

Clinical Forum

Related Services Research for Students With Low-Incidence Disabilities: Implications for Speech-Language Pathologists in Inclusive Classrooms

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ollaborative teamwork is well established as one of the most critical components of quality inclusive schooling (McGregor & Vogelsberg,

ABSTRACT: When speech-language pathologists provide educationally related services for students with low-incidence disabilities who are placed in inclusive classrooms, they are asked to work with a variety of other adults. The ways in which these adults make decisions about individualizing a student's educational program, determine related services, and coordinate their activities have an impact on educational outcomes for students as well as on interprofessional interactions. This article summarizes a team process for making related services decisions called VISTA (Vermont Interdependent Services Team Approach) and a series of nine research studies pertaining to the use and impact of VISTA. It also addresses related topics, such as team size, consumer perspectives, and paraprofessional supports. Five major implications from these studies are offered concerning (a) developing a disposition of being an ongoing learner, (b) developing a shared framework among team members, (c) having a research-based process to build consensus, (d) clarifying roles, and (e) increasing involvement of families and general education teachers.

KEY WORDS: related services, decision making, service coordination, research, collaborative teamwork

1998; Stainback & Stainback, 1996; Villa & Thousand, 1995). When a speech-language pathologist serves students with low-incidence disabilities (e.g., autism, deaf-blindness, multiple disabilities, severe intellectual disabilities) in the capacity of a *related services provider* in inclusive classrooms, a couple of points are inescapable. First, several other adults will be involved in the education of these students with disabilities. Among the most common adults are parents, classroom teachers, special educators, paraprofessionals, administrators, and other related services personnel such as physical therapists, occupational therapists, and school psychologists. In some cases, the student with a disability who is a teenager or young adult is in a position to be a self-advocate, and, therefore, is added to the mix of people involved in educational planning, implementation, and evaluation.

The potentially large number of people involved in the team has both advantages and disadvantages. The various perspectives these individuals bring to the task of educating the student can invigorate the process by providing fresh ideas, important knowledge, relevant skills, and valuable resources. On the other hand, involving a variety of people can be akin to having "too many cooks in the kitchen," with the results being both unsatisfying and messy. Our data indicate that for students with low-incidence disabilities, the number of people on a student's educational team often hits double figures, and extensive

turnover from year to year can be problematic if it is not managed well (Giangreco, Edelman, Nelson, Young, & Kiefer-O'Donnell, 1999a).

Second, the challenge of coordinating the contributions of various team members is exacerbated by the fact that the roles and functions traditionally engaged in by speech-language pathologists represent extensive overlap with a variety of other disciplines. For example, parents, general education teachers, and special educators all have primary and ongoing roles in teaching a wide range of communication and language skills. Other disciplines overlap with speech-language pathologists on functions, such as oral-motor issues and feeding skills (occupational therapists), breathing and posture (physical therapists), augmentative/alternative communication systems and devices (assistive technology specialists, deaf-blind specialists), and manual communication, such as American Sign Language (teachers of students who are deaf).

Given the number of potential team members and their overlapping functions, central questions facing teams are:

- Which disciplines are *necessary* for the student to receive an appropriate education?

people they are supposed to help (Giangreco, 1996a). He suggests that professionals can improve their interactions with people who have disabilities by (a) viewing disability as a form of human diversity rather than a deficiency that needs to be changed, (b) acknowledging that power differentials exist between professionals and their students with disabilities, (c) listening to the stories of people with disabilities, and (d) drawing on one's own experiences and relating them to the experiences of people with disabilities to develop a depth of thought and reflection. For example, a connection could be drawn between one's own experiences being treated in a condescending fashion and the ongoing experiences of people with disabilities being treated in the same way.

Over the 4-year period from October 1994 through 1998, staff and associates of the Related Services Research Project at the Center on Disability and Community Inclusion at the University of Vermont conducted a series of studies designed to address two main issues. First, the project staff studied the use and impact of a team process for making related services decisions called VISTA (Vermont Interdependent Services Team Approach, Giangreco, 1996c), along with an unpublished supplement to VISTA (Giangreco, 1996b). Second, the project studied a variety of contextual factors that would have a potential impact on team decision making, such as team member attitudes, consumer perspectives, and changes in team membership. Nine of these studies are summarized in Table 2.

The purpose of this article is to provide a brief overview of VISTA and discuss implications from the Related Services Research Project's studies. Its purpose is not to review each of the nine studies in depth. Rather, this article draws on this interrelated set of studies in a broader sense to offer data-based implications for speech-language pathologists and other team members supporting the education of students with disabilities in general education classrooms.

OVERVIEW OF VISTA

VISTA is a collaborative team process for determining (a) what related services are needed to support specific components of a student's educational program, (b) the educational relevance and necessity of related services, (c) functions of services, (d) frequency and mode of services (e.g., consult, direct), and (e) location of service provision. The supplement to VISTA (Giangreco, 1996b) includes updated information, procedures, and forms to augment the VISTA manual in between formal revisions.

For those readers who are familiar with the distinctions between multidisciplinary, interdisciplinary, and transdisciplinary models for professional interactions (Giangreco, York, & Rainforth, 1989; Hutchinson, 1978; Orellove & Sobsey, 1996; York, Rainforth, & Giangreco, 1990), VISTA is most closely reflective of a transdisciplinary approach. Yet, it is not identified as transdisciplinary in any of the literature pertaining to it. Rather, it is simply identified as

Table 2. Summary of studies conducted as part of the Related Services Research Project (continued).

<i>Authors and journals</i>	<i>Participants</i>	<i>Research design</i>	<i>Major findings</i>	<i>Limitations</i>
Giangreco, Whiteford, Whiteford, & Doyle (1998) <i>International Journal of Disability, Development and Education</i>	Mother, father, preschool teacher, special educator, a speech-language pathologist serving a 4-year-old student with Down Syndrome in an inclusive preschool setting	Case study of COACH and VISTA use for a preschool student with Down syndrome	The use of COACH and VISTA assisted a team in making consensus decisions concerning the educational program and need for related services to support the student in preschool. Family involvement in educational decision making increased. Concerns were highlighted related to team functioning. Team members identified the pros and cons of using COACH and VISTA.	Single case example
Giangreco, Edelman, & Nelson (1998) <i>Journal of Visual Impairment and Blindness</i>	21 educational team members (7 triads each including a classroom teacher, special educator, and parent) serving 7 students with disabilities (ages 5–13) in general education classes	Descriptive study with qualitative and quantitative components to study the extent of VISTA use, impact on student outcomes, and extent to which various disciplines were perceived as responsible for contributing to positive student outcomes	When VISTA was used and then implemented, there was a high level of intra-team agreement that it had a positive impact on student outcomes and team functioning. Respondents indicated that the team members most responsible for positive change in student outcomes were either those with highly specialized skills (e.g., deaf-blind specialist) or those who were classroom or building-based, rather than itinerant. There were significant differences between the responses of classroom teachers, special educators, and parents regarding the impact of various disciplines.	There was a small sample. Questionnaire items are subject to idiosyncratic interpretation.
Giangreco, Edelman, Nelson, Young, & Kiefer-O'Donnell (1999a) <i>Journal of Visual Impairment and Blindness</i>	384 educational team members supporting 18 students with multiple disabilities in general education classes (preK–12)	Quantitative document analysis to determine the extent of change in team membership from 1994 to 1998	Average team size was 10. Average percent of change in team membership annually was 55.42%. Change after 2 and 3 years was 73.31% and 78.41%, respectively. Parents were constant members in all 18 cases and the only constant in six cases. Speech-language pathologists remained constant in	This small sample was based exclusively on students with low-incidence disabilities. This study offers extent of change, but not reasons or impact.
Giangreco, Edelman, Nelson, Young, & Kiefer-O'Donnell (1999b) <i>International Journal of Disability, Development and Education</i>	73 educational team members supporting the education of 11 students with multiple disabilities in general education classes (K–12) in three states (i.e., MA, UT, and VT)	Post-test-only questionnaire (1 to 10 Likert-style scale) was used to gather consumer feedback on updates to VISTA		Post-test-only does not provide experimental verification of findings. Questionnaire items are subject to idiosyncratic interpretation; 43% of respondents had used only the updated version of VISTA.

and appreciate the unique character and value of their respective disciplines. So, it is not surprising that these “helpers” highly value their particular helping profession, think of themselves as “experts,” and encourage others to view them as experts when they have completed their prescribed course of study. Certainly, ASHA has established high standards for the certification of speech-language pathologists, which is commendable. Yet having expertise means more than exhibiting clinical competencies.

The negative stereotype of an expert is one who always knows the “right answer,” which of course is based on his or her own discipline. These experts display a propensity to recommend their highly valued services and often expect others to accept their expert recommendations without much scrutiny. They often return the favor by deferring to the recommendations of “experts” from other disciplines. This professional courtesy, although representing the benevolence of cross-disciplinary civility, unfortunately can have chilling, if not unexpected, effects on collaborative teamwork. The type of professional socialization that encourages the “expert model” can inhibit open communication, establish unrealistic expectations of certain members, create unproductive hierarchies among team members, and foster isolated decision making. Each of these problems sows the seeds of disjointed, fragmented, and inadequate educational planning, implementation, and evaluation.

Wouldn't it be great if the stereotype of a professional was a more universally positive one? In this scenario, the term “expert” would be replaced by the phrase “collaborative team member,” where the person is skilled and valued not because he or she has all the answers, but because he or she has the ability to join together with other team members to create a whole that is stronger and better than any single one of them could create on his or her own (Rainforth & York-Barr, 1997; Thousand & Villa, 2000). Maybe more than any other personal characteristic of an effective team member, those members who become disposed to being learners take time to listen carefully and nonjudgmentally to the stories, spoken and unspoken, of people with disabilities and their families. It is through such listening, direct experiences with these families, and ongoing professional skill development that professionals can more fully develop themselves and set the stage for learning and constructive action to flourish among team members.

Develop a Shared Framework with Team Members

When a group of people are assigned to the same student, we often refer to them as a *team*. But, just because a group of people are assigned to the same student and share some common tasks such as assessment, curriculum selection, placement decisions, related services decision making, instruction, and evaluation, it does not make them a team. The quality and impact of the group's decisions are based in large part on developing a *shared framework*. A shared framework consists of a team's common set of beliefs, values, or assumptions concerning education, children, families, and professionals to which they agree

through ongoing dialogue. Identifying these points of agreement inevitably leads to the identification of points of disagreement. It is advisable to share these differing perspectives openly among team members. When these beliefs, values, or assumptions are unknown or hidden, the team process is more likely to be subverted.

It is somewhat unusual for teams to take time from their busy schedules to consider the extent to which members have a shared framework or to develop one. If our research participants are at all representative of the broader population of people working in schools with students who have disabilities, then it is quite common for team members to disagree about important foundational issues (Giangreco, Edelman, MacFarland, & Luiselli, 1997) or to lack basic knowledge about each other's background, skills, and attitudes even if they have been working together for a year or more (Giangreco, Whiteford, Whiteford, & Doyle, 1998). These disagreements and members' lack of awareness concerning the possibility of such disagreements create situations where team members may be working at cross purposes. Developing a shared framework provides a solid foundation on which a team can build and remodel effective education.

Have a Process for Making Consensus Decisions

A problem that continues to plague related services decision making is the absence of team processes by which to determine educationally necessary supports. This problem takes two basic forms: Some groups have no identifiable process; others have identifiable processes that are designed for use by a single discipline, such as for speech-language pathologists to make decisions concerning speech-language pathology services.

- In the first scenario—absence of a process—decisions are made based on intuition, clinical judgment, historical practices, or advocacy by parents or professionals. In some cases, people have great intuition, or their historical practices have worked well, and so, in the absence of a team decision-making process, they have had the good fortune of making appropriate decisions. If a team has experienced effective decision making with this type of approach, they might be satisfied, but our evidence suggests that most groups just are not that lucky.
- The second scenario—where there is a process for a specific discipline—while seemingly a better alternative (pro

decisions by consensus that has also undergone some level of peer review and field testing.

It is important to recognize that VISTA is not a quick and easy formula to provide the “right answer.” In fact, consumers are cautioned to be wary of formulas that promise quick, easy answers to complex and highly individualized decisions. VISTA provides a principle-based process and a set of collaborative teamwork procedures that assist people who know and care about a student’s education to discuss options and make an educated “best guess” concerning appropriate support services. Using VISTA, the consensus decisions made by the team are then implemented, evaluated, and adjusted based on ongoing data collection.

Our research documents that people do make different decisions when they use a team decision-making process, such as VISTA, for reaching consensus. Two separate studies demonstrated that, after using VISTA, the reported need for related services personnel to support identified aspects of a student’s educational program were substantially different for the same students than the decisions that were made by the same related services personnel in isolation just prior to using VISTA (Giangreco, 1994; Giangreco, Edelman, Luiselli, & MacFarland, 1996b). In part, the decisions resulted in team members agreeing that support services providers should focus on a smaller set of items and increasingly use indirect and consultative services.

Explicitly Clarify Your Role

Teamwork does not mean that all team members must be involved in all team activities. Teams can agree to a division of labor and determine differentiated roles for their members. One way suggested in VISTA to manage potentially large team size is to differentiate between core members, extended members, or situational resources to the team.

Core members are those members who have substantial daily involvement with the student, such as the classroom teacher, special educator, parent, and paraprofessional. Typically, they are involved in delivering the bulk of the student’s educational program. *Extended team members* are those members who have less frequent involvement, but at regular intervals, and whose involvement tends to be

preparation programs and others that tend to be developed on the job on an ongoing basis. The five themes presented in this article represent areas of knowledge and skill that can be learned in a course of study, but that must be nurtured and practiced if they are to take root and thrive as part of one's professional repertoire. We need to spend more time attending to these collaborative teamwork practices, such as being a learner, developing a shared framework, clarifying roles, building consensus, and involving families and teachers, so that the power of clinical skills can be applied in ways that really matter. At

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