the overall functioning of this population (Young et al., 2018). Shoshani and Steinmetz (2014) have reported similar results. They found that school-based positive psychology interventions not only significantly decreased symptoms of psychological distress, depression, and anxiety but also promoted a comprehensive state of positive mental health (Shoshani & Steinmetz, 2014). They also demonstrated that levels of self-esteem, self-efficacy and optimism significantly increased in participants who underwent positive psychology interventions (Shoshani & Steinmetz, 2014). A number of other positive interventions have been set up to increase the positive mental health of children and adolescents in schools (Caffo, Belaise, & Forresi, 2008; Flannery, Fenning, Kato, & McIntosh, 2014; McCabe, Bray, Kehle, Theodore, & Gelbar, 2011; Miller & Nickerson, 2007; Roth, Suldo, & Ferron, 2017; Taylor, Oberle, Durlak, & Weissberg, 2017). Such interventions have been used also to prevent bullying (Bosworth & Judkins, 2014; Bradshaw, 2013; Waasdorp, Bradshaw, & Leaf, 2012). There is an emerging body of evidence demonstrating the efficacy of school-based positive psychology interventions on bullying (Bosworth & Judkins, 2014; Bradshaw, 2013; Waasdorp et al., 2012).

Concerning studies describing innovative methods for the evaluation of positive mental health in children and adolescents, a number of authors tested the clinical validity of the five-item version of the World Health Organization Index, the WHO-5, one of the most widely used self-rating scales for the assessment of psychological well-being (Allgaier et al., 2012; Blom, Bech, Högberg, Larsson, & Serlachius, 2012; de Wit, Pouwer, Gemke, Delemarre-van de Waal, & Snoek, 2007; Topp et al., 2015). Some studies focused on a clinimetric approach, an innovative clinically-based evaluation method (Bech, 2004; Carrozzino, Morberg, Siri, Pezzoli, & Bech, 2018; Fava, Tomba, & Sonino, 2012; Feinstein, 1982; Tomba & Bech, 2012), for analyzing the measurement properties of the WHO-5 (Allgaier et al., 2012; Blom et al., 2012; de Wit et al., 2007; Topp et al., 2015). Particularly in the study by Blom et al. (2012), it has been found that the WHO-5 was a clinically valid screening measure of depression in a sample of adolescents (mean age = 16.8 years). Using item response theory (IRT) models (i.e., Mokken and Rasch analyses), Blom et al. (2012) demonstrated that the WHO-5 can be used not only to measure levels of subjective well-being but also to evaluate the severity of symptoms of depression. Recently, the well-being subscale of the Kellner Symptom Questionnaire (SQ) has also been

evaluated according to a clinimetric approach (Carrozzino et al., 2016; Kellner, 1987). In this small study comparing a sample of 29 patients with epilepsy (mean age = 12.4 years; SD = 1.6) to a control group of 29 healthy participants (mean age = 13.3; SD = 1.1), the authors used the Mokken analysis to demonstrate that the SQ well-being subscale was a statistically sufficient and clinically valid measure of a subjective state of positive mental health (Carrozzino et al., 2016).

4. Discussion

In an outstanding paper, Wood and Tarrrier (2010) introduced the original concept of Positive Clinical Psychology. They pointed out an emerging trend in clinical psychology: symptoms of negative mental health and psychological well-being must be studied together, as in the clinical reality they often exist on the same continuum (Wood & Tarrrier, 2010). As Wood and Tarrrier (2010) stated in their position paper: “we are not suggesting the development of a new fragment of clinical psychology, but rather a change or reorientation of clinical psychology itself, so that positive and negative functioning are considered equally when predicting, understanding, and treating distress” (p. 825). In the past, several eminent authors, such as Carl Rogers, Rollo May, Alfred Adler and many others had called for an increased focus on the positive side of mental health (Tennen & Affleck, 2003). Recently, such a positive clinical perspective has also been advocated in Psychiatry (Bech, 2018). Adopting this unifying framework in school and educational settings means paving the way for new assessment strategies and innovative psychological interventions. Traditional approaches for working with children and adolescents in school and educational settings focused on problems and disturbances (Tafà et al., 2018; Terjesen, Jacofsky, Froh, & DiGiuseppe, 2004; Zennaro & Lis, 1997). It is time to shift this paradigm and to focus on the unique positive characteristics of each student for maximizing his/her potential (Terjesen et al., 2004). Such an emerging approach is in line with the Adlerian concept of encouragement (Britzman & Henkin, 1992; Fulcheri & Carrozzino, 2017; Watts & Pietrzak, 2000). Adler considered encouragement a core feature of positive mental health of human beings and he defined it as the process of facilitating the development of a person’s inner resources (Wong, 2015). Use of humor, communicating faith in others, smiling, acceptance of others, pointing out others’ strengths are only some examples of the Adlerian process of encouragement (Wong, 2015). A sentence like “you have been working very hard on your math problems, keep up the good work because I know you’re going to do well on the test!” (Wong, 2015, p. 183) is clinically more useful than conventional problem-based interventions (Azoulay, 1999). Applying these recommendations in clinical practice is the future challenge of clinical psychologists working in school and educational settings. There are a

number of advantages in using such an innovative approach: to implement an early prevention program by targeting many subjects; to reduce the stigma associated with traditional mental health services; to educate teachers and parents (Tomba et al., 2010). There is also extensive evidence that promoting positive functioning is more beneficial in the long term than simply treating symptoms (Bech et al., 2016; Bertini et al., 2014; Flannery et al., 2014; Ruini et al., 2009; Tomba et al., 2010).

Finally, the following are the two main limitations of the present review: 1) the relatively small number of included studies; 2) we did not follow the International Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Liberati et al., 2009; Moher, Liberati, Tetzlaff, Altman, & the PRISMA Group, 2009). On this background, converting the current study in a comprehensive and systematic review is our main future research direction.

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