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# Counseling children at risk in a resilient contextual perspective: a paradigmatic shift of school psychologists' role in inclusive education

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## Abstract

Existing evidence shows an increasing number of learning, emotional, interpersonal, and behavioural problems in school-age children that affect their academic and social development. If not treated in a holistic and effective manner, these difficulties may increase the probability of more serious psychosocial and academic problems during adolescence. The purpose of this paper is to describe a school-based counseling intervention model aiming at supporting vulnerable children (children with various forms of disabilities) and families at risk based on a resilient and eco-systemic perspective. This implies a considerable and paradigmatic shift in school goals, in the role of educational staff and school psychologists as well as the establishment of a holistic and comprehensive intervention model within schools; a model which will refer to a meaningful and systemic conception of academic and mental health problems in childhood.

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*Keywords:* Childen at risk, children with disabilities, ecosystemic resilient intervention, school psychology, inclusive education.

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## 1. Introduction

The introduction of new conceptions of childhood disorders and a new counseling framework within school settings that relate to an inclusive vision constitute one of the most challenging issues for theorists and professionals working with school age children and youngsters (Raines, 2008; Reddy & Richardson, 2006; Vernberg et al., 2004). Strong evidence exists showing that an increasing number of children and adolescents enter schools each day struggling with learning, emotional, behavioral, and family problems that affect their psychosocial and academic potential and development (Kessler et al., 2005; WHO, 2005). Traditionally, these difficulties are treated by using clinical based individual technique in out of school settings and in a specialist- and not child-centered perspective.

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This conceptual model is found to be in contrast with longitudinal evidence on childhood and adolescence social-emotional and school disorders which emphasizes a transactional risk contextual perspective (Carr, 1999; Garbarino & Ganzel, 2000; Sroufe et al., 2005) Although, evidence for the effectiveness of strictly clinical interventions exist, the long term effectiveness of these approaches in many childhood disorders is still questionable.

Accordingly, many school psychologists, as well as child therapists and professionals have been seriously concerned with the effectiveness of their individual centered practice (Adelman, 1996; Adelman & Taylor, 2006); they are concerned with the development of more child-focused and system-centered approaches as they realize that the inclusion of children and stake-holders perspective in the counseling/therapeutic process seems to make it more effective (e.g. Befring, 1999; Fraser et al., 2004; Hatzichristou et al., 2010; Fraser et al., 2004; Koller & Svoboda, 2002; Pianta, 1999; Rhodes, 2007; Weist, 2003). Moreover, the de-contextualized and often fragmented perspective in handling childhood difficulties, disorders and risks within educational settings has been strongly criticized (Roeser & Eccles, 2000; Weare, 2005). For instance, during the last years, there is a significant trend in school psychology meta-theory and practice towards more inclusive and multi-systemic models for children who experience various forms of disorders and disabilities (Richman, Bowen & Woolley 2004; Sheridan & Gutnik, 2000; Sharry, 2004; Thomas & Loxley, 2007; Weare & Gray, 2003; Weist & Evans, 2005; Zipper & Simeonsson, 2004).

In fact, evidence shows that the promotion of a combined eco-systemic and child-focused perspective in working with difficult and challenging or vulnerable/ at risk children seems to be more effective than single-individual interventions (Carr, 2009). It has also been shown that interventions are much more effective when social skills training is provided to the children as well as parent training to the parents (Weare & Gray, 2003; Webster-Stratton, 1999).

Inclusive education and new psychopathology theories (dimensional taxonomy, risk-protective factors model, culture and developmental sensible diagnostic systems, transactional and resilient perspective, dynamic assessment, etc.) (e.g. Fraser, 2004; Coleman, Webber, & Algozzine, 1999; Sameroff, 2000; Sharry, 2004) have led to a paradigm shift in childhood disorders and disabilities conceptualization (Mittler, 2000). Contrary to the “medical” or “within the child pathology” model which is based on categorical psychiatric and disease conceptualization, the “social” model emphasizes the importance of contextual and systemic perspective in the intervention process (Kourkoutas, Plexousakis & Georgiadi, 2010; Masten & Powell, 2003; Mcevoy & Welker, 2000; Munger et al., 1998; Sharry, 2004; Sheridan & Gutnik, 2000; Thomas & Loxley, 2007; Taub & Pearrow, 2005). These models can provide scholars and school practitioners, examples of innovative prevention and intervention programs which are easily transported and evaluated and which could be meaningful for parents, teachers and children (Fell, 2002; Kourkoutas et al., 2010; Miller, 2003; Weare, 2000; Weare & Gray, 2003).

## **2. School based social skills programs and inclusive perspective**

For a series of reasons identified by research, school-based interventions seem to be a very promising framework for addressing students’ disabilities and disorders and/or preventing risks for later social and academic maladjustment (Ringeisen & Hoagwood, 2002), under the condition that the strategical paradigm will be based upon an empowering and social skill perspective in radical opposition to the “*within the child pathology model*”. (Dryfoos, 1997; Elias et al., 1997; Kourkoutas, 2007b; Weare, 2005). Many authors suggest that the use of term “mental health” be avoided in order to eliminate the stigma related to these processes and interventions (e.g. Elias et al., 2003). Actually, the challenge is to modify the paradigmatic approach of children’s emotional, behavioral, and academic related problems, as well as the strategic pedagogical model (educational policy, intervention philosophy) in order to handle them in a more effective and meaningful way.

Based on a different conception of addressing children’s disorders and disabilities, these models promote an empowering social skill perspective, which mostly relies on an ecosystemic and inclusive educational psychology perspective (Christner & Mennuti, 2009; Dettmer et al., 2005; Dryfoos, 1997; Elias et al., 1997; Greenberg et al., 2003; Thomas & Loxley, 2007). These novel approaches emphasize in fact, from an epistemological, theoretical, and practical point of view, the importance of developing preventing and intensive programs that focus on the psychosocial skills development for children at risk or with manifested disorders (see Adelman & Taylor, 1998; Christner & Mennuti, 2009; Elias et al., 2003; Pianta, 1999; Sheridan & Gutnik, 2000; Webster-Stratton, 1999;

Weare, 2000; Zins et al., 2004). These approaches underscore the importance of ensuring a social-emotional support system, within educational settings, for vulnerable children experiencing accumulated risks; a system of care which includes family and teacher counselling interventions, as well as individual student counselling support combined with alternative psychosocial interventions. In fact, the capital role of the support of teachers and educational staff to children who encounter various risks during school years has been highlighted by many researches (Thomas & Loxley, 2007; Quicke, 2008). School psychologists who adopt a systemic/ecological point of view can serve as mediators and coordinators between family, student and educational staff problems and needs especially in the case of critical and conflicting situations. By acting as a mediator, the system perspective trained psychologist is better positioned to deal with conflicting situations within educational contexts and buffer the risk for escalating mutual rejection and negative reactions. Very often parents of students with disabilities declare that they are exposed to inadequate school practices and to untrained and inexperienced teachers' reactions toward their children. On the other hand teachers also declare that they are often exposed to parents' criticisms and to the challenging and inadequate behaviours of the students, while at the same time they feel that the school system do not provide them any kind of professional support (Kourkoutas, 2007b). It is worth noting that by providing a supportive framework, this type of school based interventions may help teachers to engage more meaningfully in the inclusion of students with even serious difficulties or disabilities (Kourkoutas & Georgiadi, 2009). As stated by Wyn and his colleagues (2000) strengthening the school's role in promoting mental health involves supporting teachers to feel confident of their own areas of professional practice and assisting them to identify the specific areas where specialized professional support from health professionals is needed.

Key common features of these models are the followings: *early intervention for any form of difficulty/disability, holistic view of the child (risk and protective factors perspective), psychosocial and less medicalizing approach of children's problems, social skill promotion and children empowerment activities, positive behavior approach inspired techniques, stakeholders' involvement in intervention process, whole school approach and efforts for organizational –systemic changes* (Barbarasch & Elias, 2009; Brefing, 1997; Brehm & Doll, 2009; Kourkoutas, 2008; Kourkoutas et al., 2010; Rhodes, 2007; Sharry, 2004).

An important issue related to the implementation of interventions within schools, raised by many authors, is the ecological validity of these programs which have been often tested under strict experimental conditions but not in real contexts. The contextually based and resilient interventions, we have developed in Greece during the last years, draw upon an alternative methodological paradigm (action research intervention) and have actually resulted from long-terms partnerships and co-action projects with teachers, families and students with difficulties in real school settings (Kourkoutas, 2007a; 2007b; 2008; Kourkoutas et al., 2010). In fact, working in real clinical conditions in a partnership perspective with all stakeholders allows professionals to develop a holistic view of the problems and difficulties encountered in school settings (Kourkoutas & Georgiadi, 2009).

According to a large amount of research data, the following variables seem to contribute to the quality of the implementation and efficacy of the intervention programs, within the school contexts (see Weist, 2005): (a)the amount and quality of stakeholder input in the program development, guidance, and evaluation, (b)the extent of collaborative relations among families, school staff, and community providers, (c)the range of preventive and treatment services, (d)the productivity of the staff, (e)the training and supervision of the staff, (f)the coordination and avoidance of the duplication of services, (g)the use of empirically supported interventions, (h)the use of appropriate evaluation strategies, (i)the use of evaluation findings to continuously improve programs and services, and (j)the use of evaluation findings to broaden the awareness of and support for the mental health efforts of the school.

### **3. Contextual and resilient based model of working with children disorders/disabilities within schools**

In the light of accumulated evidence, child development is now considered as a long term complex and dynamic process. Contextual and individual variables seem to work together in a transactional way to shape the personal and unique course of a child. Research on risk and resilience has identified complex interactions among various sets of (protective and adverse) factors that moderate the relation between risk and competence (Car, 1999; Sameroff, 2000; Zipper & Simeonsson, 2004). Resilience is conceived by most theorists as the capacity of the child to survive in an adverse environment. Resilience is now seen more as a process than as a static possession of specific skills. It is defined as a dynamic process in which certain inner capacities in combination with specific positive contextual

features (e.g. a supportive relation with a grandmother or with a teacher) can foster better developmental outcomes in an adverse family or broader social context. It has been shown that only a stable relationship with a caring adult seems to moderate the adverse effects of many stressful and negative experiences (Mash & Wolfe, 2001). Peer support and friendships in early childhood seem also to moderate the effects of adverse parenting in the development of various disorders. In contrast, continuous negative experiences within school context (academic failure, teacher and peer rejection, increased social and academic isolation, etc.) present additional risk factors that are likely to have cumulative negative effects on children with developmental difficulties (Zipper & Simeonsson, 2004). On average, the higher the number of risk factors, the greater the problems observed in children and adolescents (e.g. Fraser et al., 2004).

Masten and Coatsworth (1998, p. 212) have argued that resilient children do not appear to possess mysterious or unique qualities; rather they have retained or secured important resources that represent basic protective systems in human development. In other words, it appears that competence develops in the midst of adversity when, despite the situation at hand, fundamental systems that generally foster competence in development operate to protect the child or counteract the threats to his development.

The eco-systemic theory addresses the complexity of risk and protective factors, the interrelationship among risk factors, and the effects of these conditions on children's social-emotional development and learning (Fraser, 2004). Risk, resilience and eco-systems theory are useful theoretical frameworks for adopting a global view of school age children by exploring and identifying the ways in which school factors can buffer or exacerbate their existing difficulties/disabilities (Kourkoutas, 2007a; Pianta, 1999; Sameroff, 2000). When applying eco-systemic theory to the school, it is important to understand how different system levels can influence children's behaviors, attitudes, and their position into various interpersonal and classroom contexts. The classroom micro-system is considered to play a significant role in the children's sense of self-concept and self-esteem. School teachers who are sensitized to children's difficulties and use various resilient techniques are not only more efficacious in addressing these difficulties but also in promoting and strengthening the social-emotional and academic development of students at risk (Kourkoutas, 2007a; Sandler, 2004; Pianta, 1999; Quicke, 2008).

In our work with difficult pupils and crisis situations within school and classroom settings, we are essentially sensitized to create a partnership coalition with teachers ensuring them a supportive supervision frame. We have found extremely useful to develop this model which combines emotional support and guidance for teachers who, suffering from anxious reactions, are trapped in an endless vicious cycle of mutual rejections and negative reactions with the most challenging pupils. This supportive framework allows them to escape from these confusing situations and to better deal with their accumulated negative emotions towards difficult cases of students with various disorders. They become thus more sensitive to children's difficulties, more able to develop their own supporting capacities to deal with students' troubles, offering them the opportunity at the same time to regain a place in the classroom. Thus, the provision of an enrichment and resilient, strength-based service to students with difficulties essentially depends on the provision of the opportunity to teachers to develop their own capacities and dynamics in the same perspective (Kourkoutas, 2008).

In a recent meta-analytic study on the effectiveness of school-based prevention and intervention programs used with children at-risk for developing and manifesting emotional disorders, Red and his colleagues concluded that strength-based assessment and intervention have been considered crucial in the development of academic, social, and personal competencies for children who are struggling in these areas (Red et al., 2009). They also underscore the lack of focus on strength-based outcomes for many of the current prevention and intervention programs. They conclude that for these reasons prevention and intervention programs may not be taking advantage of the benefits of building a repertoire of positive skills and pro-social capacities that have the potential to buffer against many of the negative outcomes commonly seen in children with various disorders (Red et al., 2009).

In conclusion, the following issues raised by contemporary research challenge the traditional school psychology practice: a) greater emphasis on the social and contextual/situational determinants is needed in order to understand behaviors and symptomatic reactions, as well as students' school adjustment difficulties b) a comprehensive approach linking individual symptoms/deficits/disorders with family and school dynamics, c) no clear connection is found between assessment and treatment, suggesting that formal diagnosis and classification are unnecessary, d) there is a growing reliance on therapeutic methods other than traditional psychotherapy, e) services should be delivered in natural settings rather than in clinics f) direct care providers and educational staff seem to be important change agents in collaboration with highly trained specialists, g) effective psychological services for critical

situations within school context can be delivered in a short time h) prevention can be served well through the provision of social and educational support ;the multidisciplinary team approach has been considered to help professionals share their expertise and knowledge .

Despite the existing barriers for the provision of comprehensive intervention models within educational settings, the involvement of stakeholders (parents, teachers, special educators, peers, etc.) is considered to be of great importance for an effective school “mental health” practice, although there is no research on topics related to strategies promoting this involvement at school level.

#### **4. Rationale and practical principles of an eco-systemic resilient model within the school context**

The development of effective partnerships with families requires that all school personnel (i.e., teachers, administrators, and student support personnel including educational counselors) create a school environment that is accessible, inviting, and welcoming to caregivers. Developing these collaborative partnerships also requires that the school personnel reach out to and provide caregivers with the information and support they need in order to become involved in their students' education. The availability of “mental health” services that deal with social, emotional-behavioral, and learning problems in schools seems to depend upon a number of variables that relate to school psychologists and school systems: a) the professionals' capacity to work in a collaborative fashion ensuring teachers' involvement and support in intervention plan, b) professionals' training related to systemic and academic issues, c) school resources, school philosophy and culture related to inclusive and to preventive policy and practice for students at risk or with manifested problems (Dettmer et al., 2005; Weare, 2000; Quicke, 2008).

Adapted from Dinkmeyer and Carlson (2006) below are some of the basic skills that are necessary for counselors to work in a resilient, empowering and systemic perspective within school context: a) empathy and understanding of how children, parents, and teachers feel and experience critical situations, b) ability to relate to children and adults in a purposeful manner, c) ability to contain their negative emotions and provide them a “holding environment”, d) sensitivity to the needs of children, parents and teachers for support and solution of specific problems e) ability to recognize and acknowledge their limitations, difficulties, and resistances concerning children's problems and implementation of suggested strategies, f) understanding of the group dynamics and its impact on the school organization and the staff's attitudes towards intervention implementation, g) capability of establishing relationships that are characterized by mutual trust and mutual respect recognizing alliance importance on the counseling/therapeutic work, h) ability to establish the necessary and sufficient conditions for a helpful relationship, i) capability to inspire leadership at a number of levels and to work with the educational staff as a system, ia) capability to understand and deal with educational systems issues (group conflicts, stereotyped conceptions of children's difficulties, resistance to collaboration, etc.), ib) ability to combine sensibility to relationships and display firm, dynamic and explicit attitudes when necessary in working with all stakeholders, ic) psychodynamic view of the children's problems and difficulties, a “beyond child's symptoms” approach (Kourkoutas, 2007a; 2007b; 2008).

Counselors working in a systemic and resilient perspective should also challenge the stereotyped perception of the teacher's role and avoid a unidirectional and asymmetric work relation by imposing their manual based conceptions of the intervention process. Counselors should be ready to challenge their own system of thinking, that is the traditional specialist role who acts as an expert without involving teachers and without exploring and taking advantage of their experience of the child problems. Counselors should also be aware of the professional culture of the teachers and their training limitations in dealing with their students' disabilities/disorders. Providing to teachers a coherent and meaningful framework for working with difficult children cases, counselors support teachers' effort to promote students with disorders concerning their classroom inclusion.

The eco-systemic resilience approach draws on the resources of all the different systems that affect the developmental and school outcome of children. If the problems occur in school, then they will support the teacher; if the problems are within the peer group, then they may either work with the peer group or collaborate with the youth service to re-direct this young person to more pro-social activities and groupings. If the parents are not involved and find it hard to discipline their child, then the therapists/counselors will support the parents in assuming a more involved parental role. Systemic approach recognizes that problems (and solutions) exist within many different systems and the more inclusive and flexible you can be the better for the young person (Sharry, 2004).



As mentioned above, relying upon a set of theoretical and psychological intervention framework, we have developed and implemented a number of programs within school contexts that target a wide spectrum of children's difficulties/disorders. The theoretical rationale of this model draws on a series of approaches as contemporary psychodynamic /relational theories (Emde & Robinson, 2000; Sroufe et al., 2005), attachment theory (e.g. internal working models/patterns of attachment /patterns of connectedness /behavioral patterns), transactional model (Sameroff, 2000; Sameroff & Gutmann 2004), trauma related theory, inclusive education philosophical and methodological framework (Ainscow et al., 2006). Additionally, contemporary research data on family factors /dynamics, on contextual /ecological factors (e.g. school risk & protective factors), on children with disabilities/disorders and on the efficacy of a various set of techniques, are also taken in consideration in the design and implementation of intervention

More specifically, the following axiomatic and practical principles are essential for our resilient eco-systemic program implemented in elementary school settings (Kourkoutas, 2007a; 2007b;2008): a) a shift from a deficit to a strength based and empowering model for children with disabilities/disorders, b) a shift from an individual to a contextual centered approach, c) interventions on multiple levels (cognitive, emotional, behavioral, academic level), d) eclectic use of techniques (integration of various psychosocial techniques to deal with child's problems: behavioral, psychodynamic, psycho-educational, individual or group techniques), d) dynamic assessment of the child, e) special emphasis on school inclusion.

Research has revealed the following characteristics which are also included in our theoretical and practical programmatic principles, as significantly contribute to the success of school based interventions: comprehensive, flexible, and responsive interventions which are contextually organized, and long term rather than oriented towards a "quick fix". Moreover they are eclectic, and focus on the support of social inclusion, staff engagement /commitment to a coherent mission, with staff relations build upon trust and respect.

The ASCA National Model (2004a), created by the American School Counselor Association (ASCA), promotes the themes of school counsellors as leaders, advocates, collaborative team members, and supporters of *systemic* change. Additionally, school counsellors are well positioned to support family engagement because of their specialized education in human development, collaborative services, and system change

In conclusion, Weist and colleagues (2005) (see also Paternite, 2005; Weist & Paternite, 2006) highlighted a number of strategies that are important in addressing school indifference or resistance to what they described as school-based mental health (SBMH) programs. These strategies may include the following: (a) ensuring strong coordination and collaboration among families, school leaders, and mental health program leaders as programs are being planned, (b) ensuring that school mental health providers are well trained, closely supervised, and socially skilled, and that they understand the culture of schools and how to work as collaborative partners in them, (c) emphasizing and ensuring the high quality and empirical support of school mental health services, (d) framing SBMH services as effective means of reducing barriers to learning and creating positive conditions that promote school success, and (e) documenting that services in fact lead to outcomes valued by youngsters, families, and schools.

## 5. Conclusions

The de-contextualized and often fragmented prevailing (medical) paradigm in handling childhood difficulties, disorders and risks has been strongly criticized (Thomas & Loxley, 2007; Quicke, 2008). In the light of new evidence on the effectiveness of more systemic intervention designs (Sameroff & Guttmann, 2004), innovative (developmental and eco-systemic sensible) approaches have been introduced in the school and clinical psychology field (Christner & Mennuti, 2009; Hatzichristou et al., 2010; Weare, 2000). In fact, many authors have raised the question of the direction of counseling interventions within the school context based on the school psychologists' role which is obviously limited and focuses mainly on the assessment procedures and on some individual work with the student without any serious implication at systemic level. This approach emphasizes the "specialist centered model", essentially based on the medical paradigm, which underestimates a series of contextual risk factors that influence child reactions and treatment outcomes. New school mental health models, drawing upon a series of theoretical and empirical works, propose more systemic and inclusive approaches, by using a variety of psychosocial techniques and programs in a resilient and empowering perspective. Some of the main components of

the models which seem to realize a paradigmatic shift in the school psychology field in a way that is close to inclusive psychology and education framework are the involvement of the family in the intervention process, the collaboration with teachers, the acceptance of a global and positive view of the child, while focusing at the same time on the promotion of the abilities of the children. Similarly the reduction of the symptoms, and the work on the social-emotional dimensions of the disorders/disabilities of the students, combined with academic support with peer groups supervised activities should be considered. Inclusive education and inclusive school psychology drawing upon a child and family centered theoretical rationale are considered to constitute a useful framework for the development of resilient programs for addressing students' difficulties in a more holistic way (Kourkoutas, 2008; Weare, 2005; Quicke, 2008). The integration of effective techniques and practices (eclectic approach) in a comprehensive and meaningful for the stakeholders (parents, teachers, students, professionals) framework is the main challenge for the contemporary school psychology and educational policy. This paradigm seems very promising in building a psychosocial model of intervention within the school context which integrates both clinical knowledge and educational concerns.

Despite these initiatives, it is arguable that many schools remain ill-equipped to recognize and respond to social-emotional needs and difficulties of various groups of school-age children. Wandersman (2003) and Weist (2005) highlighted the need to move beyond the limited paradigms that focus on the implementation of evidence-based practices (cf., prevention science) and to embrace an eco-systemic science perspective, which develops researches community-centered models that enable communities to use evidence-based interventions more effectively and efficiently. According to Wandersman (2003) community science is multidisciplinary, interdisciplinary, and transdisciplinary. In addition to its empirical focus, as ecosystemic and inclusive education approaches, community science emphasizes values (e.g., citizen participation, collaboration, and community strengths), active participation of diverse stakeholders, understanding context, moving beyond dissemination to promote the utilization of knowledge, and building capacity in community organizations for improved skills of providers and infrastructure that supports them. Clearly, the community science perspective has much to offer to the emerging school mental health field (see also Weist, 2005).

Stewart and colleagues have demonstrated that educational establishments that employ what they described as the Health Promoting School approach are linked not only to the development of student resilience but also to important protective factors and the overall school environment (Stewart et al., 2004). Such factors are associated with the development of social capital while they support a multi-level approach to mental health promotion, as advocated by the World Health Organization. Stewart and colleagues, also, suggest that such schools' characteristics included features like shared decision-making and planning, community participation, a supportive physical and social environment, good school-community relations, clearly articulated health policies and access to appropriate health services (Stewart et al., 2004). Some of the above mentioned are considered to be essential features of inclusion oriented school. Summarizing, we comment that inclusive education framework in combination with a new school psychology paradigm can offer an enrichment environment for children, teachers and family and the possibility to respond to social-emotional and academic problems of a number of students in a more productive and resilient manner.

Concluding health and resilience promotion of students at risk is one of the major challenges for the contemporary educational systems in many countries of the world. As suggested by the Australian Department of Health and Family Services, strengthening life-skills and resilience, fostering a supportive school environment and a school culture which encourages partnerships between school and community within a comprehensive program is one pathway to promoting mental health and wellbeing among young people (Wyn et al, 2000).

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