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## Problems of special education multidisciplinary teams: Implications for counselor intervention

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## Problems of special education multidisciplinary teams: Implications for counselor intervention

### Abstract

In 1975 Congress passed into law the Education for All Handicapped Children Act, Public Law (P.L.) 94-142. This law went into effect in September 1977. The intent of the law was to serve handicapped children whose needs were not fully met or were completely denied (Weintraub, 1976). The law had four major purposes (Ballard, 1978): . Guarantee the availability of special education programming to handicapped children and youth who require it . • Assure fairness and appropriateness in decision making about providing special education to handicapped children and youth • • Establish clear management and auditing requirements and procedures regarding special education at all levels of government • • Financially assist the efforts of state and local government through the use of federal funds (p. 2).

PROBLEMS OF SPECIAL EDUCATION MULTIDISCIPLINARY TEAMS:  
IMPLICATIONS FOR COUNSELOR INTERVENTION

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A Research Paper  
Presented to  
The Department of Educational Administration  
and Counseling  
University of Northern Iowa

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts

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by  
Marilyn Lindholm Kinne  
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IMPLICATIONS FOR COUNSELOR INTERVENTION

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## Chapter One

### INTRODUCTION

In 1975 Congress passed into law the Education for All Handicapped Children Act, Public Law (P.L.) 94-142. This law went into effect in September 1977. The intent of the law was to serve handicapped children whose needs were not fully met or were completely denied (Weintraub, 1976). The law had four major purposes (Ballard, 1978):

- .Guarantee the availability of special education programming to handicapped children and youth who require it.
- .Assure fairness and appropriateness in decision making about providing special education to handicapped children and youth.
- .Establish clear management and auditing requirements and procedures regarding special education at all levels of government.
- .Financially assist the efforts of state and local government through the use of federal funds (p. 2).

#### History of Public Law 94-142

To understand what initiated P.L. 94-142 it is necessary to view the history of education for the handicapped in this country. The Federal Government had addressed the needs of the handicapped for more than 150 years with over 200 pieces of legislation. The early legislation was predominantly custodial and provided minimal services in segregated settings (Hohenshil, 1979). In addition, the self contained special education classes in the public school setting, originally intended for severely handicapped children, had become a dumping ground for many mildly handicapped, behaviorally disordered, learning disabled, and culturally different children who could not function in a regular classroom setting (Kameen, 1979).

Decisions concerning which students should enter or be retained in the special education classrooms were not always in the students' best interests. Evaluation and placement of handicapped children were the responsibility of the school psychologists. Evaluations were not always as comprehensive as they should have been, due to the large workload of school psychologists. Where retarded students were concerned, evaluation often consisted of administering a single intelligence test with a predetermined cutoff score. Some students were placed on waiting lists to be admitted to special classes because the programs were full, other students remained in special classes when no longer necessary because placement decisions were rarely reconsidered (Meyen, 1978).

The educational situation was not ideal for either handicapped students or their parents. There were abuses of childrens' and parents' rights (Hatch, Murphy, & Bagnato, 1979). Parental involvement in planning for their child's education was limited (Meyen, 1978). Special supportive services, including counseling, were generally inadequate (Hohenshil, 1979).

Encouraged by the efforts of child advocacy groups for handicapped children, the Federal Government began to study the problems faced by handicapped students. In late 1974, President Gerald Ford issued the following remarks at the Committee on Mental Retardation (Abeson & Ballard, 1976):

Our school systems must be strengthened, so that they can provide the appropriate education which both the law and our conscience say may not be denied to retarded or otherwise handicapped children. By appropriate



education, I mean training in academic, vocational and social skills which will enable these children to live up to their highest potential (p. 87).

One year later in its statement of findings and purpose for P.L.

94-142 Congress reported (Weintrab, 1976):

(1) there are more than eight million handicapped children in the United States today;

(2) the special educational needs of such children are not being fully met;

(3) more than half of the handicapped children in the United States do not receive appropriate educational services which would enable them to have full equality of opportunity;

(4) one million of the handicapped children in the United States are excluded entirely from the public school system and will not go through the educational process with their peers;

(5) there are many handicapped children throughout the United States participating in regular school programs whose handicaps prevent them from having a successful educational experience because their handicaps are undetected;

(6) because of the lack of adequate services within the public school system, families are often forced to find services outside the public school system, often at great distance from their residence and at their own expense;

(7) developments in the training of teachers and in diagnostic and instructional procedures and methods have advanced to the point that, given appropriate funding, State and local educational agencies can and will provide effective special education and related services to meet the needs of handicapped children;

(8) State and local educational agencies have a responsibility to provide education for all handicapped children, but present financial resources are inadequate to meet the special educational needs of handicapped children; and

(9) it is in the national interest that the Federal Government assist State and local efforts to provide programs to meet the educational needs of handicapped children in order to assure equal protection of the law. (p. 114)

Prior to the passage of legislation for P.L. 94-142 the Federal Courts ruled states were denying handicapped children equal protection under the Fourteenth Amendment to the Constitution.

States had an obligation to provide a free public education to all school age children and all children had a concurrent right to a free publicly supported education (Iowa Developmental Disabilities Program, 1980). Although nondiscriminatory attitudes could not be effectively legislated, nondiscriminatory opportunities and services could be (Hohenshil, 1979).

### History of Multidisciplinary Teams

To help prevent inappropriate student placement the committee writing P.L. 94-142 designed the individualized educational planning conference with its nondiscriminatory evaluation and testing as a method of preventing misclassification of a child. Section 612 (5) (c) and its accompanying regulations (Sections 300.530-300.534) require that decisions determining a students' qualification for special education be made by a multidisciplinary team (MDT). This team is to use specific criteria and information sources to arrive at its decision (Yoshida, 1983). In addition to writing the Individualized Educational Plan (IEP), teams meet to decide whether or not to assess a referred child, to outline an assessment plan, and to decide the appropriate placement for a student (Ysseldyke, Algozzine, & Mitchell, 1982).

The concept of multidisciplinary teams (members working as a group rather than as individuals toward a goal) is relatively new to the public school setting; however, teams have a long history in business, industry, and mental health organizations (Maher & Pfeiffer, 1983). Decisions made by teams have frequently been shown

to be superior to those made by individuals. There are several widely accepted reasons for this: 1) a greater total of knowledge and experience exists within a team; 2) a team potentially offers a greater number of approaches to a problem; 3) participation increases acceptance; and 4) group problem solving offers better communication of decisions, consequently better comprehension of the decision (Abelson & Woodman, 1983). This is supported in recent studies which show that teams make better decisions than individuals when selecting appropriate placements for handicapped children (Kabler & Genshaft, 1983).

Recent studies also show that merely bringing together professionals from various fields does not insure the most appropriate decisions will be made for the student (Fleming & Fleming, 1983). The following criticisms are made about MDT's: They raise concerns over territoriality, increase role confusion, approach collecting and analyzing diagnostic information unsystematically, minimally involve parents and classroom teachers, use a loosely constructed decision-making process, generate ambiguous decisions, and lack collaboration and trust (Pfeiffer, 1981). A greater length of time is usually required for team decisions. In addition a team may be dominated by one or a few individuals who persuade members to accept decisions of inferior quality (Abelson & Woodman, 1983). Members of some disciplines present on the teams control the decision-making process (Yoshida, 1983). Finally, team members in schools rarely receive training in team management (Abelson & Woodman, 1983).

It has been argued that MDT's have not had a fair chance to be implemented (Yoshida, 1983). Even though the literature shows problems currently plague MDT's in the schools, the potential for what can be accomplished through the team approach is impressive.

#### Statement of the Problem

Special education multidisciplinary teams are not functioning as effectively as they could be. Multidisciplinary teams are currently having problems in the areas of member influence and participation, communication, and decision-making. As a result, the special education students are not having quality decisions made in their behalf.

The counselor is in a position to play a key role in the multidisciplinary team both with parents and educators. Counselors are accustomed to working with parents and educators in an effort to improve education for children. They are recognized as generalists in the school setting who can use their knowledge in the fields of child development and human behavior to help others better understand and plan for children. Like other members of multidisciplinary teams, counselors have had to develop new skills, adapt old ones, and expand their role in the educational process to meet the mandates of P.L. 94-142 (Shaffer & Bell, 1982).

#### Plan of Study

The purpose of this study is to review the literature pertaining to current problems found within special education multidisciplinary teams and to suggest counselor interventions.

This is done in an attempt to increase counselors' awareness and understanding of these problems and to motivate counselors to initiate changes within their teams. As a result, special education students will be served as the law intended them to be.

#### Limitations of the Study

This study is limited to a review of existing literature. Original research was not done for this paper. Although many studies focus on the existing roles of parents, teachers, and psychologists in the multidisciplinary teams, few examine the roles of school counselors. Research studying problem interventions in multidisciplinary teams is fairly recent and of limited quantity. Few research studies or team intervention strategies appear in the school counseling journals. Much of the literature regarding team development in the schools is directed toward school psychologists, although school counselors may be better qualified to carry out the interventions.

#### Definitions of Terms

The following terms and concepts are introduced in P.L. 94-142. These terms will be used throughout this paper.

Public Law 94-142. The law mandating states to provide a free, appropriate education to all children regardless of handicapping condition.

Special Education. Specially designed instruction to meet the unique needs of each handicapped child.

Handicapped Children. Children who are mentally retarded, hearing impaired, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, or learning disabled. They must need a modified program to qualify for services. Not all disabled children require special education.

IEP. An Individualized Education Plan for each handicapped child who is receiving or will receive special education which includes the following elements: a) a statement of the child's present levels of performance; b) annual goals; c) short-term educational objectives; d) specific special education and related services; e) the extent to which the child will participate in regular educational programs; f) date services will begin and the expected duration of services; and g) objective criteria for success and evaluation procedures. Reasonable attempts are to be taken to ensure parents are present including scheduling the meeting at a mutually agreed time and place. A detailed record of contact attempts must be kept, if parents are unable to attend. Other required participants include the child's teacher, the child (if appropriate), and a school representative who is qualified to provide or supervise the provision of special education. Other persons invited by the parent or school may attend.

Due Process. The right of parents to question any educational procedures or recommendations that might lead to a special education placement. This includes a right to an impartial due process

hearing conducted by someone not employed by the local education agency. Legal counsel may be retained for the hearings.

Related Services. Services that must relate to assisting the handicapped child to benefit from special education such as speech, physical and occupational therapy, recreation, and medical and counseling services. The term also includes parent counseling and training. Counseling services are provided by qualified social workers, psychologists, guidance counselors or other qualified personnel. Parent counseling and training is assisting parents in understanding the special needs of their child and providing parents with information about child development.

Parent Involvement. A shared partnership which includes the following: a) equal participation on the educational team with teachers, consultants and other staff; b) consultation with parents prior to any change in their child's educational placement; c) parent participation on advisory boards; and d) uninhibited access to their child's records.

Non-Discriminatory Evaluation and Testing. Assessment materials and procedures scheduled at specific intervals that are required to be multifactored, multisourced, and carried out by qualified personnel. No single procedure or test result is to be used as the sole index of handicap (Ballard, 1978; Federal Register, 1977; Weintraub, 1976).

Multidisciplinary Team (MDT). A group of individuals from different speciality areas or disciplines working toward a common

goal for the handicapped child. Members comprising the team may be (but are not limited to) the classroom teacher, parents, principal, educational consultant, counselor, psychologist, speech therapist, nurse, social worker, audiologist, physical and occupational therapists, resource room teacher, and teacher specialist (Hatch et al., 1979). School based MDT's have also been referred to as assessment teams, child study teams, evaluation and placement committees, placement committees, planning and placement teams, and school appraisal teams (Pfeiffer, 1981).

#### Summary

Public Law 94-142, The Education of All Handicapped Children's Act, passed by Congress in 1975 and implemented in 1977 fills a great need for the handicapped students who had been denied an education equivalent to their nonhandicapped peers. The law specifies a multidisciplinary team approach in evaluating a handicapped student's level of functioning in order to determine the desirability of placement or the continuation of placement in a special education program. A major function of the multidisciplinary team is to create an IEP, Individualized Educational Plan, for the child. The team approach of decision-making is new to the schools and problems are occurring in such areas as member participation and influence, communication between members, and decision making skills. School counselors as members of the team and as professionals whose job entails working



with educators, parents and students, are in a prime position to remediate the problems their teams may experience.

## Chapter Two

### REVIEW OF RELATED LITERATURE

This chapter describes research reviewing various problems in multidisciplinary team functioning. In addition, articles delineating intervention strategies are presented. For the purpose of literature review, this chapter has been subdivided into two sections: multidisciplinary team research and multidisciplinary team interventions.

#### Multidisciplinary Team Research

Since the implementation of P.L. 94-142 in 1977, studies have been conducted throughout the United States in both urban and rural areas. These studies have involved parents and professionals from all disciplines with the goal of evaluating how well the law's mandates are being met. The studies to be reviewed examine the issues confronting multidisciplinary teams. The specific areas to be discussed are: decision-making, influence and involvement of members, and communication between parents and educators. Both areas of strength and problems are evident. Helping to resolve the problems and to maintain the strengths holds a challenge for the school counselor.

#### Multidisciplinary Team Decision-Making

After its implementation in the schools, multidisciplinary team decision-making became a topic of interest for researchers. The team members responsible for making decisions, the process of

decision-making, and the implementation of the decisions were studied by Yoshida (1980) and Ysseldyke et al. (1982).

The decision-making process of 230 MDT's in Connecticut was studied by Yoshida (1980). Results showed uniform knowledge of the team's task was not clear among the members, especially teachers. Team members did not know what their own role or the role of other members should be. Once decisions were made, no clear assignment was given as to who would implement these decisions.

Ysseldyke et al. (1982) supported the findings of Yoshida in their study of 34 team conferences in sixteen school districts in Minnesota. Two observers obtained data by reviewing video tapes of the conferences. The findings of Ysseldyke et al. showed the purpose of the conference not being stated more than half of the time. A statement was not made encouraging everyone's participation and instances existed of members sitting through an entire conference without participating. Parents' understanding of and expectations for the conference were never sought. A little over one-fourth of the conferences contained terms beyond the parents' level of understanding. Decisions were made in the majority of the conferences, but the authors had difficulty determining who made the decisions. Decisions were never challenged. Ysseldyke et al. did report some positive aspects of the conferences. They found student strengths as well as weaknesses discussed, and in the majority of instances, classroom performance was considered in addition to formal assessment data.

To determine what was being done to assist the teams with decision-making, Poland, Thurlow, Ysseldyke, and Mirkin (1982) surveyed 100 directors of special education from 49 states regarding the general concerns of MDT decision-making and the development of the IEP. Half of the directors surveyed indicated training was provided to the professionals on the MDT's, but there was little uniformity in the training they described. Training topics included IEP preparation, legal issues, and interpretation of test data. Only two directors said training in decision-making skills was offered.

In summary, Yoshida, Ysseldyke et al., and Poland et al. support the literature reporting problems with MDT decision-making. Problems exist in the areas of defining roles, clarifying the purpose of the conference, and implementing decisions. Training to solve decision-making difficulties is not routinely available.

#### Multidisciplinary Team Member Influence

Unequal influence of team members was cited as a problem of MDT's by Abelson and Woodman (1983) and Yoshida (1983). They contended that an individual or an entire specialty area or discipline may influence decisions.

To determine influence of the various team members as perceived by other members, Knoff (1983) surveyed eighty school psychologists and special educators in New York. He found that the parent of the child under review, the medical personnel, and the regular classroom teacher were all rated as less influential than they should be,

given the intent of P.L. 94-142. Other personnel were rated as more influential than the law intended. These were the school principal, social worker, counselor, special education teacher, speech and hearing clinicians, and the psychologist.

In another study to determine team member influence, Gilliam and Coleman (1981) surveyed 130 team members of 27 IEP conferences in Michigan. Their results indicated that while team members expected certain roles to be influential in the IEP process, their expectations were only marginally fulfilled by the persons in these roles. The expected influence and actual influence of both the psychologist and special education teachers were high. Parents, classroom teachers, and principals ranked higher in expected influence than they did in actual influence. The influence of school counselors was both perceived and ranked in the middle of the study group. The author speculated that members who had hard data to present at the conference (i.e., test scores) were seen as most important.

These studies show some members or disciplines are more influential than others. Parents and classroom teachers are low in influence, while psychologists and special education teachers are high. School counselors are rated as moderately influential to highly influential.

#### Multidisciplinary Team Member Involvement/Participation

Unequal participation is another problem found in MDT's. In studies conducted to determine parent participation, parents generally think they are involved in the MDT and report satisfaction

with it. However, researchers often disagree with the perceptions of the parents.

Dickson and DiPaola (1980) interviewed 44 parents of handicapped students in New England through either a questionnaire or a phone call. Parents were asked to describe their level of participation in special education planning and placement conferences. Most parents (93%) were notified of the conference. Parents responses varied regarding how they prepared for the conference. Approximately 40% reported doing nothing other than getting to the conference. An equal percentage thought about what they wanted to know and say prior to the conference. Only 7% of the parents made written notes to themselves. The parents reported different forms of participation. Only 25% presented information, while questions were asked by 64% and answered by 39%. Many parents (77%) reported they listened carefully to the conference proceedings. The authors suggested the data show parents were passively rather than actively involved.

Lynch and Stein (1982) reported similar results in their research. They studied 434 parents of special education students in the California schools. Parents were verbally given a questionnaire to determine their participation in the IEP process. Of the parents interviewed, 71% said they were actively involved in the development of their child's IEP, but when asked to describe their involvement their answers showed they were, in fact, not actively involved. Of the 71%, only 47% reported making suggestions at the conference. In

addition, Lynch and Stein found that parents were frequently satisfied with their child's program; and that parents of Caucasian children were more aware of services listed on the IEP than parents of other ethnic groups.

In order to specifically evaluate the involvement of one group of minority parents, Boone and Smith (1981) studied thirteen black families having handicapped children. They found six of the families had been invited to a planning conference with school personnel, but seven had not. Only six of the thirteen parents recalled having signed the necessary forms to place their child in special education. The authors speculated that the educational level of the parents was not taken into account and the parents may have received written information they did not understand.

In summary, evidence strongly suggests parents are not involved in MDT's to the extent mandated by P.L. 94-142. Some parents are in a passive rather than an active role in the MDT. Other parents are unaware that a conference has taken place.

#### Multidisciplinary Team Communication

The failure of professional MDT members to communicate vital information to parents is the subject of several studies. Such areas as parents' rights (due process), availability of related services for the handicapped child, and knowing what to expect during the conference are not communicated to parents prior to the conferences. In addition, parents are not supported as partners by the rest of the MDT.

Sullivan, Brightman, and Roberts (1980) detailed case studies of six families with disabled children in Massachusetts. The parents' experiences were analyzed in terms of five provisions of the law. Among these provisions were the IEP and due process. Parents reported intimidation and poor parent-professional communication during the IEP conference. Parents were rarely valued as partners in planning for their childrens' programs. The parents most likely to exercise due process were emotionally capable of coping with a lengthy battle with the school system and had an adequate understanding of their rights under the law.

In an extension of the previous study, Brightman and Sullivan (1980) interviewed 31 families in Massachusetts to determine their perceptions of P.L. 94-142. Discussion centered primarily on the IEP conferences and team communication. Most parents had little idea of what to expect at the first IEP conference or of what was expected from them. Parents reported, ". . . they didn't know that they should have known more" (p. 12). They felt intimidated by the professionals by being talked at, talked about, and talked down to; they did not feel the professionals communicated with them. After the first conference, parents obtained information about their rights to due process, which they determined helped their negotiating position. They usually received the information from other parents. In subsequent conferences, parents reported that a frequent source of conflict was whether or not to include related services (e.g., physical therapy) for the child in the IEP. The school was often



unwilling to provide additional services. Despite the negative reactions to the IEP experience, parents were generally satisfied with the outcome of the conferences which resulted in the educational plan formulated for their children.

In another study conducted to evaluate MDT communication, Goldstein, Strickland, Turnbull, and Curry (1980) studied fourteen IEP conferences in North Carolina. Topics discussed by both parents and educators were logged by observers. In addition, the team members filled out a questionnaire to determine their satisfaction with the conference. The most frequently discussed topics at the conferences were curriculum, behavior, and performance. The authors thought it surprising that topics such as "evaluation, placement, related services, rights and responsibilities, future contacts, and future plans" (p. 283) received little attention. On the follow-up questionnaire parents reported satisfaction, but the authors suggested that the parents did not understand the complexity of all issues involved. Many parents did not request related services for their child (e.g., speech or occupational therapy), although the authors determined it was appropriate in some cases. Legal rights and responsibilities received a cursory review. No mention was made of reviewing the IEP annually or of keeping communication open between home and school. Most parents expressed a desire to help their children at home with school work, but they received little guidance from teachers regarding ways to help. The authors

reported, "the overwhelming positive reaction to the conferences on the part of all team members was an unanticipated finding" (p. 284).

In order to evaluate parent understanding of due process, the IEP, and other areas relating to P.L. 94-142, Halpern (1982) interviewed families of nine handicapped children in Michigan. The author determined parents' views were not actively sought during conferences and parents had to take their own initiative to have their views considered. The school districts generally did not inform parents of their rights as mandated by P.L. 94-142. Thus, parents usually learned their rights from other parents or advocacy groups.

The results of the studies discussed above strongly indicate important information is not being communicated to parents in the MDT's. Lack of complete information puts parents at a disadvantage in helping the team make decisions about their child's education.

#### Summary of Multidisciplinary Team Research

Studies conducted since the implementation of P.L. 94-142 have investigated multidisciplinary team decision-making, the influence and involvement of various team members at the conference, and communication between parents and educators in the team. Several areas of strength are evident in the studies. Parents are generally informed of the conferences (Dickson & DiPaola, 1980). Parents report a willingness to work on the IEP goals at home if necessary, and to work with teachers to help their child meet the goals (Lynch & Stein, 1982). During the conferences the strengths as well as

weaknesses of the student being evaluated are discussed. In addition, the student's classroom performance is considered along with the formal assessment data (Ysseldyke et al., 1982). Despite the problems many parents experience in the IEP conference, they still are satisfied with the final results (Brightman & Sullivan, 1980; Goldstein et al., 1980; Lynch & Stein, 1982).

Problems in the area of decision-making are noted in the studies. The purpose of the conference is often not stated. Members seem unclear about the roles of both other team members and themselves. Participation is not actively encouraged from the members (Ysseldyke et al., 1982; Yoshida, 1980). As a result some team members demonstrate a high level of participation (i.e., school psychologists) and some a low level (i.e., classroom teachers) (Gilliam & Coleman, 1981; Knoff, 1983). Some members do not contribute in the conferences. The parents' understanding of and expectations for the conferences are not sought. Technical terms are not defined for parents or other team members (Ysseldyke et al., 1982). When decisions are made it is not clear which members participate in making them (Ysseldyke et al., 1982; Yoshida, 1980). Decisions are not challenged by parents or other team members (Ysseldyke et al., 1982). Implementation of the decisions is not made clear (Yoshida, 1980). Finally, little training in decision-making skills is offered to the MDT's (Poland et al., 1982).

Influential members in the MDT are generally the special education teacher and school psychologist (Gilliam & Coleman, 1981; Knoff, 1983). One study rated the school counselor as a highly influential member of the MDT (Knoff, 1983). Consistently rated as not influential are the parents and classroom teacher (Gilliam & Coleman, 1981; Knoff, 1983).

A variation is seen in the amount of parent participation. A significant number of parents do not contribute suggestions at the conferences (Dickson & DiPaola, 1980; Lynch & Stein, 1982). Many parents are satisfied with their involvement, although the researchers suggest it is less than optimal (Lynch & Stein, 1982). Many parents are uninvolved from the start of the conference, doing nothing special to prepare for it (Dickson & DiPaola, 1980). Parents from minority groups are less aware of how to be involved than parents from Caucasian groups (Boone & Smith, 1981; Lynch & Stein, 1982).

The lack of communication between parents and the rest of the team both prior to and during the conference is evident in several of the studies. Parents' rights are not clearly defined (Brightman & Sullivan, 1980; Goldstein et al., 1980; Sullivan et al., 1980). Parents do not know what to expect before the first IEP conference (Brightman & Sullivan, 1980), and they are not aware of related services they could be requesting to aid their child (Brightman & Sullivan, 1980; Goldstein et al., 1980). The parents find out about many significant issues from other parents or advocacy groups; not

from the school team (Brightman & Sullivan, 1980; Halpern, 1982). During the team conferences the parents' input is not actively sought (Brightman & Sullivan, 1980; Halpern, 1982), and communication between home and school is not emphasized (Goldstein et al., 1980).

#### Multidisciplinary Team Interventions

Articles describing MDT interventions focus on the parents and/or the entire team. These have been published in a variety of journals and parent magazines. Although counseling journals contain few studies researching problems and interventions, a number of articles suggesting counselor interventions have been published.

#### Parent Interventions

Intervention strategies that are proposed for use with parents attempt to help them become more comfortable with other MDT members and increase their effectiveness as team members. Interventions are subdivided into two areas: strategies for the counselor to use in preparation for a conference and strategies to use during a conference. These strategies include parent education and counselor advocacy roles.

#### Preconference Strategies

The role of the school counselor in informing parents of special education referrals and conferences is addressed by Kameen and McIntosh (1979). These authors found that the counselor is often the initial parent contact in the school and might be the first person to inform parents of the requirements of P.L. 94-142,

their legal rights, due process procedures, and related services to be provided to their child under the law. This information can help parents develop appropriate expectations for IEP conferences.

In a related article, Shaffer and Bell (1982) suggest that the way parents are informed prior to their child's first special education placement conference is considered to be an important part of their attitudes throughout the special education process. The counselor should make contact in person rather than by phone or letter, and should inform the parents of their rights and responsibilities during this initial contact. It is advised that the parents be invited to small group sessions where the diagnostic staff can explain test instruments and procedures. The counselor should help the parents recall and organize information that will be helpful in the assessment of their child. Parents should be asked if they want to attend the meeting with an advocate, such as a friend, professional person, or minister, or their child. Finally, the counselor can teach parents to define and identify goals for their child so they can participate as an informed MDT member in planning their child's education.

Markel and Greenbaum (1981) agree that parents need to be knowledgeable of their rights before attending IEP conferences. Parents can then take a stand about what they consider best for their child. In addition, parents need to know about related services before making decisions about their child's program. They should be able to ask for explanations without being uncomfortable

and "refuse requests or pressures without feeling guilty, selfish, or ignorant" (p. 17). The authors suggest parents could benefit from assertiveness training to help them accomplish the above goals.

In order for parents to interact and make decisions knowledgeably, Markel and Greenbaum (1981) recommend parents document the following information prior to attending the MDT conference: observe their child at home and at play, look at their child's school work, find out their child's feelings about school, review school and other agency records and reports, record questions to be asked, discuss legal issues with qualified people, visit other programs suggested for their child, arrange material to bring to the conference, and rehearse assertive behaviors.

In order to participate fully in decision-making, Thibodeau and Kennedy (1981) recommend parents become aware of educational and psychological terms and how test information is interpreted. The authors suggest parents have two options regarding technical language used: to either become more sophisticated with the terms themselves, or to demand the terms be explained. Parents must be provided with adequate information about test scores, time limitations, the instrument, and standardized procedures. The authors also recommend subtest scores be discussed and the child's strengths and weaknesses within the different areas be explained.

Sometimes parents are unable or reluctant to attend MDT informational meetings. Boone and Smith (1981) advise school districts to develop innovative incentives to encourage parent

attendance at informational meetings. Incentives might include scheduling supper meetings, providing babysitting, arranging car pools, or holding the meeting in conjunction with another activity such as a church meeting.

Prior to attending an MDT conference parents need to be knowledgeable in many areas. The school counselor can provide both information and support to parents of handicapped students.

### Conference Strategies

DiMeo and Pasquarelli (1981) list seven recommendations to enhance parent interaction at MDT conferences. Although these are not written specifically for school counselors, they can easily be implemented by counselors. 1) Test data can be shared with parents prior to the conference, particularly if it contains difficult or uncomfortable information. To increase parent comfort this might be done in their home. 2) Preferential seating can be arranged at the conference, seating the parents next to the team member with whom they have had the most contact. The team member can also escort the parents to the conference room, introduce them to other staff, and bring them coffee. 3) Informal discussion can be encouraged prior to the formal conference to help relieve tension. 4) Parents can be given a list of people planning to attend the conference along with a description of each team member's role. 5) Parents can be invited to make opening statements regarding issues they would like covered.



6) Team members should respond honestly to parent questions. 7) The team members can wear name tags to make themselves readily identifiable.

In a comparative study of the counselor as an advocate versus the counselor as an information giver, Goldstein and Turnbull (1982) evaluated a group of 45 parents attending IEP conferences. The parents were divided into three groups of fifteen parents; the two intervention groups and one control group. One group was sent questions to use in preparation for the conference prior to the conference. The second group had a counselor present as an advocate during the conference. The control group received no intervention. The groups were observed at the conference as well as asked to fill out a questionnaire regarding their participation in and satisfaction with the conference. The group having the counselor advocate during the conferences did ask more questions and make more comments. The group receiving information prior to the conference did not contribute more than the control group, but a greater percentage of fathers attended the conference. All three groups indicated satisfaction with the conference itself and the IEP.

Specific interventions may promote parent participation. Several methods to promote parent involvement need attention for counselors serving in an advocacy role.

#### Summary of Parent Interventions

Prior to attending an MDT conference parents need to understand due process, related services, their rights and responsibilities,

test instruments and procedures, and their goals for their child (Kameen & McIntosh, 1979; Markel & Greenbaum, 1981; Shaffer & Bell, 1981). Parents might find assertiveness training beneficial in helping them communicate with the team members (Markel & Greenbaum, 1981). School districts might consider innovative ways to encourage parent attendance at informational meetings (Boone & Smith, 1981).

The parents seem to show increased participation with a counselor advocate (Goldstein & Turnbull, 1982). The counselor advocate can attend to issues as sharing sensitive data prior to the full conference, arranging seating prior to the conference, and interpreting technical language used during the conference (DiMeo & Pasquarelli, 1981).

#### Team Interventions

A variety of interventions exist to be used for the team as a whole. Role clarification is suggested. Strategies to increase involvement of classroom teachers as well as strategies to improve various team problems are described. A model for team functioning is proposed. Finally, an in-service to teach team skills is presented.

Kameen and McIntosh (1979) suggest that in working within their specific multidisciplinary teams, counselors define roles that are realistic for their schools and compatible with their other activities. In defining their roles, counselors should emphasize to the rest of the team they are not administrators, psychologists, or special educators. Dialogue with the entire MDT should result in

role descriptions that allow all members of the team to use their skills cooperatively.

Pfeiffer (1980) presents several strategies to address the MDT problem areas of minimal involvement of classroom teachers, unsystematic data collection and analysis, loosely constructed decision-making process, and lack of trust among members. He proposes both trust and decision-making will be enhanced if problems are solved by two or more members rather than being delegated to one person or discipline. Classroom teacher involvement might be increased by securing a "floating substitute" to stand in for a teacher needing to attend a MDT conference. The classroom teacher could also serve as a parent advocate or help coordinate an in-service about special education. An elected classroom teacher who serves as a full-time member of the MDT might help other teachers feel more comfortable when they attend conferences. Unresolved issues and recurring problems should be dealt with as they occur even if it requires the services of an outside consultant. A clear and formal structure needs to be developed for reviewing referrals, collecting and analyzing data, recording team conferences, adhering to due process requirements, and communicating with ancillary personnel. Team members may need to modify their traditional roles to enable members to openly share ideas and bring up differing viewpoints. Role clarification of MDT members is considered essential. Finally, the MDT needs to engage in public relations work by conducting in-services, workshops, seminars, and

PTA and community presentations to inform others about the team concept.

The areas of change implementation, time management, and task allocation in MDT's are examined by Fleming and Fleming (1983). They suggest the responsibility for effecting change should be with the team members themselves, not with outside administrators. They maintain these non-team individuals have neither the motivation, time, experience, nor training to make changes. The authors suggest that only by collecting detailed information about their functioning can MDT's determine if they are meeting goals and if they want to change direction. Strategies they recommend for time management are preparing an agenda and adhering to a schedule. They further suggest that teams meet early in the year to assess the requirements for the team in order to allocate tasks to appropriate personnel. For instance, some tasks can only be performed by specific members, some can be rotated, others can be shared. Members may have a preference for a specific task. Tasks can be assigned based on the above considerations, taking into account distribution of high and low appeal tasks and the desirability of building competencies in unfamiliar areas.

Bardon (1983) proposes the MDT will function more effectively as a consultant panel. In this approach the team assigns a specific member as case manager for a specific evaluation. This is done by matching referral information about the student with talents, interests, and professional skills of the team member. The team

member having the assignment carries major responsibility for the case. Other members serve as consultants to assure appropriateness of the IEP and to provide advice and special skills. The case manager is held accountable to the rest of the team for what is done and how it is done. Team conferences are held as case hearings in which the case manager presents the problem, justifies recommendations, and seeks consultation and support from the other team members. Clerical details are handled by a secretary or rotated between team members.

In another approach to improve MDT functioning, Anderlini (1983) describes an in-service entitled "The Team Approach to Educational Decision-Making: Inservice for Multidisciplinary Teams." She proposes that the in-service will create more active and effective team participation through instruction in team theory and dynamics, communication skills, and problem-solving/decision-making techniques. The objectives for the program are to enable the participants to: "(a) State the rationale for a team approach to educational decision-making; (b) State the major functions of a work group or team; (c) Use participation skills in IEP teams; (d) Identify the characteristics of an effective team; (e) Demonstrate active listening; (f) Use a problem-solving technique; and (g) Identify group decision-making methods" (p. 161).

Anderlini suggests the in-service be presented by team members or others who have worked on teams and are knowledgeable about roles and responsibilities of MDT's. The trainer should be able to

facilitate small groups and communicate effectively. In addition, the trainer should understand group dynamics, basic team building concepts and problem solving techniques. The in-service can run three hours to three days depending on the needs of the team and the length of time they have functioned together.

#### Summary of Team Interventions

In summary, role clarification is essential for MDT's. Members may need to modify their traditional role (Kameen & McIntosh, 1979; Pfeiffer, 1980). The involvement of the classroom teacher might increase if the teacher is guaranteed a substitute for the MDT conference. In addition, teachers can be asked to assist with an in-service on mental retardation or be invited to serve as a parent advocate. MDT's should consider including a teacher as a full-time team member. Issues and problems must be addressed as they occur even if problem resolution involves retaining an outside consultant (Pfeiffer, 1980). To adhere to a time schedule and insure nothing is omitted, teams need to work within a structure (Fleming & Fleming, 1983; Pfeiffer, 1980). Documentation is important to determine if goals are being met. Team members deserve an equitable distribution of tasks (Fleming & Fleming, 1983). In order to insure that nothing is overlooked, teams may consider a case manager approach where one member is responsible for a child's evaluation (Bardon, 1983). In addition, teams may want to consider the in-service reported by Anderlini (1983) that describes team theory, communication skills, and decision-making. Finally, MDT's can

increase consumer awareness of their function through public relations activities (Pfeiffer, 1983).

## Chapter Three

### SUMMARY

This study briefly reviews the events which resulted in the passage of Public Law 94-142, the Education for All Handicapped Children Act. Prior to the enactment of P.L. 94-142, the educational needs of handicapped children were not being met, thus the law is an attempt to equalize education between handicapped and non-handicapped students.

Public Law 94-142 specifies a multidisciplinary team approach in evaluating a handicapped student's level of functioning in order to place or maintain the student in a special education program. Parents of a handicapped child are considered an integral part of the MDT. The team approach of decision-making, as well as actively involving parents in decisions, is new to schools; consequently problems are occurring in the areas of member participation and influence, communication, and decision-making. These problems are explored through a review of current research.

Intervention strategies the counselor can implement with parents, or the entire MDT are delineated. Parent interventions are subdivided into preconference and conference strategies. These interventions include parent education and counselor advocacy roles. Interventions for the entire multidisciplinary team include strategies to overcome specific problem areas such as providing



structure and documentation, MDT in-service, a model for MDT functioning, and role clarification of team members.

#### Implications for School Counselors

The results of the study show that neither educational facilities nor specific disciplines are taking the initiative to effect changes within their MDT's. Various disciplines are being urged, through their professional publications, to facilitate changes. Parent advocacy groups and parent publications are informing parents of needed information and skills. Counselors need to make a decision regarding their commitment to changing present team problems.

Counselor responsibilities in implementing P.L. 94-142 vary according to the size of their school district, counselor-pupil ratio, and availability of other specialized personnel. Counselors need to define a role that can be realistically assumed on their multidisciplinary team and still provide their regular services to non-handicapped students. Even though the school counselor is already busy with a variety of tasks unrelated to special education, the counselor is a logical team member to coordinate MDT problem intervention. The counselor's job already involves a concern for the total child by counseling and consulting with teachers and parents, counseling individually with students, and interpreting findings from screening instruments to teachers and parents (Huckaby & Daly, 1979; Kameen & McIntosh, 1979).

There are three areas in which counselors can work to effect changes within their teams. These areas are through parent training, counselor continuing education, and research.

### Parent Training

Based on suggestions from the literature review, the counselor should consider the following when conducting parent training sessions: specific content to be included, method of presenting material, and ways to encourage parent attendance. The counselor can train parents individually or as a group. In some instances individual training will be necessary, although the counselor generally will want to use a group approach in order to utilize time more effectively. A training session can be scheduled by itself or can be held in conjunction with a regularly scheduled parent meeting such as PTA.

In order to increase parent attendance at the training sessions, counselors may want to encourage car pools and provide babysitting. A "buddy system" pairing parents of newly identified handicapped children with parents sophisticated in the MDT process could be implemented.

The counselor should consider presenting the following content in parent training sessions: 1) components of an IEP conference including what to expect and how to prepare for the conference; 2) due process; 3) related services and the situation in the counselor's particular school district regarding these services; 4) expectations for parent involvement; 5) testing and evaluation

procedures; and 6) content related to assertive behaviors. The counselor will also find it useful to utilize video tapes showing a model conference. A panel of parents might be invited to share their experiences.

#### Counselor Continuing Education

Counselors may find the need to increase their knowledge in several areas relating to P.L. 94-142 in order to make informed decisions in the MDT. P.L. 94-142 has been in effect less than ten years, and many school counselors completed their formal education prior to its implementation. Unless they attend workshops or other training sessions pertaining to the law they may be unaware of essential information.

Areas in which counselors may want to increase their knowledge are programs and services available for the handicapped at the local, state, and federal level; assessment procedures used by other members of the MDT; physically and mentally handicapping conditions; learning adaptations for the handicapped; special education programs throughout the school district; vocational training opportunities for the handicapped; roles of other MDT members; and team development materials for use in facilitating in-service training for their MDT. Counselors requiring more information should contact their state department of public instruction for in-service training material, review professional publications, and attend special education workshops.

### Counselor Research

Few studies focus on the counselor's role in the MDT. Those that have been conducted indicate the counselor is an influential member of the MDT. Further studies should be conducted to substantiate this influence and to explore how counselors may utilize their influence to increase team effectiveness. Although literature is available describing counselor intervention strategies with parents, little research has been conducted studying the outcome of specific counselor interventions with parents or the entire MDT. Further research is indicated in the areas of intervention strategies.

### Summary of Implications

Counselors interested in effecting change in the functioning of their MDT's should consider these three areas: parent training, counselor continuing education, and research. In parent training, counselors need to consider both what content to include in the training and how the content might best be presented. Ways to encourage parent attendance should also be considered. Counselors may find the need to improve their own knowledge in order to interact more effectively as a team member and to facilitate in-service training for their team. Finally, the need for research is indicated which focuses both on the counselor role in the MDT and on the outcome of specific counseling interventions for team problem-solving.

## Recommendations

This study reviews the literature concerning problems of special education MDT's and identifies counselor interventions. The findings of this study can be of use to school counselors who are experiencing dissatisfaction with the current functioning of their MDT and with their role as a team member. The following recommendations are based on the findings of this study:

1. Studies should be conducted focusing on the role of the counselor in the MDT.
2. Further studies should be conducted to determine changes in team functioning following specific intervention strategies by the counselor.
3. In-service programs should be developed to train team members in decision-making, communication skills, and role clarification.
4. Parent programs should be developed to disseminate information and provide for practice of needed skills.
5. Educational programs for all involved disciplines at the graduate and undergraduate level should focus on needed skills and prepare students for working in a MDT.

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