

Subjectivity of Social Emotional Learning, Mental Health, and Mental Illness Criteria
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Social Emotional Learning (SEL)

“We share this more expansive view of student competence and well-being, but we also believe that enthusiasm for these factors should be tempered with appreciation for the many **limitations of currently available measures...perfectly unbiased, unfakeable, and error-free measures are an ideal, not a reality...**”¹

“I do not think we should be doing this [using SEL for accountability]; it is a bad idea,” said Angela Duckworth, the MacArthur fellow who has done more than anyone to popularize social-emotional learning, making “grit” — the title of her book to be released in May — a buzzword in schools...She resigned from the board of the group overseeing the California project, saying she could not support using the tests to evaluate school performance. Last spring, after attending a White House **meeting on measuring social-emotional skills, she and a colleague wrote a paper² warning that there were no reliable ways to do so. “Our working title was all measures suck, and they all suck in their own way,” she said.**³

There is no standard for SEL. The standards are created:

Engage the Community in Collectively Defining SEL Standards

The process of collectively defining standards provides a great way to address the first two pitfalls. **Developing collective standards and engaging all stakeholders in the process of constructing the standard help to ensure that everyone understands and supports the implementation of the learning standards.**⁴

Challenges Involved in Infant and Early Childhood Diagnosis

- “Diagnostic classifications for infancy are still being developed and validated...”
- “Lack of longitudinal outcome studies”
- **“Broad parameters for determining socioemotional outcomes are not clearly defined”**⁵

¹ <http://blogs.edweek.org/edweek/rulesforengagement/2016/03/non-cognitive-skills-in-accountability-is-it-enough-for-measures-to-be-valid-and-reliable.html>

² <http://edr.sagepub.com/content/44/4/237.full>

³ http://www.nytimes.com/2016/03/01/us/testing-for-joy-and-grit-schools-nationwide-push-to-measure-students-emotional-skills.html?_r=0

⁴ Social and Emotional Learning Research Review: Avoiding Pitfalls <http://www.edutopia.org/sel-research-avoiding-pitfalls12/1/2015>

⁵ National Center for Infant and Early Childhood Health Policy Addressing Social Emotional Development and Infant Mental Health in Early Childhood Systems 2005 <http://files.eric.ed.gov/fulltext/ED496853.pdf> Emphasis added.

Mental Health

“At present, most psychiatric disorders lack validated diagnostic biomarkers, and although considerable advances are being made in the arena of neurobiology, psychiatric diagnoses are still mostly based on clinician assessment.”⁶

“It is no secret that our field has published thousands of candidate gene association studies but few replicated findings.”⁷

“There is no scientifically established ideal ‘chemical balance’ of serotonin, let alone an identifiable pathological imbalance.”⁸

“Not a single peer-reviewed article ... supports claims of serotonin deficiency in any mental disorder.”⁹

“Five years ago, pinning down bipolar disorder in children was like nailing Jello to the wall. Today, we've seen significant advances—we are now nailing cheesecake to the wall...so far [genetic] research has not consistently shown increased occurrence of the disorder in children who are supposed to be at high risk.”¹⁰

“Diagnostic categories of mental disorders are social constructions (Bandura, 1969). It is essential, therefore, that the mental health field continually question whether diagnostic categories are defined in ways that serve the best interests of the diagnosed. That is, each of the many aspects of the validity of each diagnosis, including ADHD, must be thoughtfully and persistently questioned.”¹¹

“Childhood and adolescence being developmental phases, it is difficult to draw clear boundaries between phenomena that are part of normal development and others that are abnormal.”¹²

“All of psychiatry's diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.”¹³

“The diagnosis of mental disorders is often believed to be more difficult than diagnosis of somatic or general medical disorders since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness.”¹⁴

“In other words, what it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures.”¹⁵

⁶ Jeste, D (President of the American Psychiatric Association) – The New DSM Reaches the Finish Line – Huffington Post 12/11/12

http://www.huffingtonpost.com/dilip-v-jeste-md/dsm-5_b_2280155.html

⁷ Faraone et al. (2008). The New Neuropsychiatric Genetics. American Journal of Medical Genetics Part B (Neuropsychiatric Genetics) 147B, 1–2

⁸ Lacasse, J. & Leo, J. (2005) PLoS Medicine

⁹ Ibid

¹⁰ Gabrielle Carlson, M.D. Psych News, 12-2-2005

¹¹ Jensen, P. & Cooper, J (2002) Attention Deficit Hyperactivity Disorder: State of the Science - Best Practices Civic Research Institute, Kingston, N.J., p. 1-8, 9

¹² World Health Organization (2001) World Health Report

¹³ Glenmullen, Joseph (2000) Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants with Safe, Effective Alternatives Touchstone/Simon and Schuster, New York, NY p. 195

¹⁴ US Surgeon General (1999) Report on Mental Health, p. 2-18, <http://www.surgeongeneral.gov/library/mentalhealth/pdfs/c2.pdf>

¹⁵ US Surgeon General (1999) Report on Mental Health, p. 1-5

“DSM-IV (Diagnostic and Statistical Manual, 4th Edition) criteria remain a consensus without clear empirical data supporting the number of items required for the diagnosis . . . Furthermore, the behavioral characteristics specified in DSM-IV, despite efforts to standardize them, remain subjective . . . ”¹⁶

“‘Fifty percent of Americans mentally impaired - are you kidding me?’ said Dr. Paul McHugh, a professor of psychiatry at Johns Hopkins University... ‘While the new survey was carefully done,’ Dr. McHugh said, ‘the problem is that the diagnostic manual we are using in psychiatry is like a field guide and it just keeps expanding and expanding...’ ‘Pretty soon,’ he said, ‘we’ll have a syndrome for short, fat Irish guys with a Boston accent, and I’ll be mentally ill.’”¹⁷

Diagnosis and Treatment based on Social and Political Attitudes and Beliefs

“Intolerance for differences and prejudicial attitudes - All children have likes and dislikes. However, an intense prejudice toward others based on racial, ethnic, religious, language, gender, sexual orientation, ability, and physical appearance — when coupled with other factors — may lead to violent assaults against those who are perceived to be different.”¹⁸

“A...university in St. Paul, Minn., has suspended a student after he raised questions about the campus ban on concealed weapons, and is ordering him to have a mental health evaluation before he can resume his education.”¹⁹

“Doctors who treat inmates at the California State Prison outside Sacramento concur: They have diagnosed some forms of racist hatred among inmates and administered antipsychotic drugs. ‘**We treat racism and homophobia as delusional disorders,**’ said Shama Chaiken, who later became a divisional chief psychologist for the California Department of Corrections, at a meeting of the American Psychiatric Association. ‘**Treatment with antipsychotics does work to reduce these prejudices.**’”²⁰

“As doctors increasingly weigh the effects of race and culture on mental illness, **some are asking whether pathological bias ought to be an official psychiatric diagnosis.** Advocates have circulated draft guidelines and have begun to conduct systematic studies. While the proposal is gaining traction, it is still in the early stages of being considered by the professionals who decide on new diagnoses.”²¹

¹⁶ American Psychiatric Association Committee on the Diagnostic and Statistical Manual (DSM IV- 1994), pp.1162-1163

¹⁷ Carey, New York Times, 6/7/05

¹⁸ Early Warning, Timely Response <http://cecp.air.org/guide/guide.pdf>, p.16

¹⁹ http://www.worldnetdaily.com/news/article.asp?ARTICLE_ID=58082

²⁰ Vedatam, 12/10/05, Washington Post, <http://www.vedantam.com/bias-12-2005.html> (Emphasis added)

²¹ Ibid

Lack of Effectiveness and Harm of Social Emotional Programs & Treatments

“Little research has been conducted to study the effectiveness of psychosocial interventions in young children, and the long-term risk-benefit ratio of psychosocial and pharmacologic treatments is basically unknown.”²²

Analysis of Home Visiting Programs Using Research from US Administration on Children and Families (ACF) Website²³ - Vast Majority of Effects Studied Showed No Effect of Programs on Child Development and School Readiness

Program Name	Primary Effects	Secondary Effects
Early Head Start Home Visiting	Favorable: 1 No effect: 21 Unfavorable or ambiguous: 0	Favorable: 3 No effect: 3 Unfavorable or ambiguous: 0
Healthy Families America (HFA)	Favorable: 7 No effect: 27 Unfavorable or ambiguous: 0	Favorable: 0 No effect: 0 Unfavorable or ambiguous: 0
Nurse Family Partnership (NFP)	Favorable: 4 No effect: 35 Unfavorable or ambiguous: 0	Favorable: 2 No effect: 11 Unfavorable or ambiguous: 1

Type of Effects	Primary Effects (% of Effects Measured for 3 studies)	Secondary Effects (% of Effects Measured for 3 studies)
Favorable	13%	25%
No Effect	87%	70%
Unfavorable or Ambiguous	0%	5%

²² Benedetto Vitiello, chief of child and adolescent psychiatry, NIMH, *Pediatrics*, 2002

²³ Home Visiting Evidence of Effectiveness <http://homvee.acf.hhs.gov/document.aspx?rid=2&sid=3>

Analysis of Home Visiting Programs Using Research from US Administration on Children and Families (ACF) Website²⁴ - Vast Majority of Effects Studied Showed No Effect of Programs on Prevention of Child Maltreatment

Program Name	Primary Effects	Secondary Effects
Early Head Start Home Visiting	Favorable: 0 No effect: 0 Unfavorable or ambiguous: 0	Favorable: 0 No effect: 1 Unfavorable or ambiguous: 0
Healthy Families America (HFA)	Favorable: 0 No effect: 22 Unfavorable or ambiguous: 0	Favorable: 12 No effect: 101 Unfavorable or ambiguous: 0
Nurse Family Partnership (NFP)	Favorable: 6 No effect: 19 Unfavorable or ambiguous: 0	Favorable: 0 No effect: 0 Unfavorable or ambiguous: 0

Type of Effects	Primary Effects (% of Effects Measured for 3 Studies)	Secondary Effects (% of Effects Measured for 3 Studies)
Favorable	13%	11%
No Effect	87%	89%
Unfavorable or Ambiguous	0%	0%

²⁴Home Visiting Evidence of Effectiveness <http://homvee.acf.hhs.gov/document.aspx?rid=2&sid=4>