The Social Ethics of School Psychology: A Priority for the 1990's

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Like most other branches of applied psychology, school psychology has adopted a narrow interpretation of ethics that gives primacy to the welfare of the individual client at the expense of actions designed to enhance the welfare of the entire community. It is argued that the moral responsibilities of school psychologists toward their clients and society at large necessitate a more active pursuit of *social ethics*. The methods whereby this goal may be attained and the likely obstacles to be encountered in the promotion of more socially sensitive approaches in school psychology are presented. Finally, a blueprint for the implementation of social ethics in the profession is proposed.

It is obvious that without an improvement in the social conditions in which many of our clients live, they will continue to experience a myriad of emotional disorders (Albee, 1989; Honig, 1986a, 1986b; Mirowsky & Ross, 1989; Commission on Prevention of Mental-Emotional Disabilities, 1987). The United Nations Convention on the Rights of the Child, recently adopted by its general assembly, "refers many times to the maintenance of the child's mental health, as well as to the preconditions for achieving these ends (e.g., adequate shelter, nutrition, health care, education)" (Cohen & Naimark, 1991, p. 63). Hence, school psychologists have a moral responsibility to promote not only the well-being of their clients but also of the environments where their clients function and develop. In spite of the fact that very few school psychologists will likely dispute these assertions, our profession has devoted a disproportionate amount of

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resources to treating single individuals or small groups at the expense of pro-active interventions on a large scale (cf. Kovaleski, 1988).

It is the purpose of this article to argue that the ethical commitments of school psychologists towards society in general and children in particular demand a more active involvement in the solution of social problems. For this development to occur, school psychology needs to widen its horizon and incorporate community interventions into its array of services. To better understand the conceptual shift hereby advocated for school psychology, a brief description of the major paradigms of psychosocial intervention is in order. Four different approaches, varying in their focus of analysis and problem-solving methods can be identified (Rappaport, 1977; Prilleltensky, 1990a). Although they are not mutually exclusive and tend to coexist, a particular paradigm is usually dominant. The first level may be called *asocial,* for its focus of diagnosis and treatment is the single individual. Minimal attention is paid to the human and physical ecology in dealing with the problems at hand. This paradigm has been aptly termed by Albee (1981) as the *defect* model, for whatever inability the individual may experience is thought to be originated from within himself/herself. Etiological reasoning and treatment modalities are predominantly directed at the single identified patient, leaving social factors in the background. This is the mentality reflected in many of our refer-test-place/remediate cases (Johnston, 1990; Martens & Witt, 1988; Witt & Martens, 1988). Referrals often come to the school clinician with three implicit assumptions: (a) that there *is* something "wrong" with the child, (b) that the psychologist can find whatever is "wrong" with the child, and (c) that the clinician can recommend either special education placement or treatment. Conspicuously absent from many referrals is the expectation to modify certain aspects of the child's human or educational environment. Simply put, the referral reads: "Change the child or place him/her elsewhere, don't change us." As assessment continues to be the predominant and most time-consuming activity of school psychologists (Lacayo, Sherwood, & Morris, 1981; Levinson, 1990), most practitioners should be very familiar with referrals of this nature.

The second paradigm places considerable importance in *micro-social* variables. Interpersonal conflict, classroom/family atmosphere, and group dynamics are some of its targets. Small group interventions such as classroom management techniques or family therapy characterize its treatment modality. Although the involvement of school psychologists in consultation dealing with micro-social variables has been steadily increasing in the last decade and a half, operations of this kind are still significantly outnumbered by the more traditional role of testing (Johnston, 1990).

The third major paradigm, called *macro-social,* is concerned primarily with the role played by societal factors such as unemployment, poverty, discrimination, sexism, and racism in the genesis and perpetuation of human suffering, psychological and otherwise. This systems approach of conceptualizing

social problems promotes interventions at the organizational level of social structures without necessarily seeking to fundamentally transform those institutions. School psychologists tend to be excluded from educational initiatives to address issues such as culturally sensitive courses, racism, or the impact of economic trends on the mental health of children. The last paradigm is termed *macro-sociopolitical,* for its interventions are not only psychological but political as well. It recognizes the influence of global forces such as the economy and politics in the mental health of the population and advocates for social action and empowerment in the remediation of social ills. It differs from the previous paradigm in that it seeks to radically change social institutions thought to be at the root of these social ills. Although there is considerable potential for an advocacy role in school psychology (Conoley, 1981; Hart, 1987; Melton, 1987; Svec, 1990), this function remains largely unfulfilled (Trachtman, 1990).

As can be readily observed, these approaches are placed on a continuum according to the importance ascribed to societal factors in the etiology, emergence, and reproduction of psychological and sociological problems. On one extreme little regard is noticed for conditions outside the individual *psyche,* whereas in the opposite end serious consideration is given to socioeconomic and political variables in the creation and eradication of psychological distress (For a comprehensive review of the four paradigms see Rappaport, 1977, chap. IV; Prilleltensky, 1990a). The argument to be presented is based on the assumption that there is a parallel between the theoretical and practical frame of reference adopted by psychologists and their ethical commitments toward the individual client and society in general. Psychologists inclined to operate within the asocial or micro-social paradigm tend to view the individual client as the primary recipient of their ethical concerns. On the other hand, those functioning from a macro-social perspective recognize that the person is the ultimate target and beneficiary of their efforts but the focus of their ethical concerns tends to be society at large. In other words, the *Weltanschauung* or world-view of the practitioner influences not only his or her psychological *modus operandi* but his or her ethical and political thinking as well.

Is there really, however, a difference between individual and social ethics? Or both are perhaps merely two sides of the same coin? For if there is not a difference, why promote the concept of social ethics? Broadly defined, ethical behavior refers to actions designed to enhance the well-being of oneself and of fellow community members (Facione, Scherer, & Attig, 1978; Sidwick, 1922; Williams, 1972). Such reasoning is implied in Frankena's claim that "morality is not to be a minister merely to one's own good life but to that of others as well" (1963, p. 77). Social ethics is distinguished from individual ethics in that while the latter seeks to care for and enhance the well-being of a particular person, the former endeavors to promote the welfare of society as a whole. Ultimately, both constitute moral behavior directed at improving the quality of life of individuals, but from a practical point of view, the means by which this goal is to be attained vary greatly. Thus, for example, school clinicians adhering strictly to the asocial

paradigm may believe that the best way to help a child is by focusing exclusively on intrapsychic variables such as defense mechanisms or preferred learning modalities. Conversely, professionals with a macro-sociopolitical orientation would likely contend that the best method for enhancing the well-being of the child is by focusing on more global factors such as the family's socioeconomic status, undercurrents of racism and possible discrimination in the school, etc. Of course these representations do not exist in pure state. Many clinicians endorse eclectic and pluralistic views. Nonetheless, trends do exist, and to the extent that they affect the desired ethical goal (i.e., to foster the welfare of children), it is incumbent upon school psychologists to examine the moral repercussions of their practices. It may be that a professional preoccupation with intrapsychic factors is undermining the attainment of more durable, long-term improvements in the quality of life of the school psychologist's clientele. It will be argued that a marked preference for dealing with the single individual at hand is apparent not only in psychology's practices but also in its ethical thinking.

North American psychology has adopted a rather narrow interpretation of ethics, which gives primacy to the welfare of the individual client at the expense of actions intended to foster the well-being of the entire community (Prilleltensky, 1990b). Although in differing degrees, this is a pervasive bias in the code of ethics of the major bodies governing psychologists in North America. The "Ethical Principles of Psychologists" of the American Psychological Association (1990), as well as the "Principles of Professional Ethics" of the National Association of School Psychologists (1985) make almost no reference to moral duties towards society. The "Canadian Code of Ethics for Psychologists" (Canadian Psychological Association, 1986) does devote a section to "Responsibility to Society" but, unfortunately, the code itself indicates that this principle is to be regarded as the least important in value. The almost exclusive focus on the welfare of a single client observed in the various codes of ethics is a mere reflection of the place of prominence ascribed to the *individual* in North American psychology. True, it might be argued that the study of the individual is the whole *raison d'etre* of psychology. Yet, at the same time it is well known that the behavior of these persons is greatly influenced by the surrounding psychosocial ecology (Dohrenwend, 1986; Mirowsky & Ross, 1989). Hence, to know, change, and enhance the welfare of the individual is to know, change, and enhance the welfare of their environments.

The concept of social ethics is hereby advanced with the explicit purpose of drawing attention to the fact that ethical behavior entails much more than what the existing codes of ethics dictate. There is an entire social dimension missing from the working definition of ethics currently adopted by psychologists. The question may be asked: What is impeding the development of a social ethics in psychology in general and school psychology in particular? Complex as the question might be, the fundamental answer lies in a rarely questioned faithful adherence to the cultural principles of individualism. An examination of how its tenets operate within psychology, school psychology, and the schools is next.

THE CURRENT SITUATION

Efforts to shift or at least balance the emphasis of our practices from the single case to the community as a whole will be undoubtedly encountered with numerous obstacles. The main barrier to be faced will be the individualistic philosophical orientation regnant in society, psychology, and in the schools. This philosophy has not only shaped the way we think about social problems but naturally also the means by which those are to be solved (Berman, 1981; Capra, 1982). Consequently, there will be conceptual and philosophical obstacles as well as practical and bureaucratic ones.

At the societal level, the dominant culture glorifies the individual (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Macpherson, 1969). According to its ethos the self constitutes a supreme entity with magnificent powers. Both success and failure in life are fundamentally attributed to the individual. And as the self is viewed as superseding social structures, changes to improve one's fate ought to come from within and not necessarily from the outside (Kluegel & Smith, 1986; Rose, Lewontin, & Kamin, 1984; Ryan, 1971). The origins of this tendency can be traced to a market economy system whose entrepeneurial morality promulgates the notion of self-help. No matter how adverse social conditions might be, an ingenious, diligent, strong-willed individual should be able to face them with integrity and attain happiness (London, 1969). Needless to say, this presupposition interferes with scrutiny and possible transformation of systemic causes of happiness and misery, for the main culprit of personal misfortune is the individual himself/herself. George and Wilding (1976) have argued cogently that the heralded Western capitalist values of competition, individualism, and self-help are "in clear opposition to the values needed to underpin a successful public welfare system. If such a system is to flourish, the stress on the virtue of self-help must be replaced by stress on the need to help others" (p. 118).

Psychology, from its very first steps in North America, has been by no means immune to the prevalent individualistic bias (Sarason, 1981a). On the contrary, it proved to be a fertile ground for the solidification and promotion of individualism (Sampson, 1977; Spence, 1985). It is interesting to note that even social psychology has not been able to fend off the pervasive effects of individualism (Armistead, 1974; Wexler, 1983). As an applied field, psychology adopted a *modus operandi* that focused both diagnostically and therapeutically on the single person. This is hardly surprising considering that "American psychology has been quintessentially a psychology of the individual organism" (Sarason, 1981b, p. 827).

Psychology proved to be also instrumental in defining psychosocial problems that originate in the structure of the socioeconomic system as "psychological maladjustment" (Albee, 1981, 1986; Anderson & Travis, 1983; Prilleltensky, 1989, 1990c; Sampson, 1981). An excellent illustration of this proclivity

was provided by Caplan and Nelson (1973). Their research indicated that 80% of psychological studies dealing with black Americans attributed their predicaments to some intrapersonal (e.g., personality characteristics) variable rather than to sociohistorical circumstances (e.g., discriminatory policies). Currently, the place of prominence enjoyed by cognitivism in the family of psychological theories tends to reinforce the notion that human suffering derives primarily from internal deficits. Consequently, the need to adjust intrapsychic, as opposed to societal, structures in the alleviation of personal problems is emphasized (Prilleltensky, 1990c).

With the exception of community psychology, school psychology is not any more or less biased towards individualism than any other branch of psychology. This explains why in school psychology, as in clinical and abnormal psychology, much needed primary prevention projects have been slow in developing (Albee, 1986; Prilleltensky, 1990a). The primary prevention role of the school psychologist, Alpert argues, "occurs only in our discussion of roles and in our values system, not in the real world" (1985, p. 1118). Similarly, Zins and Forman contend that "despite the growing interest in prevention and mental health promotion, most school psychologists spend minimal time in such activities on a day-to-day basis" (1988, p. 539).

It is quite remarkable that in spite of overwhelming evidence pointing to the social causes of psychological distress (Albee, 1989; Honig, 1986a, 1986b; Mirowsky & Ross, 1989) that most diagnostic and therapeutic efforts are still directed toward the individual child. According to present practices not only is there a tendency to wait until the problem reaches major proportions, but once the problem is identified there is a similar inclination to treat the single child and neglect, practically and conceptually, equally important changes required in the environmental (Johnston, 1990; Witt & Martens, 1988) and socioeconomic conditions (Pianta, 1990). Given that state of affairs it is hardly surprising that Zins and Forman (1988) entitled their opening article in the *School Psychology Review* series on prevention: "Primary Prevention in the Schools: What Are We Waiting For."

Much like most other areas of applied psychology, school psychology adopted the "defect" model. Kovaleski observed that "this model holds that children with school problems have discrete disorders that are internal to the child" (1988, p. 479). As Kaplan and Kaplan (1985) have accurately asserted, school psychologists greatly ignore "the social context and . . . proceed to locate emotional disturbance . . . and learning problems *within* the child. . . . The impact of environmental conditions, other people, and societal values remain in the background" (p. 323). Similar reasoning is present in case-centered consultation, where "the position is still taken . . . that the problem lies in the child or with the child's behavior" (Witt & Martens, 1988, p. 213), and in special education, where most models assume that "the problem of not learning is within the student" (Heshusius, 1989, p. 406). As a result, it will be very difficult to

promote in our profession an orientation that fosters changes in the social and classroom environment as a viable means of meeting the needs of children.

Equally dangerous as the practice of ascribing fault to some entity within the child is the proclivity to assume that there is something wrong within the teacher. It is highly likely that consultees perceive the consultation process as one in which their weaknesses will be exposed. As a result, teachers may opt for requesting more direct services as opposed to consultation. The prospect of opening the classroom to strangers and being scrutinized can be very intimidating to teachers. This is further complicated by the repercussions the consultative process may have for the evaluation of the teacher by the principal. This organizational inconvenience and its concomitant personal risks may be avoided by the teacher by expecting more traditional services such as testing and pull-out remediation. While several authors have analyzed teachers' resistance to the use of classroom interventions (Johnston, 1990; Tingstrom, Stewart, & Little, 1990; Witt, 1986; Witt & Martens, 1988), not enough attention has been paid to the *human factor,* i.e., the feelings of insecurity generated by the consultative process. For consultation to work in a more efficient fashion, teachers should be empowered and not inadvertently blamed for their pupils' emotional, behavioral, or learning difficulties (cf. Witt & Martens, 1988). This improvement, however, cannot take place merely at the interpersonal level. It is not enough for the psychologist to provide an accepting climate when the teacher might fear a negative annual evaluation by the administrator for having "shared" their problems in the class. In a school where green slips were used to refer students to the principal for disciplinary action (an action encouraged by the principal), a teacher told me that "all those slips are good for is to get *you* (i.e., the teacher) a bad report." Unless teachers feel fully supported by administrators and colleagues in the process of dealing with students, and are not afraid of negative personal repercussions, chances are high resistance will prevail. Although this issue warrants empirical study for a more conclusive answer, in my view we are not there yet. There is a definite possibility that if consultation does not prove as successful as it might be, that it will be because of a lack of sensitivity of consultants to the culture of the school. According to Sarason (1982, 1983), this is one more instance where program innovations are implanted in the educational system without knowledge of the human dynamics and organization of the school.

Schools, to be sure, cannot be expected to be more receptive of a social ethics agenda than psychology or other social institutions (Sarason, 1982). The school, as a pillar of modern society, does not just merely accept but actively reproduces the ideology of meritocracy. That is, the achievement attained by children in schools is seen primarily as a reflection of their personal talent and dedication, and not necessarily as a product of complex social forces impinging upon their education (Apple, 1982; Apple & Weis, 1983; Ginsburg, 1972; Sennet & Cobb, 1972). Although schools are becoming more aware of the potential negative outcomes of risk factors such as poverty, racism, abuse, and

family dysfunction, a recent examination of ways in which schools in the United States deal with children with behavior and emotional problems shows that they are still very far from embracing a socially sensitive approach (Knitzer, 1990). The same study also found that their interventions fell primarily within the asocial paradigm. This phenomenon may have a political explanation. Much like governments, which prefer a "mind-fix" over a "setting-fix," school personnel and parents alike may favor "mind" therapies that focus on the individual child and leave the adults and the social order of the school unaltered. The school's drive to modify "minds" and "intrapersonal" factors at the expense of changes required in the educational environment may have been inadvertently strengthened by the many cognitive therapies for school-age children made available in the last decade (Braswell & Kendall, 1988; DiGiuseppe, 1981; Gholson & Rosenthal, 1984).

In pursuing an expanded role for the school psychologist, bureaucratic and administrative obstacles cannot be omitted. Special education laws and administrators in charge of their implementation demand that we devote a great deal of our time to the classification of students. This restrictive role is a severe imposition on our ability to make a transition from *asocial* to *macro-social* paradigms of operation (Sigmon, 1987). Strategies to facilitate this transition will have to take into account these structural obstacles.

THE POSSIBILITIES

School psychology is uniquely qualified to make a meaningful contribution to the welfare of the population. It is publicly funded, it reaches a vast number of children and families, and its services are provided in the community itself. As such, it has the potential to enhance the well-being of its clientele in numerous ways. To maximize its beneficial effects school psychology must move towards more socially sensitive approaches, however. In practical terms this means a transition from the predominant asocial and micro-social to macro-social paradigms. A shift analogous to the one from clinical to community psychology is advocated. It may be argued that contemporary school psychology resembles more the former than the latter. Community psychology has much to offer to our field, its conceptual framework being a salient possible contribution (Rappaport, 1977, 1981, 1987).

Community psychology is probably the best catalyst psychology has to transform its professional ethics from one that is singularly individualistic to one that is socially sensitive (Heller & Monahan, 1977; Rappaport, 1977). Community psychology endorses a discernment of human behavior that incorporates personal, social, and global forces such as politics and the economy. It endeavors to enhance the welfare of the entire community. This aspiration emanates from the understanding that "an ecological perspective, focusing on the match or 'fit' between persons and environments, rather than on 'fixing up' those who are seen

as inferior . . . is the most sensible" (Rappaport, 1977, p. 3). According to this philosophy social institutions are to be adjusted to provide the maximum benefit of their existence to the people affected by them. Social action, then, is an inherent component of this paradigm, simply because environments and social structures cannot be otherwise altered to suit the needs of the individual and pursue the recommended "fit." Community psychologists have "overstepped the limits of available psychological paradigms and are now interested in social change, social justice, politics, economics and social systems as well as individuals" (Rappaport, 1977, p. 119). Community psychology tools such as empowerment and prevention can be most instrumental in meeting the needs of children with behavior and learning problems (Rappaport, 1987).

The amalgamation of community and school psychology may give birth to the concept of *community-school psychology* (cf. Sarason, 1983). This branch of school psychology would foster socially sensitive analyses and interventions. Two kinds of socially sensitive approaches would be advanced: a proactive and a reactive one. While the former would attempt to prevent the development of psychosocial problems by addressing socioeconomic, political, and epidemiological issues, the latter would contend with difficult situations already facing children in the schools.

Proactive Socially Sensitive Interventions

The material and affective environment where children grow is of paramount importance in their physical and psychological development (Commission on the Prevention of Mental-Emotional Disabilities, 1987). The well-documented pernicious effects of life-stressors such as poverty (Albee, 1989; Honig, 1986a; Ryan, 1972), malnutrition (Lozoff, 1989), parental disorder (Weintraub, Winters, & Neale, 1986) and family dysfunction (Patterson, De-Barsyshe, & Ramsey, 1989) in the lives of children provide the fundamental rationale for promoting proactive socially sensitive interventions. Although there have been attempts to integrate community (i.e., socially sensitive) with school interventions (e.g., Cowen et al., 1975; Jason, 1982; Plas, 1986), school psychologists have neither taken full advantage of the paradigm shift made by community psychologists, nor advanced those practices to the forefront of their priorities. Three illustrative examples of future-oriented, socially sensitive interventions are (a) prevention programs, (b) the promotion of resilience, and (c) social and educational policy changes.

As the literature on primary prevention in the schools has been reviewed recently and is well known (Alpert, 1985; Bond & Compas, 1989; Durlak, 1985; Pianta, 1990; Reinherz, 1982; Zins, Conyne, & Ponti, 1988), I shall elaborate only on the last two examples.

Promoting Resilience in Schools. Next to primary prevention projects, the promotion of resilience may be considered a prototype of proactive socially

sensitive interventions. It is socially sensitive in that it is based on epidemiological analyses that recognize the psychological injuries sustained by children growing up in disadvantaged social conditions (Cowen & Work, 1988; Cowen, Wyman, Work, and Parker, 1990; Werner, 1985, 1986). It is proactive in that on the basis of identified mitigating factors, interventions designed to prevent or reduce the sequel of major life stressors have been launched (Cowen, Work, & Wyman, in press; Parker, Cowen, Work, & Wyman, 1990; Work, Cowen, Parker, & Wyman, 1990).

Longitudinal research with high-risk children published within the last decade (e.g., Nicol, 1985; Rutter, 1988) furnishes support for the advancement of social ethics in school psychology. Specifically, the search for protective factors has revealed that school personnel and clinicians have an important role to play in fostering resilience in children at risk for psychopathology (Berrueta-Clement, Schweinhart, Barnett, & Weikart, 1987; Maughan, 1988).

Studies have repeatedly shown that when faced with adversity there are a number of children, a minority, who will overcome adverse circumstances and develop in a psychologically healthy way (e.g., Anthony & Cohler, 1987; Garmezy, 1984; Masten & Garmezy, 1985; Rutter, 1985b, 1987; Werner, 1985, 1989). These youngsters are often referred to as resilient children. The literature points to three sets of protective factors said to enhance the level of resilience of children at risk. The first set is composed of individual attributes of the child such as positive self-esteem, autonomy, high IQ, and the like. The second category has to do with the family. Absence of discord and family cohesion have been identified as protective factors. The third set of variables associated with resilience concerns the availability of, and access to, external sources of support. The presence of a caring adult, not necessarily from the family, with whom the child could develop a trusting relationship was found to have most beneficial effects (Garmezy, 1984; Masten & Garmezy, 1985; Werner, 1985).

This last finding may be regarded as encouraging empirical evidence that school personnel, teachers, counselors, and psychologists, *can* have a positive enduring impact on the lives of children at risk through the healing and strengthening effects of a solid relationship. Although this makes intuitive sense, large efforts to provide children at risk with lasting relationships within the school setting have yet to be implemented. The pioneer work of Cowen and his associates in the use of volunteers and paraprofessionals in schools can be emulated and upgraded in light of the findings described above (Cowen et al., 1975; McManus, 1986). It would be important, for instance, to bear in mind the need for continuity in those relationships. Children lacking supports within their families could benefit from having an adult who will accompany them for a number of years. Recurrent experiences of attachment and separation from significant others may lead to reluctance on the part of the child to allow him/herself to bond with new figures in his/her life (Bowlby, 1988; Field, 1987). The school psychologist can mobilize paraprofessionals and/or community

volunteers, train them, and help schools contract with them for two or three years of committed work with a particular needy child (McManus, 1986).

In addition, the educational setting can contribute to the development of resilience through rewarding academic experiences (Maughan, 1988). The sense of mastery derived from participation in meaningful (i.e., pertaining directly and concretely to the child's life) school activities enhances the child's perception of self-efficacy (Rutter, 1985a, 1987). In looking at risk and protective factors for becoming an offender later in life, the longitudinal research of Kolvin and his associates showed that for those children from high-risk backgrounds a respectable school career blunted the propensity to crime. They conclude that a "sense of stability and esteem derived from meritorious school performance persists as a protective factor into later life" (Kolvin, Miller, Fleeting, & Kolvin, 1988, p. 93). For this positive outcome to take place, however, schools must ensure that the curriculum "makes sense" to the child at risk and is relevant to her/his life events. Monotonous paper and pencil academics are often not the preferred way to *engage* those children. Alternative methods ought to be proposed and the school psychologist can play a decisive role in generating more adequate educational options for those youngsters.

Based on their own and related research on resilience, Cowen and his associates (Cowen et al., 1990; Cowen et al., in press) have recently launched interventions designed to provide profoundly stressed urban children with adjustment-enhancing skills (e.g., social problem-solving, sense of efficacy, empathy, realistic control attributions). The intervention, conducted in small groups over a period of 20 weeks, focuses on enabling children to identify and develop support resources. As can be seen, although this is basically a socially sensitive approach, the target of treatment is primarily the child, and in that lies its major limitation. This shortcoming is clearly spelled out by Cowen and his co-workers:

Even though the notion of a preventive intervention with these youngsters is intrinsically appealing, an intervention that focuses exclusively on children—even one that provides optimal conditions and imparts essential skills and competencies effectively—may have major limitations. . . . Beyond that, remains the menacing specter of limitations on human development imposed by a social macrostructure that short-changes major segments of society in terms of such critical factors as justice, empowerment and life opportunity (Cowen et al., in press).

According to the taxonomy of social interventions presented earlier, Cowen's approach falls within the macro-social paradigm. And by their own admission there is a pressing need to operate from a macro-sociopolitical framework as well. The next logical step should be to address the societal structures currently inhibiting the development of mental health in children.

Social and Educational Policies. Although the National Association of School Psychologists, as well as some professionals in the field, is involved in advocacy and child welfare issues (e.g., Conoley, 1981; Hart, 1987, 1989; Svec,

1990), most individual school psychologists continue to exhibit a disturbing silence when it comes to voicing social and political discontent (Trachtman, 1990). Chances are they fall prey to an occupational myopia that excludes political activism from the realm of their professional endeavors. If that is the case, it is time we realize that the nature of social problems dictates that constructive action be taken not only at the psychological level, but at the societal level as well. At a point in the development of the social sciences where it is obvious that only systemic reasoning (e.g., Bateson, 1972; Capra, 1982) will help us address human problems, social action may no longer be a matter of choice but of necessity. School psychologists need not apologize for becoming involved in the political arena.

A major task envisioned for the profession would be to influence policy makers' views of children's problems. To illustrate the change in direction desired, Albee's formula for the incidence of psychopathology is useful (Commission on the Prevention of Mental-Emotional Disabilities, 1987, p. 199):

$$\frac{\text{Incidence of}}{\text{Psychopathology}} = \frac{\text{Organic Factors + Stress + Exploitation}}{\text{Coping Skills + Self Esteem + Supports}}$$

Social problem-solvers, psychologists among them, have sought to reduce the incidence of disorders primarily by increasing the denominator. This tendency has resulted in a one-sided view of a multifaceted phenomenon (Rappaport, 1981, 1987). It is within the purview of school psychology to counteract this imbalance through the promotion of legislation and policies designed to decrease the numerator, particularly as it pertains to stressful environments for children, the adverse effects of which are well-documented (Honig, 1986a, 1986b). Specific needs vary from community to community, but the overall thrust should be to assign to environmental factors their proper weight, as they are presently severely underestimated (Albee, 1989).

Coping strategies, social support, education, and attitudes are indeed unquestionably important elements in the reduction of psychological disorders. Yet, efforts in reshaping the psychological world of persons may be wasted if the environmental world is not concurrently improved (Albee, 1990). Environment in this context "is interpreted in its broadest sense, and includes not only our physical surroundings, both natural and artificial, but also the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives" (Health & Welfare Canada, 1988, pp. 4–5). In a prevention project reported by Halpern (1988), attempts to minimize infants' diarrhea by psychoeducational measures were seriously hindered by an overbearing environmental condition: lack of access to uncontaminated water. This is but one example where psychological prevention is simply not enough. Structural variables must be also addressed. This proposition has been eloquently argued in *Mental Health for Canadians: Striking a Balance,* a document published by Health and Welfare Canada (1988). The paper incisively pinpoints structural

deficits conducive to psychological vulnerability. Based on the assumption that "whatever makes it difficult for the individual to interact effectively and justly (for example, poverty, prejudice or poor coordination of resources) is a threat or barrier to mental health" (Health & Welfare Canada, 1988, p. 8), the document addresses the imperative needs to reduce social inequality, discriminatory social practices, and to enhance social justice.

If we understand, as Halpern (1988) does, that the factors a primary prevention program "can influence directly (parent child-rearing behavior, knowledge, and attitudes) are themselves strongly influenced by other factors much more difficult to alter in a discrete social program (e.g., economic insecurity . . . dilapidated housing)" (p. 253), then the conclusion must be reached that psychological intervention without concomitant social action is not good enough.

In pursuing a specific cause, determined by regional priorities, designed to improve the environment where children grow, school psychologists will engage in proactive socially sensitive interventions. Useful guidelines to follow in political activism, with particular reference to school psychology, have been presented by Conoley (1981) and Trachtman (1990). Specific suggestions to pursue the changes hereby recommended will be outlined below.

Reactive Socially Sensitive Interventions

Reactive socially sensitive interventions are directed at those conditions that were either not the subject of, or could not be successfully dealt with by proactive measures. These are problems that require immediate attention such as behavior and learning difficulties. Clinicians encounter those on a daily basis. Because of the pervasive individualistic bias present in education and psychology, school personnel tend to neglect the social dimension of learning and conduct disorders.

A case in point is the treatment of children who exhibit aggressive behavior. In spite of the fact that research shows that demographic and family variables are crucial in both the genesis and perpetuation of antisocial behavior in children (Patterson et al., 1989), most therapeutic efforts are directed at modifying the actions of the single child (Geiser, 1976; Stolz, 1978; Winett & Winkler, 1972). The literature reviewed by Patterson and his colleagues (Patterson et al., 1989) clearly indicates that children who come from families with a history of antisocial behavior in other family members, whose families are economically disadvantaged and experience significant stressors such as unemployment, marital discord, or domestic violence, are at very high risk for developing patterns of antisocial behavior themselves. Those factors warrant a systemic intervention capable of addressing the ecological dimensions (e.g., familial and societal) feeding the dysfunctional behavior. As opposed to fragmentary techniques focused on the child, reactive socially sensitive approaches call for the empowerment of all the parties involved, primarily the teacher, the child, and the parents. This means a collaborative effort to regain control in some aspects of their lives

without doing it at the expense of others. Knowledge of the precarious back-ground where those children come from should serve to increase the sense of urgency and collaboration needed with the family, not to inadvertently engage in a futile blaming-the-victim exercise (Ryan, 1971). School psychologists, by virtue of their central role in the treatment of antisocial behavior, can be instrumental in promoting the desired changes by sensitizing school personnel as to the families' plight and by organizing school-home networks to provide support to parents in need.

In embracing a community-school psychology approach gains can be made not only in the behavioral, but in the learning area as well. Parental involvement plays a major role in the education of children (Rutter, 1985a). Unfortunately, due to personal experiences of failure in the educational system many parents from disadvantaged backgrounds avoid coming to school, or feel incapable of assisting in the education of their children. They are easily intimidated by school personnel and do not get involved in school or community activities (Deutsch, 1964; Heber, 1984). Through a concerted effort to involve those parents in the education of their youngsters and make them feel part of the school and local community the school psychologist could be improving the self-concept of many parents directly and helping many more children indirectly (Heber, 1984).

In the same way that teacher's insecurities need to be considered in the consultation process, parents' feelings of inadequacy and perceived fears should be carefully monitored. While parental involvement is almost always crucial, too often parents are reluctant participants in the plan of action. School personnel and psychologists would do well to examine in what way they may be in-advertently alienating parents. Some suggestions as to how to foster this and the previously presented ideals are next.

THE STRATEGY

Neither portrayals of the realm of contemporary school psychology (e.g., Reynolds, Gutkin, Elliott, & Witt, 1984), nor visions of the future for the profession (Fagan, 1989; Hart, 1989) make the advent of a social ethics mental-ity a clear priority. If school psychologists are to become active players in the alleviation of the many social deficiencies found in children's environ-ments, then a case must be made for the advent of social ethics. To facilitate the promotion of this mentality, a shift in orientation is proposed in three areas:

1. Etiological reasoning and treatment: From asocial to macro-social and macro-sociopolitical paradigms.
2. Timing of intervention: From reactive to proactive interventions.
3. The human factor: From alienation and reluctant participation to meaningful engage-ment of the people involved in the delivery of services.

These three goals summarize the main thrust of the changes advocated in this essay. To attain, or at least work toward their attainment, I propose to develop two separate agendas: a local and a national/international one.

Local Action

1. Education and Organization of School Psychologists. Two rules of paramount importance in social action are to have clear goals and to organize people to pursue those objectives (Alinsky, 1971). The literature cited in this article provides several points of entry for the psychologist interested in learning more about the benefits of (a) approaching childhood disorders from a macro-social perspective, (b) intervening early, and (c) involving all the people affected in a meaningful, nonthreatening, and constructive manner. A first step an individual psychologist may take in organizing colleagues could be to initiate regular discussion group meetings. Clinicians working in the same school district or agency could explore means by which the goals stated above may be incorporated in their operations. In-services and professional development days could be used for this purpose. Once front-line workers develop a coherent proposal for the initial implementation of some macro-social or preventative activities, for example, administrative approval is to be sought. Given that this phase is most complicated at the best of times, it is very important that the proposal be endorsed by as many professionals as possible. Salient sources of power in the process of interpersonal influence are information and expertise. (For a detailed analysis on the political applications of the psychology of interpersonal influence and social power see Raven, 1990.) School psychologists ought to capitalize on those attributes in their attempt to persuade administrators to alter their philosophy of service delivery. Although the approval of administrators may be difficult to obtain, it is worth trying. Otherwise, changes would have to be pursued from outside the system, thereby decreasing the chances that the recommendations be assimilated into the operations of the organization. On the other hand, when innovations are sought from within the agency, and are accepted by its managers, the process of change is much more expeditious (Alinsky, 1971; Chin & Benne, 1985). Having arrived at some tentative conclusions in regards to the changes desired to foster a social ethics mentality, school psychologists, individually or collectively, need to disseminate their views.

2. Dialogue with Schools. In order to promote a specific objective in a school (e.g., the implementation of an early identification and prevention program or the establishment of a parents-teachers support group), action can be taken at the level of the single building or across the entire school district or regional authority, depending on the scope of the program, resistance to innovations, and local needs. To develop a mental health program in a particular school, the identification of a sympathetic principal may be crucial. The idea may be introduced at the beginning of the year, a time when the psychologist

may meet with school personnel to establish annual goals and priorities. An individual teacher can be very instrumental in creating support within the school for the suggested program or change. At the school district level, the goals stated above may be disseminated in ad hoc committees studying issues such as behaviorally disruptive students, or in professional development activities with teachers.

Inviting input from the school is absolutely essential. School personnel have to be active participants in the development of the program. Without that, the envisioned change may be just one more in a series of unrealized good ideas (Chin & Benne, 1985; Klein, 1985).

3. Dialogue with Parents. Collaboration with parents is as crucial as collaboration with schools. It is not uncommon to work with parents who tend to define the problems of their children in a completely *asocial* fashion, blaming the child for his/her difficulties. Alternatively, some parents accuse the teacher. In addition, many families tend to wait until the difficulties are extremely severe before they reach out for assistance, a good reason to promote the concept of prevention and early intervention in the community. Finally, like teachers, parents need to be empowered. They have to be able to dialogue with school officials without being intimidated or fearful. There is a lot the school psychologist can do to meet these needs either at the case level or addressing parents as a group. Giving talks at Parent-Teacher Association meetings, serving in school committees, and promoting nonthreatening communications between school and parents are only three of them.

Ideally, parents could elect a few representatives to help school personnel and psychologists design socially sensitive interventions. A case in point may be the recruitment of volunteer parents to serve as mentors for children in a resilience promotion program.

4. Establishment of Psychologist-Home-School Network. The establishment of an advisory council composed by the school psychologist, a teacher representative, an administrator and a parent representative can serve as a catalyst for many of the desired changes outlined above. Meeting on a regular basis, the council may be instrumental in promoting community and early interventions. In addition, the council may serve as a screening committee for referrals for special psychological or educational services. Having representatives of parents and teachers in the council may facilitate the sense of empowerment so much needed in these two constituencies. Although confidentiality may present a problem, consideration may be given to having a student representative in the council as well.

Another three important roles may be envisioned for this body: (a) It may serve as a forum to resolve disputes between school and parents, (b) it may organize parent-teacher support groups around specific issues such as behavior problems or particular handicaps, and (c) it may lobby for policy changes at the local, state, or national level.

National/International Action

1. Facilitating Change Through Professional Organizations. National and international organizations of school and other applied areas of psychology can play a vital role in disseminating a social ethics mentality. Symposia on the benefits of prevention and empowerment in school psychology can be organized at annual conventions of NASP and the Canadian Association of School Psychologists. Furthermore, fruitful collaboration might take place between school psychology associations and the newly formed American Association of Applied and Preventive Psychology (AAAPP). In addition to organizing workshops and seminars at the conventions, long-term committees to explore ways for furthering the social ethics mentality can be formed. The committees might, for instance, look at means to effectively propagate the findings gathered by the Commission on the Prevention of Mental-Emotional Disorders (1987) and by the APA Task Force on Promotion, Prevention and Intervention Alternatives (Price, Cowen, Lorion, & Ramos-McKay, 1988; Price, Cowen, Lorion, & Ramos-McKay, 1989).

2. Training Programs. Philosophically, there is a need to comprehend the pervasive infiltration of the Cartesian paradigm in our *Weltanschauung* (Prilleltensky, 1990c). This mode of thinking translates into the practice of separating the individual from his/her ecological context. In spite of much talk about systems in the social sciences, the fact remains that atomism is still largely prevalent in both psychology (Capra, 1982; Sarason, 1981a) and education (Heshusius, 1989). Once the deficits of the dominant Cartesian paradigm are fully understood, it will become apparent that a truly systemic mode of thinking requires more than the numerical inclusion of more participants in the process of intervention. There is presently an attempt to include more people, and more professions, in the process of treatment (cf. Bechtel, 1984). But those approaches remain predominantly focused on the "sick" child and/or family. What is required is a qualitative rather than a mere quantitative change. A more systemically sensitive view would question not only the child's actions but the behavior of societal institutions impacting on the child's life as well. Explanation and remediation would neither begin nor end with the particular client but rather with a *dialectical* examination of individuals *and* their social context.

Information gathered by Johnston (1990) indicates that the focus of most school psychology training programs continues to be traditional assessment. In light of literature reviewed in this article, it would be justified to balance that state of affairs with more emphasis on systemic, ecological evaluations and interventions. Professional organizations might take a leadership role in encouraging training centers to adopt a wider approach to school psychology, much like APA encourages programs to promote cultural diversity.

3. Lobbying for Better Educational and Social Policies. Professional organizations can be powerful generators of change at the legislative level. With thousands of members, these structures might identify a specific issue and use

the full force of its membership to create macrosocial conditions conducive to the healthy physical and psychological development of children. In the United States, for example, pressure might be exerted to have the President ratify the United Nations Convention on the Rights of the Child. This move would guarantee better services for poor children and families (Cohen & Naimark, 1991; Melton, 1991).

CONCLUSION

Change in school psychology cannot occur without a critique of present practices, their philosophical roots, and most importantly, their social consequences. The critique, as it was intended here, should encompass the global and abstract as well as the specific and concrete aspects of school psychology impeding the implementation of a social ethics agenda. Following a detailed analysis of the various forces perpetuating the regnant individualistic philosophy and its consequences, the need will be seen, I hope, for the emergence of a social ethics in school psychology.

Once the profession, nationally and/or locally, reaches a consensus as to the specific changes needed to foster the mentality hereby described, a great deal of eloquence will be required to convince our consumers (e.g., school boards, families, and communities) that a shift in orientation is called for. Having the conviction that an enhanced social ethics in school psychology *is not a luxury but a necessity* may greatly refine our will for persuasion.

References

Albee, G. W. (1981). Politics, power, prevention, and social change. In J. M. Joffe & G. W. Albee (Eds.), *Prevention through political action and social change* (pp. 3–24). Hanover, NH: University Press of New England.

Albee, G. W. (1986). Toward a just society: Lessons from observations on the primary prevention of psychopathology. *American Psychologist, 41,* 891–898.

Albee, G. W. (1989, June). *Suffer the little children.* Invited opening address to the International Council of Psychologists, Halifax, Nova Scotia.

Albee, G. W. (1990). The futility of psychotherapy. *Journal of Mind and Behavior, 11,* 369–384.

Alinsky, S. D. (1971). *Rules for radicals.* New York: Vintage Books.

Alpert, J. L. (1985). Change within a profession: Change, future, prevention, and school psychology. *American Psychologist, 40,* 1112–1121.

American Psychological Association. (1990). Ethical principles of psychologists. *American Psychologist, 45,* 390–395.

Anderson, C. C., & Travis, L. D. (1983). *Psychology and the liberal consensus.* Waterloo, Ontario: Wilfrid Laurier University.

Anthony, E. J., & Cohler, B. J. (Eds.). (1987). *The invulnerable child.* New York: Guilford Press.

Apple, M. W. (1982). *Education and power.* London: Routledge & Kegan Paul.

Apple, M. W., & Weis, L. (1983). Ideology and practice in schooling: A political and conceptual introduction. In M. W. Apple & L. Weis (Eds.), *Ideology and practice in schooling* (pp. 3–34). Philadelphia: Temple University Press.

Armistead, N. (Ed.) (1974). *Reconstructing social psychology*. Middlesex, England: Penguin.

Bateson, G. (1972). *Steps to an ecology of mind*. New York: Ballantine.

Bechtel, R. B. (1984). Patient and community, The ecological bond. In W. A. O'Connor & B. Lubin (Eds.), *Ecological approaches to clinical and community psychology* (pp. 216–231). New York: John Wiley & Sons.

Bellah, R. N., Madsen, R., Sullivan, W. M., Swidler, A., & Tipton, S. M. (1985). *Habits of the heart: Individualism and commitment in American life*. New York: Harper & Row.

Berman, M. (1981). *The reenchantment of the world*. New York: Bantam.

Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., & Weikart, D. P. (1987). The effects of early educational intervention on crime and delinquency in adolescence and early adulthood. In J. D. Burchard & S. N. Burchard (Eds.), *Prevention of delinquent behavior* (pp. 220–240). Newbury Park, CA: Sage Publications.

Bond, L. A., & Compas, B. E. (Eds.). (1989). *Primary prevention and promotion in the schools*. Newbury Park, CA: Sage Publications.

Bowlby, J. (1988). Developmental psychiatry comes of age. *American Journal of Psychiatry, 145*, 1–10.

Braswell, L., & Kendall, P. (1988). Cognitive-behavioral methods with children. In K. S. Dobson (Ed.), *Handbook of cognitive behavioral therapies* (pp. 167–213). New York: Guilford Press.

Canadian Psychological Association. (1986). *A Canadian code of ethics for psychologists*. Quebec: Author.

Caplan, N., & Nelson, S. (1973). On being useful: The nature and consequences of psychological research on social problems. *American Psychologist, 28*, 199–211.

Capra, F. (1982). *The turning point: Science, society, and the rising culture*. New York: Bantam.

Chin, R., & Benne, K. D. (1985). General strategies for effecting changes in human systems. In W. Bennis, K. D. Benne, & R. Chin (Eds.), *The planning of change* (4th ed.), (pp. 22–45). New York: Holt, Rinehart & Winston.

Cohen, C. P., & Naimark, H. (1991). United Nations convention on the rights of the child: Individual rights concepts and their significance for social scientists. *American Psychologist, 46*, 60–65.

Commission on Prevention of Mental-Emotional Disabilities. (1987). Report of the Commission on Prevention of Mental-Emotional Disabilities. *The Journal of Primary Prevention, 7*, 179–234.

Conoley, J. C. (1981). Advocacy consultation: Promises and problems. In J. C. Conoley (Ed.), *Consultation in schools* (pp. 157–178). New York: Academic Press.

Cowen, E. L., Trost, M. A., Lorion, R. P., Dorr, D., Izzo, L. D., & Isaacson, R. V. (1975). *New ways in school mental health: Early detection and school maladaption*. New York: Human Sciences Press.

Cowen, E. L., Wyman, P. A., Work, & Parker, G. R. (1990). The Rochester Child Resilience Project: Overview and summary of first year findings. *Development and Psychopathology, 2*, 193–212.

Cowen, E. L., & Work, W. C. (1988). Resilient children, psychological wellness, and primary prevention. *American Journal of Community Psychology, 16*, 591–607.

Cowen, E. L., Work, W. C., & Wyman, P. A. (in press). Resilience among profoundly stressed urban school children. In M. Kessler, & S. E. Goldston (Eds.), *The present and future of prevention research: Essays in honor of George W. Albee*. San Francisco: Sage Publications.

Deutsch, M. P. (1964). The disadvantaged child and the learning process. In F. Riessman, J. Cohen, & A. Pearl (Eds.), *Mental health of the poor* (pp. 172–187). New York: Free Press.

DiGiuseppe, R. A. (1981). Cognitive therapy with children. In G. Emery, S. D. Hollon, & R. C. Bedrosian (Eds.), *New directions in cognitive therapy: A casebook* (pp. 50–67). New York: Guilford Press.

Dohrenwend, B. P. (1986). Social stress and psychopathology. In M. Kessler & S. E. Goldston (Eds.), *A decade of progress in primary prevention* (pp. 87–114). Hanover, NH: University Press of New England.

Durlak, J. (1985). Primary prevention of school maladjustment. *Journal of Consulting and Clinical Psychology, 53*, 622–630.

Facione, P. A., Scherer, D., & Attig, T. (1978). *Values and society: An introduction to ethics and social philosophy.* Englewood Cliffs, NJ: Prentice-Hall.

Fagan, T. K. (1989). School psychology: Where next. *Canadian Journal of School Psychology, 5*, 1–8.

Field, T. (1987). Interaction and attachment in normal and atypical infants. *Journal of Consulting and Clinical Psychology, 55*, 853–859.

Frankena, W. K. (1963). *Ethics.* Englewood Cliffs, NJ: Prentice-Hall.

Garmezy, N. (1984). Stress-resistant children: The search for protective factors. In J. E. Stevenson (Ed.), *Recent research in developmental psychopathology* (pp. 213–233). New York: Pergamon.

Geiser, R. (1976). *Behavior mod and the managed society.* Boston: Beacon.

George, V., & Wilding, P. (1976). *Ideology and social welfare.* Boston: Routledge & Kegan Paul.

Gholson, B. & Rosenthal, T. L. (Eds.). (1984). *Applications of cognitive developmental theory.* New York: Academic Press.

Ginsburg, H. (1972). *The myth of the deprived child.* Englewood Cliffs, NJ: Prentice-Hall.

Halpern, R. (1988). Action research for the late 1980's. *Journal of Community Psychology, 16*, 249–260.

Hart, S. N. (1987). Psychological maltreatment in schooling. *School Psychology Review, 16*, 169–180.

Hart, S. (1989). NASP at Thirty: A vision for children. *School Psychology Review, 18*, 221–224.

Health and Welfare Canada (1988). *Mental Health for Canadians: Striking a balance,* Author: Ottawa.

Heber, F. R. (1984). Sociocultural mental retardation: A longitudinal study. In J. M. Joffe, G. W. Albee, & L. D. Kelly (Eds.), *Readings in primary prevention of psychopathology* (pp. 329–347). Hanover, NH: University Press of New England.

Heller, K., & Monahan, J. (1977). *Psychology and community change.* Homewood, IL: Dorsey.

Heshusius, L. (1989). The Newtonian mechanistic paradigm, special education, and contours of alternatives: An overview. *Journal of Learning Disabilities, 22*, 403–415.

Honig, A. S. (1986a). Stress and coping in children (Part 1). *Young Children,* (May), 50–63.

Honig, A. S. (1986b). Stress and coping in children (Part 2). *Young Children,* (July), 47–59.

Jason, L. A. (1982). Community-based approaches in preventing adolescent problems. *School Psychology Review, 11*, 417–424.

Johnston, N. S. (1990). School consultation: The training needs of teachers and school psychologists. *Psychology in the Schools, 27*, 51–56.

Kaplan, M. S., & Kaplan, H. E. (1985). School psychology: Its educational and societal connections. *Journal of School Psychology, 23*, 319–325.

Klein, D. (1985). Some notes on the dynamics of resistance to change: The defender role. In W. Bennis, K. D. Benne, & R. Chin (Eds.). *The planning of change* (4th ed.), (pp. 98–105). New York: Holt, Rinehart & Winston.

Kluegel, J. R. & Smith, E. R. (1986). *Beliefs about inequality*. New York: Aldine de Gruyter.

Knitzer, J. (1990, June). *At the school house door: The challenge of prevention*. Paper presented at the Vermont Conference on the Primary Prevention of Psychopathology: Improving Children's Lives—Global Perspectives on Prevention, Burlington, VT.

Kolvin, I., Miller, F. J. W., Fleeting, M., & Kolvin, P. A. (1988). Risk/protective factors for offending with particular reference to deprivation. In M. Rutter (Ed.), *Studies of psychosocial risk* (pp. 77–95). New York: Cambridge.

Kovaleski, J. F. (1988). Paradigmatic obstacles to reform in school psychology. *School Psychology Review, 17*, 479–484.

Lacayo, N., Sherwood, G., & Morris, J. (1981). Daily activities of school psychologists: A national survey. *Psychology in the Schools, 18*, 184–190.

Levinson, E. M. (1990). Actual/desired role functioning, perceived control over role functioning, and job satisfaction among school psychologists. *Psychology in the Schools, 27*, 64–70.

London, P. (1969). Morals and mental health. In S. C. Plog & R. B. Edgerton (Eds.), *Changing perspectives in mental illness* (pp. 32–47). New York: Holt, Rinehart & Winston.

Lozoff, B. (1989). Nutrition and behavior. *American Psychologist, 44*, 231–236.

Macpherson, C. B. (1969). Models of society. In T. Burns (Ed.), *Industrial man* (pp. 24–34). Baltimore: Penguin.

Martens, B. K., & Witt, J. C. (1988). Expanding the scope of behavioral consultation: A systems approach to classroom behavior change. *Professional School Psychology, 3*, 271–281.

Masten, A. S., & Garmezy, N. (1985). Risk, vulnerability, and protective factors in developmental psychopathology. In B. B. Lahey & A. E. Kazdin (Eds.), *Advances in child clinical psychology* (Vol. 8), (pp. 1–52). New York: Plenum Press.

Maughan, B. (1988). School experiences as risk/protective factors. In M. Rutter (Ed.), *Studies of psychosocial risk* (pp. 200–220). New York: Cambridge.

McManus, J. L. (1986). Student as paraprofessionals in school psychology: Practices and possibilities. *School Psychology Review, 15*, 9–23.

Melton, G. B. (1987). Children, politics, and morality: The ethics of child advocacy. *Journal of Clinical Child Psychology, 16*, 357–367.

Melton, G. B. (1991). Socialization in the global community: Respect for the dignity of children. *American Psychologist, 46*, 66–71.

Mirowsky, J., & Ross, C. E. (1989). *Social causes of psychological distress*. New York: Aldine de Gruyter.

National Association of School Psychologists (1985, September). Principles for professional ethics. *Communique*, pp. 5, 6, 10.

Nicol, A. R. (Ed.). (1985). *Longitudinal studies in child psychology and psychiatry: Practical lessons from research experience*. New York: John Wiley & Sons.

Parker, G. R., Cowen, E. L., Work, W. C., & Wyman, P. A. (1990). The correlates of stress resilience among urban school children. *Journal of Primary Prevention, 11*, 19–35.

Patterson, G. R., DeBarsyshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist, 44*, 329–335.

Pianta, R. C. (1990). Widening the debate on educational reform: Prevention as a viable alternative. *Exceptional Children, 4*, 306–313.

Plas, J. M. (1986). *Systems psychology in the schools*. New York: Pergamon.

Price, R. H., Cowen, E. L., Lorion, R. P., & Ramos-McKay, J. (1988). *Fourteen ounces of prevention: A casebook for practitioners*. Washington, DC: American Psychological Association.

Price, R. H., Cowen, E. L., Lorion, R. P., & Ramos-McKay, J. (1989). The search for effective prevention programs: What we learned along the way. *American Journal of Orthopsychiatry, 59,* 49–58.

Prilleltensky, I. (1989). Psychology and the status quo. *American Psychologist, 44,* 795–802.

Prilleltensky, I. (1990a). The politics of abnormal psychology: Past, present and future. *Political Psychology, 11,* 767–785.

Prilleltensky, I. (1990b). Enhancing the social ethics of psychology: Towards a psychology at the service of social change. *Canadian Psychology, 31,* 310–319.

Prilleltensky, I. (1990c). On the social and political implications of cognitive psychology. *Journal of Mind and Behavior, 11,* 127–136.

Rappaport, J. (1977). *Community psychology.* New York: Holt, Rinehart & Winston.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology, 9,* 1–25.

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15,* 121–148.

Raven, B. H. (1990). Political applications of the psychology of interpersonal influence and social power. *Political Psychology, 11,* 493–520.

Reinherz, H. Z. (1982). Primary prevention of emotional disorders in school settings. In H. C. Schulberg & M. Killilea (Eds.), *The modern practice of community mental health* (pp. 445–466). San Francisco: Jossey-Bass.

Reynolds, C. R., Gutkin, T. B., Elliott, S. N., & Witt J. C. (1984). *School psychology: Essentials of theory and practice.* New York: John Wiley & Sons.

Rose, S., Lewontin, R. C., & Kamin, L. J. (1984). *Not in our genes.* New York: Viking Penguin.

Rutter, M. (1985a). Family and school influences: meanings, mechanisms and implications. In A. R. Nicol (Ed.), *Longitudinal studies in child psychology and psychiatry: Practical lessons from research experience* (pp. 357–403). New York: John Wiley & Sons.

Rutter, M. (1985b). Resilience in the face of adversity: protective factors and resistance to psychiatric disorders. *British Journal of Psychiatry, 147,* 598–611.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316–331.

Rutter, M. (Ed.). (1988). *Studies of psychosocial risk.* New York: Cambridge.

Ryan, T. J. (Ed.). (1972). *Poverty and the child.* Toronto: McGraw-Hill Ryerson.

Ryan, W. (1971). *Blaming the victim.* New York: Pantheon.

Sampson, E. E. (1977). Psychology and the American ideal. *Journal of Personality and Social Psychology, 35,* 767–782.

Sampson, E. E. (1981). Cognitive psychology as ideology. *American Psychologist, 36,* 730–743.

Sarason, S. B. (1981a). *Psychology misdirected.* New York: Free Press.

Sarason, S. B. (1981b). An asocial psychology and a misdirected clinical psychology. *American Psychologist, 36,* 827–836.

Sarason, S. B. (1982). *The culture of the school and the problem of change* (2nd ed.). Boston: Allyn & Bacon.

Sarason, S. B. (1983). School psychology: An autobiographical fragment. *Journal of School Psychology, 21,* 285–295.

Sennett, R., & Cobb, J. (1972). *The hidden injuries of class.* New York: Vintage.

Sidwick, H. (1922). *The methods of ethics.* (7th ed.). London: Cambridge.

Sigmon, S. B. (1987). Present roles and future objectives for American school psychology. *Journal of Social Behavior and Personality, 2,* 379–382.

Spence, J. T. (1985). Achievement American style. *American Psychologist, 40,* 1285–1295.

Stolz, S. B. (1978). Ethical issues in behavior modification. In G. Bermant, H. C. Kelman, & D. P. Warwick (Eds.), *The ethics of social intervention* (pp. 37–60). New York: John Wiley & Sons.

Svec, H. J. (1990). An advocacy model for the school psychologist. *School Psychology International, 11,* 63–70.

Tingstrom, D. H., Stewart, K. J., & Little (1990). School consultation from a social psychological perspective. *Psychology in the Schools, 27,* 41–50.

Trachtman, G. M. (1990). Best practices in political activism. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology* (pp. 563–574). Washington, DC: National Association of School Psychologists.

Weintraub, S., Winters, K. C., & Neale, J. N. (1986). Competence and vulnerability in children with an affectively disordered parent. In M. Rutter, C. E. Izard, & P. B. Read (Eds.), *Depression in young people: Developmental and clinical perspectives* (pp. 205–222). New York: Guilford Press.

Werner, E. E. (1985). Stress and protective factors in children's lives. In A. R. Nicol (Ed.), *Longitudinal studies in child psychology and psychiatry: Practical lessons from research experience* (pp. 335–355). New York: John Wiley & Sons.

Werner, E. E. (1986). A longitudinal study of perinatal risk. In D. C. Farran & J. D. McKinney (Eds.), *Risk in intellectual and psychosocial development* (pp. 3–27). New York: Academic Press.

Werner, E. E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry, 59,* 72–81.

Wexler, P. (1983). *Critical social psychology.* Boston: Routledge & Kegan Paul.

Williams, B. (1972). *Morality: An introduction to ethics.* New York: Harper & Row.

Winett, R. A., & Winkler, R. C. (1972). Behavior modification in the classroom: Be still, be quiet, be docile. *Journal of Applied Behavior Analysis, 5,* 499–504.

Witt, J. C. (1986). Teachers' resistance to the use of school-based interventions. *Journal of School Psychology, 24,* 37–44.

Witt, J. C., & Martens, B. K. (1988). Problems with problem-solving consultation: A re-analysis of assumptions, methods, and goals. *School Psychology Review, 17,* 211–226.

Work, W. C., Cowen, E. L., Parker, G. R., & Wyman, P. A. (1990). Stress resilient children in an urban setting. *Journal of Primary Prevention, 11,* 3–17.

Zins, J. E., Conyne, R. K., & Ponti, C. R. (1988). Primary prevention: Expanding the impact of psychological services in schools. *School Psychology Review, 17,* 542–549.

Zins, J. E., & Forman, S. G. (1988). Primary prevention in the schools: What are we waiting for? *School Psychology Review, 17,* 539–541.