
Diagnosis and Social Justice Advocacy: Reconciling Tensions for Students and School Counsellors Diagnostic et plaidoyer pour la justice sociale : concilier les tensions pour les étudiants et les conseillers scolaires

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ABSTRACT

Combining the existing diagnostic system with social justice advocacy creates tensions for school counsellors and their clients. A central tension is that diagnoses enable individual-level social justice advocacy by allowing students and their families to access mental health services, while constraining systemic change related to the dominance of the diagnostic system. Suggestions are offered about how tensions can be reconciled to facilitate, rather than constrain, the mental health services offered in Kindergarten to Grade 12 schools. In highlighting tensions and possibilities, an integrative both/and perspective emerges that respects the utility of the discourse of diagnosis and social justice advocacy.

RÉSUMÉ

La cohabitation du système de diagnostic existant et des revendications en faveur de la justice sociale a pour effet de créer des tensions auprès des conseillers scolaires et de leurs clients. L'un des principaux facteurs de tension tient au fait que les diagnostics permettent de faire valoir la justice sociale sur le plan individuel, en facilitant l'accès aux services de santé mentale par les étudiants et leurs familles, mais ils constituent également une contrainte au changement systémique eu égard à la domination exercée par le système diagnostique. L'article suggère des façons de concilier les tensions afin de faciliter, plutôt que de contraindre, les services de santé mentale offerts dans les établissements scolaires, de la maternelle à la 12^e année. En faisant ressortir les tensions et les possibilités, on voit se dessiner une perspective qui intègre ces deux dimensions et qui respecte à la fois l'utilité du discours diagnostique et la revendication de justice sociale.

While prevalence data indicates that many Canadian children and adolescents experience mental health issues, few have their mental health needs met (Canadian Psychological Association, 2007; Waddell, Offord, Shepherd, Hua, & McEwan, 2002). As Kindergarten to Grade 12 schools are central to the daily lives of children and adolescents, there is a role for the school system in better addressing their mental health needs (Flett & Hewitt, 2013; Waddell, McEwan, Shepherd, Offord, & Hua, 2005; Waddell et al., 2002). Much of the existing Canadian literature is written from the perspective of school psychologists with an assessment and diagnostic focus, but there remains a paucity of literature from a school counsellor perspective. The school psychologist perspective may be more readily represented given that the national Canadian Association of School Psychologists was founded

in 1984 and publishes the *Canadian Journal of School Psychology* (Canadian Association of School Psychologists, n.d.). Conversely, the roles of Canadian school counsellors continue to be defined provincially and nationally, which limits the unified voice of the profession (Keats & Laitsch, 2010). This discussion focuses on how school counsellors can utilize the diagnostic system endorsed by school psychologists alongside other perspectives that may prove useful in supporting students with mental health concerns.

With the recent focus on social justice advocacy within the professions of counselling and education (Kennedy & Arthur, 2014; Shriberg, Wynne, Briggs, Bartucci, & Lombardo, 2011), school counsellors are positioned to consider how social justice advocacy presents possibilities for supporting the mental health of students. Layering social justice advocacy over the longstanding diagnostic system provides Canadian school counsellors with opportunities to better address the mental health needs of children and adolescents. However, combining the existing diagnostic system with social justice advocacy creates tensions for school counsellors and their clients. Diagnostic categories enable individual-level social justice by allowing students and families to access and navigate mental health services, while constraining systemic-level social justice activities that question the dominance of the diagnostic system (Speight & Vera, 2009; Strong, Gaete, Sametband, French, & Eeson, 2012; Williams & Greenleaf, 2012). The purpose of this article is to draw attention to tensions and possibilities between the perspectives of diagnosis and social justice advocacy, and to initiate discussion about reconciling tensions so they facilitate, rather than constrain, the mental health services offered in schools.

To begin, a brief overview of diagnosis and social justice advocacy is presented, focusing on how these perspectives shape the actions of school counsellors, the students and families they serve, and the educational system in which services are provided. Following is a discussion of the tensions that emerge for school counsellors and their clients when combining diagnosis with social justice advocacy. Through an examination of how the discourse of diagnosis and social justice advocacy enable and constrain certain actions, potential strategies emerge for school counsellors to reconcile these perspectives and to reprioritize systemic-level social justice advocacy. Rather than arguing for the primacy of one perspective, an integrative approach is emphasized that highlights the utility of social justice advocacy and the discourse of diagnosis.

THE DISCOURSE OF DIAGNOSIS

As a thorough discussion of the diagnostic system is beyond the scope of this article, the focus will be on aspects that are particularly relevant when considered alongside social justice advocacy. Consider Parker's (1990) definition of a discourse as a historically and culturally bound meaning-making system that positions people based on ways of being in the world. Using this definition, people are invited into ways of thinking and behaving that are consistent with prevalent discourses (Parker, 1990). According to Parker, discourses are often implicitly accepted, as

they support and are supported by institutions such as schools, and are represented in documents and interactions. The discourse of diagnosis is evidenced in the *Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*, and remains foundational, prevalent, and dominant in schools (American Psychiatric Association [APA], 2013; Williams & Greenleaf, 2012).

Within the educational system, students and their families are invited to accept a diagnosis in order to access services and supports (Barnard-Brak, Stevens, Robinson, & Holt, 2013). The term *school psychologist* is used throughout to refer to mental health professionals who conduct formal assessment processes that can result in diagnoses. Thus, school psychologists conduct formal assessments and diagnose mental health issues to facilitate services (Barnard-Brak et al., 2013). The services of school counsellors and other professionals are then allocated based on these diagnoses. With the publication of the *DSM-5* (APA, 2013) and the realignment of the educational coding systems used to distribute educational supports and services, it is time for school counsellors to consider how the current diagnostic system both enables and constrains support for students and their families.

The Discourse of Diagnosis for Students and Their Families

Although diagnosis began as a largely professional dialogue, it has permeated mainstream discussions (Lafrance & McKenzie-Mohr, 2013). Drawing on Parker's (1990) definition, the discourse of diagnosis invites students and their families into specific perceptions of themselves, expectations for behaviour, and roles. Receiving a diagnosis can be a validating experience that legitimizes personal challenges (Lafrance & McKenzie-Mohr, 2013). A diagnosis can be beneficial as students are no longer alone in their struggles; they become part of a group of people who share their diagnosis (Kranke & Floersch, 2009; Lafrance & McKenzie-Mohr, 2013). One group of researchers, for example, interviewed 40 American adolescents and found that adolescents with diagnoses sought out and felt a sense of belonging with other students experiencing mental health disorders (Kranke & Floersch, 2009). Diagnoses are also pragmatic as they allow students to access resources within the school setting (Barnard-Brak et al., 2013). Students and their families engage in the diagnostic process in hopes that it will be facilitative.

As any discourse enables some undertakings while constraining others (Strong, 2012), diagnosis can present barriers for students and their families within the school system. The medical model that underlies the discourse of diagnosis places problems within people, and places clients as passive recipients of expert diagnosis and treatment (Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). This can constrain a sense of personal power and control (Zalaquett et al., 2008). Diagnostic categories are medically inclined and lean toward symptoms and deficits, allowing limited space to consider strengths or the ways larger systems may be barriers to mental health (Strong et al., 2012; Zalaquett et al., 2008). The discourse of diagnosis prioritizes medical treatments such as medication over other forms of support and change that extend beyond the individual (Strong, 2012; Zalaquett et al., 2008). As a result of inviting students into a passive role in this deficit-based discourse,

these clients are vulnerable to stereotypes of those with mental health challenges such as crazy, lazy, and/or dumb (Kranke & Floersch, 2009). While a diagnosis offers a way to create and make sense of identity, stigma and marginalization may follow (Lafrance & McKenzie-Mohr, 2013). Kranke and Floersch (2009) found that the adolescents they interviewed who were experiencing mental illness also experienced negative perceptions from peers and teachers that led them to isolate themselves from social interactions and to keep their diagnoses secret. The discourse of diagnosis can position students so that it is challenging for them to voice their mental health needs.

Another constraining aspect of the discourse of diagnosis is that while there is a process for obtaining a diagnosis, the system for removing a diagnosis lacks clarity (Frese & Myrick, 2010). As diagnoses are re-evaluated, they can be updated so that the original diagnoses are no longer predominant (Frese & Myrick, 2010). Because diagnoses can remain part of a student's record, an ever-lengthening list of diagnoses can follow a student through the school system (Barnard-Brak et al., 2013; Frese & Myrick, 2010). As the diagnostic picture becomes increasingly complex over time, it can be challenging for students, parents, and teachers to understand all the diagnoses and their relevance in supporting the student. In summary, the deficit-based focus of diagnosis invites students into a passive position, and can be stigmatizing and marginalizing (Kranke & Floersch, 2009; Lafrance & McKenzie-Mohr, 2013; Zalaquett et al., 2008). These are potentially powerful and constraining identities for children and adolescents to adopt amidst forming a sense of self. This is especially concerning given that the existing diagnostic system is structured to continually add diagnostic identities rather than to remove them (Frese & Myrick, 2010).

The Discourse of Diagnosis for School Counsellors

The discourse of diagnosis offers school counsellors numerous possibilities to facilitate the mental health of students. Diagnosis provides a common language to discuss mental health concerns that is evidenced in the *DSM-5* (APA, 2013; Barnard-Brak et al., 2013; Strong et al., 2012). It is in using this common language that care can be coordinated across service providers, and that students and their families can gain access to limited support services (Barnard-Brak et al., 2013; Strong et al., 2012). A diagnosis can provide direction for intervention planning (Strong et al., 2012). It is also diagnosis that enables referrals to school counsellors, and allows school counsellors to orient students and their families to the knowledge, skills, and activities of social justice advocacy (Barnard-Brak et al., 2013; Bemak & Chung, 2005).

However, diagnosis can constrain school counsellors in supporting the mental health of students and their families. The discourse of diagnosis is especially constraining as it encourages school counsellors and students to view problems based on innate deficits (Williams & Greenleaf, 2012). This invites solutions that involve individual change and preclude systemic change (Greenleaf & Bryant, 2012; Williams & Greenleaf, 2012). Furthermore, diagnostic categories group individuals

together in ways that can devalue their unique experiences, can limit consideration of the spectrum of individual presentations, and can make it challenging to balance deficits with strengths (Hansen, 2007). Importantly, the individual focus also largely excludes the impact of both culture and context (Strong, 2012; Zalaquett et al., 2008). The discourse of diagnosis confines school counsellors in supporting students by pathologizing rather than valuing individual presentations, by lacking attention to cultural and contextual considerations, and by inviting individual solutions to potentially systemic problems (Greenleaf & Bryant, 2012; Hansen, 2007; Strong, 2012; Williams & Greenleaf, 2012; Zalaquett et al., 2008).

SOCIAL JUSTICE ADVOCACY

Recently, there has been increased attention to social justice advocacy in the educational and counselling professions (Kennedy & Arthur, 2014; Shriberg et al., 2011). In the absence of Canadian guidelines, the American School Counselor Association (ASCA) National Model compels school counsellors to engage in advocacy (ASCA, 2012). From a social justice perspective, social inequities contribute to mental illness (Smith, Reynolds, & Rovnak, 2009; Zalaquett et al., 2008). Conversely, the discourse of diagnosis views mental illness as having internal, biological foundations (Strong et al., 2012; Zalaquett et al., 2008). By adopting a social justice approach, school counsellors broaden the scope of their work to include empowerment of individual clients and action to address systemic barriers to well-being by maximizing equity and accessibility (Kennedy & Arthur, 2014; Ratts & Hutchins, 2009; Smith et al., 2009). While offering mental health services in schools enacts the social justice principle of access, access to services can be dependent on diagnoses, and social justice advocacy is more complex than access alone (Barnard-Brak et al., 2013; Crethar, Rivera, & Nash, 2008).

In a quantitative study by Shriberg et al. (2011), the 214 American school psychologists surveyed rated the protection of educational rights and institutional power as central to defining social justice in school settings, further emphasizing individual and systemic components. The American Counseling Association (ACA) operationalized individual and systemic advocacy activities in the *ACA Advocacy Competencies* (Lewis, Arnold, House, & Toporek, 2002). Individual-level advocacy is also referred to as empowerment, or advocacy with clients, and includes such activities as emphasizing strengths, fostering an understanding of systemic influences and how these may be barriers to maximizing well-being, and building skills and developing plans for advocacy (Lewis et al., 2002; Ratts & Hutchins, 2009). Systemic-level advocacy is also referred to as advocacy on behalf of clients and includes identifying and addressing barriers to equitable access to services (Lewis et al., 2002; Ratts & Hutchins, 2009).

Social Justice Advocacy for Students and Their Families

Scholars generally agree that social justice advocacy includes attention to individual- and systems-level change toward increased equity and access to knowledge,

power, and resources (Kennedy & Arthur, 2014; Ratts & Hutchins, 2009; Smith et al., 2009). This has implications for students and their families. For students and families, individual-level advocacy is predicated on knowing how systemic influences can be barriers to well-being, knowing their rights and responsibilities within the system, having the courage to take action, and building skills to develop and execute advocacy plans (Lewis et al., 2002; Nachshen, 2005; Ratts & Hutchins, 2009). Students and their families can also be denied participation in decisions that affect them within the school system, which is an important aspect of social justice (Crethar et al., 2008). Therefore, students and their families are constrained in their ability to engage in social justice advocacy by deficits in knowledge and the absence of an orientation to social justice advocacy (Bemak & Chung, 2005). School counsellors have an opportunity to educate parents and students about social justice advocacy and to facilitate their participation in advocacy activities (Holcomb-McCoy & Bryan, 2010).

Social Justice Advocacy for School Counsellors

Social justice advocacy invites school counsellors to take a more proactive and preventative stance on the systemic issues that may lead to individual student mental health referrals (Speight & Vera, 2009). The concept of social justice advocacy is one that the counselling psychology profession in general, and school counsellors in particular, continue to define and operationalize (Kennedy & Arthur, 2014; Shriberg et al., 2011). Although school counsellors and psychologists agree that social justice is vital to their work, social justice advocacy is in the process of shifting from an aspirational to an operationalized construct (Kennedy & Arthur, 2014; Shriberg et al., 2011; Speight & Vera, 2009). This shift begins with school counsellors reflecting on how they perpetuate educational inequities (Speight & Vera, 2009). This can be difficult to do from within the existing system where these inequities are embedded and potentially invisible (Speight & Vera, 2009). Consistent with the *ASCA National Model* and the *ACA Advocacy Competencies*, counsellors then need to extend this reflection into action (ASCA, 2012; Kennedy & Arthur, 2014; Lewis et al., 2002).

Research from a Canadian school counsellor perspective is lacking, but American school psychologists noted barriers to social justice advocacy including a perceived lack of time and resources, the school climate, and school administration (Shriberg et al., 2011). These school psychologists also indicated they were more comfortable advocating for individual students than for systemic changes (Shriberg et al., 2011). When interpreting this research, consider how the sample of school psychologists may be more strongly rooted in the discourse of diagnosis than are school counsellors, and how this diagnostic system may constrain systemic-level advocacy activities. However, in a school culture where there are limited time and resources, it seems reasonable that counsellors would focus their efforts on individual-level social justice advocacy, as outcomes may be more easily attainable at an individual rather than systemic level. While the current school culture enables individual-level social justice advocacy, school counsellors should challenge

themselves to examine and address barriers to engaging in systemic-level advocacy (Speight & Vera, 2009).

COMBINING THE DISCOURSE OF DIAGNOSIS WITH SOCIAL JUSTICE ADVOCACY

Having discussed the perspectives of diagnosis and social justice independently, there are specific tensions that emerge when these two perspectives are combined. Counsellors, students, and their families experience these tensions differently.

Tensions Experienced by Students and Their Families

Amidst learning how to access and participate in mental health services, students and their families are exposed to tensions between the discourse of diagnosis and social justice advocacy. When the discourse of diagnosis is combined with social justice advocacy, students and their families are called to own the diagnosis and to set it aside, and to adopt both passive and active roles (Barnard-Brak et al., 2013; Holcomb McCoy & Bryan, 2010; Williams & Greenleaf, 2012; Zalaquett et al., 2008).

Own the diagnosis and set it aside. Students and their families are placed in a position where they are compelled to accept a diagnosis in order to facilitate access to services and supports (Barnard-Brak et al., 2013). In accessing services such as school counselling, students and their families may be invited to set aside the internal, deficit-based discourse of diagnoses, to take an active role in change, to utilize their strengths, and to engage in advocacy activities (Holcomb-McCoy & Bryan, 2010; Zalaquett et al., 2008). Regardless of theoretical orientation, a counsellor would likely adopt a strengths-based and collaborative approach that would be in contrast to how the discourse of diagnosis positions clients as passive recipients of medical treatments (Hansen, 2007; Zalaquett et al., 2008). It can be difficult for students and their families to know when to own the diagnosis to access and advocate for services, and when to set aside the diagnosis in favour of a strengths-based and active role, as both actions have the potential to further their mental health. There is a balance between owning the diagnosis to access services in the short term and setting aside the diagnosis to question the role of diagnosis in the delivery of mental health services.

Adopt passive and active roles. The medically inclined discourse of diagnosis views struggles as based in internal deficits, and invites clients into a passive role that limits their sense of personal power and control (Strong et al., 2012; Zalaquett et al., 2008). Conversely, social justice advocacy invites students into an active role aimed at modifying environmental conditions that constrain mental health (Williams & Greenleaf, 2012). Due to the dominance of the discourse of diagnosis, students and their families may adopt a passive role, without awareness that more active roles are a possibility (Williams & Greenleaf, 2012). Students and their families may be further constrained in adopting a more active role, as they may not be oriented to social justice advocacy within the educational system (Bemak & Chung, 2005).

Challenges students and families experience reconciling tensions. Students and families who attempt to reconcile these tensions are faced with a number of challenges. Students are offered a diagnosis with the promise of legitimization of their struggles and access to services, and yet are often met with stigmatization, marginalization, and a passive position that reduces their ability to speak for their mental health needs (Kranke & Floersch, 2009; Lafrance & McKenzie-Mohr, 2013; Zalaquett et al., 2008). Using the four social justice components of equity, access, participation, and harmony presented by Crethar et al. (2008), the discourse of diagnosis can be seen to increase access to services and other resources, but to simultaneously decrease the voice or participation clients have (Parker, 2014). Often unknowingly, students and their families exchange the power of their voices for access to resources, as they are not oriented to the constraining aspects of the discourse of diagnosis (Barnard-Brak et al., 2013; Lafrance & McKenzie-Mohr, 2013).

A further challenge is that students and their families may not be oriented to social justice advocacy (Bemak & Chung, 2005). Parker (2014) argued that “a premise of social justice from the standpoint of those who are speaking for themselves is that we do not require them to speak the same language as us as a condition for being heard” (p. 30). While this is an aspirational statement, students and their families are pragmatically constrained in their ability to speak for themselves as they can lack knowledge of social justice advocacy and they can experience marginalization through the discourse of diagnosis (Bemak & Chung, 2005; Lafrance & McKenzie-Mohr, 2013). Therefore, it is not surprising that client advocacy has had little impact in shifting the discourse of diagnosis (Frese & Myrick, 2010). There is a role for school counsellors in supporting students and their families in reconciling tensions between diagnosis and social justice advocacy.

Tensions Experienced by School Counsellors

With awareness of the tensions students and their families may experience, school counsellors may experience tensions of their own. The primary tension experienced by school counsellors is that diagnoses may enable individual-level social justice advocacy through access to resources, while constraining systemic-level social justice activities that question the dominance of the discourse of diagnosis (Speight & Vera, 2009; Strong et al., 2012; Williams & Greenleaf, 2012).

Individual- and systemic-level change. When the discourse of diagnosis is combined with social justice advocacy, school counsellors find themselves balancing individual and systemic change. Rather than adopting a purely critical stance on diagnosis, it is equally important to acknowledge how this discourse facilitates access to services (Barnard-Brak et al., 2013; Strong et al., 2012). This is evidenced in a quantitative study of 179 American school psychologists that used vignettes to demonstrate that the diagnosis that is the most fitting based on *DSM* criteria was not always the diagnosis that would be in the student’s best interest at school (Barnard-Brak et al., 2013). School psychologists in this study were aware of their

role in supporting students and families to walk the line between the stigma of diagnosis and how this discourse enables individual-level social justice advocacy by enabling access to services (Barnard-Brak et al., 2013).

Although diagnosis may enable school counsellors to increase access to services through individual-level social justice advocacy, it may constrain systemic-level social justice activities (Speight & Vera, 2009; Strong et al., 2012; Williams & Greenleaf, 2012). The tension between individual and systemic social justice advocacy is evidenced in a qualitative study of 116 Canadian counsellors who noted how they used diagnosis to facilitate access to services and to coordinate care amongst various resources, although this approach was in tension with a desire to minimize and circumvent the discourse of diagnosis in counselling practice (Strong et al., 2012).

Specifically in educational settings, school psychologists are currently prioritizing individual- over systemic-level social justice advocacy (Shriberg et al., 2011). In this way, counsellors are subtly asking clients to fit within existing systems rather than critically examining those systems (Toporek & Vaughn, 2010). By focusing on problems and deficits within individuals, the discourse of diagnosis “stabilizes the threat of social change and secures inherent injustices in the prevailing structures of power” (Greenleaf & Bryant, 2012, p. 22). School counsellors can also lack awareness of the potential for social justice advocacy, because the discourse of diagnosis is so embedded within the existing educational system (Speight & Vera, 2009; Williams & Greenleaf, 2012). School counsellors are in the difficult position of acknowledging individual struggles and the need for services using the discourse of diagnosis, and knowing that it is precisely this individual-level social justice advocacy that constrains systemic change related to the dominance of the diagnostic system (Speight & Vera, 2009; Strong et al., 2012; Williams & Greenleaf, 2012).

A ROLE FOR SCHOOL COUNSELLORS IN RECONCILING TENSIONS

Following are some possibilities for school counsellors to support students and families in the tensions they experience, and in so doing address some of the tensions school counsellors experience. In the spirit of social justice advocacy, the intention is to facilitate conversations so that the answers are generated by many, rather than dictated by a few. The following strategies are but a few options and are intended as an invitation to school counsellors to more deeply consider these tensions, including the relevance of developmental stages, cultural identities, and individual diversity.

Broadening the Discourse of Diagnosis

A potential strategy to reconcile tensions between diagnosis and social justice advocacy is to broaden the discourse of diagnosis to include the voices of students and their families. Remembering the core aspects of equity, access, participation, and harmony suggested by Crethar et al. (2008) as central to social justice ad-

vocacy, the discourse of diagnosis can be seen to increase access to services while simultaneously decreasing the voice or participation of clients (Parker, 2014). School counsellors have a role in reconciling this tension by amplifying the voices of marginalized clients whose voices may not otherwise be heard, by advocating with and on behalf of these clients (Lewis et al., 2002; Ratts & Hutchins, 2009). Canadian counsellors supported this stance by indicating how they valued client input in the diagnostic process (Strong et al., 2012). Other authors have extended this suggestion further into policy development with a call to more effectively include client experiences and feedback when revising *DSM* diagnostic categories (Gureje & Stein, 2012). Since the *DSM* is revised based on published empirical literature, school counsellors can include the perspectives of students and their families in research on the diagnostic process (Gureje & Stein, 2012). This strategy also infuses a social justice perspective into the discourse of diagnosis by including those who have been marginalized in the development of knowledge (Kennedy & Arthur, 2014).

By inviting the voices of students and their families into a broader conceptualization of the discourse of diagnosis, school counsellors can address tensions experienced by students and their families, as well as tensions experienced by school counsellors. Broadening the discourse of diagnosis offers school counsellors the opportunity to develop relationships with individual students and their families, and to identify patterns across clients. It is with this information and these relationships that school counsellors can engage in systemic-level social justice advocacy. School counsellors can foster systemic-level social justice advocacy by connecting teachers, students, families, and/or service providers through information-sharing events or workshops, developing a system of allies with other service providers, and joining committees and boards involved in systemic decision-making. School counsellors can then move beyond using diagnosis to facilitate individual access to mental health services and into systems-level change that questions the dominance of the discourse of diagnosis in the educational system (Speight & Vera, 2009; Strong et al., 2012; Williams & Greenleaf, 2012).

Broadening the discourse of diagnosis raises questions about who should be considered an expert on mental health issues and how students and their families, as mental health consumers, could more fully claim their expertise (Pilgrim, 2014). As a starting point, school counsellors can facilitate conversations with students and their families using the following questions:

- In what ways has having a diagnosis been useful to you (Frese & Myrick, 2010)?
- In what ways has having a diagnosis been unhelpful for you?
- How could having a diagnosis be more useful to you (Frese & Myrick, 2010)?
- How do you see your role in the process of diagnosis?
- What other roles have you wanted to take on in the process of diagnosis?
- What stands in the way of you adopting these expanded roles?

Broadening Involvement in Social Justice Advocacy

Another potential strategy to reconcile tensions between the discourse of diagnosis and social justice advocacy is to broaden involvement by orienting students and their families to social justice advocacy in the school system. Providing orientations to social justice concepts allows school counsellors to demonstrate respect for the power of marginalized groups, and to inform students and families of the channels through which they can voice their knowledge (Pearrow & Pollack, 2009). Armed with this knowledge of social justice advocacy, students and their families may be in a better position to set aside the passive roles offered by the discourse of diagnosis and to take up more active roles (Ratts & Hutchins, 2009; Williams & Greenleaf, 2012). Through an understanding of social justice advocacy, students and their families may recognize mental health issues as both individual and contextual, and may be able to speak not only to individual solutions, but also to contextual and systemic solutions (Pilgrim, 2014; Ratts & Hutchins, 2009). The British Columbia-based Families Organized for Recognition and Care Equality (FORCE) Society website (<http://www.forcesociety.com/>) provides examples of systemic activities for students and their parents, including using their experiences to support others in accessing resources; and creating opportunities for information sharing amongst students, families, teachers, and/or mental health professionals. With knowledge of social justice advocacy, students and their families may also be in a position to better utilize the facilitative aspects of the discourse of diagnosis for self-advocacy purposes. This includes such activities as communicating needs and negotiating for the resources to have those needs met.

By inviting students and their families to be involved in social justice advocacy, school counsellors would not only address tensions experienced by students and their families, but also tensions experienced by school counsellors. To borrow from Strong, Sutherland, and Ness (2011), the tensions experienced by combining the discourse of diagnosis and social justice advocacy could be considered “unrecognized negotiables” for school counsellors. Counsellors are invited to examine the ways their practice may have become inflexible within perceived constraints. As school counsellors are in the position of being advocates, it is vital that they reflect on the power and privilege associated with this role (Smith et al., 2009). Although the language and skills of social justice advocacy are a part of the professional dialogue of school counsellors, this is not so for students and their families; therefore school counsellors are in a position to bridge this gap (Bemak & Chung, 2005). In so doing, school counsellors can broaden the voices supporting a shift from individual to systemic advocacy.

As with the discourse of diagnosis, following are some conversation starters to broaden social justice advocacy to involve students and their families:

- What does social justice advocacy mean to you?
- What activities have you engaged in that could be described as social justice advocacy?

- What activities have others engaged in that could be described as social justice advocacy?
- What social justice advocacy activities would you like to engage in?
- What stands in the way of you engaging in these social justice advocacy activities?

Drawing on the components of social justice presented by Crethar et al. (2008), school counsellors can work beyond increasing access and participation through broadening the discourse of diagnosis, and toward increasing equity by sharing power in decision-making and policy development (Barnard-Brak et al., 2013; Parker, 2014; Toporek & Vaughn, 2010). These changes begin when school counsellors initiate conversations with their clients about the diagnostic process and social justice advocacy, and use their answers to work towards individual- and systemic-level changes.

Reconciling Tensions in Action

To bring these ideas into a pragmatic, tangible, and operationalized realm, consider the following fictional case example of Hayden. Hayden is a 10-year-old boy in Grade 5 who was recently diagnosed with attention-deficit hyperactivity disorder (ADHD) by the school psychologist and referred to the school counsellor, Zoe. Zoe begins by meeting with Hayden, discussing options for supporting him, and working together with his teacher and parents to maximize his use of currently available resources and to structure for his success. This approach aligns with the counselling services currently offered in school settings. Seeking to broaden the discourse of diagnosis, Zoe invites Hayden and his family's perspectives on the ADHD diagnosis, the diagnostic process, and the supports that are in place. By broaching this conversation, Zoe learns that Hayden's parents are questioning the extent to which Hayden should fit into what they perceive as an overly structured school environment, and are struggling with the decision whether or not to use medication to manage the ADHD symptoms. Zoe finds it challenging to collaborate with the family and to use this information toward social justice advocacy, as she is aware that she too is part of the system they are struggling with. By attuning to the strengths and struggles Hayden and his family identify, Zoe attempts to support them individually and to consider systemic changes that may benefit them and other families.

To encourage participation in social justice advocacy, Zoe collaborates with the school psychologist to create workshops and reference materials for students, teachers, and families about common diagnoses, the diagnostic process, current supports available, and how to advocate for supports, in hopes of demystifying the process. Zoe invites a local pediatrician to participate in a question-and-answer session on ADHD medications. Zoe also realizes that she needs to educate herself on the decision-making and policy development processes within the school board, and joins a committee so that the voices of students and their families can be represented. Perhaps Zoe links families together to discuss their

experiences of diagnosis and advocacy, to mentor families new to the process, and to uncover areas of strength and need within the current school support system. Zoe creates space for counselling groups for students, and support groups for parents and families.

While Zoe's work aims to support Hayden individually, she does more than ask Hayden and his family to fit within the existing system; she supports them and other families in having a voice in how things progress and in how things could be changed. Zoe supports Hayden and his family in adopting a stance toward the discourse of diagnosis that at once mobilizes available resources and encourages active participation in determining what additional supports should be advocated for. In doing so, Zoe lives the tensions between working within a system and also trying to change it. She starts a multidisciplinary consulting group focused around advocacy in the school system, so that she can learn from the experiences of other advocates and be supported in her efforts.

Adopting a Both/And Perspective

Just as the discourse of diagnosis leans toward polarized views where a diagnosis is either present or absent, there can be a tendency to view social justice advocacy from a similarly dichotomous perspective (Pilgrim, 2014; Smith et al., 2009). This duality is apparent as, by aligning with a social justice cause, people can be seen as advocating against other causes (Smith et al., 2009). When considering the perspectives of diagnosis and social justice advocacy, it is vital that school counsellors adopt a both/and perspective, rather than an either/or binary. Although each perspective constrains certain actions, both perspectives have value in that they have aspects that are generative and furthering of mental health for students and their families. According to Smith et al. (2009), "the narrowing of complex issues into simple dichotomies ... tends to cast very complex issues as oversimplified issues, and it removes necessary participants from the debate, thereby circumventing the rich discussion that is required to understand and manage complex issues" (p. 489).

To avoid dualistic and polarizing arguments to support or counter the discourse of diagnosis and social justice advocacy, some authors have attempted to generate discourses combining these perspectives. For example, Williams and Greenleaf (2012) proposed an ecological approach to shift from individual, diagnostic conceptualizations and toward conceptualizations that include the larger context. Zalaquett et al. (2008) suggested a case formulation approach that supplements diagnostic labels with explanations that include individual as well as systemic factors. Prilleltensky (2008) illustrated how psychological and political power are linked with mental health and social change. Finally, Strong et al. (2012) discussed how the pluralistic identity of counsellors could be drawn on to support a variety of responses to the diagnostic system. It is challenging to discuss reconciling tensions between the discourse of diagnosis and social justice advocacy without prioritizing one perspective over the other. For this reason, the proposed strategies of broadening the discourse of diagnosis and increasing involvement in

social justice advocacy should be seen as complementary actions to implement in tandem. In layering these perspectives, opportunities emerge to amplify the facilitative aspects and to dampen the constraining aspects.

Consider for a moment Rubin's (1915) vase/faces, the Gestalt figure-ground image that can be seen as either two face profiles or as a vase. This can be used as a metaphor to support school counsellors in adopting a both/and approach that sees value in both the discourse of diagnosis and social justice advocacy. The figure, or vase, is fitting for diagnosis, due to its central placement. The ground, or two face profiles, is fitting for social justice advocacy, as it constitutes the larger context. School counsellors are currently invited to focus on the central figure of the vase, as the discourse of diagnosis is so prevalent in schools (Williams & Greenleaf, 2012). Although school counsellors can shift their perspective to the ground to engage in individual-level social justice advocacy, the focus flips back to the figure of diagnosis before school counsellors are able to fully expand activities toward systemic-level social justice advocacy. As with Rubin's vase/faces, school counsellors have the potential to continually shift perspectives between the discourse of diagnosis and social justice advocacy. This stance is apparent in the fictional example, as Zoe attends to the figure by utilizing the ADHD diagnosis to access currently available resources. Zoe also attends to the ground by creating a community around the discourse of diagnosis and encouraging this community to participate in social justice advocacy. In considering both the discourse of diagnosis and social justice advocacy, Zoe is able to reconcile tensions between these two perspectives and to respond with flexibility to the needs of students and families. It is in adopting a flexible approach that school counsellors will be able to set aside any tendencies to argue for one perspective over the other, and instead to focus on the utility of the discourse of diagnosis and social justice advocacy.

CONCLUSION

The purpose of this discussion was to illuminate the tensions and also the possibilities between the perspectives of diagnosis and social justice advocacy, and to initiate a conversation about how tensions can be reconciled so they facilitate, rather than constrain, mental health services offered in schools. The discourse of diagnosis enables individual-level social justice advocacy by allowing students and their families to access and navigate mental health services, while constraining systemic-level social justice activities that question the dominance of the diagnostic system (Speight & Vera, 2009; Strong et al., 2012; Williams & Greenleaf, 2012). It is by layering together the discourse of diagnosis and social justice advocacy that school counsellors are able to explore the complexity of mental health issues in Kindergarten to Grade 12 schools and to question current practices. The metaphor of Rubin's (1915) vase/faces offers school counsellors a visual reminder of a more flexible and integrative perspective. By viewing the discourse of diagnosis and social justice advocacy using a both/and perspective, school counsellors can broaden

the possibilities for supporting students and families, rather than expending their energy arguing for the primacy of one perspective. By broadening the discourse of diagnosis and social justice advocacy to be more inclusive of students and their families, the facilitative aspects of these perspectives are likely to be amplified while the constraining aspects are dampened.

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