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# Emotional Disturbance as an Educational Disability: Implications for Social Workers

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UNIVERSITY OF MIAMI

EMOTIONAL DISTURBANCE AS AN EDUCATIONAL DISABILITY:  
IMPLICATIONS FOR SCHOOL SOCIAL WORKERS

By

Jean Michele Rippey

A DISSERTATION

Submitted to the Faculty  
of the University of Miami  
in partial fulfillment of the requirements for  
the degree of Doctor of Philosophy

Coral Gables, Florida

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This qualitative study addressed an intersection in which the application of the medical model to educational disabilities and its implications for educational labeling of students interacted with the professional enculturation of clinical social workers. Employed as clinicians in programs administered in a large south eastern school district in the United States, five social workers served elementary students labeled Emotionally/Behaviorally Disabled (EBD) through federally authorized provisions for special education related services. This study used grounded theory methods to discover and analyze the social workers' underlying assumptions, values, and patterns of practice with regard to ethical and guild issues, roles and responsibilities, and bases of knowledge. The study found that participants interpreted and applied a knowledge base grounded in the normative aspects of social work. Their preparation made it possible to compete for licensure (LCSW) and assume roles as professional helpers but did not provide all the tools they needed to carry out their work as clinicians with students in EBD programs. Secondly, it found that ambiguities regarding ethics, guild issues, and roles emerged with regard to acting as helping professionals in an integrated professional setting. Each practitioner exercised certain latitude to respond as needed to challenges which varied

from site to site. Finally, the findings reflected how the clinicians have situated themselves in the face of the demands of documentation procedures and of participation in meetings endemic to special education.

This research project has been inspired by

Children and youth who have informed me

Dr. B who reminded me that wherever you go, there you are – a border crosser

Dr. E who said there's one who doesn't fit the mold

Kurt Vonnegut's Handicapper General

And is dedicated to

Dr. Beth Harry who continues crossing borders

David Rippey, friend and spouse providing emotional, typesetting and computer support

Sixty year olds who want to go to grad school

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## Chapter 1

### Overview

In this study I have examined the work and activities of clinical social workers who served students in Pre-K through grade 5 in programs for Emotional/Behavioral Disability (EBD). Emotional Disturbance (ED), one of thirteen federal disability categories defined in the current authorization of the Individuals with Disabilities Education Act (1990), carries with it a provision for psychological services and counseling to assist students in benefiting from their educational opportunities. (See Appendix C for the federal definition of Related Services.) The expertise we in the human service community take to be valid and reliable by virtue of our professional preparation positions us to intervene in people's lives with oppressive or emancipating results (Prilleltensky & Nelson, 2002). I began this project with the purpose of reflecting upon those of us who take the emancipating results of therapeutic intervention for granted. Clinicians in EBD programs make assumptions and carry out practices based on the power granted them through professional enculturation. This study examines the day to day routines and experiences of a small group of clinical social workers entrusted with assisting students they believe need to change. They begin their interventions by addressing the perceived vulnerabilities and frailties of such children and their families. This perspective colors all that follows.

#### *Emotional Disturbance: A Category of Educational Disability*

Conditions in the last three decades influencing the discussion of educational categories and labeling of students originated in 1975 when PL 94-142, The Education of All Handicapped Children Act (EHA), passed into law. This law initiated child-find

procedures to identify and categorize children and youth with handicaps. The EHA opened the door for youth not previously enrolled in public school to pursue free, appropriate educational opportunities in supportive classroom environments that would provide a basis for their access to a general curriculum and their non-handicapped peers.

Echoing the format used in determining medical diagnoses, educational disability categories fostered at the time of the 1975 law took the form of itemized criteria. These lists underscored an assumption that students with diverse vulnerabilities, perhaps like patients, could be best served through diagnosis and labeling. Defining differences and focusing on deficiencies has contributed directly to routine perspectives in educational practice. For example, students with behavior problems have need of and benefit from structured behavior modification interventions whereas the general school population does not have this need and would not, therefore, benefit from behavior modification intervention. This conceptual framework encourages special education professionals and their students alike to regard themselves at the margins of ordinary schooling. Ferri and Connor (2005) noted that what began in 1975 as a movement to support entry of handicapped students into the mainstream of American education has had the effect of reinforcing their inequality by restricting their access to the general education environment.

Three conditions, 1) a perception of separate educational arenas, 2) federal definitions of educational disability that mimic medical criteria for illness, and 3) dependence on psychological assessment to document dysfunction have promoted practices that distort the intent and purposes of special education. These conditions contribute to the field's critical challenges regarding over-identification and

disproportionate placement of minorities in some high incidence categories and the segregation of students in overly restrictive environments (Blanchett, Brantlinger, & Shealey, 2005; Coutinho & Oswald, 2000; Ferri & Connor, 2005; Harry & Klingner, 2006; Skiba, Polani-Staudinger, Simmons, Feggins-Azziz, & Choong-Geun, 2005).

*Medical Model: Normalcy vs. Deviance and Stigma*

The medical model based on a clinical approach to *diagnose* and *treat* disease or injury has carried over into the context of categorizing school children as *emotionally disturbed*. Although less detailed than *Diagnostic and Statistical Manual* (DSM) criteria, educational categories implemented in 1975 for special education classifications resemble the litany used for clinical categories of disease and disorder employed in clinical psychology and psychiatry. The federal definition of *Emotional Disturbance* (ED) demonstrates this point (<http://idea.ed.gov/>). (i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

Much of the vocabulary describing conditions of mental illness detailed in the DSM, an ever-expanding index of pathological disorders, has entered everyday language. Gergen (1994) argued that we come to know and understand our own and others' thoughts and behaviors and our surroundings by constructing meaning through exchanges in our social relationships. Normative psychological language learned as a part of professional preparation is rooted in descriptions of pathology and encourages the notion of treatment groups. This language promotes professionals' perceptions of dysfunction as exclusively located in the internal processes of individuals. Mental health professionals, like doctors, are taught to look for illness, discover its etiology, and identify deficiencies so that dysfunctional mechanisms and conditions can be addressed. Gergen suggests that professional language resting in this social legacy promotes an affective climate rooted in blame and self-blame for both clinicians and clients. Further, professionals with this mindset are limited in their ability to change their focus and pursue problem-solving that takes account of overall social conditions. By contrast, taking into account social conditions, an ecological frame of reference provides vision for positive change and future prevention of difficulties located outside the perceived frailties of self and other individuals.

#### *Real Live Consequences: Not Just Words*

From my professional experience two examples of the power of professionals' language and actions have come to mind. Students sense what is intoned when an adult speaks, even if they are not aware of precise meanings. While on bus duty at a school for students with the labels Emotionally Handicapped (EH) or Severely Emotionally Disturbed (SED), I was greeted every morning by a passing middle school student who

would look up at me and state “I’m a homocycle maniac.” I interpreted this routine to mean that this student was aware that he had been, and might well continue to be the topic of professional conversation. Children in state custody certainly share this awareness. From a similar middle school program, a student created a computer graphic illustrating a group of professionals with brief cases meeting around a table complete with an umbrella. Meanwhile, a dog chases a frightened young man to the roof of a building from which he jumps to the street. These anecdotes remind us that students listen to professional talk and observe professional routines as surely as we listen and observe them. Along this two-way path meanings are exchanged and transformed.

Given that categorizing and labeling students prevails in special education, it is necessary that professionals, themselves trained in the efficacy of this approach, undergo self-examination. How and what does our participation as professionals contribute to a system in which a medical model is used to address educational disabilities? What does labeling students achieve for students’ educations overall?

#### *What We Contribute: A Sociological View of Deviance*

Hacking (1999), in questioning basic assumptions underlying the application of scientific mental health categories, made the case that while a physicist can name a quark, a *quark*, without changing its nature, human beings are changed by the way knowledgeable people speak to them and about them. As we caring professionals scrutinize the personal circumstances embedded in the political, social, cultural, and economic conditions of children we serve, we do contribute to their socially perceived and self-perceived neediness, behaviors, and/or emotionality. We contribute to their marginalization even as we devise treatment plans targeted at promoting their inclusion.

Becker (1963) argued that society creates deviance by making rules which, when broken, are perceived as deviant by those responsible for monitoring and enforcing them. He wrote “. . . deviance is not a quality of the act the person commits, but rather the consequence of the application by others of rules and sanctions to an ‘offender.’ The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label” (p 9). When those of us who study deviance as clinicians or researchers apply a medical analogy to deviant behavior we are, in Becker’s way of thinking, encouraging the inclusion of personal and social characteristics as factors explaining the behavior of rule-breakers. Pathological disease states drift over to behavioral disease states. While a healthy organism may be easy to identify and agree upon, identifying and agreeing upon healthy behavior is value laden and does not take social conditions into account. When human service professionals follow the medical model, in Becker’s view they are then able to overlook their own silent agreement and powerful participation in determining who and what is deviant.

*Social, Emotional, and Intellectual Consequences: A Student’s Career in Deviance*

Foucault (1967), chronicling the history of what we now construct as deviance, abnormality, and pathology, spoke of *unreason*. Unreason as part of the human condition was open to social dialogue and even celebrated in public rites and celebrations (Whitebook, 2003). Unreason, once an integral part of a human social experience was deconstructed in the wake of the medical gaze. With the dawn of modern medicine *unreason* objectified as madness came to be viewed with fear, loathing, and disgust. As normality emerged, abnormality was viewed socially with contempt. The effects of the

coercive nature of normalcy took hold. By implicitly referencing what is normal in rendering our professional judgments, we quite literally mark students when we label them.

Ferri and Connor (2006) discussed the border generated by the concept of *normalcy*. School children interpret their positions in relation to those of peers in the social units such as classrooms in which they are grouped. To strive toward normalcy in the group is an ideal embedded in students' and educators' expectations. The consequence of being perceived by others as beyond the boundary of normalcy is the origin of stigma. In Goffman's essay (1963) stigma in ancient Greece were revealed as actual brands on traitors, thieves, and slaves denoting social disapproval. While later stigmata, skin eruptions, were signs of religious grace, physical disorders were seen as disgrace. In more recent times, stigma, according to Goffman, may carry a connotation of disgrace without bodily evidence. When a child has become stigmatized, he/she may experience conscious internal pressures to manage social impressions among his/her classmates in an effort to avoid or reverse the social isolation which accompanies their disapproval.

Becker (1963) posited a path taken by one, a student in school for instance, who is perceived as deviating by not following rules. The child behaves in an unconventional manner that is perceived by authorities as "rule breaking". The student may achieve a certain state of mind as he or she interacts with other "rule breakers" leading to isolation from the mainstream interests and activities of the other students. Such a pattern is likely to be reinforced when the student has been publicly identified and labeled. A public identity contributes to a novel status that influences self-image and further social

interaction. Deviance provides a *master status*, (Hughes 1945), which becomes the controlling factor in identity and influences all further perceptions of teachers, students, helping professionals, and administrators who are aware of the label. Popular treatment of a label by others leads to a social self-fulfilling prophecy. The child is shaped into the image others hold of him. In the case of mental or physical illness or disability, the person is treated in accord with the popular perception of the diagnosis and treatment, itself reinforcing the social perception of deviant identity. Becker observed that “. . . the treatment of deviants denies them the ordinary means of carrying on the routines of everyday life open to most people” (p 35) and leads them to illegitimate or hidden means of pursuing their lives. A student may be attracted to a sub-culture with whose members he/she senses a common fate. This alignment results in a striking impact on self concept. Becker defined subculture as “a set of perspectives and understanding about what the world is like and how to deal with it, and a set of routine activities based on those perspectives” (p 38). Peers generate rationalizations and justifications for their behavior. These normalized practices and behaviors make it possible for an individual to continue these patterns with less stress and to repudiate conventional rules governing the broader society. The student’s career from rule breaker to member of a deviant group is complete.

#### *Disvalued or Disordered: Mental Health Categorization of Children*

As human service professionals our interests are served when a student’s poor academic performance results in a disorder we think of as *emotional disturbance*. Steeped in a psychology focused on disorders, we find nothing unusual about the notion that internal emotional frailties and their behavioral manifestations color school achievement. We have invested in a conceptual framework that students who deviate by exhibiting

feelings and/or actions of an extraordinarily sad, mad, fearful quality, or who are unable to get along with others under normal circumstances, are exhibiting personal problems that we can and must help fix. We find nothing particularly extraordinary about the physical arrangements of self-contained classrooms or separate buildings on the school grounds, offices set aside for treatment and consultation, meetings during the school day with parents or case managers, and group and individual counseling sessions for students embedded in the school day. With our professional participation in meetings regarding evaluations and re-evaluations of students, we contribute to the heightened level of scrutiny routine for students in special education but rarely leveled at students in the general curriculum.

Wakefield (2002, 2005) warned that dispensing labels outside a conceptual framework intended for a label may serve professional purposes but not the interests of children with problems. From his perspective as a clinical social worker he reviewed contributions for the next publication of the *Diagnostic and Statistical Manual (DSM)*, the index of mental disorders compiled by the American Psychiatric Association. He questioned the concept validity of the diagnoses *Oppositional Defiant Disorder*, *Conduct Disorder*, *Major Depression*, *Separation Anxiety*, *Selective Mutism*, and *Substance Abuse* for application with children. According to Wakefield, these diagnoses, formulated to describe pathological patterns of adult thought and behavior, should first be considered as ordinary, everyday possibilities and problems for children and adolescents. He questioned whether diagnosticians applying adult concepts to the young are demonstrating a lack of appreciation for situations of youth and, further, a lack of professional judgment in

diagnosing them. He pondered whether children are disordered or devalued. He suggested that we as professionals exert too little effort in contemplating and valuing the situations and viewpoints of children and youth.

The habits of responsible professionals forge invisible but palpable tracks along which students negotiate their school careers. Ferguson (2001), whose ethnographic research addressed the treatment of African American boys as “*bad boys*” in elementary school, called attention to Oppositional Defiant Disorder (ODD), a late addition to the *Diagnostic and Statistical Manual of Mental Disorders* (1994). She pointed out that “children’s school behavior” is “becoming widely explained and understood as a matter of *individual* children’s pathology” (p. 195). She observed teachers’ lenient attitudes toward white school boys’ misbehavior while similar actions by African American boys produced judgments appropriate for adult offenders. Similarly, Brantlinger (2006) evoked the image of what she called *the bad boy chair*. Observing her university students in practicum assignments she saw that one seat near the teacher’s desk at the back of the room was turned away from the other desks. This seat was occupied by a child who the teacher considered to be abnormal. When this chair was vacated through attrition or by referral and placement to a self-contained special class, she observed that another child would take this chair. Brantlinger used the phrase *the designated outcast* to describe this child and referred to the ubiquity of the need to name and sort (p 236).

#### *A Progression in the Professional Relationship*

How might professionals interrupt their habitual patterns of thinking that dominate how they relate to children they have in their medical gaze? Moustakas (1995) posited three states of mind that emerge as professionals relate to their clients. 1) In a

state of *being -in* a relationship, my thoughts, feelings, judgments are still. I become absorbed in listening, seeing, and inviting another person's full expression. 2) In a state of *being-for* an individual I relate to this person as an advocate. I choose to speak up and be there to encourage and to relate that I am on the same side. 3) In *being-with* I bring my whole person to bear on the interaction. In this role I may be setting limits, expressing my knowledge or opinion, agreeing or disagreeing. I am fully present contributing my perspectives to what is under consideration. These three aspects of relationship aid in framing professional approaches to the problem of labeling and categorization of students who experience emotional problems in school.

Fox (1984), a harbinger of contemporary critical voices urging professional self-reflection and self-responsibility, encouraged social workers to account for their own personal needs for professional status/gratification while focusing on the integrity of every child's unique situation. He spoke as a person who experienced abuse as a child. Taking a position urging choices for abused children and adolescents, he explained that his approach is to provide empathy, withhold judgment, and offer attentive listening without demanding submission from youth. Wakefield (1995), a clinical social worker, reminded us that categories depicting adult pathology may not be routinely applied to what is for some children and youth ordinary, everyday possibilities and problems. Student service professionals who serve children and youth categorized as emotionally disturbed need to reign in casual use of diagnosis talk such as *conduct disorder* and the adjectives *oppositional* and *defiant* in speaking about children. Applying Moustakas'

construct I contemplate and value the situations and view points of children - *being-in* relationship with them, stilling my own characterizations of them and their situations in terms of pathology and personal frailty.

Second, the helping relationship is often cast as that of advocating for and guiding people toward services to which they are entitled – *being-for* children and their families. Fox (1984), acknowledging social workers' ethical responsibilities to advocate for the vulnerable and oppressed, noted that, ironically, that all adults, even social workers, exploit and manipulate the perceptions of children in the welfare system for their own ends. He made a distinction favoring *youth empowerment*, de-emphasizing *youth protection*. He urged that human service professionals' advocacy for protective services must be tempered by respect for a social/ecological context surrounding students, families, and their communities.

Third, in *being-with* children and families, student services professionals must tap into a thorough familiarization of their own professional codes of ethics, engage in a broader conversation around the social impact of formalizing school problems as educational disability based on emotional/behavioral issues, and be prepared to exert their professional opinions among allied professionals with whom they often engage. Mills (2003) called attention to the ethical cross purposes school social workers face in reference to the issue of disproportionality of African American males in special education. She called on them to examine their participation in and assumptions about their work in the context of special education. Special educators' core values and beliefs about learning and achievement differences, as evidenced by persistent application of the medical model, are tied to historical assumptions about deficits related to race and

gender. She observed that when children are arbitrarily categorized and placed in special education, they learn to identify with their label at the expense of their cultural identity.

Mills (2003) urged social workers to take an ethical stance by challenging racial stereotypes in referrals and documenting and reporting racial bias of colleagues. By advocating against labeling and placement for students, social workers create space for positive possibilities. Social workers can work to prevent escalation to the level of referral. Intervention strategies can be exhausted before referrals proceed. Behaviors can be considered in the context of a child's developmental stage, of temporary and permanent environmental conditions around the child, and of class and culture. Social workers can take with them a new paradigm for schooling that assumes that diversity is the norm and that differences based on diversity are resources not impediments.

### *The Problem*

Clinical social workers practice within a medical model of disability in a system in which disproportionate numbers of minority students are singled out for referral and have restricted access to the general curriculum and non-handicapped peers. When these professionals are unaware of, uninformed about, or strategically unable to act upon the consequences of categorization and labeling of students, they operate in an environment of ethical cross purpose. On the one hand they assist families in seeing that their disabled children claim the right to a free and appropriate education in the least restrictive environment as legally mandated. In so doing, however, these professionals are part of the structural mechanisms whereby students undergo the social impact associated with *emotional disturbance*. In the trade off, not only are these students' participation with

peers in general education severed or severely limited, but their perceptions of self change so as to adapt to an environment only marginally suited to address their individual expectations, abilities, and interests.

## Chapter 2

### Review of Literature

The purpose of this chapter is to show the relationship between critiques of special education, the priorities of social workers, and the processes by which decisions are made about students' eligibility for placement in special education programs. How these bodies of literature relate to one another provides a context for the study of clinical social workers in this study.

In the first section I review the work of scholars who situate special education in a broader social context to provide perspectives from which to view categorizing and labeling students in special education. Some of them have documented the phenomenon of 1) over identification and disproportionate placement of minorities in high incidence disability categories and the presence of restrictive environments (Parrish, 2002; Fierros & Conway, 2002; 25<sup>th</sup> Annual Report to Congress). Others have critiqued 2) a model of medicine, science, and psychology which has spawned attitudes toward evaluation (Gerber & Semmel, 1984; Hilliard, 1995; Hosp & Reschly, 2002; Motta, Little, & Tobin, 1993; Weiner & Kuehnle, 1998) and pedagogy within special education (Reid & Valle, 2004; Thomas & Loxley, 2001; Oakes, 1995; Barnes et al, 1999; and Campbell & Oliver, 1996). Still others have paid attention to 3) the bureaucratic form and legal environment in special education (Skrtic 1991, 1995; Minow, 1990; Palley, 2006).

In the second section of this chapter I review the efforts of social workers to follow best practices and expanded roles for their members in carrying out provisions of service in a climate of special education initiatives and ongoing federal legislation (Alshuler & Kopels, 2003; Blair, 1993; Buchweitz, 1993; Corbin, 2005; Newton-

Logsdon & Armstrong, 1993; Raines, 1996; Underwood & Kopels, 2004; Wright, 1999). Their literature documents ethical issues/dilemmas, guild interests, and their expanding knowledge base in relationship to emergent issues in special education (Huxtable, 1997; Brill, 2001; Mills, 2003; Reamer, 2005).

Lastly, I sort the literature on professional teaming in two sections. First, the employment of cross-disciplinary teams has traversed the boundaries between general and special education. Influenced by legislative mandates Comprehensive School Reform, pre-referral teams are gaining ground Corbin, 2005; Phillippo & Stone, 2006). Secondly, studies of social processes involved in cross-disciplinary decision making within special education document the challenges of professional teaming in the school environment (Mills, 2003; Gerber & Semmel, 1984; Mehan, Hertweck, & Meihls, 1986; Knotek, 2003, Harry & Klingner, 2006).

#### *Overrepresentation of Minorities*

The field of special education continues to face critical challenges regarding over-identification and disproportionate placement of minorities in some high incidence categories and the segregation of students in overly restrictive environments. In considering the legal requirements and practical outcomes that promote the use of categorization, a central issue is the burgeoning numbers of students placed in special education and the educational conditions they experience. Overrepresentation and over-identification are seen in three categories, Mental Retardation, Specific Learning Disabilities, and Emotional Disturbance, all of which rely on clinical judgment rather than biological evidence.

The overrepresentation of African American students in the ED category is clear. Looking at the risk of ED placement for different ethnic groups, Fierros and Conway (2002) compiled information using data from 1998 demonstrating that nationally 1.45 percent of all enrolled African American students are labeled ED compared to 0.91 percent of enrolled white students. Another way of looking at these figures is to note the ethnic composition of ED programs as compared to overall student enrollment. While African American students nationally represent 17.14 percent of overall enrollment, they are enrolled in ED programs at a rate of 26.92 percent (Fierros & Conway, 2002).

Another issue is restrictiveness of placement. At the national level, 70% of all students in ED spend more than 21% of the time outside the regular education classroom (Fierros & Conway, 2002). In Florida where the risk for African American students being labeled ED is at least 1.5 as likely as white students, 56.02% of all students designated ED spend more than 21% of the time outside the regular classroom (Fierros & Conway, 2002). Somewhat more recent information about restrictiveness of placement (25<sup>th</sup> Annual Report to Congress on the Individuals with Disabilities Education Act, Vol. 1 2003) reflects that nationally about half of the African American students in ED programs spend at least 60% of the school day isolated from the general curriculum with 18% of these students in full time separate programs for ED. Although sources reflect various percentages of students in ED programs with regard to restrictiveness, the implications for African American students are troubling.

Other figures noted in this report (25<sup>th</sup> Annual Report to Congress on the Individuals with Disabilities Education Act, Vol. 1 2003) are also troubling. About two thirds of all students in ED drop out of school. Of African American elementary and

middle school students in ED programs 80% are male. One quarter of African American students in special education have been suspended or expelled before reaching high school.

### *Funding*

The allocation of state and federal funds for these placements is a focal concern for scholars who follow overrepresentation and over identification issues. Parrish (2002) concentrated on the questionable nature of the criteria for the ED category and how they are applied in reference to funding patterns. He questioned whether adequate supplementary resources and services follow placement.

A premium on severe disability categories surfaced as an unintended consequence of EHA (1975) provisions in which it was assumed that equity would be served by allocating more money for services to meet the needs of students categorized as severely or profoundly handicapped. While this principle seems to make intuitive sense, it is possible that it encouraged increased use of certain placement categories. With the inception of IDEA (1990) changes in provisions in the funding structures set out alternatives to the strict link between educational category and funding level for services, yet the pattern encouraging fiscal incentives for certain disabilities persists.

Parrish (2002) explained three alternative funding structures governing state allocation of funds for special education services after 1990. One option was to unlink the services and categories. Another option was to link funding to the overall number of students receiving special education services regardless of category. The third option was to link funding to both the number receiving services and to their disability category with the more severe disabilities having more funding. In a nationwide funding study Parrish

found that states that link funding to both the number receiving services and to their disability category are more likely to over represent minority students. For example, nationwide a black student is 1.92 times as likely to be identified ED as a white student (Parrish, 2002); however the risk ratio for a black student in Florida to be labeled ED is 2.14 times greater than for a white student since Florida uses the third funding option. It is possible that this heightened rate is related to the funding formula being used.

### *The Medical Model in the Context of Special Education*

Reid and Valle (2004) argued that special education relies upon the tenets of science, medicine, and psychology. The approaches used in these fields are founded on the knowledge of experts who follow routines of assessment and treatment wherein control over the outcomes is sought and expected. This approach, referred to generally as the medical model, assumes that human sufferings have identifiable organic causes or valid and reliable theoretical explanations related to individuals' complaints and perceived conditions, and should be treated by scientifically tested methods.

### *A Clinical Mindset behind Assessment*

Professionals in special education claim credibility within the medical model by employing intelligence and achievement tests and psychological assessment tools. They search for reasons for students' learning or behavioral problems. Student deficits are assumed to be linked to some kind of perceptual, sensory, or physical condition and/or as a result of atypical intellectual or emotional development attributed to genetic abnormalities, injury, or trauma (Thomas & Loxley, 2001). Special Education teachers attend meetings and prepare documents focused on students' educational classifications, strengths and challenges, and goals and benchmarks targeted at areas of deficiency. These

narratives contribute to perceptions that behavioral/emotional problems are based in individual students. With this sort of “expertise”, special education professionals appear to teachers of general curriculum to possess heightened skills and knowledge to draw upon when ‘dealing with’ students with special needs (Thomas & Loxley, 2001).

Labeling children and youth as ill and deficient, in effect, has created justification for two educational systems, special and general. School administration uses “division of labor,” an historic industrial model, to make rational the common practice of tracking students into different classes or schools based on what they can be expected to achieve (Oakes, 1985). Beliefs and attitudes emerging from this tradition of tracking reinforce the notion that children with disabilities, by virtue of scientific assessment, are ‘impaired’. The bar for what to expect from them, therefore, could/should be set lower and placement made accordingly (Barnes et al, 1999). Campbell and Oliver (1996), who urged resistance to the medical model on the part of people with disabilities, described the effect of an illness label on people’s self-identity. They argued that it breeds pacifism or surrender to professionals in charge and instills the expectation that one will be ‘cured’ with ongoing surgeries or other treatment. They warned that excessive physical confinement, when caretakers or those in charge perceive one as sick, may lead to isolation. This analogy of confinement and isolation while children recover from perceived conditions may be applied to the situations of students with educational disability labels. They are placed in restrictive educational environments until they are perceived to be better.

Thomas and Loxley (2001), focusing on the clinical mindset of the special education profession, took aim at the way the medical model has been used to tinker with

pedagogical principles. They asserted that special education does not have a home in the disciplines it has adopted. Beliefs and understandings borrowed from Piaget, Freud, Skinner, and psychometrics, for example, are not the proper metaphors for educating children. Grand theories of human development, the unconscious, laws of behavior, and mental measurement may provide the underpinning for research but theories do not give practitioners what they need to address the everyday problems of human behavior and learning. Thomas and Loxley's view is that the bases of how and under what conditions children learn has been known and practiced for decades. They stated that pedagogy progresses not through newly discovered methods, but through the application of what is known about good teaching and student learning, combined with time and experience with students in classrooms. They specified that special education's scientific methods and techniques based on theories of student learning fall short. They argued that methods such as instrumental enrichment, Doman-Delacato patterning, and diagnostic-prescriptive teaching de-contextualize the learning experience.

Special education, however, persists in relying on medical/scientific definitions of problems in response to two types of interests: professional vested interests and, in the case of emotional disability, it is thought by critical theorists, social control (Barnes et al, 1999). Thomas and Loxley (2001) suggested that behavior modification and therapeutic intervention based on psychological theories, which form the basis of treatment, have become a specialized industry within special education. They charged that while treatment intervention is viewed as professional help, students' 'bad' behavior, nevertheless, is translated into unhelpful psychological talk by these same professionals. They warned that this talk escalates from *bad* to *disturbed* or *disordered*, suggesting

interior malfunctions in impulse control, affect, motivation, self regulation, and/or social skills. Ultimately, they profess that the appropriation of the medical model by practitioners of social/human services promotes a construct of *damaged children*. They questioned whether customary behavioral assessment and evaluation includes an examination of the student in relationship to events in school, with teachers, the curriculum, or common everyday tensions and problems with peers. They queried to what extent it is the school's need for calm and order that fuels assessment and referral of students with behaviors perceived as disturbing.

While offering this critique regarding the methods and approaches taken by special education, Thomas and Loxley (2001) in no way minimized the impact of violence or abuse on students and the behavioral manifestations that may occur. Among students labeled ED there are students who have undergone and continue to undergo experiences in extraordinary circumstances that require scrutiny and action on the part of school personnel. Thomas and Loxley urged, however, that school personnel remain mindful that misbehavior is endemic in the structure of rule-bound institutional life. Teachers, who influence categorization and labeling, must weigh the consequences of their recommendations on the overall careers of students. They have a responsibility to question their routine practices and weigh courses of action for students perceived as difficult to teach or deviating from expectations. As Reid and Valle (2004) asserted, one might choose to view individual students with an eye for their variety and strengths rather than through a lens where one can discern only the difference between those who are following along and those who deviate.

*Tools and Processes of Psychological Assessment*

Concerns about deficit views of children are particularly exemplified in the issue of psychological assessment. The validity of assessment tools and processes is also called into question. Gerber and Semmel (1984) concluded that the split between special and general curricula promotes action that merely shifts the responsibility of who will teach students regarded as difficult, without making systematic, reliable identification of mild handicapping conditions (high incidence categories). The category of ED includes students whose needs vary in intensity and number. A majority of the students falling into this category are regarded as having behavioral problems considered to be mildly disabling. Gerber and Semmel doubted that reliable psychometric instruments existed that tease out the subtleties assumed to be present for mildly handicapping conditions. The use of measures of intelligence and projective testing, a mainstay in the test batteries of many multidisciplinary teams determining student eligibility for categorization as ED, remain under scrutiny with regard to reliable identification of emotional disturbance in children and youth.

The first criterion in the federal definition of ED is stated as an inability to learn that cannot be explained by intellectual, sensory, or health factors. The application of psychometric measurement to label students ED requires, therefore, not only that they undergo behavioral and personality measures but also intelligence testing. Hilliard (1995) stated that results of IQ testing cannot be interpreted or trusted as straightforward. Hilliard reinforced the long-repudiated practice of IQ measurement as without benefit to predict student achievement and as useless information to assist in promoting learning.

Another troubling aspect of evaluation of students for determining eligibility for the ED category rests in the use of projective personality testing. These profiles are believed to contribute evidence of why a student may present with poor peer and staff relationships, inappropriate behaviors and feelings, depression, and possible somatic complaints. While many evaluators have a long-standing practice of generating personality profiles based on one or more projective measures, Hosp and Reschly (2002) reported survey results of school psychologists indicating that these instruments were used with significant variability that correlated with geographic regions of the country. Their results indicated: "Use of projective measures appeared to be a coastal phenomenon with the highest totals occurring in the Northeast, Middle and South Atlantic, and Pacific regions" (page 21). School Psychologists used approximately one half as many projective tests in central portions of the U.S. Motta, Little, and Tobin (1993), describing Human Figure Drawings (HFDs) to be superfluous as evaluation tools, concluded that these protocols "provide no valid descriptions of personality, behavior, or social-emotional functioning" (p 165). They stated: "It is probable that ease of administration and anecdotal reports of instances in which figure drawing do correlate with real world outcome, may account for their popularity" (p 168). Weiner and Kuehnle (1998) reviewed nine projective instruments, reporting for each on their administration and scoring, psychometric foundations, and clinical utility for use with children and adolescents. They concluded that only the Rorschach was empirically sound for determining personality characteristics, level of adjustment and treatment needs of young people. They concluded that, although several of the other instruments were potentially sound, all were in need of more normative and multicultural data. They suggested that ". . .

. most clinical inferences from projective data should be regarded as hypotheses to be confirmed rather than as facts on which to base conclusions and recommendations” (p 455).

### *Bureaucracy in Science*

Beyond concerns about the overrepresentation of minorities and the misapplication of the medical model is a concern about the effects of the bureaucratic and technocratic conduct of special education. Skrtic (1991) centered his critique of special education on its manifestation as a bureaucratic form embedded in a functionalist paradigm. Like Thomas and Loxley (2001), Skrtic (1995) addressed the practice of special education personnel in promoting systematic adaptations in the learning environment such as direct instruction, behavior modification, and computer assisted technologies to structure students’ learning experiences and behaviors. He explained that traditionally, in the natural sciences as pursued in western culture, it has been taken for granted that outward phenomena present themselves in an orderly, knowable fashion to human perception. The functionalist paradigm, which concentrates on microscopic information and records what is presented using a formulated methodology to discover, to control, and to manipulate nature, has been the dominant means of asking questions and seeking answers and has been transferred to the human sciences. In the transfer, learning is reduced to formulaic simplicity divorced from everyday contexts. Skrtic argued that practices in special education exemplified by direct instruction, behavior modification, and computer assisted technologies are examples of what the functionalist approach offers.

The documentation of every student enrolled in special education reflects a history of presenting difficulties, a scientific rationale for placement compiled by clinical experts, individual, professionally formulated learning plans that are updated at least annually, and, as needed, periodic reviews to reevaluate students' needs, progress, and placement. As well, this documentation includes purely procedural pieces such as notices for meetings and parental acknowledgments and permissions. Skrtic (1991) described contemporary special educators as bound in bureaucratic routines that he speaks of as symbolic and ceremonial.

In contrast to the functionalist approach, Skrtic (1991) recalled a time when a spirit of *adhocracy* was in play. General education teachers used their critical thinking skills and problem solving abilities to work with students. Skrtic referred to the concept of collaborative problem solving and life-long learning required of problem-solvers as *adhocratic*. He claimed it as the way of the cultivated professional. In an adhocracy people think reflectively and share challenges in a spirit of democracy when they are confronted with anomalies or the unexpected. He spoke of adhocracy as a system that expects and welcomes anomalies, addressing them as unique cases. He lamented that the method most often employed in special education, however, is to pursue generalizability, the application of technical solutions across a group of cases. This approach casts educators as technocrats who devise educational programming by applying generalized solutions to formulaic problems experienced within treatment groups.

#### *A Legal Atmosphere*

A corollary to the bureaucracy of special education is the legal atmosphere that permeates the field. A paper trail paves the way from general to special education. The

Individual Education Plan (IEP), the pivotal document detailing specific interventions and services, underpins the enduring distinction between a general and a special education. The IEP is the promise that the student will engage in a free and appropriate education (FAPE) in an environment that least restricts his or her access to the general curriculum and non-disabled peers (LRE). Writing an IEP, initial or ongoing, is always preceded by the acknowledgement of the parents' procedural safeguards. Rights litigation is grounded in FAPE and LRE. Parents may engage, at no cost, due process hearings to pursue their children's rights to education services, related services, and/or placement options.

While any given parent has recourse to challenge the school system, Minow (1990) states that this approach fails to provide a basis on which to challenge the institutions themselves to accommodate difference. Writing for social workers, Palley (2006) explored school districts' implementation of the LRE mandate in IDEA. She explored the tension between the rights-based approach of individuals carried out in the United States and the need for broader and systemic legislation to foster universal equity for all students. Individual court cases involving implementation or alteration of services to comply with the LRE render varied outcomes. When brought before a judge, families and students are assured due process as individuals but practices regarding how inclusion is implemented, even in a single school district, vary widely. While resultant decisions from these LRE cases call attention to questions and omissions in implementation, the general legislative mandate remains provisional. As decisions accumulate, their results come to the attention of lawmakers and provide content out of which proposed changes in

the law may be considered in the reauthorizations periodically undertaken in Congress. Palley viewed the inconsistent implementation of inclusion as troubling, in need of systemic revision, but unlikely to manifest in the federal LRE mandate.

Palley (2006), who teaches in a school of social work and writes about disability policy, inquired whether court decisions litigated on the bases of individual rights for children with disabilities as a protected group serve the interest of educational equity for all children throughout our school systems. She suggested that laws, such as IDEA, intended to bring about the elimination of stigma and promote improvement in the status of children with disabilities through educational inclusion will be only partially successful. She recommended that legislation, fueled by policy reforms addressing structural and economic conditions of all children, is needed to redress social factors often thought to be associated only with students labeled in a disability category.

Palley (2006) further recommended that the reauthorization of IDEA include a restructuring of the law as it pertains to inclusion. Specifically she called for provisions “to address the individual needs of children with disabilities as well as the social relations between children with disabilities, their teachers, their peers, and their schools when addressing the LRE mandate” (p 235). In a post script to this paper, she noted: “Although this article was written prior to 2004, no significant changes have been made to the IDEA or its regulations as they relate to the LRE.” (p 235).

### *Social Work Services in Special Education*

How does social work fit into the foregoing picture of the overrepresentation of minorities in a system marked by medicalized, bureaucratic, and legalistic beliefs, policies, and procedures? According to Huxtable (1997) social workers’ passport into

public education has been through special education. Social workers have followed the progression of special education legislation leading up to and since the passing of P.L. 94-142, the Education of All Handicapped Children passed in 1975 to present reauthorizations of IDEA. Brill (2001) concluded her discussion of the 1996 NSWA Code of Ethics by urging social workers to take social and political action and advocate for their own professional issues and clients' best interests. Their literature reflects that effort to understand and advocate for the legal rights for special education services particularly as related to students categorized in ED. By participating in the forging of policy at the federal level they have been able to define a place for their profession in special education. Alshuler and Kopels, (2003) reported that social workers succeeded in drafting specific roles for themselves in special education related services adopted in the 1999 amended reauthorization of IDEA 1997. Sadler (2002) suggests three aspects of professional process: 1) guild interests, 2) practical, organizational aspects, and 3) the knowledge base. Social work literature demonstrates a concern with professional ethics, guild issues, and the shifting organization of their roles and responsibilities in special education inside and outside related services. Their literature has followed debate as to how *least restrictive environment* is to be interpreted. As reflected in their literature, their substantial ongoing investment in the evolution of special education reforms, regulations, and guidelines contributes to their base of knowledge.

#### *Guild Interests Clash with Professional Ethics*

Brill's (2001) discussion of the National Association of Social Workers (NASW) Code of Ethics 1996 strikes a chord regarding school social workers' guild interests. That document called on social workers to pursue fundamental social justice, to work toward

equal access to resources for all, to improve social conditions in which human needs are met, to respect diversity, and to work to prevent/eliminate exploitation and discrimination in its many forms (see Appendix D for excerpts). Brill asserted that, given compromised political, social, and economic contexts in which many social workers currently operate, they have little motivation to pursue social justice in their practice despite the stated mission, methods, and priorities set forth in the NASW Code of Ethics. She reiterated events in the 1990's when social services experienced the results of a shift in philosophy. The change, fueled by limited governmental funding, trimmed long-standing traditions in social service work. This shift encouraged managed care, privatization of services, and less salaried and more out-sourced, contract employment for service workers. The atmosphere became one of consumerism and for-profit status. In such changing conditions social workers have viewed positions in public school bureaucracies as advantageous (Huxtable, 1997).

Reamer (2005) asserted that in contemporary times mental health practice dominates what social workers actually do. This change is reflected in the focus of social work ethics. The first Code of ethics for social work issued in 1960 and revised in 1979 (Brill, 2001) stressed core values grounded in principles of social justice. The 1996 NASW Code of Ethics, however, went further to address issues directly germane to mental health practice. Reamer (2005) chaired the committee that compiled the 1996 version of the code. He acknowledged that since many social workers shifted to mental health practice as a dominant professional activity, they have become well-versed in clinical diagnosis and treatment and expert in mental health advocacy and policy issues.

Reamer (2005) observed without criticism, however, that social workers are less practiced in being able to demonstrate judgment and responsiveness to current ethical dilemmas in their field. He made a distinction between issues in ethics and ethical dilemmas. Issues are such things as reporting of abuse, keeping confidentiality, or filling out documentation accurately. He qualified dilemmas, however, as when a professional's core responsibilities cross in purpose.

*Practical, Organizational Issues: Implications of the LRE Principle*

Proposed and legislated special education reforms have had an impact on the practical, organizational issues and ordinary roles and responsibilities of social workers as they carry out their work in related services. The principle of the LRE is one of the central tenets of the IDEA. Specifically, the environments in which students in the ED category receive services are generally more restrictive than for students in other high incidence categories. However, they, like other special education students may be educated in a variety of environments. The most restrictive is the full-time residential school. Next most restrictive is the special day treatment school. Both of these options are physically removed from general education sites in neighborhood locales. Neighborhood schools may have special self-contained classrooms in which students are educated most of the day or from which individual students may be pulled out for varying percentages of the school day depending on specific educational performance. Fully included special education students are educated in general education classrooms in which an inclusion teacher with special education certification teams with a teacher from the general education curriculum. All these arrangements that address the concept of least restrictive

environment have evolved with reforms and present different challenges to social workers as they attempt to identify and carry out their perceived roles and responsibilities.

*Day treatment model in a separate facility, a restrictive environment.* Buchweitz (1993) described a model psychotherapeutic day school outside New York City. In this model various professionals provided services in a self-contained program. The program served 80 students enrolled in elementary, middle, and high school. A multidisciplinary team comprised of social workers, psychologists, and a consulting psychiatrist coordinated behavioral, academic, physical and social needs of the students. The families also received therapy with choices of individual sessions, couples work, fathers' group, and visiting therapist. Small classes, ample staff, parent involvement in therapy, and structured behavioral programming supporting therapy in an atmosphere focused on a positive approach were cited as the backbone of this program.

Buchweitz (1993) addressed role implications for social workers in this environment. With a heightened emphasis on a perception of caring through home visits, the teaming approach promoted counseling of students to be shared among the staff including the homeroom teachers. Psychologists and social workers learned strategies from each other. The social workers experienced a blending of roles without the usual turf or hierarchy issues that can arise among professional disciplines.

*Services in neighborhood schools and the regular education initiative (REI).* Blair (1993) began his discussion of the practical organization of roles and responsibilities of school social workers by reviewing the recent history of the relationship between social workers and the special education movement. He identified the Education of All

Handicapped Children Act of 1975 (P.L. 94-142) as a mandate requiring identification of students with handicapping conditions to be provided a free and appropriate education in an educational environment that was not restricted due to the handicap. He noted that social workers assisted in the initial process of identification. They provided social histories and participated in placement and programming decisions and later with the provision of related services. The 1990 reauthorization of P.L. 94-142, IDEA called for transition planning for students 16 and over. This mandate placed additional expectations on school social workers in their roles as liaisons with families as they assist in transition planning.

During the 1980's a debate began concerning the efficacy of mainstreaming as opposed to a proposed change to the Regular Education Initiative (REI) (Skrtic, 1991). While the provision of *mainstreaming* with its origin in the EHA called for instruction for a selected special education student to take place in a 'regular' classroom, the REI, growing out of a professional critique by special educators, promoted a non-categorical approach to serving students.

Blair (1993) discussed the adjustments a change to a non-categorical approach would mean regarding the roles of school social workers. All students would receive instruction in regular classrooms in which teachers and other staff would focus in a collaborative approach. Pre-referral consultation would be provided by a teacher assistance team (TAT) to include social workers, psychologists, and administrators to maintain students in regular settings. He enumerated concerns regarding the feasibility of initiating the REI: laws and court decisions previously made, objections from parents,

transition of students classified in categories into regular programming, cooperation of regular classroom teachers, ongoing regular education reforms, and general staff resistance.

Despite these concerns, Blair (1993) urged social workers to welcome the REI because its non categorical approach was aligned with a primary objective of social work to maximize equal education opportunities for students of all backgrounds. He mused that if this initiative took hold, social workers would have routine contact with regular classroom teachers. They would communicate with school boards and administration to advocate for resources. They would create solutions among staff having regular and special education priorities. They would spend more time on classroom behavior management and focus on students' school problems. They would promote strong relationships between family and school.

*The REI and the vision of full inclusion.* Blair (1993) explained that the REI was devised with the high incidence, milder categories of special education in mind. In contrast to Blair's article, Raines (1996) took a broader and more comprehensive look at features in the history of the evolving special education landscape by noting important concepts that have played out from P.L. 94-142. This law advanced two pivotal notions in the administration of special education: least restrictive environment (LRE) and free and appropriate public education (FAPE) provisions within special education. He spelled out the tension between the two concepts by sketching a comprehensive historical picture of the advancement of special education services inside general education. He cited conditions in American public education: 1) the influx of immigrants who had little

English, 2) the rise of industrialization, and 3) the widespread adoption of intelligence testing that set in motion a sorting process creating tracking and ability grouping.

With these social conditions in place, the Council for Exceptional Children (CEC) was formed by teachers and other professionals in 1922. By separating from general education, handicapped students could gain greater attention and needed philanthropic support. Within another three decades in 1954, however, the court decision, *Brown vs. Board of Education*, affirmed on the basis of the 14<sup>th</sup> Amendment the civil rights of a class of people to desegregated education overturning the concept of separate but equal. This principle applied not just to race but to ability.

In the same decade, Samuel Kirk began the first teacher preparation and research components for special education. Through a series of laws initiating further advances in the establishment of special education, it finally became mandatory. The provisions of the EHA act of 1975 to include all students in a free and appropriate education (FAPE) in the least restrictive environment (LRE) is the center of ongoing concern striking at the concept of separate but equal education.

Against this historical background Raines (1996) then contrasted two approaches to implementation of the LRE principle, REI and Full inclusion. At issue was whether *all* students should be included. The REI made exceptions for those who would not benefit, in cases where facility accommodations could not be achieved, or when a student was too disruptive or too severely impaired. Full Inclusion, in contrast, is precisely that. Students will be served through one curriculum without exception. The latter approach addresses the moral/legal principle paramount to the issue of least restrictive environment.

Raines (1996) sharpened the focus on responsibilities facing school social workers by concluding that the everyday activities in which they engage are influenced by state and federal governments. Ultimately he urged school social workers to embrace the principle of the REI and increase transition services as mandated in 1990 IDEA so that students with disabilities would have improved outcomes after graduation.

Raines (1996) set the bar high in charging social workers to carry out standards of ethical behavior in their roles and responsibilities. He stressed the importance of frequent updates on policies and legislation as well as local administrative rules to include updating fellow professionals. He emphasized their role in communicating with administrators and allied professionals to find solutions to problems. He characterized them as mediators between families and school, using conflict resolution to forge cooperation and sidestep expensive litigation. He saw them as advocates for students and families, empowering both to have a voice in the education process and for school personnel to have a voice in policy.

*Inclusion models in neighborhood schools.* The role of social workers in neighborhood schools has brought new challenges to the profession. Newton-Logsdon and Armstrong (1993) evaluated the implications for school social workers serving students categorized as ED in neighborhood schools in an inclusive individualized care model that encouraged students' participation in regular classroom settings. They described the role of social workers in such host programs to be less predictable and defined than it might be in day treatment in which mental health providers, special educators, and psychologists provide services in a self-contained, component driven program. Role challenges in an inclusive setting include assisting teachers to devise

behavior management programs wherein specific behavior targets important for the classroom teacher and important for a student's ability to remain in class are paramount. An emphasis on group therapy, particularly with adolescents is often seen as more desirable and efficiently accomplished in a school setting. Newton-Logsdon and Armstrong (1993) encourage social workers to link between the school and the home, focusing on involving parents in the provision of services for the child, with some services to be provided in the home. Case management, another role for social workers, cuts through confusion and duplicated efforts in the event that families are receiving services from more than one agency.

Despite the facility of day treatment programs and programs in which separate classrooms in neighborhood schools house students in ED programs, Pryor et al (1996) saw the inclusive education movement as inevitable. They reviewed the progress and influence of this model for school social work by citing a program in Michigan in 1989 in which funds were released to launch a program to include 4000 students. They remarked that this effort was begun in the same year that inclusion, defined as the education of students with disabilities in age-appropriate settings in general education classrooms with special education support, was set as a goal by the U. S. Department of Education. They reported on an interview process carried out with 62 Michigan social workers. The responses from this interview focused on areas of practice in the newly formulated inclusive school settings: preparation of students in receiving schools regarding human difference, attention to the needs of the newly included students, consultation and

collaboration with teachers, curricular revisions to address social and emotional needs, provision of services to students in the general classrooms, and expanding inclusive services to any/all students.

*Controversy about the LRE.* As full inclusion slowly is making its way into practice and IDEA has been reauthorized and refined, debates have heated up concerning what school social workers should be doing and thinking. Huxtable (1997) detailed a report of a project in Tucson called Project Breakthrough wherein the program goal was to serve any and all children needing assistance without a special education referral, evaluation, and placement. Written after the 1997 reauthorization of IDEA, she addressed the relief brought by its passage. In essence, local education agencies can release federal funding to follow students with disabilities into the programs in which they can benefit. The funds follow the student instead of the categorical program. She acknowledged REI and full inclusion to be the models that have driven the movement to get away from the disadvantages often cited for special education, such as segregation from other students, excessive bureaucracy, and stigmatized identities.

Huxtable (1997) summarized the advantages and disadvantages of Project Breakthrough. In this model there was less stigmatization, higher educational and social outcomes, assistance to students when needed without waiting, a revolving door format, pooled staff resources serving more students, and emphasis on building strengths. The disadvantages she cited are possible changes in the balance in individualized attention to students' needs, teachers feeling ill-equipped to work outside area of training, related services personnel more accustomed to advocating for individuals rather than system change, loss of federal funds if waivers are not filed, uncooperative administrators whose

job it is to release funds of any sort, and confusion or discomfort in cross-disciplinary blending of roles among support staff. She rejected what she characterized as radical extremists groups such as the Association of Persons with Severe Handicaps and others, who favor discontinuation of IDEA protections and continuum of services. She favored the REI and called for pragmatic, problem focused approaches to serving all students.

Wright (1999), in an argument that extends Huxtable's concern, warned that social workers must be fully informed concerning the outcome of full inclusion, a possibility if IDEA 1997 provisions are liberally interpreted. She pointed out that social workers should be advocating for the full federal funding promised to special education in 1994, for the right of parents and guardians who seek to retain input into the placement of their children, and for the voice of every parent regardless of socioeconomic status to have full input and equal voice in the IEP process. Social workers should vocalize the need for training general education teachers regarding the needs of students with disabilities. In this model social workers should offer to conduct in-service training concerning needs of students and families with general education teachers. They should suggest ways to educate peers' in understanding disabilities. As social workers take up roles as educators, they can enhance collegial staff relations and allow the social worker to have a say in students' treatment. As evaluators they must become involved in transition plans for adolescents and provide grounded insights regarding families in multidisciplinary team meetings.

*Broader roles and responsibilities regardless of the learning environment.*

Alshuler and Kopels (2003) informed their colleagues that the organizational picture for social workers in related services will be influenced by the major provisions to have

emerged in the reauthorization of IDEA (P.L. 101-476) 1997 as amended in 1999. They asserted that these changes impacting social work advocacy in schools for students with disabilities are important regardless of how, where, and with whom social workers practice. These changes call on yet broader advocacy roles for social workers. This legislation provides for changes regarding categories of disability, child find procedures, assessment of students who are culturally/linguistically diverse, changes to individualized education program (IEP) meetings, reimbursement of tuition for private school placements for students with disabilities, school discipline criteria pertaining to students with disabilities, and an expanded role for school social workers in related services.

Conditions impeding child find procedures to cover children whose families have a mobile lifestyle, such as migrant or homeless and those who are culturally/language diverse, have been provided for. Now children who have limited English proficiency must be assessed using disability-related criteria. A child's limited use of the English language is not a disability-related criterion. Further the child must be tested in the primary language.

It is now required that at least one teacher from general education be present at the IEP meeting. Parent input has been added as an assessment measure enhancing the voice of parents in the IEP process. The IEP must include information as to how parents will be regularly informed about progress on the IEP goals. Parent participation in IEP meeting can now be by telephone.

The stated role for the school social worker written in the provision includes preparation of social/developmental histories of students, group and individual

counseling, collaborating with parents and others to solve student problems in school adjustment, mobilizing resources from school and communities to maximize the student's learning, and help in planning behavioral interventions.

*Ever more roles and responsibilities.* Underwood and Kopels (2004) educated their colleagues concerning advocacy issues prompted by IDEA 1997 and Section 504. They studied parent complaints regarding services for students with AD/HD. Fueled by their interest in seeing if an IDEA 1997 provision classifying AD/HD under *OHI* was being implemented, they discovered persistent problem areas that were applicable not only to AD/HD but to other categories of disability. The authors compiled information on 48 cases of complaint filed between 1998 and 2001 as recorded in *The Individuals with Disabilities Education Law Report*. These due process hearings, filed under IDEA or under Section 504 of the Americans with Disabilities Act (1990) by parents of students thought to have AD/HD, break out under the following issues: 21% involved eligibility for services, 31 % were evaluation issues, 17% involved placement, and 27% involved sufficiency of services. On the basis of these categories of complaint, they recommend that school social workers hone their skills to use listening and mediation skills with parents, ground parents in expectations based on facts regarding legal requirements, help identify students with possible problems early, and assure that evaluations are extensive and thorough.

In summary, social work literature has documented the ongoing refinements in special education legislation and provided a framework for social service and mental health provisions to meet the needs of students categorized in ED. Social work scholars have reflected on the issues that enliven special education and demonstrated a knowledge

base held in common with their colleagues in special education. They have sorted out the ongoing tensions regarding inclusion of students in the general curriculum. They have engaged the concepts of *least restrictive environment* and *free and appropriate public education*. Some have come to terms with offering their services as one component among others through multidisciplinary teaming or blended services of allied professionals through transdisciplinary teaming. Some have learned to join classroom teachers in planning behavior interventions and treat their clients *in situ*. Some have debated the virtues of early categorization and no categorization; some have challenged themselves to be advocates, child protectors, communicators, social justice makers, resource finders, referral agents, case-managers, and legal and policy interpreters in their efforts to maximize educational opportunities for children in their care.

#### *Knowledge Base of Social Workers*

As social workers adapted to the demands of special education law and practice the question remains how these adaptations may be reflected in their knowledge base. Social workers are skilled in clinical diagnosis and treatment. Reamer (2005) called attention in particular to the growth of social work as a field in understanding clinical issues such as affective disorders, anxiety disorders, psychoses, personality disorders, interpersonal conflict, suicide, co-occurring disorders, and substance abuse. The field has contributed to what is known of etiologic factors and clinical intervention.

By investing in the practical/organizational hurdles presented to their field in applying the LRE mandate in the wake of Brown and moves towards inclusion, social workers have expanded their knowledge base to include the technical and legal mechanisms of special education legislation and reforms, disability rights, and advocacy

for equity in education. Corbin (2005), acknowledging these foundations, encouraged school social workers to become school-based leaders and policy-makers. She noted that while social work education prepares preservice candidates to be leaders, time and opportunity to lead within the scope of their positions on multidisciplinary teams in special education is constrained. School social workers focus much of their attention on individual student's school adjustment, assessment of behaviors, and counseling.

Corbin (2005) challenged her colleagues to shift perspective regarding their knowledge of clinical issues and approaches to treatment. She advocated that school social workers achieve results in educational equity by adopting an ecological approach to address conditions in schools. She urged that school social workers, who historically may have perceived themselves as an ancillary presence in schools (Mills, 2003, Tower, 2000) isolated with few colleagues as role models, join school wide teams to interface with the broader school community.

#### *Cross-Disciplinary Educational Decision-Making*

Decision-making regarding eligibility for and ongoing services in special education is delegated to multidisciplinary teams of professionals as mandated by EHA/IDEA. The concept of a multidisciplinary team was proposed as a safeguard against any single professional perspective being the sole source of evidence for identification and assessment of students. The missions for cross-disciplinary teams in schools have currently expanded. Best practices in assessment and referral procedures as practiced in the Response to Instruction (RTI) model and the introduction of school wide advisory teams mandated in recent school reform measures provide opportunities for cross-

disciplinary teaming that reach beyond the boundaries of special education administration to serve all students more effectively and stem the tide of special education referral.

### *Comprehensive School Reform*

Corbin (2005), alerting school social workers, described three types of teams evolving from legislation passed in 2002 for Comprehensive School Reform (CSR): 1) the site-based decision-making team, 2) the child study team (CST), and 3) the parent – teacher team. She conceptualized school social workers' participation in these groups as providing opportunities to move outside the special education bureaucracy to gain and offer systemic perspectives in viewing and solving problems. For example, the child study team, intended as a complement to the multidisciplinary team that determines eligibility for special education, is charged with examining academic, social, and behavior issues before they escalate.

Corbin (2005) suggested that cross-disciplinary teams, such as a CST, can take an ecological approach to investigate preventative strategies. By seeking to understand conditions originating in various layers of a larger social system surrounding a student, team members formulate a greater appreciation of a student's circumstances and strengths. As the team gains clarity, the individual student's chances of receiving the assistance he or she needs will increase without the child having to be declared disabled.

Corbin (2005) suggested that in the course of school social workers' participation on CSTs, they could review patterns of referrals from teachers and numbers of students involved and share these observations with team members towards the goal of reducing the number of individual referrals. In this way, they can influence a wholesome school wide learning environment for both students and educators.

Phillippo and Stone (2006), addressing their colleagues in school social work, conducted an exploratory study of a school-based collaborative team in an elementary school in which on average the students, 60% of whom were Latino and 20% African American, performed below the state proficiency level. They attended 15 meetings over the course of half a year to discern what tasks and activities took place in these meetings and who took responsibility for the various functions. Members included the principal, a social worker, a support services coordinator, two advisors who address student attendance and behavior, a parent liaison, a nurse, a behavioral coach, the after-school coordinator and the yard supervisor. For various meetings a special education psychologist, special education resource teacher, and various representatives from community agencies joined this group. They met once a week for two hours during the school day. Their mission was to explore interventions and solutions to meet the needs of vulnerable students in advance of referral to a more restricted environment.

Phillippo and Stone (2006) grouped the team's activities and tasks as 1) needs identification, program development, and planning, 2) intra-team communication, 3) case identification and construction, 4) mutual support and training, and 5) accountability checks. They discussed three findings to guide further research on teaming. They found, first, that by developing communication across team members, their responsibilities moved beyond uncoordinated individual level interventions to systemic-level planning. Second, by delegating assessment tasks and then combining their perspectives, team members maintained a student-centered assessment. As the student's needs were developed from multiple view points, a layered framework for understanding the student promoted a formal mechanism for the accountability of individual professionals'

opinions. Third, the team members learned from each other by increasing their skills and providing mutual support and objectivity. They noted that the social worker did not emerge as the leader nor did anyone else beyond the organizational coordinator. The researchers perceived this team as highly functional, operating in an egalitarian atmosphere, producing quick results to identify both student and system needs and to recommend appropriate actions.

Phillippo and Stone (2006) concluded that “multidisciplinary and ecological orientations need not be at odds, at least in the context of a mature team” (p 234). However, earlier literature on cross-disciplinary educational decision making reviewed in this proposal will demonstrate challenges in cross-disciplinary teaming. While the multidisciplinary team was proposed as a safeguard against any single perspective being the sole source of evidence for identification and assessment, its function in identification, placement, and re-evaluation of students has come under scrutiny.

### *The Challenges of Multidisciplinary Teaming*

Mills (2003) acknowledged that social workers are often regarded as outsiders in the context of their work with students in public schools. She challenged them to practice in their professional domain, to uphold the ethics of their field, to resist pressures from other on-site professionals, and to draw professional boundaries. At the same time she advocated that social workers negotiate from positions inside the system when they participate on teams responsible for recommending students for special education programs. If social workers are to maintain a balanced commitment to educational equity while practicing in special education related services positions, they will benefit from the research addressing cross-disciplinary educational decision-making.

Mills (2003) made the seldom offered point that while such cross-disciplinary teaming in integrated settings is addressed in social work education, there is not enough emphasis on how to negotiate within these teams so as to retain and express ones' own professional identity and contribution. Training of social workers who intend to practice in the context of special education settings requires preparation different than that of community or hospital-based social workers.

From the referral process forward, the status of a student is mediated under the scrutiny of such teams. Once a student is classified and is receiving services, it is a team's responsibility to monitor and reevaluate the student and make recommendations regarding ongoing special education placement. This portion of the literature review focuses on the social processes and pressures of professional team members who as a group influence the courses of educational careers of school children.

As stated, an initial multidisciplinary team convenes to present their findings regarding a child who has been referred for possible special education identification and placement. Less than a decade after the 1975 mandates of PL 94-142 had taken hold, Gerber and Semmel (1984) argued that procedures for identifying students for mild handicapping categories such as ED were inconsistent and irrational. First, the referral process varies with individual teacher perceptions of hard-to-teach students. Often multidisciplinary assessments thought to safeguard against the use of one measure tend, nevertheless, to affirm teachers' suspicions rather than make independent estimations of a child's handicapping condition. School-by-school screening processes, placement criteria, and team decision-making occur in the wake of the teachers' experiences with students rather than before as might be accomplished in more widely cast screening

efforts independent of the classroom. Since this phenomenon puts the reliability of teams' identification procedures in question and validates and confirms teachers' opinions, Gerber and Semmel suggested that the overriding and unintended effect of these procedures satisfied compliance with the federal legislative mandate to identify students and maximize the flow of funds to districts rather than leading to valid and reliable educational decisions.

A five year ethnographic study by Mehan, Hertweck, and Meihls (1986) is a seminal piece in the understanding of the social processes involved in special education decision making. Mehan, et al identified and targeted the social situation itself as the methodological unit of analysis through the use of interviews and video taped observations of individuals participating on teams. They were guided by an approach that acknowledges structural constraints on how team participants decide on categories for students. They concluded that the school career of a student is the outcome of classroom interactions, educational decision making, and the interface between local practices in relationship to federal policy. The identification of a student for special education does not take place in the head of the educator nor is it directly due to the behavior of the student. Student identifications are constructed through the institutional practices dependent upon on both the available categories in the institutional machinery and in student academic performance and conduct.

Remaining focused on the institutional context, Mehan et al (1986) stressed the continuous interaction between a child's inherited or developed capacities, the skills or behaviors expected by educators, and the stratification practices in the school. They sought to clarify relationships between a student's socioeconomic status, local beliefs or

expectations of educational practice, and cultural meaning systems within the routines of organizational life. They identified systemic social routines such as 'doing' decision making, testing, and counseling.

Mehan et al (1986) directed attention to certain expectations made by the education community: expected academic performance, conduct norms, views of family/community life, perception of child/parent relationships. They asserted that organizational behavior can be understood less as deliberate choice and more as the result of standard operating procedures. In this way what happens in team meetings and what appear to be timely decisions are more likely ratifications of decisions made before hand. These meetings, while not interpreted as rubber stamps, were viewed by the researchers as naturally occurring situations not in the hands of one person but rather in the collective memory of the group. Occurring as these meetings do across participants and time, a committee or team meeting is a culminating formalization of a lengthy process that began in the classroom. While decision-making circumstances assume to conform to rational processes of individual thinkers, what is actually available to group problem solvers in a formal organization is something that must be defined as 'between people.'

Mehan et al (1986) emphasized that in this circumstance there may not be equal weight in the components under consideration in the decision making. Alternatives may be obscured by fiscal, legal, and/or practical constraints on the process. They concluded that while it seems reasonable that decisions are being made based on student need, the procedures in place are not necessarily rational or logical. Group decisions, variously constrained, likely do not consider a full range of possibilities. They asserted that without the practices serving and guiding special education, there would be no learning

disabilities or educational handicaps. Ultimately, educational decision makers immersed in teaming procedures are vital participants in molding students' school careers.

More recent work extends the approach pursued by Mehan et al (1986). In a study of two multidisciplinary teams in two elementary schools in a poor rural community, Knotek (2003) identified four themes related to the social context and the procedural bias in problem solving situations of multidisciplinary teams: 1) teacher's focus of concern and locus of the problem, 2) SES (socioeconomic) and problem identification, 3) social status and conceptualizations of the problem, 4) interventions based on socially constructed definitions of the problem.

Knotek (2003) documented that members of Student Study Teams often participated in reflexive acknowledgement of the teacher's concern rather than thinking about the student's presenting difficulty. A teacher's focus on the student's perceived failures or those of the family moved the team. Often team members supported the teacher's concern by constructing congruent collective representations of the situation as described by the teacher.

Knotek (2003) found that teams tend to find important the child's economic level, the parents' marital status, and parents' education levels and/or, when known, the parents' student histories. In the study of the more rural school of the two sites he found that the team might feel more positive toward a student living in a double-wide trailer as opposed to a single-wide. In the school located in town he observed that the team might question the motives of the parents on an economic basis. For example, the team might question a student's need of services, focusing on whether the parents were trying to get extra disability compensation. The issue of whether families were intact appeared to

influence a team's estimation of successful student outcomes. Families headed by single mothers with extended family members present in the home were thought less likely to offer an environment for success than a nuclear family in which the biological parents remained in the home. The researcher thought that the teams demonstrated an implicit characterization of African American families as less able to provide educational support. A student's mobility rate could be important. For instance, at the rural site where families have a low mobility rate, the team brought to bear what they knew of a previous generation on the presentation of the child's difficulties. Knotek concluded that SES had undue influence on the team in the initial introduction of a student's history and description of the problem. Consideration of low SES tended to move a team to sum up the problem as being the family environment rather than school-based practice and procedures.

Knotek (2003) observed that team members' social status on the team also had influence on how the group ultimately constructed and conceptualized problems. Permanent team members with graduate credentials and roles such as principals, counselors, and school psychologists would introduce concepts and language that would then be repeated by other team participants. The interpretations of the few became a lexicon for a team's regard for the situations under consideration.

When a team considered problem scenarios related to students with behavior difficulties, routine intervention strategies were offered in a reflexive manner. Knotek (2003) observed that other than recommendations to control behavioral symptoms through the use of behavior modification, counseling, contracts, time-outs, detention and praise, either team's rapid recourse was to offer referral to special education. The team

would not consider school-based academic aspects of the students' situations as having a role to play in formulating possible hypotheses about their situations. In this study all the students with behavior difficulties with one case the exception were referred to special education. All were boys but one and all the boys were African American.

Problem scenarios related to low SES families also received less robust consideration from the teams. The problems of poor children were more often treated as conditions based in an etiology and, therefore, less under the influence of educational intervention at school. Such students were regarded as needing greater parent involvement. The teams offered no specific instructional interventions, stopping rather at what a teacher could do to address the student's school performance. In the case of students with low SES the interventions for slow or academically challenged students were based on a global rather than specific assessment of the child's learning problems. Generic recommendations such as buddy systems and after school tutoring are examples.

Since teams often confirm the original importance of what the teacher reports there seems to be a lack of objective process on Child Study Teams. What was designed as a forum for problem solving in a dispassionate manner by clear headed professionals sometimes shifts to processes of validating the teachers' experiences. The social interactions on the teams studied suggest that social constraints invite a dynamic of perceived unequal status in which a teacher must review with experts how a student in his/her classroom is out of control and then be assured by peers that the concerns are genuine. The student's interests are misplaced in response to the teacher's vulnerability. These teaming issues play out with particular effects for over-representation of African Americans in special education particularly if they are low SES.

The vagaries of team decision-making were also noted by Harry and Klingner (2006). In a three year ethnographic study of the placement process in 12 schools in an urban school district, Harry and Klingner (2006) observed a *culture of referral* in which teachers and administrators held assumptions about low achieving students and special education. Educators assumed that certain children belong in the general education curriculum and others in the special education curriculum. Further, they assumed that special education holds solutions for some students. Lastly, they assumed that placement in special education is a reasonable consideration when the teacher/administration is facing the pressures of high stakes testing. The researchers also observed in this culture of referral that the beliefs and policies of administrators carried more weight in determining placement patterns in this sample than did the characteristics of students.

Harry and Klingner (2006) charged that while the findings of specific psychological assessments may be valid, their interpretation must be weighed in terms of their relevance in individuals' circumstances and contexts. Assessment of "essentially intangible, hard to measure human processes" (p 103) is a task which must be "understood within the confines and possibilities of an informed uncertainty" (p 103). Assigning relevance to test results is "informed, influenced and at times distorted" (p 103) by professionals engaged in the assessment, eligibility, and placement processes. They identified six phenomena occurring in the ranks of professional thought and behavior which contribute to the referral process as neither rational nor scientific: school personnel's impressions of families, assumptions regarding intrinsic deficits with no regard for the ecology of the classroom, informal impressions expressed by the teacher,

ambiguous definitions and criteria for disability, philosophical positions held by psychologists, and pressures of high-stakes testing to find quick solutions for low performing students.

Harry and Klingner (2006) asserted that special education services should be fashioned to remediate and return students in mild handicap categories to the general curriculum rather than installing them in a separate place for the duration of their schooling. They found undue restrictiveness in the amount of time students were apart from the general curriculum and their non-disabled peers.

### *Conclusion/Summary*

This review reflects literature documenting the over identification and disproportionate placement of minorities in high incidence categories and restrictive environments, critical views of special education, standard provisions and alternate concerns within the field of school social work, and the consequences of the social dynamics of professional teaming as it influences further educational choices and life chances of students.

Critics from the ranks of special education focus on the differences between a medical model and a social model and the impact of those models on human beings. Critics question if a positivist scientific paradigm based on the assumption that all knowledge is progressive and on a functional assessment of disorder and treatment can fulfill the promise of special education.

Clinical social workers have embraced their opportunities to serve students with emotional and behavioral problems in special education programs. They have invested themselves in acquiring a knowledge base in special education and kept current with their

shifting roles and responsibilities in the wake of special education legislative mandates and court decisions over the years since 1975. They have demonstrated determined advocacy for seeing that children and families get services. Their literature reflected knowledge of overrepresentation of minorities against a background of a tiered system of general and special education. They reflected on issues of ability tracking, labeling and identification, and the complexities of being a professional participating in cross-disciplinary teaming in which they often have felt themselves as guests in a host environment.

By changing the observed unit of analysis from the outcomes of treatment strategies and interventions with individuals, for example, to the observation of professionals' social dynamics during team conferences, different and informative means for action may emerge. By searching for the assumptions and power relationships undergirding the practice of helping professionals, new pathways for approaching students and solving problems can surface.

### *Research*

Statement of the research problem: Clinicians are immersed in and reference the medical model in constructing their understanding of Emotional Disturbance as an educational disability. These professionals portray students in the ED category as exhibiting deficiencies in various personal and social characteristics inconsistent with school social and/or behavioral norms. They apply assumptions, values, and beliefs to provide treatment to address these student-centered deficits. These student service providers practice in a system in which disproportionate numbers of minority students populate programs and have disproportionately restricted access to non-handicapped

peers. They participate on cross-disciplinary teams that influence the identities and school careers of children. When unaware of, uninformed about, or strategically unable to act on discourses concerning the impact of categorization and labeling, these professionals operate in an environment of ethical cross purpose.

The purpose of this study was to document the perspectives, practices, and experiences of five clinical social workers who provided clinical services to students labeled EBD in elementary school programs.

Focus: I conducted a grounded theory analysis of the thoughts, feelings, and actions of school social workers by collecting the following types of data: observations of the research participants' work environments and routines at the school sites, interviews with the participants regarding their general educational background and employment experience, their preparation as social workers, their roles and responsibilities with students and other staff at their sites, and their duties regarding documentation. I observed meetings in which the research participants engaged in educational decision-making.

Research questions:

- 1) How do school social workers interpret and apply the knowledge base on which they rely in carrying out their work with students labeled ED?
- 2) What issues emerge concerning ethical practice, guild interests, and roles and responsibilities for the professionals under study?
- 3) What school-based structures and processes influence the roles and responsibilities of school social workers providing services to students served in the ED category?

## Chapter 3

### Methods

This study is a naturalistic inquiry using both inductive and deductive approaches, providing data from which I have employed grounded theory analysis to address my research questions. I have controlled the scope of the research by presenting an overview, reviewing literature, and pursuing data collection from a purposive sample of participants.

#### *Naturalistic Inquiry*

Patton (2002) explained the concept of naturalistic inquiry as a design strategy appropriate for qualitative research. It is a plan which will hold “to the extent that the research takes place in a real-world setting and the researcher does not attempt to manipulate the phenomenon of interest” (p 39). A naturalistic research design depends upon a data collection process that does not become a treatment in itself influencing the outcome of the inquiry. A naturalistic design strategy oriented towards process flushes out what can be learned in and from an ongoing operational flow. Patton stated that when reading a write up of a qualitative study, one may understand it as a story possessing a beginning, middle, and ending. The ending, however, will not be the end. Whatever truths are gleaned, they are gathered from a unique researcher perspective about a specific situated context and timeframe. The interpretation of the substantive elements of the study grounded by the researcher’s methods contributes to a working theory.

#### *Direct Observation: Rationale*

Patton (2002) proposed advantages to making and documenting direct observations in the field as a data collection tool. He stressed, first, that direct observation

allows the researcher to hone a sense of the context in which the research participants operate. Second, observing an actual site's operations gives the researcher a chance to gather distance from prior conceptualizations. This has been a significant point for me since I have worked in sites similar to those I observed. In making my observations I have attempted to remain open, discovery oriented, and inductive in my method. A third reason for researcher documented observation is that an unfamiliar eye may observe the routines of the social setting in which the participants are embedded such that they no longer think about such routines. In making my observations, I have paid attention to things that the participants took for granted. A fourth advantage is that as an observer I may see things that a participant may be reluctant to volunteer in an interview. Fifth, making my own observations provided me a chance to move beyond the selective perspectives of others. Documenting my own observations has provided me with an opportunity to discover and reflect upon my perceptions of what is going on and generate points for inquiry. Sixth and last, the firsthand experience provided by observation allowed me to access personal knowledge to be used in ongoing interpretation of findings.

Patton (2002) posed variations in how observation might be pursued in the field. At one extreme is the researcher as detached observer and at the other extreme is the researcher as fully immersed participant. By design and desire I have remained a non-participatory on-looker for this study. I would not, however, describe myself as distantly detached since I studied a social situation in which I have a decade of experience. I have

followed the approved protocols for data collection points but have put myself under the restraint of time. As an onlooker I was alerted that I may have spent enough time in one site when a student waved at me in recognition.

### *Interviewing: Approaches and Techniques*

Patton (2002) stated that the purpose of interviewing is to allow the researcher to enter into another person's perspective. Three alternative interviewing approaches serve different purposes. The informal conversational interview permitted me to pursue appropriate information in any direction the conversation took and to explore questions flowing from the immediate context. This approach to interviewing is a major tool of fieldwork and, according to Patton, may be referred to as "ethnographic interviewing" (p 342). By employing this method, I gained flexibility, spontaneity, and responsiveness to the unique participants and situations. A challenge in using this approach is that it may require several of these informal conversations to acquire closure on a topic.

Patton's (2002) second approach, the general interview guide, consists of formulating a list of questions anticipated in the course of an interview. The guide I designed assisted me in covering basic lines of inquiry and assured that, in the case of a limited interview session, the interviewee's thoughts on certain topics of interest to me would be addressed. An interview guide as a framework provides structure and keeps the conversation moving in a certain direction. The subtlety in good interviewing lies in the interviewer's ability to balance between pursuing what he/she thinks is important and what thoughts the interviewee is actually disclosing. Bogdan and Biklen (2003) stressed

that the goal of interviewing is to understand how the interviewee thinks. This goal requires that I be able to abandon preconceived “devices, gimmicks, questions” and “jump on the opportunities the interview situation presents” (p 97).

The standardized open-ended interview (Patton, 2002) requires careful wording and presentation to guarantee consistent stimuli. This format, appropriate as an instrument to control variation in response, to be available for other researchers desiring to replicate the research and to streamline analysis, is not an approach I used in this study.

Spradley (1979) couched his ideas about interviewing by considering this process as a tool for learning *from* as opposed to *about* individuals who are native to a cultural group. The ethnographic interview allowed me the opportunity to inquire of the participants as cultural insiders what their views and experiences were. How did the native interpret what is going on? How does he/she explain his/her own and other members’ behaviors? By asking various types of questions, members of a culture have an opportunity to relate their experiences through various lenses.

Spradley (1979) proposed three main forms of ethnographic questions. They are questions that invite description, structure, or contrast. I used these forms as my data emerged. Descriptive questions enabled me to sample the informant’s language. Examples of descriptive questions are: the grand tour (Tell me what you do in a typical day.), the mini-tour (Tell me what you do when you first arrive.), example questions (What is an example of this phenomenon?), experience question (From your experience, what would you say is going on here?), and native language questions (What meaning do you give to the phrase “\_\_\_\_\_”?).

Structural questions elicited information about basic units of cultural knowledge. The structural approach is intended to discover how an informant organizes what she knows. An example is “What from your initial education to be a social worker is of most assistance to you in your daily routine?”

Contrast questions permitted me to understand how the informant distinguished differences. An example would be “Tell me the difference between an IEP meeting and a reevaluation conference.” Answers provided insight into how the informant assigned meaning and qualified the dimensions of these events in her native language.

Spradley summarized the well executed interview in the following terms: 1) opening greetings are adjusted to the context and explicit purpose of the conversation, 2) some questions may be repeated, 3) more questions are asked by the interviewer than the respondent, 4) the interviewer demonstrates high interest and considerable ignorance, 5) the informant dominates the talk, 6) ideas are expanded, 7) the pace is calibrated to the informant, and 9) reminders to negotiate the next step or steps end the exchange.

### *Sampling in Qualitative Research*

Strauss and Corbin (1998) explained the difference between sampling procedures in quantitative and qualitative research methods. In quantitative research, a sample, chosen randomly or through other statistical means, is meant to represent a larger population. The findings from the small group’s responses are intended to predict or generalize to the group as a whole. Primary importance “is representativeness of that sample or how much it resembles that population in terms of the specified characteristics” (p 214). In qualitative research methods wherein the focus is placed on inductive theory building, the sampling procedure is concerned “with representativeness

of concepts and how concepts vary dimensionally” (p 214). In a theory building approach the researcher is searching “for events and incidents that are indicative of phenomena and are not counting individuals or sites per se, each observation, interview, or document may refer to multiple examples of these events” (p 214). Qualitative methods of research rely on an accumulation of situated incidents where no single situation acquires referential representativeness for the whole. In this regard, I sought a particular sample, elementary neighborhood school EBD program clinicians. As it occurred I did capture a broad representation of concepts and variation in responses.

#### *Participants and Sites*

I have used purposive sample selection as documented in Creswell (1998) in seeking participants for this study. Using this strategy I recruited all the clinical social workers employed as program clinicians in elementary EBD programs employed by a large metropolitan school district in the southeast United States. The criteria for their inclusion in the study was that each participant practiced in a neighborhood elementary school, held the position of EBD clinician, and served students in both inclusion settings and self-contained special education classrooms.

#### *Materials*

I used *Atlas.ti: The Knowledge Workbench*, a software program for use by qualitative researchers to aid in the organization and analysis of the data. I taped and transcribed the data using a Sony micro cassette transcriber.

#### *Procedures*

Contact with each participant included both observational and interview data collection. Three observational data sets included: 1) observational data providing a

general description of the site and the participant's immediate work environment, 2) observational data ongoing in the participant's work environment and routines, and 3) observational data of a meeting in which each participant participates in some form of educational decision-making. Interview data included 1) an initial interview with each participant, 2) an interview after observing work routines, 3) an interview after observing a meeting, 4) an interview regarding the documentation each participant is responsible for, and 5) a member check interview to ascertain the participants regard for the findings as they became available.

#### *Schedule*

I collected data from each of the five participants at their convenience as they could arrange their schedules. The data collection began in late February 2008, ceased for the summer since the participants were on break, and continued through mid-October 2008. One participant chose to leave the study when the fall semester 2008 began.

#### *Method of Analysis*

I analyzed the data using the method of constant comparison to code the interviews and observations. Glaser and Strauss (1967) stated a rule for the constant comparative method: "while coding an incident for a category, compare it with the previous incidents in the same and different groups coded in the same category" (p 106). The constant comparison of the incidents makes possible the generation of theoretical properties from which the analyst constructs a larger picture. The analyst builds an interpretation from ". . .the full range of types or continua of the category, its dimensions, the conditions under which it is pronounced or minimized, its major consequences, its relation to other categories, and its properties" (p 106).

Strauss and Corbin (1998) detailed the constant comparison method in grounded theory analysis by detailing the coding process. First, the researcher conducts initial coding referred to as *open coding* of each transcribed interview and field note. *Axial coding* is the second procedure in which the analyst organizes the open codes of each document into themes. In a third step of analysis the researcher integrates the data from separate documents across all the data using *selective coding*. By collating the axial codes under these more inclusive selective codes, the analyst may construct a coherent narrative grounded in the data. This process represents the heart of the grounded theory approach to data analysis and leads the researcher to a substantive theory about the topic of interest. By pursuing the data in this inductive way, the resulting narrative substance provides a theoretical basis for further qualitative or quantitative inquiry.

My own pursuit of the data, however, was both inductive and deductive. I began by selecting what I wished to learn through the formulation of specific questions based on a review of literature and my own experience in a parallel career track. Each of the three research questions held a core concept that later influenced the designation of my three selective codes. I approached my research through what Patton (2002) noted as sensitizing concepts. I held notions about labeling, special education, normative professional practices, and educational decision-making that directed my initial searches for literature. Out of this search I operationalized the study. I developed a primary set of questions to which I sought answers and proposed some situations I wished to observe. I set up families or axial codes based on the core of each of these questions or situations. My open codes then emerged from these families of data. I extended my levels of analysis using the mapping process developed by Harry et al (2005).

### *Entry and Logistics*

Successful entry into this school district began by my requesting from the district's citizen information service a roster of elementary EBD clinicians who held the credential CSW, Clinical Social Worker. I received a list of five employees. I contacted them by telephone, mailed information to them and the principals at each of the sites, and arranged initial conversations with each of them. Each of the five agreed to be in the study.

### *Trustworthiness of the findings*

I have tried to remain accurate in recounting and analyzing the interviewees' words, actions, and environmental contexts. I have triangulated my data collection procedure by both interviewing and observing my participants and by performing member checks. I have kept a log of data collection dates and times, marked the data, and devised a storage space for all tapes, field notes, transcripts, and collected documents. I logged memos concerning my tentative analytic interpretations and personal reflections as needed to gain and regain clarity in my perspective. I have pursued ongoing communication with my participants through telephone conversations and email. I have sought to describe structures and processes in detail.

Lincoln and Guba (1985) addressed the ways in which qualitative findings may achieve credibility. They developed acceptable alternative criteria for naturalistic studies and advanced particular activities to achieve trustworthy findings.

### *Truth Value*

Lincoln and Guba (1985) proposed five techniques to insure credibility. The first threefold approach is that the researcher have prolonged engagement in sites and with participants to achieve persistent observation and engage triangulation in data collection. Prolonged engagement permits the researcher to achieve an orientation to the social context through observation enduring enough to dispel her own preconceived ideas about it. The researcher must spend enough time in the situation so that her presence is not obtrusive. Time and invested interest are vital in building trust with participants. Without trust and familiarity, the researcher's presence may promote distortion in the context itself and in the researcher's interpretation of it. Through persistent observation the researcher has an opportunity to weed out irrelevancies while not dismissing the possible importance of atypical events. The researcher must guard against staying too long or reaching premature conclusions. Triangulation of methods, collecting observations and interviews, contributes breadth of data needed in interpretation of emerging structures and processes and relevant documents.

I relied primarily on this triad to establish truth value. My engagement with each participant varied: Ms. Green/15 hours, Ms. Waters/10 hours, Mr. Mikan/3 hours, Ms. Morado/20 hours, and Ms. Flowers/9 hours. This variation was primarily due to how talkative each was and how much they had to say. For example, Ms. Flowers' style was terse and to the point while Ms. Green began by summarizing her youth and how that played into her becoming a social worker. As noted Mr. Mikan participated only for the primary interview. I felt that each participant was open to the questions and did not edit their stories. If anything, I was surprised at their candor and felt that they appreciated

having attention paid to their niche occupational situations. I felt that the combination of observation and interview gave me a chance to experience the power of triangulation.

A second technique useful in establishing credibility allows the researcher to make an external check on the data collection through a process with peer debriefing. Lincoln and Guba (1985) endorsed meeting with a disinterested peer to analyze what the researcher has been thinking about and undergo an opportunity for feedback about what has remained implicit. This process tests the analyst's honesty concerning substantive, methodological, legal, and ethical matters. It allows the researcher to air initial and ongoing opportunities to test working theories for premature closure or logical flaws. The peer in the debriefing role challenges the analyst to express ideas about the emergent methodological steps that may take place next. The cathartic effect of being able to reflect with a peer can make possible clearer judgments about the emerging theory and the logical next steps. Down sides of debriefing may be that the researcher feels diminished by the session and may lose enthusiasm. The researcher may be unnecessarily influenced by the thoughts of the peer who may not be fully familiar with qualitative methods. Although I thought I would pursue this option, time and opportunity did not bring this option into play. I am indebted to my advisor who served as a peer reviewer.

A third technique is negative case analysis that targets the refinement of interpretations through ongoing purposeful sampling of informants intended to exhaust categorical data. Seeking informants whose views and experiences represent all possible permutations of an emerging theory may be useful in counteracting the effects of earlier encounters in which interviewees display deceptive posturing and reporting, either consciously or unconsciously. I did not rely on this technique.

The fourth technique, referred to as referential adequacy, facilitates the checking of preliminary findings and interpretation against accumulated raw data. The technique is accomplished by retaining a portion of raw data for coding at a later date by an outside analyst. An analysis by an outside party tests agreement regarding categories and acts to establish reliability of the conclusions. I made no attempt to engage this activity. All the raw data (folders for each participant with dated records of observations and interviews, collected artifacts, notes, and documents, copies of the transcribed interviews and field notes, coded output from Atlas.ti, and hand coded output), however, are available for checking should the need arise.

The fifth and last activity, member checking, sets in place a direct test of the analyst's work by checking with the interviewees as to what they think about preliminary findings and interpretations. Lincoln and Guba (1985) see this as the most crucial activity for establishing credibility. It involves formal and informal playbacks of information to the informant who provided the data. Through informal checks the researcher can double check what the informant intended to say, allow the informant the opportunity to correct errors, stimulates the disclosure of additional information, establishes a formal record of what has been said, allows for summarizing, and permits the informant their opinions about the adequacy of data points. Although I anticipated that member checking would be a formal activity, it became an ongoing informal conversational exchange with each participant over time as we experienced the various protocols together. These exchanges added to an ongoing sense of co-operation from them to achieve my purposes.

### *Applicability*

The researcher is charged with the responsibility of providing thick description of the structures and processes under study and portraying a level of detail to be usable by readers of the research. The task of the researcher involved in a naturalistic study is “to provide the data base that makes transferability judgments possible on the part of potential appliers” (Lincoln & Guba, 1985, p 316). The salient issue is whether an individual reader or consumer of the study regards the findings as useful in his/her pursuit of information and applicable in the situation of interest. In my first pass through the data I engaged in writing detailed narratives which would satisfy the needs of social work teachers and students looking to explore the clinicians’ experiences and responses to their occupations. I understand that I have engaged in a conversation with social workers towards understanding what might renew vigor in the application of ethical responsibility spelled out in their current codes of ethics towards social justice and cultural competence.

### *Confirmability*

To confirm the procedural methods engaged in by the researcher Lincoln and Guba (1985), the investigator must organize in sequence and by date and store all raw data, data reduction and analysis products, data reconstruction and synthesis products, and process notes. This includes documents such as tapes, transcripts, field notes, summaries, memos, definitions, interpretations, and researcher reflections. In addition any generated materials such as instruments, pilot forms, schedules, observation formats, and interview guides will be kept. The stages of an audit would include pre-entry, determination of auditability, formal agreement, determination of trustworthiness, and

closure. These steps are referred to as the Halpern algorithm. I have complied by way of the Internal Review Board (IRB) regarding the safeguarding and storage of my raw data.

### *Ethical Issues*

My intention has been to be an educational researcher who is in the site as an inquisitive on looker. My task, when students were present, was to observe the actions of the social worker in his/her vocational surroundings. I did not request to observe individual or group counseling sessions although I did observe some groups at the invitation of the participants. I was not interested in participating or being asked to participate in any consultation regarding or involving students. I did not pay attention to or note the responses of students as individuals or in groups except as such responses may have been referred to by the participant. I did not focus data collection on individual student histories, current situations, physical appearances, or presenting problems/behaviors independent of references made by the participant. The same logic applied for other adults such as teachers, parents, allied professionals, or any other person with whom I had contact. These actors remained incidental to my focus which was to observe the actions and collect the expressed thoughts of the participants. All names and references to schools and all actors including my focused individuals have been changed. I collected signed releases from the social workers stating that each agrees to be a research participant. I collected permission slips from family members to observe when I was present in a meeting focused on their children. I explained that my research was focused on the social worker, not any students, parents, teachers, or others involved in the meeting. See Appendix H for the social worker consent form and Appendix I for the parent consent form.

### *Researcher Role and Identity*

As a Caucasian, Midwestern, working-class/middle class female native of the U.S. who earned credentials as an art teacher, a special educator, and an art therapist, I have been indoctrinated in normative theories and practices of these fields. I have held beliefs concerning the origins of students' problems and behaviors. I have made connections between clinical diagnoses and educational labeling. I have been expected to assist students whom I have learned lack impulse control, self-regulation, and social skills. I have injected my own notions regarding my professional role into their treatment. I have been only remotely aware of the overrepresentation of minorities in special education and even less aware that what I considered rewarding work might have negative or unintended consequences for students' identities and educational careers. Over the last dozen years I have pursued my occupation as a school art therapist through special education related services. As a member of the American Art Therapy Association (AATA) and volunteer with the Art Therapy Credentials Board (ATCB), I have witnessed struggles and growth in that profession. Having participated in the dual contexts of student mental health services and public school special education programming, I acknowledge these experiences for their unique opportunities to serve students, staff, and, less often, families. I have consulted with teams of professionals. I have participated in cross disciplinary meetings in which the futures of students have been scrutinized and influenced. I have loved making art with children and giving them opportunities to experience mastery at many levels. I acknowledge the ambiguities, contradictions, and uncertainties that emerge in questioning emotional disturbance as an educational disability treatable in school.

I now find myself wondering about the use of a medical model to address the problematic behaviors of school children. I believe that assessing internal deficits, categorizing students by educational labels and treatment groups, and attempting to fix or soften those deficits provide a limited vision and platform for action in addressing both human suffering and school underachievement. Professionals, children and youth, their families, and the communities in which we all live need models beyond illness and dysfunction from which to address our challenges (Prilleltensky & Prilleltensky, 2006).

Charmaz (2006) referred to a state as the “subjectivity and ambiguity” (p. 149) which accompanies the grounded theory approach. She added that even when grounded theory researchers report ‘objectively’ on matters thought to be rooted in shared assumptions following established research protocols, they, as researchers, are part of what is constructed. In other words, with or without my awareness, my vantage point is necessarily a part of the findings. In acknowledging my presence I bring the possibility of greater depth to my research.

## Chapter 4

### Findings

Those of us attracted to the human service professions are called upon to extend a hand. In the preamble to their code of ethics the mission of social workers is “to enhance human well-being and help meet basic human needs” particularly for people who are vulnerable, oppressed, and in poverty (See Appendix D). The knowledge base the social workers in this study acquired from their professional preparation combined with their initial attraction to the field both prepared and authorized them to help. Employed under the conditions set forth in the federal definition of special education related services (See Appendix C), their services are, in the case of EBD clinicians, to enable students identified with emotional and/or behavioral disabilities to receive a free and appropriate public education. In pursuit of their thoughts on issues of concern, I found the variations in their answers revealed individual interpretations that each participant brought to his/her position. These findings tell a story in which professional help, referred to in this context as *the enabling of children with disabilities to receive an education* is seen through the various lenses these clinicians have applied as they have grown into their work.

Table 1 displays a model of analysis illustrating a grounded theory approach to qualitative research (Harry et al, 2005). It provides a diagram of my thinking as I constructed a portrayal of what I learned from the participants. The open codes are based on initial interviews and field notes. The axial codes, to which I also refer as families, designate a grouping of open codes pertaining to the topical material I operationalized through my primary interview and projected through planned observations and additional

interviews. Each of the three selective codes is the result of what I have found to be the major finding addressing each of my research questions. I have chosen their wording to capture the story of these participants. In posing the interrelationship of the explanations I provided in deciphering their story, I provided the link to a theory of structural and post structural perspectives with regard to the term *professional help*.

## Levels of Analysis

Table 1

<b>Towards Theory</b>	Structural perspective/post structural perspective
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<b>Interrelating the Explanation</b>	Seeking and managing an identity in structural isolation - Individualistic interpretations of roles, guild issues, and ethics - Housed in an architecture of the “in-between” within rigid bureaucratic forms
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<b>Selective Code</b>	Prepared and licensed to <i>help</i> those less fortunate	Confronting the ambiguities of helping in the educational environment	Enabling students in the architecture of bureaucracy
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**Axial Code (bold font)**  
Open Code (regular font)

**Professional Preparation**  
Background info/exp  
Undergraduate studies  
Licensure

**Why Public School?**  
family friendly  
“icing on the cake”  
“population I enjoy”

**Sites**  
See Table 2

**Understanding of SPED**  
Helping others less fortunate  
disability as truth  
“the population”  
“baggage at a tender age”  
“messed up kids”  
physical disability & mental health issues

**Job Support**  
SW peers  
Department meetings  
BMT  
“pretty much anybody”  
Excellent teachers

**Architecture of Tasks**  
scheduling  
Students in group  
Students in individual  
Paperwork  
Attendance at meetings

**Priorities**  
Children’s situations  
Cater to needs  
Open door  
Seeing the children in group or individual  
Crisis intervention

**Inside the Architecture of Tasks**  
Teachers  
Parents  
Administrators  
Scheduling

**Extra Tasks**  
District duties  
No school wide

teams or committees

**Levels of Analysis**

Table 1 (continued)

**Formal/Informal Knowledge Base**  
 learn by doing  
 behaviorist  
 DSM  
 diagnoses  
 conducting therapy  
 “the psycho this and whatever”  
 symptomatology  
 “observe, evaluate, identify”

**Gratifying/Challenge**  
 Progress/lack of progress  
 Interaction  
 Response to structure  
 Adapting to children  
 Adapting to teachers  
 Lack of progress  
 Poor facilities  
 Changes in site assignments/ 2 sites  
 Keeping routines  
 Rules and regulations  
 Paperwork  
 Lack of parent participation

**Architecture of Documents**  
 Department forms  
 SPED forms  
 District forms  
 Psychological evaluation

**Meetings**  
 Type of meeting  
 Urgency  
 No deliberation  
 Technocratic  
 Participants’ roles  
 Participants’ perceptions of roles

**Initial Revisions**

Set aside expectations of behavior  
 Moment of doubt  
 EBD all day?  
 Direct contact

**Second Thoughts**

Strength in numbers  
 Walk away  
 Disagreements  
 Unequal status

**Advice**

Ask for help  
 “know the kid first”  
 Flexibility  
 Love teaching  
 “Be prepared to..”  
 “If it’s between...”  
 Sit and observe

## Levels of Analysis

Table 1 (continued)

### **Change**

More flexible access  
Indifferent admin  
Anticipation  
Add more services  
Parent accountability

### **Outcomes of EBD**

Services stripped  
Learning negative  
behavior  
Labeling  
Support/structure  
“So in the way...”  
“What happens...?”  
Internalized?  
Lack of books and  
supplies

### **Ethical Issues**

Confidentiality  
Document storage  
Privacy  
Need to know  
Self determination

### **The Beginning of**

### **The End**

Different roles in  
different LRE's  
E's & B's = no  
concern  
E's & B's = concern  
Designated needs  
levels EBD 1 & 2

12 open codes

58 open codes

17 open codes

*Prepared and Licensed to Help those less Fortunate*

The participants in this study are each travelers who have journeyed from their native territory as social services providers to take up roles as related services providers in special education public schooling. As they embarked on this journey into the educational environment, they have each made personal discoveries and honed their professional identities. While they brought to their positions the knowledge they had attained to apply for state licensure in clinical social work, the knowledge and tools they used on a daily basis carrying their work with students in EBD programs was learned on the job. By their own accounts they understood virtually nothing about special education before being hired for their related services positions including what related services is. Their characterizations of students' disabilities are drawn from what they have learned from being on the job based on their expectation to serve those less fortunate.

*Professional Preparation and Motivation*

What motivated the participants to pursue social work? Ms. Green, Ms. Waters, and Ms. Flowers stated that they were interested in helping others less fortunate. Mr. Mikan's motivation to go to graduate school began when his friends were returning to graduate school. Ms. Flower's undergraduate psychology courses were of sufficient interest to her that she sought a graduate field that would permit her more depth. From the time of their entry into social work as interns their experiences have lead them along paths presenting opportunities to work directly with and/or to advocate for children.

All of the participants received their undergraduate and graduate degrees from colleges and universities in the metropolitan area. They obtained state licensure within a

few years of employment as social workers. This credential, Licensed Clinical Social Worker (LCSW), is an entry level requirement for employment in the school district in which they were currently employed.

Ms. Green was born and raised in Jamaica. At college age she came to the United States where she studied social work and criminal justice as an undergraduate. For many years she had been employed by the county, first in efforts to reunite families and then as a clinician in City Program (CP). CP was a collaborative project between the county and the school district to provide day treatment to elementary children labeled SED in a restricted outreach setting separate from district school sites. She had left that position less than a year earlier when the collaboration was abandoned. She had been working for the school district just three months as an EBD clinician when the study began.

Ms. Waters' undergraduate preparation was in elementary education. She had come to the school district after some years in another collaborative day treatment project. That agency, Center for Children (CFC), had given her an opportunity to work with elementary students labeled SED in neighborhood school sites. She was in her first year at an elementary site after having begun her employment the year before in middle school.

Mr. Mikan majored in psychology as an undergraduate and was motivated by peers to go to graduate school. Mr. Mikan interned for the health department attached to a middle school site. He had had many years working as a health technician at a local children's hospital as he worked his way through school. After the internship he

continued his work for the health department attached to a school setting. After getting his license he sought his current job as a clinician with the school district and had been at the same site for nine years.

Both Mr. Mikan and Ms. Waters directly stated their preference for children over older youth. Mr. Mikan recalled “. . . even though I enjoyed the interaction (with middle school adolescents), they’re very tough. My preference was always to work with the children’s program.” Ms. Waters who had previously worked with middle school adolescents with serious problems commented that the innocence of children better suited her skills.

Ms. Morado studied social work in undergraduate school. She had worked through private agencies with developmentally delayed handicapped youth but reported that she preferred her work with elementary students labeled SED in school sites, first for several years with CFC and then for six years as an employee of the school district.

Ms. Waters and Ms. Morado have each been associated with Center for Children (CFC), day treatment for EBD students carried out in self-contained classrooms within district neighborhood schools. Ms. Morado was steered to that position by a friend and mentor. After holding positions as clinicians in the CFC model, Ms. Morado’s nine years and Ms. Waters’ seven years, they were primed to seek employment directly with the school district.

While studying elementary education Ms. Flower’s undergraduate psychology courses were of sufficient interest to her that she sought a graduate field that would

permit her more depth. She began her social work career working for children as an administrator in an early intervention program through Easter Seals. She has been an EBD clinician in her current site for four years.

### *Knowledge Base – Special Education*

When asked what they initially understood about the field of special education, some made reference to the types of students they encountered in their initial positions. Both Ms. Waters and Ms. Morado cited their years with the CFC as the way they familiarized themselves with children in special education. Ms. Waters' described the CFC students as special needs children who have emotional needs and exhibit deficiencies. Ms. Morado commented that when she took her current position she was returning to something she already knew "so basically the population was the same unfortunately." Ms. Morado, in describing the population, used phrases such as *low self esteem, having issues such as learning disabilities, students who fall apart without provocation, may be aggressive or depressed, and are the most vulnerable who are unable to handle a regular setting*. Ms. Green personalized her first encounter with this population. She cited her study of criminal justice as priming her expectations. She thought the children's problems involved truancy or delinquency. She was shocked when she was physically assaulted by a child on her first day at work and nearly abandoned the position but for the encouragement of her clinical director. She spoke of the child as having to be tough, too young to be like that, so much anger, no respect for adults, baggage at a very tender age that affected him quite a bit. Mr. Mikan volunteered "... I really had no idea what was going on in the school. Yeah, I knew they had some messed-up kids and they did certain things with them but I had no idea the extent of the services

the school system can provide until I started working in it.” He cited his work in the children’s hospital as providing his only inkling. A certified special education teacher from the school district taught children who were on the ward for extended periods. “To see that woman work was amazing.” Ms Flowers spoke about her position at Easter Seals. “So I had learned pretty much the basis of working the early intervention program and how to assist these children in accessing their education.....At Easter Seals they had physical as well as mental health issues.”

Just what then did the participants find of value from their initial training? Ms. Green attributed her skills as more a matter of experience that she has gained over time in the field and in her personal life. She said that her formal training gave her knowledge of systems and labels, “the psycho this and whatever.” Ms. Waters stressed a psychological point of view saying that what has stuck with her through the years since her formal training is to meet the person where they are at and go from there. Every person is worthwhile and has a right to self-actualize.

Mr. Mikan began by saying that since his undergraduate work was psychology he has come to know himself as a behaviorist. Social work and his perspective as a behaviorist require him to “fix things here and now. Let’s get things to work, (attend to) the details and then go back and deal with those issues.” He attributed his social work background with informing him of research, diagnosis, and becoming a therapist. Familiarity with the DSM is essential because “you’ve got to know what you’re looking at and .....you have to have an idea of what goes on with the child.”

Somewhat in jest Ms. Morado exclaimed that nothing from her education as a social worker assisted her current work. She did not take any training in school related

social work beyond general psychology, pathology, and psychiatric medication. “This job you definitely learn by doing.” Over the years she has become a behaviorist and is “very task oriented.” She credits her years of education as providing the authority to be with children with special needs, acclimating to situations and not freaking out, and preparing for and running groups but she draws the line at what her social work education contributed to “this population. No, they don’t offer anything.” She specifically mentioned that training in classroom management should be taught to social workers interested in school placement. She endorsed having a general understanding of learning disabilities as well.

Ms. Flowers credits her social work education as giving her a foundation in diagnoses and symptomatology. She feels that she is able to observe, evaluate, and identify the issues with a child. What she reported not getting as a part of her education is specific techniques appropriate to use with children, a skill she notes her art therapist has in abundance. Additionally, her field placement in an urban community agency was not oriented toward direct contact with adults or children.

#### *Ambiguities of Helping in the Educational Environment*

Given the finding that these social workers came to their positions in related services with no formal orientation to special education, it has not surprised me that while I found some common ground in their responses, they had each forged a personal interpretation of what was going on. They appeared to have interpreted how to proceed with their missions based on the idiosyncrasies of the particular employment situations and sites in which they have served and to some extent how long they had been employed

by the district. Certainly how much some of them had assimilated crossover knowledge and skills with regard to the administration of special education programming and procedures is evidenced by the time in their positions.

### *Issues in Common*

Their responses did agree concerning the attractiveness of practicing in public school settings and the initial job support they received there. Beyond these topics their responses diverged as they portrayed deeper concerns about the ambiguities of being a clinically trained professional in an integrated professional setting situated in public education.

*Why public school?* On this point there was agreement. The participants confirmed my expectation that getting a position in public school serving elementary age children was as Mr. Mikan said “perfect – the population I enjoy.” His extended experience with hospitalized children while working his way through school influenced his choice. Initially studying undergraduate elementary education, Ms. Waters stated that conducting therapy with younger students in a school was less stressful than dealing with the families of children in acute crises or with long term conditions as she had encountered in the hospital setting. She made a distinction between health issues and educational emotional issues. In her opinion, working in schools is more relaxed because “the problems aren’t as life-threatening.” For Ms. Morado and Ms. Flowers the family friendly hours and holiday breaks made public school work particularly worthwhile. Ms. Morado claimed practicing in a public school setting was “icing on the cake.” Employed by the county government Ms. Green, who had treated children labeled severely

emotionally disturbed for more than ten years in a collaborative professional setting, sprung at the opportunity to work directly for the school district when her county job was cut.

*Job support.* Given that they agreed that much of what they needed to be successful in these positions came from training on the job, it followed that they looked to members of their department, their social work peers, for informal camaraderie, phone calls, and e-mail to find help and support. They each acknowledged their district supervisor, their chairperson, and the formal information shared at department meetings as being helpful and/or necessary. The department meetings were of particular mention by Ms. Green and Ms. Waters who were recently hired. Ms. Waters found encouragement in getting to spend time with her social work colleagues from time to time. She also shared that as a new employee she had been assigned Ms. Morado as a mentor and visited her site. Ms. Morado noted that it was a district policy to encourage clinicians to visit other sites. Immersed in the technicalities of special education administration and their roles as self-acknowledged behaviorists, veterans Ms. Morado and Mr. Mikan have learned to value the teachers at their sites who have shared information regarding ever-shifting special education procedures and documentation as well serving as examples of how to approach the students. Regarding the dynamics of special education procedures, Mr. Mikan explained “it’s a constant learning from pretty much anybody” – such as staffing specialists, BMT’s, and psychologists in addition to their own department chair and supervisor.

*Profiles of Individual Concerns and Issues*

As stated, the respondents held common perspectives as to the attractiveness of public school settings and an acknowledgment of who is helpful in contributing to their success once hired. The uniqueness of the respondents' issues concerning their roles, guild issues, and ethical matters is from this point portrayed by introducing them one by one.

*Ms. Green, the newcomer at two sites.* Ms. Green who had reported years of experience in treating children labeled as severely emotionally disturbed in a county/school district collaborative restrictive day treatment setting was, nevertheless, a rookie in terms of school district employment. She was in the position of shifting her priorities to the demands of this new position. She acknowledged that her contribution lay in having the time and ability to focus on children's situations. Continuously aware that she found herself as the new kid on the block, she related that in a recent incident one principal had asked her to intervene with a child from the general curriculum who had completely shut down. She followed through on this request and reported, "They are appreciating what I bring to the table."

Getting recognition from administration came up again in speaking about her gratifying moments. She acknowledged that she has had some difficulty bonding with the children she now sees but that "...they are coming around quite a bit." She claimed that she cannot tell about these new students but that she found it encouraging when an administrator acknowledged that she was doing a great job and thanked her. While she liked to witness change, "knowing that you were there to help with making a change, a positive change in somebody's life", she emphasized that some of the children are "bent"

in a way that if they were adults it would be rough. So with some children it is not about change but more about making a dent. She commented that maybe the child knows he will get a hug, be paid attention to, or simply know that he can get his time. “That’s enough for me.”

Ms. Green divided her challenges of being an EBD clinician into two parts. The first part dealt with her experiences serving children portrayed as severely emotionally disturbed in her previous position. She described how difficult it was to adapt to children who used foul language and “would come after you as if they were fighting their last battle.” In that environment where physical restraint was often routine she began to understand the need for the restraints as she explained “the exertion that somebody has to use in order to steady those kids....I got to understand it.....but I never got used to it.” She described a thin line in which it was difficult to overcome her impulse to rescue a child when she saw a student being restrained by another trained staff. The second part involved her current difficulties in appreciating the ways the students conducted themselves and the way the teachers managed their classrooms in the new settings. “The kids are out of control,” she mused. She does not think the teachers at either of her sites have the knowledge of behavioral management skills that they need to cope with the students. She opined that if they were trained in behavioral techniques, they are not practiced in the knowledge. Her challenge, then, she described is how to change the teachers’ behaviors without their becoming defensive. She described how she had recently been modeling behavior in the classroom. By using a certain demeanor and tone of voice based on positive reinforcement she hoped to influence the teachers to pursue an alternative to the negative reinforcement system they are trained in through the CFC

model which up until the current school year had been the practice. The novel challenge in this situation, she explained, is that in her other position the educators came to the clinical staff for assistance whereas in the school system, the educators “think they already got it.”

Ms. Green came to the conclusion that to do justice to the troubled children that she encountered, she would have to tap her strengths as a protector, advocate, and teacher. To enter into this commitment she had to make a conscious decision to set aside conventional expectations regarding child conduct and behavior. Speaking in the abstract she stated “.....if you’re not prepared to give yourself to this kind of job, you should not be in this field.”

Ms. Green recalled encounters in her previous job that made her question if she would quit. For many years she had worked with what she considered a harmonious team of professionals, a collaboration of clinical people and educators who brought day treatment services to students with emotional disabilities. As the collaboration evolved, however, she felt that leadership of the educators brought about an imbalance. Whether through an emphasis on teacher accountability and high stakes testing or simply through the attrition of teaching staff, the clinical people began to feel that they were being held accountable to the teachers. Mandatory blocks devoted to math and language arts in the morning limited the counseling hours available during the school day. She explained that “We were responsible to see those kids at least once a week plus having groups....and individual (sessions)...and therefore if for two blocks we cannot pick up any kids, that’s going to really crunch us so we had to cut it in half. It’s like the teachers had us by a string like you know, you don’t come in and pick up these kids until we tell you.” Now

that she is working for the district directly, she continues to respect the blocks of math and language arts. She explained that she devotes the first two hours of the morning to calling parents, speaking with administration, or dealing with whatever comes up in the classes. She conducts sessions of about forty minutes each commencing about 10:00 AM.

After commenting that she thinks she is still evolving, Ms. Green offered this advice for those who would be seeking work in special education related services as a social worker serving students with emotional disabilities. Know your limitations and ask for help in matters you feel are beyond your capabilities. “You are not king...you’re not a queen and people don’t bow down to you.” You are going to be able to give others help only when you “get with yourself, your inner self and love yourself.” The qualities of knowing your limitations and loving yourself will come out when conducting therapy with others. Regarding relying on formal reports about students, she warned “When a new kid comes into the program, they come with their packages, their labels and everything...but I wouldn’t get into the nuances of it. I got to know the kid first.” She continued “I want to experience the kid as to how he just comes to me or relates to me....Everybody comes to me with a clean slate.”

When asked what she would change about her position Ms. Green, accustomed to seeing her students throughout the day, said that she would like the therapy schedule and her access to the students to be more flexible. “I feel that if a person is to feel good about themselves and they can start their day well, it transcends throughout the day.” For instance, if she could encourage them early in the morning while they are having breakfast, she would appreciate it. She commented that she understands the limitations of this idea since these students eat their breakfast among all the students. An adult staff

approaching the students may not go unnoticed by other students and might be stigmatizing on an everyday basis. She acknowledged that this is a different setting and “I am just getting used to it and I’m working it the best way I can.”

On the topic of outcomes for students placed in EBD programs, she responded by asking “the labeling?” She commented on labeling saying that kids and teachers “know when a kid has a certain label. There’s a certain expectation and a kid could have moved away from that already, had made improvements but the label is there so the expectations are going to be the same. It’s not going to be fair to the kid so that is one negative, big time.”

Ms. Green reported that the ethical principles she learned as a part of social work are “loose” in her sites. Since she had no door to close, she felt guarded about asking certain questions in her sessions since the conversation could be heard elsewhere. She has learned to ask sensitive questions on the way to a session. She was also concerned that since she is required to keep duplicates of certain documents and reports in her own files, she is at risk because her desk drawers do not lock. Anyone would have access if they really wished.

*Ms. Waters, therapist in her first full year of employment with the district.* Like Ms. Green, Ms. Waters is relatively new to employment by the school district. She, too, had been in a collaborative agency/school district program, CFC, for a number of years. Ms. Waters prioritized individual counseling as the most satisfying part of her work because she feels that she can “cater it to whatever the child’s needs are” and “see more improvement during individual sessions.” She contrasted it to group counseling which she claimed to enjoy after years of experience with students through her work with CFC.

Ms. Waters described feeling gratified when seeing improvement. She gave an example of having followed a child identified as a selective mute for the school year. For the first time that day, this student had spoken in a tone that did not need a prompt. She said “it’s seeing just a little bit of improvement” that makes the difference.

Exploring challenges she began by conceding that sometimes she was frustrated when, as is often the case, she does not see improvement. In reference to her last year’s assignment, the middle school site in which she began, she offered that the parents did not follow through but she abandoned the thought when she acknowledged that the parents with whom she is familiar at Red Brick were responsive. She considered these parents refreshing because “you don’t always see it.” Beyond these comments she expressed her biggest challenge as a facilities problem. The office she shares with the school psychologist and sometimes other professionals is a storage closet with no phone. Since she is a full time employee at the site she must make alternative arrangements each week. She lamented that the absence of a convenient phone makes communication with parents cumbersome if not impossible. Her working environment, when she can call it her own, she described as stark, ugly, and depressing despite her efforts to warm up the room with some kid-friendly accessories.

Ms. Waters claimed that she has had no thoughts concerning actions and decisions that she now questioned because she has not been in the system that long. Her answer reflected to me that she remained true to her initial identification of herself as a therapist with particular interest in individuals. The work conditions at her site had not challenged that self-assumed role. She did, however, offer advice for those interested in pursuing employment in related services. With regard for this population she

acknowledged it as a hard population and “You don’t see a lot of change.... Most of the people I’ve worked with I think really love children, want to make a difference in their lives.” However, she cautioned that she leaves her job at the workplace. She may think about a new idea to try with her groups but does not dwell on the children’s situations. Echoing Ms. Green, Ms. Waters confirmed that it is necessary to acknowledge ones skills. “You may think it’s an insignificant skill but....look at what you feel comfortable with.” She gave the example of how she thinks she is skilled in putting children at ease.

Regarding what she would change, she was content with her therapy routine but would like to have access to a better office space with a phone. In connection with this she felt vulnerable about phone communication. Often she had to use a phone in the media center or teachers’ lounge, places where the call could be heard by on lookers. If she used her cell phone, a parent might capture her number and, as had recently happened, capture her number, leading to calls out of school hours. This situation she cited as having ethical implications for her although she could not elaborate.

Pondering the outcomes of EBD placement, Ms. Waters began by saying that she is torn about what students experience by placement in an EBD program. She affirmed the benefits of the structure, the slower pace, the student teacher ratio, mediation of peer conflict, and small class size as definite components that the students need. On the other hand she wonders whether in their setting they are learning negative behaviors. She stated “They don’t get to see or experience what a class should be....where you... work independently, you’re responsible for your own ... assignments.....getting them done.

They feed off of each other so they don't really see how – I don't want to use the word normal but I can't think of any other word to use....how a typical child would experience a regular classroom.”

*Ms. Flowers, four years at her site.* Ms. Flowers was quite succinct in replying that her priority with the students is “Crisis. Crisis intervention. That’s what I really enjoy.” She stated that she is most gratified “...when I see a child who is out in the general education and they’ve had behavior problems on a daily basis and they come into this program and stop exhibiting those – the severity.” She continued “...once they learn the structure, these kids are starving for structure and discipline and nurturance.” After they are in the program for a while the reportedly “horrific behaviors” with which they came are out of the scenario. “That’s the most gratifying when the parent is involved and really wants to work with us...” She added “it’s gratifying when the kids come and they are hugging you and telling you how well they are doing and they are taking their medicine and they feel great today and they are going to have a good day.”

Ms. Flowers was single minded in what she considered to be most challenging aspect of her work. “Number 1 is the lack of parent participation. They are constantly working against you and you know we only have these kids for eight hours and it’s, it’s that parents not really wanting to really help these children that really frustrates me and then you know our parents know the system. They know the school system. They know the welfare system and they throw you against the wall and you’re stuck because there’s nothing you can do. That’s what’s frustrating. They know how to complain. They know that if they complain that things are going to be done just to quiet the parent down and then quickly our authority is taken away. That’s very frustrating.”

Concerning revisions of initial expectations, Ms. Flowers stated that she was not used to having direct contact with the children since her position with Easter Seals had been administrative, something she enjoyed. About being with the students she observed, “It took some getting used to.”

She had second thoughts about her position when she learned that “as any human being does” some students “push you and you have to step back and say, okay, you are pushing my buttons and I need to walk away from this situation.” Further she stated that at the beginning of her work at her site she was in the situation of disciplining the students. She claimed it confused the kids. “Am I the disciplinarian or am I the counselor?” She said she is much happier now that a BMT handles the behavior modification and discipline roles.

In her advice she stated that if you seek to work inside special education in public school as a social worker you first need “an understanding of the public school system, what your limitations are.” She portrayed her work with her program as easy in terms of the hours and vacation times as compared to what is available in other social work venues. On the other hand, she acknowledged that “You have to have a tough skin” to work with small children who may be suicidal or have been physically and/or sexually abused. She warned that the crises she encounters might be overwhelming to some people. She mentioned flexibility, a refrain of Mr. Mikan’s advice. She concluded, “There’s never two days that I have the same thing.”

Ms. Flowers envisions change for her students. She would like to see the addition of psychiatric services to the program, a clinic on site. She feels powerless about what

she assesses to be a need for medication for many of her students. Given the lack of participation by the parents, she would like to make it more convenient for them. She said,

We can't force a parent to take the child but if we had the services here ... I think easier access to our parents. You know, the clinic's right here. You know if they would sign some sort of waiver, I'll take them to the clinic and, you know, see what needs to be done.

She also would like to see more accountability on the part of the parents. She stated,

A lot of the children are eligible for SSI disability and almost all of them are receiving money on a monthly basis, but I think that should be contingent on all the parents participating in school, so they come to the conferences, and that money should only be used for the child's betterment, not to be buying them clothes, or sneakers, and all of this. It should be like a food stamp card ...eligible for therapy, tutoring, doctors' appointments, medical check-ups. ... I think that if the parent starts to understand that they are responsible as well for their child's education and the future of their child, then we can actually work together.

Ms. Flowers' response to limitations for students placed in an EBD program was unique among the respondents. She simply does not think in terms of any limitations the students might face in being placed in the program. While demonstrating the same advocacy for the program expressed by the other respondents, she took her answer one step further suggesting that her whole school would have fewer behavior problems if it would adopt the structure, smaller classrooms, higher teacher ratio, incentives and

consequences for behavior, and continuity provided for the children in the EBD program. She turned her thinking about limitations into a complaint “that there doesn’t always seem to be enough supplies for our kids so there’ll be times that unless ... we ask them to send them sometimes our students don’t even have books. They have photo copies.” She concluded her remarks by saying that the obstacles the children face could be relieved in great part if the parents would take them to the doctor and get them the medications they need.

Ms. Flowers reported having no problem about ethical concerns. She said only that she was at ease with her principal who does not question if she has to invoke the Baker Act.

*Ms. Morado, six year veteran in her initial site after hire by the school district.*

While Ms. Morado reported multiple responsibilities, she prioritized “seeing the children whether it be in social skills group or in a small group or individually” as the essential element of her work. She simply finds it gratifying to work with the children. She looks for progress in behavioral improvement and counts academics as secondary. She cited the ongoing relationships she forms with the children over the years as important. The foster children in the program are of particular concern for her regarding the continuity she offers when she can be there for them as they are moved from home to home. Like Ms. Green she knows that she will not witness change in all cases and offered “Well, if I can be just somebody they knew who was nice to them” or “she was funny” or “she taught me”.

As a long time employee at this single site Ms. Morado has multiplied her responsibilities. She reported that it is challenging sometimes to keep up a routine

schedule of seeing the students because meetings or unanticipated interruptions interfere. She acknowledged other challenges such as getting kicked, bruised, insulted and not always by the kids (said jovially). She considered these minor inconveniences that go with the territory compared to having to wrestle with the administrative component of the school system for simple things that in her mind would be taken for granted in a work site. She mentioned such things as a phone, a printer, copy paper, paid release time for professional development, and routine supplies for the students. She concluded that the challenges do not lay so much in dealing with the students or their parents. Rather it is “the administration and agencies that come into the school and wearing so many different hats during the course of the day and meeting so many expectations.” She concluded by specifying “rules and regulations, things come from downtown...paperwork is the most challenging.”

She was so pleased to be hired by the school district initially that she had no initial revisions in her expectations. Considering herself a veteran through her previous work with the CPC at the time she took her current position, Ms. Morado’s declared that her expectations were met, however she commented that getting to go home at 3:40 was a pleasant change of pace. As she continued, however, she reflected on the change in her thinking regarding students categorized in special education participating in the general curriculum as their individual needs emerge. She said, “I definitely agree they don’t need to be sitting in an EBD classroom all day long if they can handle regular ed so now I’ve totally ‘re-think’ that and that’s fine with me.”

Ms. Morado expressed anguish over a recent disagreement with the principal who had left one class in the program in the charge of the para when the teacher went on

leave. She followed various channels with her district supervisor and department chairperson until the situation was addressed. She claimed that she is now getting the cold shoulder from the principal whose attitude is “I can do what I like.” Ms. Morado, however, believes that she did the right thing preventing trouble that could have occurred by leaving the class without a certified teacher.

Ms. Morado emphasized that social workers crossing over into practicing in schools should “be prepared to work with a lot of people who are not professional.....cover yourself....everything you say and do, be ready to provide the documentation...because you can get yourself into a lot of hot water (as a social worker) just doing your job.” By that she is referring to educators and administrators not understanding or perhaps respecting that what she talks about with students is privileged. Regarding communication with teachers about a student, she is thinking “Do you know that I don’t have to share anything and what I share can help the child in the classroom.” The children’s situations are not offered as a “he said, she said” piece of news but as specific information to assist a teacher in understanding a child’s immediate classroom behavior. She covered the issue of professional hierarchies remarking that “If it’s between a teacher and a social worker, the teacher will get it, right or wrong.” Her advice is to get a masters, get licensed (important for the Baker Act), and when coming into a school position “sit and observe for a while and see who’s who.....then build you reputation, your own credibility.”

Ms. Morado stated no complaints and expressed her appreciation for what a good gig she has. She is, however, worried about her falling census. Making changes is not an

issue now but she added, “I think it will become the issue should we find out my numbers are low and I need to go somewhere else.” She is referring to serving two sites.

Concerning the outcomes of EBD placement Ms. Morado answered by expressing her feelings about the limitations of what a program can do for the students. She was the only respondent who said that she asks the question “...what happens to them after they leave us?” Yes, she is determined that they benefit from the structure, the consistency, the respect they receive, the supportive counseling, and the smaller student to teacher ratio offered in an environment that is nurturing and safe. She suggested, however, that “if they still remain in a chaotic situation outside of school ... you can only help them through what you have access to ... maybe the child will internalize some of that and take it forward because that’s our limitations.”

In terms of ethics Ms. Morado’s responses reached farther. She stressed a social work principle, the concept of *self-determination*. Often during high-stakes testing, for instance, the teachers would like her to call the parent and more or less demand that the child be given his medication. She takes issue with that because she is not in the business of fostering dependence of the parent on her. She can suggest but not be the voice that demands the child take medication. She reported trying to keep a balance between what the teacher must understand about the child’s situation for purposes of education and what she as the social worker is privileged to know. Without revealing specifics she has sometimes warned teachers if she thinks the child is a story teller of if the family has some axe to grind. She has over the years had to instruct teachers about such things as not

overstepping their bounds trying to assist children with money, for instance. She has developed a contract for her children to sign so that they understand that if they share certain things with her, she may not be able to not tell.

*Mr. Mikan, nine year veteran at his initial site.* Mr. Mikan stated without hesitation that he was ‘pretty much satisfied all the way around.’ He described an open door policy to respond to programmatic needs, serving both students and teachers. Unlike the rookies, he expressed no interest in prioritizing his responsibilities and expressed his relationship to his work from a global perspective.

Not surprising then, in terms of what was gratifying to him he suggested that “most of it” was. By way of example he spoke of the student he had seen earlier while his interview was in progress. When a teacher arrived with this child, he had spoken with feeling and purposeful attention, eye to eye, with the child. His open door allowed him to take up what needed doing even though he was speaking to me. Interacting with the kids “is way up there.” He concluded “I don’t have my kids at home. I have them here.”

Mr. Mikan’s challenges appeared to be in the realm of anticipated changes that he reported will take place. Speaking for the department, he explained “We started with a small group of clinicians which has grown tremendously. The reason is that more EBD sites opened up. So what happens is the splitting of a lot of clinicians between two different sites.” He recalled a previous assignment when he was split between his current site and a high school program. He estimated that “you really don’t get anything done within the two schools.” He went on saying that “you are bombarded with lots of stuff” as staff try to catch you up with all that has occurred in your absence. He also mentioned that routine paperwork is a big challenge because so much goes on throughout the day.

Mr. Mikan did not recall any initial revisions in his thinking or expectations regarding practice in special education. He has generally thought "...how great the job is..." but recalled his moment of doubt in an incident involving a physical intervention with a child. He was investigated for child abuse "...because we do have physical restraints within the class..." Now he is aware of asking for assistance from other personnel and intervening in the presence of witnesses stating "...you really have to think about it..." He reported being mindful of his daily interventions in a way he had not been previously. He continued saying that regarding the charges stemming from his physical intervention experience, he now will only intercede with a child physically if others are present, "strength in numbers." He summed it up saying "That was a very big situation."

Mr. Mikan advised "Oh man, flexibility. You have to have a lot of compassion. You've got to pick and choose your battles." Regarding working in the school system, he warned, "Not everybody believes the same way as you....works the same way you do. You can't go in there and change a system. Then you can become part of it." Beyond loving kids he stated, "You have to love teaching because even though as a clinician you are still teaching every single moment of the day that you're involved with the kids, you're still teaching. If you don't have that down, don't even do it."

He expressed no urgent need for changes. He simply commented that he was disappointed by what he perceived as his current administration's indifference to the EBD program. In addition, although he understands the economic demands on parents, he explained that he still would like more parent participation, if not in person at least by phone.

Mr. Mikan was somewhat philosophical in his perspective regarding outcomes of EBD placement. He invoked an image of children going home to empty homes, experiencing abusive situations, and coping with short term crises. Given these perceived realities, he said some children can handle a regular classroom setting and some cannot. He enumerated the benefits of placement prefacing it with the word *support*. Yes some children are emotionally overwhelmed by the stresses of the classroom and others are further involved with specific mental health issues. They benefit from a highly structured and predictable environment in which a behavior modification system provides daily reinforcement. He cited the small class size, the teacher pupil ratio, and the individualized pace of school work and other learning accommodations. He noted that the program supports children who are depressed and would go unnoticed in the general program because they do not present overt behaviors. Addressing limitations of the program he concluded by saying “Limitations would be pretty much everything I just said.” He continued “... when it’s time to put them in a general ed setting, they drown because they haven’t had access to that quantity of work that moves so quickly and they’re expected to perform at a level that they don’t know how to anymore. So in a way that we help them, we also hinder their process.”

Responding to the question about ethical issues, Mr. Mikan stated that what is an appropriate thing to do according to social work licensure is in conflict with the policies and procedures of the school system. The most frequent example of this is that schools do not necessarily provide private spaces in which children can be counseled. Sometimes administrators want to know everything though they are not entitled from the social work

ethical point of view. He described that his colleagues sometimes discuss just how much is appropriate to share with a team regarding a child's situation. How much do the teachers need to know to teach effectively?

*An emerging issue: The beginning of the end?*

The 2007/08 academic school year was pivotal for EBD programs as they merged into one program from two. I had not anticipated this occurrence as a separate topic in my initial interview guide but it was a focus for some of the participants. As directed by the state the previous educational disability categories, EH for emotionally handicapped and SED for severely emotionally disturbed, were brought under the EBD label. Practically speaking this meant that students determined to be eligible for placement under the federal criteria for emotional disturbance would no longer be categorized as to severity of disability as suggested by the previous labels. The change, therefore, provided that any child along a spectrum of emotional and/or behavioral needs would be placed in a classroom wherein students would be addressed case by case, not class by class. Students previously targeted for more and less related services addressing emotional disturbance would, therefore, learn together. What I observed from participants who were especially identified with the EH or SED designation were committed expressions of opinion about the changes looming for "their" populations while other participants found it neutral territory.

Ms. Green launched into the topic in reference to the outcomes for students labeled EBD, "I have a nasty feeling that it's not going to last too long. I think the services are like stripped." She responded to the change of the labeling from EH and SED to the single label, EBD adding "...everybody's in the same class right now and I am

uncomfortable with it because they are different. There are varying degrees and you can't put all of those kids in the same class." She described the interactions among the students with these "varying degrees" of disability. She explained that SED children are often higher functioning but have serious emotional difficulties and can be socially inappropriate. She worried their presence will have a negative impact on students previously labeled EH who have issues with authority and problems with compliance" but are not encumbered with what she refers to as the "negative aspect of the SED spectrum." Her responses reflect the concerns that some clinicians might feel regarding contrasting roles and responsibilities in practice in more and less restrictive environments. When she began to apply her habits of practice after years in the highly restricted setting to her current sites, she found herself confronting teachers and wanting to re-invent their behavior system to be in line with how principles of positive behavior intervention had been applied in her previous job. Ms. Green saw the merger of the two designations as the beginning of the end of services as she knew them for the students who exhibited more severe emotional symptoms.

Ms. Waters, a relatively new hire to the district, had learned what she knows about her current position through several years of employment with CFC in which there were separate classes of students designated EH and SED at the neighborhood school level. Red Brick is a former CFC site so she experiences continuity in the two assignments. She voiced no anticipation about the change in the label and further observed that so far only one student thought to have needs more along the lines of the previous EH designation had been enrolled in what had been for many years an SED program.

Ms. Flowers regarded the consolidation of the EH and SED labels as inconsequential. She said that her program has always had emotionally and behaviorally challenged children in the same classes. The recent change made no practical difference at her site.

Ms. Morado, who like Ms. Green, had been working with students designated SED over many years, had strong feelings about mixing what she referred to the “E’s” (emotional) and the “B’s” (behavioral). She has been comfortable with her program at Yellow Elementary as the SED Program it had been. She was invested in the early support afforded young, vulnerable children many of whom live in chaotic situations. She was protective of them and believes in not mixing the two populations; the “E’s” will miss out. “B’s” eat “E’s” for breakfast in her estimation.

Mr. Mikan’s program had been an EH program and his title had been *EH Clinician*. Although he understood that the new EBD designation would have to be sorted out for purposes of level of need in the district psychological services manual, he was not fazed by the change. He had volunteered to work on a district committee revising the manual to designate need levels for EBD 1 and EBD 2.

### *Inside the Architecture of Bureaucracy*

The participants, each in their different sites, each negotiating a professional identity, and each interpreting their experiences in the related services mission occupied their niches in the architecture of bureaucratic forms and structures. As employees in and of this large school district, they were accountable for their time and for their thinking. The physical and intellectual architecture the clinicians inhabited contributed to the status they occupied as professionals in an integrated professional setting. Their offices were

carved out of spaces *in between* or *peripheral* to their school sites' facilities. Ms. Flowers, assigned an area in a portable "near the basketball court" where her program was housed, occupied a large space through which may staff filed throughout the day and the drone of a television was rarely muted. Mr. Mikan referred to his space as "back there", again where his program was housed in a cluster of attached portables at the rear of the school property. At one of her sites Ms. Green had to switch offices one day per week so that the speech pathologist could use the media storage room assigned Ms. Green on two other days. Ms. Waters used a long narrow storage room that she had to enter by going into and back out of the media center. This room was used by the school psychologist on some days and by other itinerant personnel on unpredictable occasions. Ms. Morado shared her space with the art therapist and had to exit the space on the two days she was present.

Beyond these physical forms the clinicians' thinking and actions were required on paper forms designed to mark the continual scrutiny called for in monitoring students in EBD programs and for their own activities as agents in the district. They had to call in their attendance each morning and afternoon before leaving. Should they change sites during the day they had to call in their change of location. They were responsible for faxing in their payroll sheets every two weeks. In the case of two sites, an administrator at both had to sign off on the payroll sheets. They were expected to file and follow a schedule accounting for their time from arrival to departure which they were to send to the district if changes occurred.

*Sites*

All of the sites in the study were located in neighborhood schools although the EBD programs may take children whose home schools are not necessarily the program schools. Ms. Waters, Mr. Mikan, Ms. Morado, and Ms. Flowers were assigned to one elementary school and Ms. Green to two sites for the academic year 2007-08. As noted in Table 2 by the end of the study October 2009 Ms. Waters and Ms. Morado had picked up a second site. Mr. Mikan had moved to a new site entirely but continued to have only one site. Due to the self claimed “rough transition” he experienced, he felt that he could not continue in the study. Ms. Green’s sites both changed. Initially she picked up one different elementary EBD program. Then in October about two months into the school year she was transferred to a middle school not noted on the table. Table 2 contains information reflecting demographic and census information with regard to these sites.

## Description of Sites

Table 2

Elementary Sites	% Free/Reduced Lunch	% By Race	grade	#/Gender of Students	# In Inclusion	# of Teachers	# of Paras	Other Staff	Comments
Red Brick 07-08	74%	90% Hispanic	PK -5	27 2 girls 25 boys	3	8 2/classroom	0	BMT	Clinician Waters
Red Brick 08-09	74%	90% Hispanic	PK -5	25 3 girls 22 boys	1	5 2/classroom + 1	1	none	Clinician Waters Para is in the classroom with the 5th teacher
Canal 08-09	45%	52 % Hispanic 16% Black 24% White	K - 5	12 4 girls 8 boys	0	2 1/classroom	2 + a one- on- one	Art Therapist	Clinician Waters Site added at the opening 08-09.
Red & Yellow 07-08	85%	97% Hispanic	K - 5	60	Some/?	6 1/classroom	7	Psychologist BMT Art Therapist	Clinician Mikan changed sites at the close of 07-08. He chose to leave the study.
Yellow 07-08	81%	73% Hispanic 19% Black	K - 5	23	4	2 1/classroom	2	Art Therapist	Clinician Morado
Yellow 08-09	81 %	73% Hispanic 19% Black	K - 5	12	2	2 1/classroom	2	Art Therapist	Clinician Morado

Table 2 (continued)

Elementary Sites	% Free/Reduced Lunch	% By Race	grade	#/Gender of Students	# In Inclusion	# of Teachers	# of Paras	Other Staff	Comments
White & Blue 08-09	89%	50% Hispanic 45% Black	K - 5	12 "more boys than girls"	2	2 1/classroom	2	none	Clinician Morado Site added at the opening of 08-09.
Distant City 07-08	95%	45% Hispanic 52% Black	K - 5	42 6 girls 36 boys	0	4 1/classroom	4	BMT Art Therapist	Clinician Flowers
Distant City 08-09	95%	45% Hispanic 52% Black	K - 5	35 9 girls 26 boys	0	4 1/classroom	4	BMT Art Therapist	Clinician Flowers
Blue 07-08	90%	16% Hispanic 80% Black	K-5	18 2 girls 16 Boys	0	2 1/classroom	2	none	Clinician Green - reassigned at the close of 07-08.
Up North 07-08	84%	5% Hispanic 93% Black	K-5	11 1 girl 10 boys	1	4 1/classroom	1	none	One child had been declassified. Clinician Green – reassigned to a middle school after the opening of 08-09.
Gold 08-09	91%	95% Black	K-5	22 1 girl 21 boys	2	4 2/class	0	Art Therapist	Clinician Green Site added at the opening 08-09 instead of Blue.

### *Architecture of Tasks*

The respondents had much to say about their roles and responsibilities in light of the variation I witnessed across their sites. However, a succinct appraisal of the tasks these social work clinicians undertook was neatly encapsulated in Ms. Flowers statement “individual, group, and paperwork.”

How they went about accomplishing these essential tasks varied but were a focus they each addressed in reference to district requirements for scheduling. Mr. Morado and Ms. Flowers reported that they scarcely ever conducted a day as the official schedule they had turned in to downtown suggested. They each claimed that no two days were alike. Ms. Green, on the other hand with two sites, followed a tight schedule seeing small groups or individuals back to back in her office exclusively while Ms. Waters, who also kept to her schedule, moved back and forth from seeing groups and individuals in her office to meeting classes in their rooms. Mr. Mikan with a more global view addressed how he approached his day generally. As a nine year veteran with only one site Mr. Mikan explained that he had a great deal of flexibility and tended to flow from one task to the next on the basis of the needs of the students and program overall. Ms. Green and Ms. Flowers reported completing their tasks around required academic teaching blocks set aside by the school district. Ms. Morado spoke with fond reminiscence of days past when she had small groups in her office doing interesting projects but remarked that now, due to these designated blocks, she sees social skills groups in the classroom where she uses activities from a prescribed curriculum called *Stop and Think*.

In addition to group, individual, and paperwork each of the clinicians mentioned various types of meetings they attended with some attending more meetings than others.

For instance, Ms. Green, with days divided between two sites did not attend meetings as frequently as clinicians in one site. In contrast, Ms. Waters reported that she was involved in an IEP meeting almost every week. Meetings included quarterly clinical meetings, a must-go gathering of the department, school faculty meetings, IEP meetings, meetings of the teachers and staff within the EBD programs, meetings between parents and the consulting psychiatrist in some of the sites, staffings in which new referrals were introduced to one specific or a variety of EBD programs. I observed two articulation meetings set up for the purpose of transitioning students from elementary to middle school and one Child Study Review Team (CSTR) meeting in which the team made a decision as to whether a student should be recommended for re-evaluation and a possible different placement.

#### *Inside the Architecture of Tasks*

The respondents had the most to say regarding their roles with teachers, parents, and administrators. They described only occasional tangential dealings with case managers, outside agency therapists, visiting psychiatrists, and law enforcement or investigative personnel.

*With teachers.* Tasks and responsibilities with teachers varied according to the clinicians' individualistic characterization of their roles. With no BMT in her programs Ms. Green accepted her role as one of re-educating the teachers to her way of thinking about behavior management strategies. Her role with them was further complicated because when her district supervisor learned through reviewing Ms. Green's student folders that some IEP's were out of compliance, there were consequences for the teachers. Ms. Waters, on the other hand, described a role of collaboration claiming to

have close relationships with the teachers allowing for an exchange of information and dialogue about the students. Mr. Mikan in his role as caregiver described supporting the teachers in several ways. He intervened in the classroom or in his office with disruptive events thereby relieving the teachers. He assisted them at meetings and calling the parents. He engaged them in discussing strategies to motivate particularly challenging students. Ms. Morado referred to “my teachers” in her take-charge manner. She shared that she had taken on the task of orienting a newer teacher who had transferred from middle school and claimed to have “softened” the rigid ways of another teacher. She added “I don’t want to say I’m the boss but I’m kind of the boss. The paras know to come to me. I also run the (EBD program) meetings that we have when ever we can have them.” Ms. Flowers, responsive in the role of crisis interventionist, often relieved a teacher by providing classroom coverage or taking a student out of the class for a short or long part of a day according to the circumstance.

*With parents.* The clinicians viewed their role with parents in a number of ways around communication. Ms. Green thought she would be more involved with them as she had been in her previous position. Serving two sites, however, positioned her to be on the move and often not available when parents were present for various reasons or needed to be called. Ms. Waters stated that she tried to communicate by phone with the parents as much as needed and alerted them when two or three times a year the visiting psychiatrist would be available. Mr. Mikan and Ms. Flowers found communicating with parents a challenge. They each claimed parents were often unavailable even by telephone and regretted that they did not demonstrate enough interest in their children’s school situations. Ms. Morado couched her communication with parents by thinking of it as

stepping in for her teachers. She described herself in this role as impartial messenger mediating information from the classroom with regard to meetings, appointments, and problems to the parent. She added, “They are not going to get mad at me.”

*With Administration.* How the clinicians viewed any relationship with and responsibilities toward administrators varied with how they accepted or combated the bureaucratic architecture. As a newcomer Ms. Green sought out interactions with the administration as a way of making her professional presence known. Ms. Waters’ primary responsibility with administrators was to accompany parents to meetings when a behavior incident with a student reached a high profile such as making threats or having a weapon. Mr. Mikan confirmed that administrators were content to see the professionals attached to the EBD program administer their own affairs. Only high profile incidents involving the Baker Act of a student caught the attention of the front office. He added that case management and accident reports were routinely turned in to administration. Like Ms. Green, Ms. Morado approached the administration to make her professional presence known. She said “A lot of administrators finally see me as a worthwhile human being that can do more than meets the eye.” Examples of doing more, combating the barriers normally in place, included conducting Functional Assessments of Behavior (FABS) for students not in the EBD program with the assistant principal, stepping in when the guidance counselor was unavailable, and proctoring during high stakes testing. Ms. Flowers indicated that she was content to get most communication with the administration through her BMT. She added that the administration expects the program to run without much interference except when the Baker Act is invoked.

*Extra Tasks*

The clinicians reported serving on no school wide teams or committees. As district level employees they sometimes participated in departmental tasks and responsibilities. For example, Ms. Flowers had been on a committee to develop the department's three page intake form which been added to the documentation requirements at the beginning of the school year 2007 – 08. Mr. Morado and Ms. Flowers both taught initial and refresher courses in crisis management to other EBD staff that are required to have and keep current crisis management skills. Mr. Mikan reported being involved in the committee revising the needs assessment for EBD 1 and 2 for the latest department handbook.

*Architecture of Documents*

Each clinician was responsible for completing and/or compiling a collection of documents regarding each student they saw. In this way as bureaucratic agents they contributed to the disability profile of each student. Layers of paper representing each student's history substantiated an identity that the clinicians took for granted from the outset for each student. The standardized forms of the school district, special education, and their own clinical department served to house and shape the content of information about each student on discrete lines or in small boxes on designated topics. These lines and boxes accumulating data on each student served as the legal bedrock over which special education services were situated.

In each school year the clinicians were required to chase down and keep updated the file they kept for each student to include the following: duplicate copies of the four current special education documents required for students in EBD programs: an

Individual Education Plan (IEP), a Functional Assessment of Behavior (FAB), a Behavior Intervention Plan (BIP), and a psychological evaluation. In that folder they also kept their own department documents: a daily contact sheet for each student, a quarterly summary sheet updated each grading period, and an intake form completed once per year for each child. The contact sheet was the way the clinician not only logged the status of a student over time but accounted for his/her own time to the district. A Student Case Management Report form completed the package. This form, submitted one time each nine weeks for each student receiving student services, documents the nature of the service. The data on these sheets is inputted to the district's computer records kept for any student who receives routine or disciplinary case management. Ms. Morado called it something like a rap sheet but added that the information from this source was expunged when the student turned eighteen years old.

Except for their department forms to which they relate and use, the collection of documents appeared to be a routine of ritual accountability to satisfy their supervisor who periodically evaluates their performance. Of these documents the clinicians agreed that the psychological evaluation most contributed to their understanding of a student. As the source of IQ information they consulted the psychological evaluation to provide clues to learning difficulties they observed in the students and allowed them to adjust their strategies with some students. Only Ms. Green suggested that she would meet the child first and get her own impressions before consulting "the package" as she referred to it.

The Functional Assessment of Behavior (FAB) which results in the Behavioral Intervention Plan (BIP) must be executed yearly for each student. I collected samples of these documents. These documentation procedures were designed to bring a team of

teachers and clinicians together to explore a child's patterns: what events, places, or activities tend to be associated with the behavior (?) what appears to set off the problem behavior (?) what are the problem behaviors (?) and what does the student gain from the behavior (?). The data collection necessary to complete these documents involves a group of professionals and at least two interviews, one with the student and one with an observing teacher as well as at least two meetings of staff for each FAB. Once the assessment is complete, the Behavioral Intervention Plan providing for proactive, educative, and functional activities is formulated and becomes a part of the student's IEP to be monitored by designated individuals.

Although I site them here, the FAB and the BIP were referenced only in passing or not at all by the clinicians. Ms. Green acknowledged that she had not yet been trained in these procedures. Ms. Morado reported helping her assistant principal in administering the FAB to pre-referral students. None of the clinicians, however, volunteered that they used these protocols in practical ways to intervene with the students. Mr. Mikan obliquely referred to their status when he said that his team tries to have all three documents – the FAB, the BIP, and the IEP ready at the yearly IEP meeting so as not to have to call in the parent into sign off on them on three different occasions.

### *The Meetings*

I observed meetings with Ms. Morado, Ms. Waters, and Ms. Flowers. The meetings with Ms. Morado and Ms. Waters occurred in April and May of the 2008 respectively. Each of these meetings was called *articulation*, a meeting in which a parent met with the team to finalize the student's transition from elementary to middle school. The meeting with Ms. Flowers occurred in October 2008. That meeting was a Child

Study Team Review (CSTR). This type of meeting is held to give the team the opportunity to re-visit the student's case and determine if EBD is still an appropriate placement. The team can choose to take no action or to have the child's case re-opened for further evaluation.

What were the commonalities I found in observing these three meetings? The first condition surrounding each meeting was a sense of urgency. The spring meetings fell on days when other meetings followed or preceded them. Some school personnel were late and others had to leave after participating briefly as was the case with Ms. Waters who attended three meetings before lunch on the day I observed her for twenty minutes in one meeting. Ms. Morado's meeting was followed by another that started after a five minute break. Ms. Flowers meeting was very rushed because the school psychologist conducting the review was expected to return to another meeting she had left to come to the CSTR. The second condition I noticed was that each of the meetings did not feel like anyone was actually deliberating anything as was suggested by the stated purpose of the meetings. Ms. Morado said that she had expected the meeting to be a routine articulation. She commented that the parent did not seem to have any "tremendous issues" and "had not indicated that she was against placement." She made this assessment of the meeting even though the mother's first question was whether the student could get out of the program for middle school. Ms. Morado indicated that the team went in with a plan of action as to where the student will be going.

Ms. Waters' meeting was formal with nine people in attendance representing two middle schools and the sending school. The representatives of these facilities described their programs to the Mom. Having each read the student's record before the meeting,

these representatives appeared to be reciting the benefits of their programs only to comply with the expected flow of the meeting. The clinicians appeared to know before they got to the meeting what way they were going to recommend. At no point did the mother interrupt them for clarification.

In the CSTR the grandmother was not present so the team members' participation appeared blatantly to be a process of jumping the paperwork hurdle necessary so the hurried psychologist could move on. Ms. Flowers said afterward that they had already checked with the district supervisor regarding a possible placement for this child in what was very likely a more restrictive program. Since no option was offered, the meeting was a formality.

A third commonality in the meetings was their technocratic aspect. The data from all official special education meetings are entered into online documents if not during the meeting, then shortly thereafter. In both Ms. Morado's meeting and Ms. Waters' meeting a teacher and staffing specialist respectively were entering data in time with what was being formulated. The psychologist in Ms. Flowers' meeting left muttering about data input.

The part played by the clinicians in these meetings appeared to be part of the individualistic interpretation each made of their roles. Ms. Morado ran her meeting. She said she often takes the lead in these meetings freeing up the classroom teacher to enter the data. She said that the preparation for articulation to middle school starts months in advance and that follow-up required a lot of shuffling papers. She had attended meetings earlier in the year to insure that this process could proceed. Ms. Flowers and Ms. Waters attended their meetings with the discrete expectation to provide a picture of each

student's social/emotional status. They both said that no preparation was needed since they followed their students week by week and no follow up from them was required. Ms. Waters described her role as an invitee to the meeting.

### *Summary of the Findings*

With regard to the first question, the participants interpret and apply a knowledge base grounded in the normative aspects of social work. Their preparation made it possible to compete for licensure (LCSW) and assume roles as professional helpers. The sum of this knowledge base provided them with some but not all the tools they need to carry out their work as clinicians with students in EBD programs. In the role of EBD clinician the mission is to enable students to benefit from a free and appropriate public education situated in a setting posing the least restriction to the general curriculum and non-handicapped peers. As reported by the participants they understood virtually nothing about special education or the status of educational disability before being hired in their related services positions. Their characterizations of students are drawn from what they have learned since taking up their practice in an environment wherein all the students have already been determined to be emotionally or behaviorally disabled. In this situation they have no opportunity to regard the students' "disability" as anything but objective fact.

The findings related to the second question probing issues concerning ethical practice, guild interests, and roles and responsibilities underscored ambiguities with regard to being helping professionals in an integrated professional setting. This question provided a platform from which the respondents could describe self-interpreted roles, share their experiences with ethical issues, and offer opinions about their relationship

with other professionals in the environment. The findings here suggested that each practitioner had certain latitude to respond as needed or wanted by each local site, any of which might pose different challenges.

The last question focused on school-based structures and processes that influenced the clinicians' roles and responsibilities. While their styles and ways of interpreting their mission in related services diverged, they were, nevertheless, employees in a large bureaucracy. The physical and intellectual architecture the clinicians inhabited practicing in public school contributed to their professional status as novel participants in the educational setting. They confronted day to day accountability as professionals in this integrated professional setting. The findings reflect how the clinicians have situated themselves in the face of demands for documentation procedures and the meetings endemic to special education.

## Chapter 5

### Discussion

Qualitative methodology requires that I be factored into the *relationship* between what I have set out to research and who I am even when I am silent. In reporting my findings I have attempted to give the reader a taste of each of the participant's words and activities. As Charmaz (2006) stated, however, there is no balance in the pursuit of a grounded theory without the reciprocity of gazing outward to apprehend 'reality', gazing inward to reflect upon reality, and acknowledging and appreciating my ongoing interaction with what has occurred.

#### *Researcher Reflections*

I was motivated to return to graduate school to reconcile what were at the time only vague misgivings about the role of professionals in regarding children with a perpetual medical gaze. I could not, of course, have used this expression at the beginning of my decade of practicing art therapy with school children. Throughout that period I was always inspired by talking with and making art with children who came with a label. Like my research participants I was grateful to have landed such employment. It was my dream job. Unlike my participants I had a Specialist degree in Special Education and several years of experience in special education as a teacher before I was employed as an art therapist in special education related services. After a decade of "therapizing," as a colleague put it, I returned to graduate school. It was then that I began to question the usefulness of *emotional disturbance* as a categorical frame of reference for educational disability. In pursuing my studies over the last few years I have taken what were vague misgivings and translated them into pointed questions. What do these students do when

they leave school? Why do so few of them gain or regain emotional or behavioral stability and try “regular” education before they leave school? If we operate from the premise that behaviors can be taught, then why don’t the students get the opportunity to re-enter the “mainstream” with their peers to have a chance to apply their new skills? Is special education really based on services or is it often a place where students land? Are the many children and youth whom I have served over the years *that* different from others? Do whatever perceived differences under which they have been categorized become who they are? What part have I as a human service professional played in that? A professor in my specialist program said of students labeled learning disabled, they are only learning disabled until they left school or graduated. That seed planted in me many years ago, I wondered if some of these students are “emotionally/behaviorally disabled” because the structures and processes of schooling demand it.

One day at a district wide meeting of EH/SED program clinicians, a clinician in an EH program explained that she was in a quandary. Should she encourage a promising 8<sup>th</sup> grader to be re-assessed the EH label and start fresh as a general education student in high school? The stakes were balanced between dropping the stigma of the label and losing disability benefits. I was encouraged by this question because I had never heard it or any other ethical or practical dilemma aired at a district meeting of clinical staff. I realized that I would be interested in hearing more such conversation.

I recognized that these program clinicians, consisting of social workers and psychologists, shared commonalities with my own profession. Like art therapists’ positions in this district, their jobs were funded through related services provisions attached to special education. I could explore through them the intricacies of being a

human services provider in a host environment or what Mills (2003) terms an integrated professional setting. I wanted my research to shed light on their situations and predicaments so as to insert a note of reflection for human service professionals contemplating a career or already attached to special education.

### *Interpreting and Reflecting upon the Findings*

As a social worker in a role designated *EBD clinician*, each participant appeared to have nurtured an identity as a mental health practitioner in structural isolation among educators and administrators. In counterpoint, as employees in a large school district they were caught up in bureaucratic processes that lent a routine uniformity of both physical and intellectual compliance to their work. Housed in make-shift offices or portable facilities, they carried out their roles below the radar of the larger school environment. This study gave them an opportunity to voice concerns pointing to some of the ambiguities of being a one-of-a-kind helper in a special program in a neighborhood school.

### *Prepared and Licensed to Help those less Fortunate*

The clinicians have been given a responsibility to enable the disabled children in their care to gain access to a *free and appropriate public education* (FAPE). What meaning must that concept and the concept *Least Restrictive Environment* (LRE) have had on these clinicians equipped with no formal preparation in the history or purposes of special education? Reamer (2005) asserted that mental health practice dominates what social workers actually do. As appears to be so for the participants in this study, he acknowledged that in the shift to mental health practice as a dominant professional activity, they have become well-versed in clinical diagnosis and treatment and expert in

mental health advocacy and policy issues. He suggested, however, that the core social justice components of their code have receded in emphasis. A broader and more balanced perspective of special education would aid the research participants in being able to respond to the core social justice articles advanced in the NSW code of ethics.

*Ambiguities of Helping in the Educational Environment*

Social work scholars (Buchweitz, 1993; Blair, 1993; Raines, 1996; Newton-Logsdon & Armstrong, 1993; Huxtable, 1997) participated in the original conversation regarding the Regular Education Initiative (REI) versus Full Inclusion as the principle of least restrictive environment was playing out in the 1990's. Their discussion demonstrated the stakes social workers held regarding their populations and the perceived duties in programs thought to be for one or another "disability".

*Constructed disability.* Ms. Green's and Ms. Morado's concerns regarding the categorical differences between the E's (emotional) and the B's (behavioral) reflect that earlier conversation from the literature. The fact that they lamented the passing of more restrictive settings and the loss of a structural distinction in categories illustrates the power that categorical labels exert in coloring the beliefs of clinicians whose views are shaped by a mental health perspective rather than that of education. They anticipated ripples in the way they have become accustomed to working with the children whereas Ms. Flowers, whose program has not made a separation of these populations had no response to the change.

*Ethical dilemmas.* Reamer (2005) argued that social workers are less practiced in responding to current dilemmas, circumstances rooted in their core responsibilities as set forth in the 1996 NASW Code of Ethics (See Appendix D). Section 6 of the code relates

the responsibilities they hold towards the broader society. These articles focus on social justice, social policy making such as ensuring that people have equal access to resources and opportunities to develop fully, and the promotion of policies that value difference and support cultural knowledge, resources, and competence. Section 3 of the code makes it the responsibility of social workers to improve employing agencies' policies and procedures. The respondents did demonstrate sensitivity to core ethical issues related to social justice in their responses to the question concerning outcomes for students in EBD programs. For example, Ms. Morado did wonder what is next for her students. She did anguish about having to go over the principal's head to question a staffing decision which could have had an impact on the students' quality of education. Mr. Mikan and Ms. Waters did appreciate the ambiguity between harboring children in protective structures and preparing them for broader experiences and challenges. Ms. Flowers did want more structure and nurturance for all school children and mechanisms to enlist the participation of parents. Ms. Green did acknowledge the impact of labeling and stigma directly. Clearly, however, they did not express them as ethical issues. They appear to make no connection regarding their thoughts about the benefits and limitations of EBD placement to core social work tenets of social justice.

### *The Architecture of Bureaucracy*

I imagined a physical and intellectual architecture these clinicians inhabited. Their offices are found in spaces *in between* or *peripheral* to their school sites' facilities. Their thinking and actions are reported in documentation designed to mark the continual scrutiny called for in monitoring students in EBD programs and for their own movements as guest agents in a formidable bureaucracy. They occupied bureaucratic niches in what

Skrtic (1991) argued are the symbolic and ceremonial routines of special education. I observed that of the five participants, the newer hires, Ms. Green, Ms. Waters, and Ms. Flowers, spoke of their roles and responsibilities in discrete terms and appeared to me to be less enmeshed in the “special ed-ness” of their work. Mr. Mikan and Ms. Morado, however, were more global in their thinking when attempting to communicate their roles and responsibilities. They had crossed over into initiating some special education routines and ceremonies and developed a knowledge base beyond that of the other social workers in the sample. They were more expressive in apprehending some of the stakes for the status of their jobs and for the children they serve.

By describing some specific structures and processes influencing how these clinicians carried out their duties I have attempted to portray what makes each of them the same but also unique in the ways they pursued their positions. While often viewed as “other”, these clinicians were paid employees of the school district who had expectations placed upon them. Like any instructional personnel they had to be certified by the state to be employed in public school. Each in his or her own way has had to adapt to special education routines and documentation focused on processes beyond their own specific roles as clinicians with children. As Licensed Clinical Social Workers operating in a bureaucracy integrated with other professionals, each of them had to carve out a niche both physical and functional in any site they serve. Each established and equipped an arbitrary space in which to work. Each concentrated on pursuing a practice emphasizing mental health. Each collected and contributed ongoing documentation to the status of their students as disabled. In doing so they also appeared to have their individual responses to the demands of being clinicians. For Ms. Green it was through forging

professional relationships, establishing a presence, and focusing on her schedule with the students. For Ms. Waters it was being a therapist and assisting students to access their educational opportunities. For Mr. Mikan it was being a responsive caregiver and teacher to students, his site's staff, and the broader district staff. For Ms. Morado it was aggressively pursuing crossover skills in special education, striving for recognition and credibility from her colleagues, and exerting influence in the workplace. For Ms. Flowers it was being a counselor and crisis interventionist.

*“Doing decision-making”*

Mehan, et al. (1986) concluded that “disability, educationally speaking, is constituted by educational practices enacted as a routine part of organizational life” (p 160). They are not arguing that students are labeled simply because educators expect it and that students' behaviors are independent of the process but rather that “educational classifications emerge from interactional encounters between students and educators and become reinforced and refined by the institutional practices that are used to identify and assess students” (p 161). The meetings I observed qualified as such practices. The participants were engaged in what Mehan, et al. referred to as “doing” decision making by participating in systemic social routines carried out to comply with the administration of the EBD programs. The two articulation meetings held in the spring occurred among a series of meetings on a series of days set aside for these interim IEP meetings. Ms. Waters had three meetings scheduled on the morning I observed her. She had to leave one meeting to attend another. Ms. Morado had another meeting directly after the one I observed and had meetings on the previous day. The purpose of the CSTR conducted in the fall to review a child's status in the EBD program and determine if he would be re-

evaluated appeared to me to be a paperwork hurdle, a compliance issue that an over-extended school psychologist had to clear. She too was literally in two meetings at once. The lack of formality and the absence of any family member at this meeting only reinforced my impression.

Ms. Waters and Ms. Flowers took the position that they were part of a team, each called upon to give their input regarding their student's social/emotional status. They did not regard themselves as central to the preparation or aftermath of the meeting they attended. Mehan et al. (1986) describe this phenomenon as socially distributed decision making wherein decisions are arrived at in a process across participants and through time. The information about a given case is not under the control of any one team member with bits and pieces of the decision made at various stages along the way. Ms. Morado who led the meeting I observed was actively involved in the preparation for and responsibilities after the meeting regarding its proper administration and documentation. In her own words she expected it to be a routine articulation process with a parent in attendance that she had known for many years and from whom she anticipated no surprises. She did not appear to take seriously the mother's question as to whether her daughter could leave the program in middle school. Both Ms. Flowers and Ms. Morado spoke about a plan of action that was anticipated prior to each meeting.

### *Towards Theory*

These clinicians have located their professional points of view through hard-earned experience. They brought along a knowledge base grounded in social work rather than school-based services. From this platform they discerned over time the issues and priorities which shape the current status of their thinking. They continue to be shaped by

the physical and intellectual structures and processes of the school work environment. Their paths are like most of us who traveled this road. We have insights and questions, convictions and thoughts of how it could be different for students. On the other hand we find the compelling nature of our work occupying us, focusing us on meeting the needs of children and youth and complying with, as I have experienced it, bureaucratic requirements and ceremony. So we are torn. To travel beyond the borders of current viewpoints brings the opportunity to broaden possibilities for our roles and conditions for our students. Letting go of categories and re-defining difference, however, takes some imagination and will. Preparing for and conducting this study has permitted me to re-focus my lens. As the instrument in this study, I now see additional possibilities.

#### *Reaching towards Critical Social Work*

A conventional definition of disability and the disabled colors how the participating practitioners in this study positioned themselves towards their students and how they interacted with professional peers. They entered their related services positions expecting to practice with “persons-less-fortunate” and “messed-up-kids.” Accepted routines in special education assessing and meeting special needs and remediating deficiencies reinforced their expectations. Hiranandani (2005) proposed alternative conceptualizations regarding how social work might frame disability. She urged that the profession adopt a dynamic critical theory to steer itself towards a more humane and functional position. She recommended two steps to be taken for the field: challenge notions of disability and contest “expert” discourses on disability by collaborating with people with disabilities and their advocates. Clinicians working with students with emotional/behavioral disability through special education related services need tools to

develop and promote ways to re-think, re-narrate, and re-envision who these children are, how they got where they are and what possibilities they can co-create for and with the students. Social work clinicians given the opportunity to deconstruct the concept of educational disability can then engage in ecological approaches spoken about in social work literature (Mills, 2003; Corbin, 2005; Phillippo & Stone, 2006) to reshape how children- all children are educated.

*Is it an Urn or Two People in Profile?*

An image can be perceived differently depending on how the mind apprehends it. What we construct from empirical reality is like that. Fook (2003) discussed two major perspectives in critical social work. I propose these vantage points in Table 3. I have injected elements I identified as I observed and conversed with the participants in the study. I offer them as a way to create and hold a space from which to glimpse additional possibilities. This is a theoretical tool to inform the intellect and the imagination.

## Perspectives Regarding Professional Help

Table 3

<b>Modern</b>	<b>Postmodern</b>
<p>Structural Social class and power differences are determined by social structures (Fook, 2003).</p>	<p>Post Structural Power differences are expressed in multiple, personal, and dynamic ways (Fook, 2003).</p>
<p>universalism, commonality, truth, pattern, structure, essentialism, determinism (Williams, 1996)</p> <p style="text-align: center;">Codes/Procedures/Forms IEP Process Behavioral goals</p> <p style="text-align: center;">Team approach “We” School as institution</p> <p style="text-align: center;">Program as a destination, refuge, protection</p> <p style="text-align: center;">Fate Inaccessible Special needs School employee/clinician</p> <p style="text-align: center;">attend to bureaucratic details symbolic and ceremonial routines</p> <p style="text-align: center;">Some children are different. Treatment groups</p> <p style="text-align: center;">formal training following procedural guidelines maintain social order</p> <p style="text-align: center;">Medical Model</p>	<p>particularism, difference, relativism, contingency, fragmentation (Williams, 1996)</p> <p style="text-align: center;">Meaning Services for students Life goals</p> <p style="text-align: center;">Personal approach “I” Students as individuals</p> <p style="text-align: center;">Program as a launching point</p> <p style="text-align: center;">Vision Accessible Human needs Social worker</p> <p style="text-align: center;">adhocracy consider students</p> <p style="text-align: center;">All children are different. Individuals in a social context</p> <p style="text-align: center;">personal resources and strengths informing and following intuition promote/construct/exchange social meanings</p> <p style="text-align: center;">Social Relations Approach</p>

### *Implications for Social Work Preparation*

I claim no expertise in making curriculum suggestions for current day students pursuing social work degrees. This study suggests, however, based on the findings from these participants, that social workers interested in seeking positions in public school, whether in special education or not, will benefit from coursework to include the history of educational disabilities and how it has played out across special and general education, disability theory and studies, social relations approach to empowerment of individuals and communities, theory of and studies in positive psychology, critical psychology, and critical social work. They will benefit from finding fieldwork where they can spend real time with children and youth perceived as able, resilient, and untroubled along with those perceived as disabled, vulnerable, and troubled. As well, they need certification in some area recognized by state boards of education to practice in schools if they expect to be hired directly by school districts. The participants in this study have drawn attention to the need to anticipate both the limitations as well as the benefits of public school practice, the need for practical training and experience in behavior modification, and being prepared to suspend conventional expectations and beliefs regarding children.

### *Dilemmas in the Study*

As a previous employee in this district hired under similar conditions as my research subjects, I have sought out participants who mirrored my own experience and assisted me in elucidating my work as a human services professional in an integrated professional setting. Patton (2002) notes two variations in fieldwork that are useful to examine. The role of the researcher varies from full participant to an on looking observer. A researcher's predominant perspective can vary from that of an insider (emic) to an

outsider (etic). For my immediate research needs I remained an onlooker with an insider's familiarity with what I was studying. In my decade of service as a therapist in clinical services, however, and somewhat unbeknownst to me, I have been a participant observer in an informal study of a professional culture into which I crossed but in which I have never grown to regard myself a native. In years as a teacher in both the general and special curriculum, I entered the clinical side as a border-crosser. I believe now as I look back on it that I retained the eye of an outsider throughout my years conducting art therapy. During the course of these recent graduate studies I have come to appreciate my bias as an educator with an egalitarian outlook first, therapist with a medical gaze second. In the decade spent with children and youth categorized as emotionally disturbed, I saw students first.

This study has focused on a niche population: LCSW's hired directly by a school district practicing in elementary EBD programs in neighborhood schools as authorized in related services provisions of special education legislation. It is a narrow field. Although I did not intend to recruit anyone with whom I had previously been a colleague, it happened that Ms. Green with whom I had worked for several years became an elementary EBD clinician as the study began. While I appreciated following her situation I do not believe that her participation presents any undue concern regarding the findings she has contributed.

#### *More Questions*

The large school district under study had the need and the resources to hire its own clinical staff directly. Smaller districts contract therapists. How do contracted social workers view their roles and responsibilities with students in school? How would their

experiences differ from the participants in this study? How does the presence of contract employees in special education programs influence the experiences of students and teachers?

As the inclusion model gains ground how will it influence the roles of student service workers in schools? Mills (2003) recommended educational emphasis on preparing social workers to manage their own professional identities in integrated professional settings where they take on a responsibility to engage in preventative activities to assist teachers in responding to student behavior before it reaches critical threshold. This study suggests that when student services are conducted by clinicians hired exclusively for special education related services, they had little or no opportunity to reach across the divide into the general curriculum. For the most part they perceived themselves in discrete roles to serve their population. Their situations suggest that as the inclusion model moves forward so should social work services be more inclusive across the school population as portrayed by Corbin (2005) and Phillippo & Stone (2006). This possibility points to a much larger question: In what ways will student services expand the niche it currently occupies in public schooling and to what end?

As I stated in the overview I began this project with the purpose of reflecting upon those of us who take the emancipating results of therapeutic intervention for granted. The questions I have asked myself about students in EBD programs are not rhetorical. Each of them is rich with research possibilities. What do these students do when they leave school? Do whatever perceived differences under which they have been categorized become who they are? How so? What conditions must prevail for a student to gain or regain emotional or behavioral stability and try “regular” education before they

leave school? If professionals operate from the premise that behaviors can be taught, then what factors stand in the way of students getting the opportunity to re-enter the “mainstream” with their peers to have a chance to apply their new skills? Other questions are aimed specifically at practitioners. Are the many children and youth whom I as a human service worker have served over the years *that* different from others? In what ways are those differences worth basing the status of a student’s school career upon? What part have I as a human service professional played in that career?

*Bringing it All Together*

As Patton (2002) characterized a naturalistic study, it will have an ending but not an end. My current conclusion to this project is that social workers will be better able to solidify their identities and carry out a broader vision of social justice and cultural competence in the integrated professional setting of public school when they are prepared prior to arrival on the job as to the demands and limitations they are likely to experience in special education related services. I believe their exclusive practice with children who are already labeled EBD is not helpful for them as practitioners or for students in EBD programs. We have to develop more facile, flexible ways to offer student services in schools not in an attempt to fix students with special needs but to create environments in which any students can engage meaning, find and offer support, and be educated.

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Appendix A

**Federal Definition of *Emotional Disturbance***

**(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:**

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

Source: <http://idea.ed.gov/>

Building the Legacy: IDEA 2004 Regulations: Part 300 / A

Appendix B  
*IDEA* Regulations

**DISPROPORTIONALITY AND OVERIDENTIFICATION**

**(See also Early Intervening Services, Local Funding, and State Funding)**

The reauthorized *Individuals with Disabilities Education Act (IDEA)* was signed into law on Dec. 3, 2004, by President George W. Bush. The provisions of the act became effective on July 1, 2005, with the exception of some of the elements pertaining to the definition of a “highly qualified teacher” that took effect upon the signing of the act. The final regulations were published on Aug. 14, 2006. This is one in a series of documents, prepared by the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education that covers a variety of high-interest topics and brings together the regulatory requirements related to those topics to support constituents in preparing to implement the new regulations.<sup>1</sup> This document addresses the final regulatory requirements regarding disproportionality and Overidentification.

**IDEA Regulations**

**1. Require policies and procedures.**

The State must have in effect, consistent with the purposes of 34 CFR Part 300 and with section 618(d) of the Act, policies and procedures designed to prevent the inappropriate Overidentification or disproportionate representation by race and ethnicity of children as children with disabilities, including children with disabilities with a particular impairment described in 34 CFR 300.8 of the *IDEA* regulations.

[34 CFR 300.173] [20 U.S.C. 1412(a)(24)]

**2. Require collection and examination of data regarding disproportionality.**

Each State that receives assistance under Part B of the Act, and the Secretary of the Interior, must provide for the collection and examination of data to determine if significant

disproportionality based on race and ethnicity is occurring in the State and the local educational agencies (LEAs) of the State with respect to:

- The identification of children as children with disabilities, including the identification of children as children with disabilities in accordance with a particular impairment described in section 602(3) of the Act;
- The placement in particular educational settings of these children; and

<sup>1</sup> Topics in this series include: Alignment With the *No Child Left Behind (NCLB) Act*; Changes in Initial Evaluation and Reevaluation; Children Enrolled by Their Parents in Private Schools; Discipline; Disproportionality and Overidentification; Early Intervening Services; Highly Qualified Teachers; Identification of Specific Learning Disabilities; Individualized Education Program (IEP) Team Meetings and Changes to the IEP; Individualized Education Program (IEP); Local Funding; Monitoring, Technical Assistance and Enforcement; *National Instructional Materials Accessibility Standard (NIMAS)*; Part C Amendments in *IDEA 2004*; Part C Option: Age 3 to Kindergarten Age; Procedural Safeguards: Surrogates, Notice and Consent; Procedural Safeguards: Mediation; Procedural Safeguards: Resolution Meetings and Due Process Hearings; Secondary Transition; State Complaint Procedures; State Funding; and Statewide and Districtwide Assessments. Documents are available on the *IDEA* Web site at:

<http://IDEA.ed.gov>.

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- The incidence, duration, and type of disciplinary actions, including suspensions and expulsions.

[34 CFR 300.646(a)] [20 U.S.C. 1418(d)(1)]

**3. Establish requirements for review and revision of policies, practices and procedures.**

In the case of a determination of significant disproportionality with respect to the identification of children as children with disabilities, or the placement in particular educational settings of these children, in accordance with §300.646(a) of the *IDEA* regulations, the State or the Secretary of the Interior must:

- Provide for the review and, if appropriate revision of the policies, procedures, and practices used in the identification or placement to ensure that the policies, procedures, and practices comply with the requirements of the Act.
- Require any LEA identified under §300.646(a) of IDEA to reserve the maximum amount of funds under section 613(f) of the Act to provide comprehensive coordinated early intervening services to serve children in the LEA, particularly, but not exclusively, children in those groups that were significantly over identified under §300.646(a) of the IDEA regulations; and
- Require the LEA to publicly report on the revision of policies, practices, and procedures described under §300.646(b)(1) of the IDEA regulations.

[34 CFR 300.646(b)] [20 U.S.C. 1418(d)(2)]

**4. Require States to disaggregate data on suspension and expulsion rates by race and ethnicity.**

The State educational agency must examine data, including data disaggregated by race and ethnicity, to determine if significant discrepancies are occurring in the rate of long-term suspensions and expulsions of children with disabilities:

- Among LEA's in the State; or
- Compared to the rates for nondisabled children within those agencies.

[34 CFR 300.170(a)] [20 U.S.C. 1412(a)(22)(A)]

**5. Require States to monitor their LEA's to examine disproportionality.**

The State must monitor the LEA's located in the State, using quantifiable indicators in each of the following priority areas, and using such qualitative indicators as are needed to adequately measure performance in those areas, [including] disproportionate representation of racial and ethnic groups in special education and related services, to the extent the representation is the result of inappropriate identification.

[34 CFR 300.600(d)(3)] [20 U.S.C. 1416(a)(3)(C)]

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## Appendix C

### Federal Definition of Related Services

In general.--The term `related services' means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.

Source: <http://idea.ed.gov/>  
Building the Legacy: IDEA 2004  
Statute: TITLE I / A / 602

Appendix D  
Excerpts from the NASW Code of Ethics

*Approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW  
Delegate Assembly*  
*Preamble*

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

### **3.09 Commitments to Employers**

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the NASW

Code of Ethics and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW Code of Ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

## *6. Social Workers' Ethical Responsibilities to the Broader Society*

### **6.01 Social Welfare**

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

### **6.02 Public Participation**

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

### **6.03 Public Emergencies**

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

### **6.04 Social and Political Action**

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

## Appendix E

### Sensitizing concepts

1. Becker's sociological view of the labeling of deviance
  - Deviance as a social construction with implications for professional responsibility
  - Impact on the identities of those labeled based on a medical analogy
2. Special Education
  - Medical model - clinical mindset/diagnostic testing protocols
  - Functionalist paradigm embedded in a bureaucratic form
  - Legal environment
3. Embedded normative professional practices
  - Guild interests
  - Roles and responsibilities
  - Knowledge base
4. Educational decision-making
  - Professionals' social dynamics on teams as the unit of analysis
  - Reification of disabled identity

## Appendix F Interview Guide

### I. Guiding questions with the social workers

1. Describe your professional preparation.
  - How did you decide to seek this work/your credential?
  - Who, if anybody (adults or children), influenced your decisions?
2. What factors influenced your decision to apply for a position in public school?
3. What did you understand about the field of special education and/or related services before you were hired?
4. What revisions did you make regarding any initial expectations concerning this work once you were engaged?
5. Describe your site.
  - Number/ages/grades of children you see
  - Ethnic/racial mix of this school population, of this unit
  - Number in the unit
  - Number in inclusion
  - Number and make up of faculty and staff serving these students
6. What kinds of responsibilities do you carry out daily, weekly, and/or less frequently?
7. Describe your work tasks and responsibilities with
  - Individual students
  - Students in groups
  - Teachers
  - Parents
  - Administrators
  - Allied professionals
  - Other community agents
8. Of these tasks and responsibilities, which are of particular interest and importance to you?
9. This year what unit and school wide teams or committees are you serving on intermittently or permanently?
  - Tell me about the purpose of these committees
  - Are there any differences between the way you envision your role and the way you actually operate?
10. Tell me about some of the most gratifying parts of your work.
11. Tell me about the challenges you experience in this position.
  - Among these experiences which, if any, are particularly difficult?
  - What routine strategies do you employ in this/these situation/s?
  - What resolution/s have you reached regarding this/these situations?
12. What do you see as the outcomes of ED placement for students?
  - Benefits
  - Limitations
13. What actions/decisions of your own have you questioned or pondered

now that you have gained experience in this position?

14. Who/what has been or is helpful to you in doing this work in this setting?

How so?

- How has any person or group been supportive?
- What did they help you with?
- What information or suggestions were of assistance?

15. Given an opportunity, what are aspects of your practice in this environment you would change?

16. What important pieces of information or advice would or have you offered to others seeking to work in special education related services? What “rules of thumb” do you think important in this work?

17. What from your initial education to be a social worker is of most assistance to you in your daily round?

18. What else would you like to add?

## II. Questions after a Meeting

1. What was the purpose of this meeting?
2. How did you prepare for this meeting?
3. How often are you involved in this sort of meeting?
4. What was your purpose/role in attending this meeting?
5. What will you be responsible for as a result of this meeting?
6. How did you feel that it went?
  - Were your concerns addressed?
  - What outcomes were satisfying or disappointing?
  - What challenges did this meeting present for you, for the team?

## III. Questions after the Observation of a Day’s Work

1. I noticed that \_\_\_\_\_ and was wondering how you felt about that \_\_\_\_\_.
2. What were you thinking when \_\_\_\_\_?
3. How is this day typical of your days?
4. What surprised you about this day?

## IV. Questions regarding documentation

1. Tell me about how you document your work?
2. What pieces of documentation are required?
3. Of these requirements, explain what documentation processes are the most/least helpful to you in serving your students?
4. While some documentation may be of assistance in serving the students, do other requirements exist for other purposes? How do you approach these?

Appendix G  
Observation guide for a meeting

Time/date/location of the meeting

Purpose of the meeting

Person in charge

Number of participants

Description of the room

Seating arrangement

General identification of the participants

Speaking order

Demeanor of participants

Social worker's participation

- Number of contributions to the conversation
- Content of contributions
- Body language
- Demeanor
- Side bar conversations
- Follow up responsibilities

Conclusion of the meeting

## Appendix H

### *University of Miami*

#### CONSENT TO PARTICIPATE IN A RESEARCH STUDY

#### ***Emotional Disturbance as an Educational Disability: Implications for School Social Workers***

The following information describes the research study in which you are being asked to participate. Please read the information carefully. At the end, you will be asked to sign if you agree to participate.

#### **PURPOSE OF STUDY:**

You are being asked to participate in a research study. The purpose of this study is to generate an understanding of the perspectives and practices of school social workers who provide special education related services to students in the category of Emotional Disturbance (ED) (EBD).

**PROCEDURES:** This study consists of making observations of you carrying out your routines, roles, and responsibilities in your work environment and conducting interviews to discover your unique perspectives regarding what you do. The researcher will spend no more than four weeks at your site.

1) The researcher will be on site with you to conduct up to but no more than 20 hours of observation to include

- an initial description of the school site in general and your work environment in particular
- ongoing descriptions of your work environment, activities, and routines
- a description of a meeting in which you participate in some form of educational decision-making such as but not limited to an IEP meeting, a re-evaluation conference, or a child study team (CST) meeting.

2) The researcher will conduct five audio-taped interviews each of hour duration or less

to include:

- an initial interview to include inquiry about your preparation for your credential, your academic background and life experiences, a description of your duties, what you regard as important for colleagues and allied professionals to know about your work
- an interview after several hours of observation of your work environment and routines in which you will be asked to reflect on your work routines and responsibilities
- an interview regarding your participation in a meeting to include how you prepared for the meeting and how you thought the meeting went

- an interview regarding documentation for which you are responsible to include your report on the kinds of documentation in which you engage, what you regard as its significance, and how you go about doing it
- an interview to share tentative interpretations with you and clarify and/or verify collected information offering you the opportunity to add other thoughts or rescind them

**RISKS AND/OR DISCOMFORTS:**

It is anticipated that you will experience no personal risk from taking part in this study. It is understood that you conduct some of your duties in confidence to protect the students you serve. The researcher does not intend to observe therapy sessions or expect to hear details or see records of sensitive case material. Everything will be done to assure confidentiality in conducting and disseminating this study.

You may skip any question you do not wish to answer. Additionally, a recording of the interviews are for your protection. The researcher wants to ensure that you are not misquoted and your comments are represented with total accuracy. However, if you feel uncomfortable being taped when addressing certain information, the tape recorder can be turned off at your request.

**BENEFITS:**

No direct benefit can be promised to you for taking part in this study; however, it is hoped that the information gathered will provide information about the practice of social work in special education related services.

**CONFIDENTIALITY:**

Tapes, transcripts, and field notes will be secured by the researcher. In all these data and all published reports your name as a participant, names of people to whom you refer, and the names of school sites will be changed. Audio tapes will remain securely organized and stored during the data analysis portion of the study. After the study is complete the files will be stored by the researcher for five years and then destroyed.

The investigators and their assistants will consider your records confidential to the extent permitted by law. The U.S. Department of Health and Human Services (DHHS) may request to review and obtain copies of your records. Your records may also be reviewed for audit purposes by authorized University or other agents who will be bound by the same provisions of confidentiality.

**COMPENSATION:**

There is no compensation for your participation.

**RIGHT TO DECLINE OR WITHDRAW:**

Your participation in this study is voluntary. You are free to refuse to participate in the study or withdraw your consent at any time during the study. Your standing as a social worker at the Miami-Dade County Public School system will not be affected by your decision to participate or withdraw.

**CONTACT INFORMATION:**

The Principal Investigator, Dr. Elizabeth Harry, (305) 284-5363 will gladly answer any questions you may have concerning the purpose, procedures, and outcome of this project. If you have questions about your rights as a research subject you may contact Human Subjects Research Office at the University of Miami, at (305) 243-3195.

**PARTICIPANT AGREEMENT:**

I have read the information in this consent form and agree to participate in this study. I have had the chance to ask any questions I have about this study, and they have been answered for me. I am entitled to a copy of this form after it has been read and signed.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date

**AUDIO TAPING**

I agree to be audio taped during the interviews.

I do not agree to be audio taped during the interviews.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date

## Appendix I

### *Permission to be observed by a researcher from a parent present at a meeting discussing her child's case*

I \_\_\_\_\_ (parent's printed name) \_\_\_\_\_ agree to permit Jean Michele Rippey, doctoral candidate, University of Miami, to observe this meeting being conducted today \_\_\_\_\_ (date) \_\_\_\_\_ in which my child's case will be the topic. The researcher is conducting a study that concerns the views and experiences of the participating social worker.

The researcher will not be focusing attention on any student and has no intention of documenting or portraying a specific child's history, current situation, or physical appearance in any findings.

Upon request, the researcher will provide me with a written summary of the project's findings.

\_\_\_\_\_ (Signature of parent or guardian) \_\_\_\_\_ (date) \_\_\_\_\_

\_\_\_\_\_ (relationship to the child) \_\_\_\_\_

