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Working with students with disabilities: The role of the school counselor

Abstract

On October 28, 1990, the One Hundred and First Congress signed into effect the Americans with Disabilities Act (Public Law 101-336), promising to end and remediate the discrimination against people with disabilities in the following areas: employment, housing, public accommodations, travel, communications, and activities of state and local government (Rogovin, 1990) .

WORKING WITH STUDENTS WITH DISABILITIES:
THE ROLE OF THE SCHOOL COUNSELOR

A Research Paper
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Teresa J. O'Meara
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On October 28, 1990, the One Hundred and First Congress signed into effect the Americans with Disabilities Act (Public Law 101-336), promising to end and remediate the discrimination against people with disabilities in the following areas: employment, housing, public accommodations, travel, communications, and activities of state and local government (Rogovin, 1990).

This recent P.L. 101-336 echoes the major change brought about in 1975, with the Education for All Handicapped Children (P.L. 94-142) law. Public Law 94-142 has had a significant impact upon the educational system by mandating that all handicapped children be educated in the least restrictive, most appropriate environment. Jargon, including "mainstream," "integration," "self contained," and "individualized educational program (IEP)" have become common, not only in conversation, but in the implementation of educational programming for the handicapped. Ideas and practices regarding the education of students with special needs are rapidly changing, as well as the access to and variety of services available to students with disabilities.

According to Hohenshil (1979), "Most school and agency counselors have been content to view their

primary service for the handicapped as referring them to those who have been traditionally trained to serve them" (p. 214). In the last 12 years, this role has expanded and school counselors are presently more involved with the IEP, as well as providing counseling to the parents of students with disabilities (Humes, Szymanski, & Hohenshil, 1989). Despite the more recent changes, there remains a significant area within the school counselor's role with students who have disabilities that is unclear and undefined.

The purpose of this paper is to present literature which supports continued and increased involvement of the school counselor in working with disabled students. Specific as well as possible future areas of counselor involvement will be discussed.

Incidence and Labels

Incidence

Ten percent of school age children have a handicapping condition. Students with learning disabilities, speech impairments, mental retardation, and emotional disturbances comprise more than 90% of the population being served (Fagan & Jenkins, 1989). These current statistics reflect an 18% increase in the annual number of children who are being served since the 1975 implementation of P.L. 94-142 (Fagan & Jenkins, 1989).

Two categories are responsible for this overall increase; learning disabilities (127% increase) and emotionally disturbed (28% increase), as all other classifications show a decrease during the same time period. The current increase follows a trend which Fagan and Jenkins (1989) illustrate using the following statistics: Of the total k-12 student population, .10% were enrolled in special education in 1922, 1% in 1948, and 4% in 1968.

Labels

The number of students with disabilities who are being identified and enrolled in special education is only one area which has continued to change from 1975 (P.L. 94-142) to the present. Within this time period, specific labels which describe students with disabilities have changed and expanded to include the following: Mental Disability (MD), Learning Disability (LD), Behavior Disability (BD), Physical Disability (PD), Visually Impaired (VI), Hearing Impaired (HI), Communication Disability (CM), Profoundly Multiply Handicapped (SP), and Deferred Diagnosis (Extended Evaluation), (Iowa Department of Education, 1990).

An additional category of disability is Other Health Impaired. These students are identified as having any of the following conditions which may

negatively impact their performance: heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes. Due to the nature of the physical symptoms accompanying these conditions, the students may experience "limited strength, vitality, or alertness" (Fagan & Wallace, 1979, p. 218).

Because P.L. 99-457 mandates the availability of special education services for children birth through 21 years, it broadens the categories of disabilities to include "developmentally delayed" and "at-risk" (Fagan & Jenkins, 1989, p. 140). This expansion of categories and services will contribute to the continuation of the trend reported by Fagan and Jenkins (1989). It will "have a major impact on services by psychological personnel in the 1990s" (Fagan & Jenkins, 1989, p. 140).

Legislative and Professional Organization Input

Although P.L. 94-142 seems vague in the description of the counselor's role in assisting students with disabilities, certainly one requirement has emerged; career education. This program must "meet the special needs of this population" (Williams & Lair, 1991, p. 195). Because it is legally mandated, P.L. 94-142 provides strong influence supporting the school counselor's work with students who have disabilities.

The Carl D. Perkins Vocational Education Act of 1984 (P.L. 98-524) specifies that students with disabilities receive the following: "guidance counseling, career development activities, and counseling services that will assist the transition from school to post school employment" (Elksnin & Elksnin, 1991, p. 216). The definition of the school counselor's role in career guidance, according to a 1978 statement by the American School Counselor Association (ASCA) includes: "be delivered to all persons in an equitable fashion" and "provide career guidance for all persons" (Ryan & Levinson, 1988, p. 57).

Children with handicaps who are between the ages of three to five years are eligible for special services. This is due to the recent Education of the Handicapped Act Amendments of 1986 (P.L.99-457). In addition, P.L. 99-457 "provides incentives to states to develop and implement a comprehensive service delivery system for children birth through age two" (McLinden & Prasse, 1991, p. 37).

Counselor Involvement

The ambiguity regarding counselor involvement with students who have disabilities dates as far back as the original Education for All Handicapped Law (P.L.94-142). According to Humes (cited in Humes, Szymanski, &

Hohenshil, 1989), P.L. 94-142 fails to include counselors, although it specifically mandates the involvement of social workers, school psychologists, and speech pathologists. Despite merely being mentioned, and with no specificity, Lombana (1989) reports that counselors are required to perform many and varied tasks associated with the special education program (cited in Humes et al. 1989). According to Hohenshil (1979), P.L. 94-142 is "now obliging and will continue to oblige the majority of counselors to provide services for crisis intervention and treatment for the handicapped, as well as providing the more traditional counseling services" (p. 214).

Counselors, administrators, parents, and teachers do not oppose the counselor's involvement with students who have disabilities. There is disagreement, however, when the counselor's role with those students who have disabilities is inappropriate (tutorial, for example). Principals rate "help a student with learning problems" as "not needed" within the counselor's functions (Miller, 1989, p. 80). Regardless of the student having or not having a specific disability, the counselor as an academic tutor is an inappropriate role.

One argument concerning the school counselor's involvement with students who have special needs is not

intended as opposition to providing services to students with disabilities. The argument is to simply provide more counselor time with students who are "unspecial children" (Miller, 1989, p. 85). This refers to the numerous resources exclusively provided for disabled students. Regardless of the amount of services mandated by P.L. 94-142, the school counselor's skills are needed by both special and "unspecial" (Miller, 1989, p. 85) students.

There may be room for discussion or debate regarding the amount of counselor time to be spent with disabled versus not disabled students. Due to the limitations of this paper, this will not be pursued. Of relevance to this paper is the answer to the following: What is the present level of counselor involvement in meeting the needs of students with disabilities?

Present Status of Counselor Involvement

Humes, Szymanski, and Hohenshil (cited in Lombana, 1989) note that most counseling is not being done by school counselors, but by special education teachers, even though they are not certified or designated as counselors. Lombana (1989) reinforces this by stating, "The simple fact is that counselors are not counseling nor are they providing adequate career guidance to

students with disabilities" (p.178). Vocational educators and special education teachers assist with job skill training and job related academics, respectively, but it is the counselors who have the training and expertise in (among other areas) career counseling and job finding skills (Elksnin & Elksnin, 1991).

To summarize, special students need the counselor's skills (Miller, 1989), but "counselors are not counselingstudents with disabilities" (Lombana, 1989, p. 178). This obvious inconsistency between theory and practice may be maintained, partially, by the counselor's failure to become involved with disabled students. "Most counselors have little or no course work in special education and, therefore, are uncertain about their ability to intervene effectively" reports Bello (1989, p.298). This uncertainty may be a main contributor to the fact that the counseling is currently being provided by the vocational and special education teachers (Humes, Szymanski, & Hohenshil, cited in Lombana, 1989). Skinner (1985) describes how far-reaching the detrimental effects may be if counselors remain uninvolved with disabled students:

Many counselors assumed that special education teachers understood their students' specific school problems and therefore should be the

counseling agents. This assumption, if widely held, could eventually jeopardize the need for counselors in school settings. If, for example, the teacher of learning disabled students is best suited to counsel his or her students, perhaps other student populations, including the "average" student, are best counseled by their teachers.

(p. 131-132)

The school counselor's involvement with students with disabilities is legally mandated, supported by the professional organizations, and apparently ranges from vague (or inappropriate) to nonexistent in its implementation. Continued lack of involvement may be damaging to the counseling profession. The legislative and professional support does not suggest how the school counselor may expect to meet the many and varied needs associated with counseling students with disabilities. By applying the Brown and Srebalus model (cited in Ivey & Van Hesteren, 1990), of counsel, consult, and coordinate, the school counselor can better prioritize and meet these demands.

Counseling

Career Education

Zigmond and Thornton's study (cited in Elksnin & Elksnin, 1991) shows 26% of learning disabled high

school graduates and 56% of learning disabled high school dropouts are unemployed. Hasazi, Gordon, and Roe, (cited in Elksnin, & Elksnin, 1991) report that of 459 special education students exiting high school between 1979 and 1983, 65% were employed and only 37% of those were full-time. Finally, Brolin and Gysbers (1989) report the findings of a recent telephone survey: Of 1,000 people with disabilities age 16 or older, only two-thirds were employed, and most of those working were only part-time. The Office of Special Education and Rehabilitation, U.S. Department of Education, has chosen a main objective for students with disabilities; the "successful transition from school to work" (Elksnin & Elksnin, 1991, p. 215). Apparently, this objective is not being met for many students with disabilities.

Career education occurs at the following three levels: awareness (elementary grades), exploration (middle school/junior high), and preparation (high school) (Behle, 1982). The activities in the three phases focus upon development of the following: attitudes, values, interest, talents, abilities, social skills, communication skills, positive work attitudes, self assessment, personal competencies, and aptitudes (Behle, 1982).

When counseling students with disabilities, the content of career education does not differ significantly from career education for other students. What does differ, however, are the experiences students with disabilities may encounter early on in the developmental process.

Typically, exceptional children must not only deal with the disability that makes them exceptional--whether it be physical, intellectual, or emotional--but they must also learn to cope with the negative, and sometimes hostile, attitude of other people in their world. Included among these others who can display a lack of understanding or acceptance are parents, teachers, and peers. (Cochrane & Marini, 1977. p.17) These early life and/or ongoing experiences impact students with disabilities in life development as well as the students' views of what they are able to do in life (Williams & Lair, 1991).

Developmental Issues

School counseling is developmental and an ongoing process. In preschool through 12th grades the focus is upon assisting all students with the task of becoming emotionally healthy and productive citizens.

When counseling students with disabilities, the counselor must be aware of issues which may be potential obstacles in the achievement of emotional health and productivity goals. These may be typical developmental issues (friendship, independence, acceptance, self-concept, for example) which may be more complex because of the disability. Additional issues unique to the disabled student may include: learning environment difficulties (Behle, 1982), overly protective attitudes of parents, mobility, preoccupation with the disability and its treatment, limited personal responsibility, lack of decision making experiences, self-perception of being less competent, and self-confidence (Williams & Lair, 1991). Fairchild (1981) adds,

During a special student's journey through the educational system, he/she probably has been rejected by peers, ignored by many adults, and frustrated by repeated academic, personal, and social failures. As a result, many special students develop poor self-images, lack confidence, and tend to be pessimistic about their future. (p.3)

From the efforts of Behle (1982), Fairchild (1981), and Williams and Lair (1991), the following issues emerge for further discussion: self-concept, confidence, and learning environment difficulties.

Self-concept

Self-concept is a significant area of concern regarding students with disabilities. It is reported that poor academic performance is not only associated with a low self-concept in numerous areas of development, but "a general relationship between academic ability and self-concept" is indicated (Colangelo, Kelly, & Schrepfer, 1987, p. 77).

Lewis (1984) reports that reading disabilities are frequently associated with not only poor self-concept but "excessive levels of anxiety" (p. 454). In turn, Matthews and Odom (1989) find that anxiety is "one element that seems to interfere negatively in the development of positive self-esteem" (p. 153).

For students whose disabilities are not related to academic ability, there is the risk that their disability may initiate a stereotypical reaction by teachers who then assign less challenging academic material. This attitude may be supported "by the self-defeating attitudes and behavior of some disabled persons themselves" (Williams & Lair, 1991, p.196). A cycle may result in which a student with a disability perceives him/herself with less academic ability and therefore a lower self-concept. Chubon (cited in Williams & Lair, 1991) reports that teachers

and other school personnel have frequently been found to have lowered expectations of academic performance for students with disabilities.

Confidence/Locus of Control

"Learned helplessness is a phenomenon that occurs when people are repeatedly exposed to situations over which they do not have control" (Greer & Wethered, 1987, p. 157). Those persons with "an external locus of control perception believe that the consequences of their lives are controlled by outside forces, such as luck, fate, or others in their environments" (Omizo & Omizo, 1987, p. 282). Both learned helplessness and external locus of control are issues which may adversely effect the confidence level of a disabled student.

A personality trait of learning disabled students is low self-concept thought to be a product of the numerous failings experienced by the student (Fahey, 1984). Fahey (1984) explains that this connection between low self-concept and poor academic performance may be an unwise assumption. The low self-concept may, in fact, result from the learning disabled student's "belief that they are unable to influence what happens to them--a belief that suggests an external locus of control" (p. 435).

Based upon numerous reported studies, Greer and Wethered (1987) conclude that persons who "acquire learned helplessness develop an expectation of future failures generalized to activities and situations that are unrelated to the initial event in which difficulty was experienced" (p. 158).

Contributing to the disabled student's lack of confidence may be those persons who work most closely with the student. Of the four factors which affect the family's adjustment to the disability, Slade (1988) lists Grossman's as most significant; the attitude of the parents toward the handicapped child. Other factors include; Cleveland and Miller's "sex and position in the family of nonhandicapped sibling", Farber's "the types of problems experienced by the handicapped sibling", and Schild's "child-rearing practices" (Slade, 1988, 107-108). Discussing the disabled student's slower pace progressing through vocational stages and career development, Sinick (1979) lists parental fostering of overdependence or premature independence as contributing factors.

Counselors, too, may convey messages to the disabled student which do not assist in building confidence. When the counselor has views of "feeling sorry for" or "saving" (Nathanson, 1979, p.234) the

student, then the student receives the following ideas about him/herself: "being in need of help, immature, inadequate, defenseless, incapable of managing personal affairs, and equally incapable of handling the frustrations tied to those affairs" (Nathanson, 1979, p.234).

Learning Environment Difficulties

As long as there have been schools, society has found certain handicapping conditions to be more "acceptable" because of the degree of the handicap....persons who are disabled may be more handicapped by a particular physical environment, attitude or lack of corrective device rather than their specific disability. (Loucks, 1981, p.2)

Many difficulties that students with disabilities encounter in the learning environment have little to do with the physical structure of the building. As Loucks (1981) writes, an "attitude" (p.2) may be the handicapping condition. Many times this attitude is evident in the language school personnel use to address students with disabilities. Hadley and Brodwin (1988) promote the use of language which is precise, objective, free from "surplus meaning" (p.147) and keeps the disability in "proper perspective among his or her many characteristics" (p. 147). Inappropriate language use

may imply prominence of the disabling condition in situations where the disability is irrelevant.

Students with mild mental disabilities generally "are less independent and have less sophisticated social skills than most general education students" (Fairchild, 1981, p.7). In addition, Fahey (1984) notes that students with learning disabilities may be "less sensitive to social cues ... less socially effective" (p. 434). Appropriate peer relationships and acceptance make this an area of concern for students with disabilities.

Students with disabilities have developmental and situational issues which require the special skills and services of the school counselor. As Lombana (1989) points out, it is special education teachers who are currently attempting to provide these services, but only because the counselors are failing to do so. Kameen and Huber's study (cited in Nutter, McDavis, & Boone, 1985) reveals "special education teachers wanted counselors to emphasize individual counseling in their work with disabled students and to consult with disabled students' parents and teachers" (p. 224). Omizo and Omizo (1987) reflect over the past ten years and note the academic improvement which learning disabled children have shown. This is due to the attention which has been given to

curricular and instructional materials. Omizo and Omizo (1987) add, however, "there is evidence that they are still having much difficulty in the social and emotional areas" (p. 282).

Consultation

Working as a consultant is "one of the best ways to foster child development" (Hawes, 1989, p.58). In addition to giving away his/her skills for the recipient's future use, the counselor empowers others to work effectively with students with disabilities. Possible areas of consultation include, but are not limited to: integration and mainstreaming, development of the IEP, in-service to faculty and staff regarding handicap awareness and expectations, and working with parents of students with disabilities.

The above list spans a variety of functions. Due to this broad topic and limitations of this paper, one area has been chosen for elaboration; consultation with parents of students with disabilities.

The counselor can act as consultant to the parents of students with disabilities in four major areas (Leyser, 1988). First, as a presenter/trainer to school personnel in successful conferencing techniques and communication strategies. Second, counselors may serve as a team member to develop creative and nontraditional

ways to communicate with parents (home visits and alternative meeting sites). The third area is the counselor's expertise in developing in-service, training, and workshop topics available to parents. These may be in identified areas of interest regarding the parenting of a child with a disability. Finally, the counselor must utilize a needs assessment to judge which of his/her skills are to be put to use and in what order of priority.

Leyser (1988) finds a significant number of parents of students with disabilities not only have infrequent contact with school, but voice the following three areas of interest: "child's academic progress (mentioned by 85%), child's behavior (70%), and future plans (73%)" (p. 366). Each school district's parents are unique in areas of interest, support, and concern. Leyser's (1988) work indicates that parents are receptive to the skills and services counselors have to offer.

Coordination

In addition to counseling and consulting, the role of coordinator will continue to expand. Part of this growth is due to the Regular Education Initiative (REI) which breaks down "the artificial barriers" (Lilly, 1988, p. 254) existing between regular and special

education. At extremes, this promotes educating all students with disabilities in the regular education classroom. Although there are many opportunities for the coordinator, two areas which relate to REI--individualized education plan (IEP) and interdisciplinary teams--will be discussed.

Individualized Education Plan

Because it is mandated that an interdisciplinary team write the IEP (Kameen & McIntosh, 1979) the counselor is an appropriate member to include. As for being specifically listed on the IEP, "the counselor must be responsible for the implementation of a career plan" (Sinick, 1979, p. 255). If the counselor is not the one to provide the service he/she acts as a coordinator to see that appropriate personnel carry out the function (Sinick, 1979).

Interdisciplinary Teams

As students with disabilities increase levels of integration into regular classrooms, the counselor can coordinate the helping team. This team may include special and regular education teachers, area education personnel, and administration. Lombana (1989) describes the task of the helping team as "work to broaden the curriculum to reflect real-world needs of students" (p. 179). Fuchs, Fuchs, Bahr, Fernstrom, and Stecker,

(1990) discuss one aspect of their "Mainstream Assistance Team (MAT)" (p. 494) as an opportunity to develop interventions for students experiencing difficulty in the classroom. Through these teams the counselor also coordinates handicap awareness in-service and training for faculty and staff. This allows for smoother transitions between special and regular education.

Conclusion

Cochrane and Marini and Lafar (cited in Leyser, 1988) state that "counselors are in the position to assume a leadership role and can become change agents in special education programs" (p. 368). Training counselors to become capable leaders in this area will necessitate the inclusion of current, and additional, information in school counselor training programs. Hosie, Patterson, and Hollingsworth (1989), identify seven areas in which school counselors require training: range of services, types of disabling conditions, ethnic, cultural, and language issues (dual minority status), family involvement, technological advancements, ethics and ethical decision making skills, and interdisciplinary collaboration. Hosie recommends that "counselor education programs add course work that is

related to handicapped students" (cited in Humes & Hohenshil, 1987, p. 48).

Leyser (1988) discusses the need for training at both the preservice and in-service levels to prepare school counselors to effectively assume the "newly added responsibilities of providing extensive services to special education students, their families and to educators" (p. 368).

In the variety of services to be delivered to students with disabilities, the school counselor is the most effectively trained and qualified person to either directly or indirectly provide that service. This adds a considerable amount of responsibility to an already full work load, and while giving up is not the answer, getting started is. Ivey's and Van Hesteren's (1990) quote most simplistically conveys the urgency of the situation in regard to the school counselor's expanding role with students with disabilities, as well as the size of the task; "No one can do it all, but it all needs to be done" (p.534).

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