

USING FAMILY CENTERED SYSTEMS THEORY TO BRIDGE THE
SCHOOL AND FAMILY GAP IN SPECIAL EDUCATION:
A REVIEW OF THE LITERATURE

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Abstract

In this review I looked at 22 articles that explored two of the primary interventional perspectives used when addressing the needs of exceptional students. A number of the articles elucidate the present prevalence of student based practices in U.S. schools, administration, and legislation. The body of the literature surveys how family centered interventions can be, and are used, to better serve students by integrating the needs and concerns of the family, as well as those of the student. The review was concluded with a discussion of the importance of finding a balance between the current legislative trend which emphasizes a student's needs based on an annual standards driven success model, versus a model which emphasizes the development of the whole child at home, and in the school, during all educational and developmental stages.

Problem

According to the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), we, as professionals in our given fields, are to follow the guidelines of “almost 30 years of research and experience which has demonstrated that the education of children with disabilities can be made more effective through the use of some specific tenets.” The first of these tenets instructs us to ensure our student's access to the general education curriculum by maintaining high expectations, and being mindful of their individual developmental abilities. This noble, student-centered objective is fundamentally the building block of which our educational system and professional training are built upon. However, the IDEA 2004 continues by outlining the next important tenet as being one in which we “strengthen the role and responsibility of parents and ensure that families of such children have meaningful opportunities to participate in the education of their children at school and at home.” Although, the tenets go on to emphasize other classroom and school expectations, I believe that the aforementioned family-centered tenet is not only one of the most important in IDEA, but also the one that is most

overlooked and neglected (U.S Department of Education, Retrieved October 1, 2008, from <http://idea.ed.gov/download/statute.html>).

This phenomenon is not innate to our current educational system, rather is a result of a variety of factors ranging from faulty emphasis in teacher preparation programs, to the over emphasis of instruction and methodology as a means-to-an-end for children with special needs, and down to the basic lack of emphasis and protectiveness many professional staff display when challenged to work together. One could view this trend as a bottom-up corruption of focus which begins, as Rupiper and Marvin (2004) elucidate, in teacher preparation programs in early intervention and early childhood special education, which have been primarily child-focused. This child-centeredness spreads through the schools, administrations, into the homes, and eventually into the very legislation (IDEA) that is to provide services, opportunities and equality to the very families whom are being left out of the locus of attention, but who are the veritable experts when it comes to their own children.

The authors Milton Seligman and Rosalyn Darling (2007) address this dichotomy as they explore what it means to be a parent of a child with special needs. They emphasize that, although children with disabilities are born into all sorts of families, and are frequently poorly prepared to handle the challenges posed by their children, there are unifying thoughts throughout these families. This is thought of as the “do what has to be done” mentality and suggests that these diverse families, with different dynamics and unique situations are unified by this ordinary resiliency (vii). Furthermore, they specify that these poorly prepared families must “confront a lack of specialized knowledge; often negative reactions from other family members, friends and strangers; the limited accessibility of needed resources; and, often, professionals who provide insufficient or inappropriate assistance” (viii).

Thus, it would seem that all too often, families, in order to keep from sinking into the pit of struggles, insecurity, and despair, reinvent themselves based on what professionals are telling them is best for their child. Amidst unknown futures and unpredictable challenges, families reach out to these professionals for support and advice, and find themselves backed into a corner prompted to listen and agree, encouraged to talk and ‘collaborate,’ but hesitant due to feelings of lack of knowledge and/or adequacy. It would seem that these professionals whose motives are child-centered have been granted significant power over the familial system.

Family systems perspective relates the organization of a family, and all whom influence it, to a child’s mobile. When one of the objects on the mobile is pushed or pulled, than all of the other objects react to this force. According to Seligman and Darling (2007), general systems theory holds that each variable, or “actor,” in a system interacts with each other so thoroughly that the cause and residual effects of ach action cannot be distinguished (p. 17). Thus, when an actor within the family pushes it, the rest of the family moves, or reacts, as a result. Although, it may be impossible to distinguish initial causes or effects, the importance lies in the pushes and pulls within the system, which are known as stressors.

If we are to view the family in this systems style, then the aforementioned problem arises when we consider how much importance, or power, has been given to the educational professionals. School turns into a major area of pushes and pulls, with the family left on the outskirts of the mobile to ride the residual waves, and to compensate for so much emphasis having been place in one area (i.e., the child) by a number of actors (i.e., school professionals).

The Author’s Experiences and Beliefs

Merriam (1988) recommended that researchers clarify their biases from the onset of their studies by commenting on any experiences, beliefs, or orientations that have likely shaped the

interpretations of, and approaches to their research. I agree with Merriam and wish to provide the reader with some information about my experiences, beliefs, and orientations. Before becoming an educator, I was the manager and milieu counsel at a residential treatment center for children with emotional disabilities. My responsibilities primarily involved, maintaining daily safety and consistency for children aged 6 through 12, whom had been diagnosed with a variety of psychological disorders, and/or whom had experienced extremely traumatic lives. These responsibilities extended to helping the children on a daily basis, assisting with their educational struggles and expectations, and coordinating with care-givers (biological and non), institutional service providers (internal and external), and governmental agencies. In my five years in this position, as a requirement of my job, I met with (on a regular basis); the children first hand, floor staff, support staff, institutional and educational directors, teachers, a staff psychologist, a staff psychiatrist, the children's therapists, the children's social workers, the children's parents (biological, foster, and even guardians), court appointed special advocates (CASA), and representatives from inter-governmental agencies. The basis for all of these meetings, reviews, addendums, consultations, and interventions was essentially to help each individual child.

Amazingly enough, all of the involved parties (or actors) in the children's lives were able to come together and make decisions with little or no confusion, mixed signals, or debate. This is not to say that mix-ups and conflicts did not happen, on the contrary, they happened frequently. What did not happen was that the group of interested care givers, professionals, and support staff, rarely lost focus of what the child needed in his/her life to meet their needs physically, emotionally, educationally, and psychologically. This phenomenon was particularly intriguing especially when one considers the sheer volume of individuals involved in one child's life, much

less when those numbers were multiplied by the 20 full-time residents whom where on a need based rotating respite schedule.

The key to the success of the center's therapeutic assemblage lie in the organizational extension of a counseling technique utilized by the treatment staff. I first became aware of this "family-centered" approach as the center's staff psychologist was training new employees in how to best address the needs of the children we would be working with. He emphasized the importance of thinking of each individual child's needs not in relation to what that individual child needs to get better at that moment, but rather what is needed to repair or strengthen that child by repairing and strengthening the child's world and everything that comes in contact with it. For us, the support staff, that meant providing safety and consistency in all aspects of the child's day. Later on as manager, that meant bridging the gaps and disconnects in the parts of a child's world that weren't 'communicating' or working well together.

While continuing to facilitate the healing of abused children, I began my graduate work in Marriage and Family Therapy, an approach to counseling centering on systems theory. While in this program a professor challenged my perception of the word "family" in family-centered therapy. Essentially, the idea of a family is identified, defined and utilized by each person differently. For example, one person's definition of who is in their family, can and will be drastically different from others, especially if said person identifies their best friend as a sister, or their grandparent as their mother, or even their older sibling as a parental figure. Thus, this idea of family can encompass virtually anyone. Furthermore, according to Peter Gerlach, this idea of family can, and should extend into the realms of clinical professionals such as therapists, doctors, and even lawyers and judges (Gerlach, 2008). This premise states that any person, or actor,

whom directly impacts a child's life, world, or well-being there in should be considered part of that child's system, and thus be addressed in the healing process.

Although I chose to pursue licensure as an elementary teacher instead of as a therapist, the foundations of a systems approach to helping children stayed close to my instructional and interventional techniques. While working as a 4th and 5th grade teacher in rural Alaska, I began to notice a marked disconnect in communication, interactions, and collaboration between regular education and special education teachers, administration, and even itinerant service providers such as occupational, physical and speech therapists. None of these actors, all so important to a child's life, seemed to be effectively working together to help the child or family. What was more troubling, was that as I interviewed other teachers in school, as well as around the country (using contacts from the contiguous states), he found that this sort of disconnect and lackadaisical support was commonplace in most schools.

Finally, as I was working towards a Master's degree in Special Education, I began researching a solution to the aforementioned problem that I had faced in Alaska, as well as the one I was currently facing. Currently, I am teaching a third grade inclusion classroom with seven special needs children, three children with behavior disorders, three children with abusive home lives, one child with bi-polar disorder, and seven other students caught in the middle of the eight teachers, itinerants, and aides (besides the author himself), who entered the classroom to provide services. Despite this situational word problem, I was inspired by Milton Seligman and Rosalyn Darling's elucidation of the use of systems theory in helping children with special needs. They described the therapeutic process as a sociological perspective whose process encourages the professional to assist the families in creating new resources and expanding their "opportunity

structures” (Seligman & Darling, 2007, p. 14). Whereas opportunity structures are defined as the resources and/or coping mechanisms the family uses to normalize their lives.

Thus, my perspective of how best to help the student changed into the realization that I, and every other educational provider in the classroom, were part of each child’s extended family structure. Essentially then, we were part of the problem, and we should work together to be part of the solution with the families. The question then becomes:

- How do we best utilize the support structures that already exist to help each child more efficiently?
- How do we coordinate these supports so that they may become more efficient?
- How do we break the stigma of viewing educational support and success as centered around the child, rather than around the family?
- How do we change our professional ‘lenses’ to include ourselves as ‘family members’ and interest holders in each child’s education?

To help answer these questions I have chosen to perform a review of the literature as it pertains to systems theory being used in an educational setting. It was decided that articles to be reviewed would relate to (a) family centered approaches to therapy, (b) coordination of services for special needs children, and (c) effective collaborative meeting techniques in education.

The Purposes for this Review of the Literature

This review of the literature had multiple purposes. One purpose was to find journal articles and book chapters that examined issues closely related to the use of family systems theory in special education. A second purpose was to identify articles and chapters that critiqued the child-centered and family-centered approaches to cooperative teams. A third purpose was to classify these articles according to publication type, intervention approach, disciplinary focus,

and by research design. The fourth purpose was to use a phenomenological method of data analysis to develop “emergent themes” that described the “essence” (or content) of the entire body of literature (Creswell, 2007). The final purpose in conducting this review was to emphasize the importance family plays in the process of service allocation for children with special needs, and to provide educational professionals with sources to facilitate their understanding of this importance.

Methods

Selection Criteria

The journal articles used in this review of the literature met the following criteria:

1. The articles that addressed issues related to using a family-centered systems approach in special education.
2. The articles were published in peer-reviewed journals typically read by teacher educators, counseling educators, school and clinical psychologists.
3. The articles were published after 1990 (when the U.S. Congress reauthorized PL-142), with the exception of several landmark (i.e., seminal) articles published before 1990.
4. The articles were written in English.

Search Procedures

Database Searches

I conducted database searches and an ancestral search to locate journal articles for this review of the literature. I used Boolean search procedures of five databases that index literature related to the fields of education and psychology. These databases included: (a) the Educational Research Information Center (ERIC) (Ebscohost); (b) Education Abstracts (OCLC FirstSearch); (c) Education Journals (Proquest); (d) the Professional Development Collection (Ebscohost);

and (e) Proquest Psychology Journals (Proquest Psych). I found 22 articles that met the criteria for selection.

ERIC (Ebscohost). A generalized search using the terms Family Centered Special Education and Disabilities and Interventions yielded 35 results. Seven of these results met the criteria and were included in this review of the literature (Bruder, 2000; Bruder & Dunst, 2005; Dempsey & Keen, 2008; Gallagher, Rhodes, & Darling, 2004; McWilliam, Tocci, & Harbin, 1998; Van Heren & Fielder, 2008; Xu, 2007).

Education Abstracts (OCLC FirstSearch). I conducted a search using the terms Family Centered Education as a keyword and Collaborative Team as a keyword in the Educational Abstracts database. Both search terms were entered without quotation marks. This search returned two articles, one of which met the criteria and was included in this review of the literature (Childre & Chambers, 2005).

Education Journals (ProQuest). A search using the terms (“Family Centered Education”) and (“Systems theory”) returned 5 articles, two of which met the criteria and were included in this review of the literature (Duckworth, et al., 2001; Odom & Wolery, 2003).

Professional Development Collection (Ebscohost). I conducted a Boolean search for the term “Family Centered Education” in Select a Field (Optional) with no limitations. This search returned 21 results, four of which met the criteria and were included in this review of the literature (McWilliam, Maxwell, & Sloper, 1999; Mahoney, et al., 1999; Murray, et al., 2007; Petr & Allen, 1997).

Proquest Psychology Journals (Proquest Psych). A refined search using the subject descriptors “Collaborative Teams in Teaching Special Education” was limited to the publication type “peer reviewed” returned 42 results. Three of these met the criteria and were included in

this review of the literature (Bahr & Koveleski, 2006; Burstein, et al., 2004; Rodgers-Atkinson & Stewart, 2007).

Ancestral Search

An ancestral search involves reviewing the reference list of a previous publication in order to locate literature relevant to one's topic of interest. I located a landmark text relating to systems theory in special education and used its reference list to locate relevant literature (Seligman & Darling, 2007). An ancestral search of this text yielded five articles that met the criteria for inclusion (Beckman & Pokorni, 2001; Cobb, 1976; Hughes, 2007; Menzies, Madhavi, & Lewis, 2008; Nolan, Orlando & Liptak, 2007).

Coding Procedures

I developed a form of coding to categorize the information contained in each of the 22 articles. The coding form was based on: (a) publication type; (b) research design; (c) disciplinary focus; (d) intervention approach; and (e) emergent themes.

Publication Type

I reviewed and evaluated each article and categorized them according to *publication type*. The primary publication classifications used are; Empirical Studies, Descriptive Articles, Position papers, and Guides. Empirical Studies are based on systematically observed and recorded data which can be either qualitative or quantitative in nature. As such they are characterized by a detailed explanation of the methods used to collect and analyze the data. A *descriptive article* explores and explains a particular topic, subject, or phenomenon, but is not formulaic in its methodology. Rather, they elucidate topics through flowing depictions of the subject matter. *Position papers* are detailed reports outlining one side of a debated topic, theory, philosophical standpoint, or phenomenon, often justifying or offering advice as to the subject

matter. Although, position papers tend to sway the reader to a predisposed conclusion, they are meticulously researched. *Guides* are comprehensive studies of a subject area written as a means of strategy or intervention recommendation, or roadmap for the implementation of a disciplinary or theoretical system.

Research Design

Each article was classified by the type of *research design* utilized in the paper. The research was categorized as either quantitative, qualitative, or as mixed methods. *Quantitative research* is the systematic study and investigation of a particular event, occurrence, or theory. The goal of this methodology is to obtain empirical and numerical data explaining the “why” and “what” of natural phenomenon. Conversely, *qualitative research*, explains the ‘how’ of natural phenomenon through the use of subjective measures of data collection such as observation, participation, and interview. Mixed-methods research utilizes both types of data collection; numerical and observational, methodological and subjective, and quantitative and qualitative (Creswell, 2007).

Disciplinary Focus

Although all of the articles I reviewed concerned the provision of services for children and families with special needs, the scope and approach to these provision varied. Thus, I further categorized the articles into groups specific to the professional communities the articles were intended for. *Educational* focused articles were written for use by all educational professionals within an individual school including teachers, aides, counselors, administrators, and even pre-service teachers. *Administrative* focused articles were intended for all levels of educational administration beyond the individual school setting which includes, but is not limited to, school districts and state departments of education. A *medical* focus pertains to provisional services

offered to children outside of the normal classroom environments, and which are essential to the child's and family's continued functioning. Such services can be, but are not limited to, the areas of, physical and occupational therapy, psychological counseling, and/or the diagnosis and treatment of a chronic illness or disability. The *family* focus articles were written to be specifically used by the families of children with special needs. Furthermore, these articles were written within the framework of the family as a group of professionals intending to best support each and every one of the family members.

Interventional Approach

All of the articles I looked at involved helping and healing at-risk children. As such, I classified each article as to the focus the intended intervention would take; child-centered, or family-centered. The goal of *child-centered* interventions is to efficiently and adequately help a child or client (within the constraints of the therapeutic or educational setting) whom is struggling or needs assistance. This approach emphasizes what the child immediate needs, and how direct-care staff (therapists, teachers, doctors) can alleviate the child's symptoms. Family-centered approach takes into consideration the child's initial crisis setting, but extends the realm of intervention and planning to all whom have a stake in the child's success, particularly the family. Although both of these approaches are beneficial to the child, the separation and classification was done in order to elucidate the different types of success in these two techniques.

Data Analysis/Emergent Themes

The Stevick-Colaizzi-Keen method of data analysis is a technique used in phenomenological research which essentially uses the researcher's textural and structural descriptions of research related experiences as well as direct text/literature reviews and creates a

composite textural-structural description of the meanings and essences of the texts and/or descriptions. These individual descriptions and reviews are integrated into a universal description which acts to characterize the phenomenological research and review as a whole (Moustakas, 1994). I used a modified version of the Stevick-Colaizzi-Keen method described by Creswell (2007) to analyze the 22 articles gathered in this review of the literature. I first identified “significant statements” from each of the data sources and then developed a list of non-repetitive, non-overlapping statements. For the purpose of this study, I defined a “significant statement” as any statement that explicitly describes issues relevant to the use of a family centered/systems approach to special education interventions in the classroom. I then identified my “formulated meanings” as they pertained to my “significant statements” and consequently compiled the results. Finally, I grouped the “formulated meanings” from all 22 articles into a conglomerate premises known as “theme clusters,” or emergent themes. These “emergent themes” elucidate the “essence” of the entire body of literature under review (Creswell, 2007).

Results

The disciplinary focus, interventional approach and publication type of each article are delineated in Table 1.

Table 1

Author(s) & Year of Publication	Publication Type	Research Design	Disciplinary Focus	Intervention Approach
Bahr & Kovaleski, 2006	Review of the Literature	Not Applicable	Educational	Student Centered
Beckman & Pokorni, 2001	Empirical Study	Quantitative	Family	Not Applicable
Bruder, 2000	Position Paper	Not Applicable	Family	Family Centered

Author(s) & Year of Publication	Publication Type	Research Design	Disciplinary Focus	Intervention Approach
Bruder & Dunst, 2005	Empirical Study	Quantitative	Educational	Student Centered
Burnstein, Sears, Wilcoxon, Cabello, & Spanga, 2004	Empirical Study	Qualitative	Educational	Student Centered
Childre & Chambers, 2005	Empirical Study	Qualitative	Family	Family Centered
Cobb, 1976	Review of the Literature	Not Applicable	Family/Medical	Not Applicable
Dempsey & Keen, 2008	Review of the Literature	Not Applicable	Administrative	Family Centered
Duckworth, Smith-Rex, Okey, & Brookshire, 2001	Empirical Study	Qualitative	Educational	Family Centered
Gallagher, Rhodes, & Darling, 2004	Empirical study	Qualitative	Family	Family Centered
Hughes, 2007	Position Paper	Not Applicable	Educational	Mixed
Mahoney, Kaiser, Girolametto, MacDonald, Robinson, Safford, & Spiker, 1999	Review of the Literature	Not Applicable	Family	Family Centered
McWilliam, Maxwell, & Sloper, 1999	Empirical Study	Quantitative	Educational	Family Centered
McWilliam, Tocchi, & Harbin, 1998	Empirical Study	Quantitative	Educational	Family Centered
Menzies, Madhavi, & Lewis, 2008	Empirical Study	Quantitative	Educational	Student Centered

Author(s) & Year of Publication	Publication Type	Research Design	Disciplinary Focus	Intervention Approach
Murray, Christensen, Umbarger, Rade, Akdrige, & Neimeyer, 2007	Position Paper	Not Applicable	Administration	Family Centered
Nolan, Orlando, & Liptak, 2007	Empirical Study	Quantitative	Medical	Family Centered
Odom & Wolery, 2003	Guide	Not Applicable	Family	Student Centered
Petr & Allen, 1997	Empirical Study	Quantitative	Educational	Family Centered
Rodgers-Adkinson, & Stuart, 2007	Position Paper	Not Applicable	Administrative	Student Centered
Van Haren & Fielder, 2008	Guide	Not Applicable	Educational	Family Centered
Xu, 2007	Guide	Not Applicable	Family	Family Centered

Publication Type

Three of the 22 publications (14%) in this review of the literature were guides. Four of the 22 publications (18%) were reviews of literature. Eleven of the 22 publications (50%) were empirical studies. Four of the 22 publications (18%) were position papers.

Research Design

Seven of the 22 publications (32%) in this review of the literature used quantitative research methods. Four of the 22 publications (18%) used qualitative research methods. Eleven of the publications (50%) used no methods.

Disciplinary Focus

Ten of the 22 publications (45%) in this review of the literature were educationally focused. Three of the 22 publications (14%) were administratively focused. One of the 22 publications (4%) was medically focused. Seven of the 22 publications (32%) were family focused. One of the 22 publications (4%) was both medical and family focused.

Intervention Approach

Six of the 22 publications (27%) in this review of the literature were student centered. Thirteen of the 22 publications (59%) were family centered. One of the 22 publications (4%) was mixed approach (family and student centered). Two of the 22 publications (9%) did not have an interventional focal point.

Table 2

Theme Clusters	Formulated Meanings
<p>Core Goals of Family Centered Interventions</p>	<ul style="list-style-type: none"> • The family is a complex, mutually dependent social system in which events that affect one component often have an important influence on the other components. • Families of with children with special needs often experience high levels of stress, the amounts of which can have a significant impact on its ability to act as a social support system. • Family centered interventions are aimed at equally involving family members as active partners with professionals when it comes to their children's needs. • Family centered interventions aim to recognize the family's central and long-term roles in the lives of their children, thus making them experts in the decision making process. • Although the definition of "family" continues to change, most family centered approaches push the limits of this definition to include a mesosystem of connections including professional and community agency members. • One of the first steps to actualizing family centered interventions is to promote pre-planning that addresses the needs of the student in school and at home prior to any formalized documentation or

Theme Clusters	Formulated Meanings
	<p>intervention.</p> <ul style="list-style-type: none"> • Pre-planning activities and discussions inevitably help the family to have a voice in formal service implementation. • An important step to building a family centered system is to determine the professional behaviors that are most important to the care givers and families of special needs students. • The most appropriate and effective judges of a family-centered system or practice are the families themselves.
<p>Core Goals of Student Centered Interventions</p>	<ul style="list-style-type: none"> • The school is a complex, mutually dependent social system in which events that affect one component often have an important influence on the other components. • Students with special needs often experience high levels of stress, the amounts of which can have a significant impact on their ability to act as a functioning part of the classroom. • The most effective course of action to help children with special needs in the educational setting is to refer their cases to a problem solving team of educational professionals. • The goal of these collaborative teams will be to ensure that each student is brought to an acceptable level of proficiency in relation to state-administered tests. • The goal of these problem solving teams will not revolve around the short term pre referral models, but instead rely upon a structure of cross-setting, inter-school monitoring of progress and interventional success.
<p>Focus of Current Special Education Interventions</p>	<ul style="list-style-type: none"> • Although the consideration of family and student preferences in the intervention process is key to meaningful outcomes, discussing these issues with families is not current practice. • Many barriers remain that place the locus of control of the decision making process firmly in the hands of educational professionals. • Quite often intervention documents do not articulate skills that will enable the student to succeed outside of the scholastic setting. • Although public policy has recently shifted emphasis to acknowledge the child as part of the family, thereby expecting professionals to partner with families, the philosophical change tends to weaken at the individual school level. • The majority of families report that they have not been met with an adequate feeling of importance or influence in the decision making

Theme Clusters	Formulated Meanings
	<p>process for their own children.</p> <ul style="list-style-type: none"> • Current models of intervention rely upon support of strategies used in the classroom, evaluation of the outcomes of intervention within the educational setting, and monitoring of student's proficiency progress.

Discussion

Goals of Family Centered Interventions

The identity of family has been, and is, a very difficult notion to define. Recently, many social theorists have expanded the definition of family to include any, and all, significant influences which help to contribute to, and who are dependent upon, this complex social structure (Seligman & Darling, 2007, p. 9). With this new view of the family, many professionals have looked at the impact a child with special needs has on this family dynamic. Many studies have found that exceptional children experience a great amount of stress within their family and school constructs, but what has also been identified is the significant amount of stress the families experience while adapting to the needs of the child and the expectations of the world at large. Thus, the majority of the literature I reviewed found that as the families experience stress, their ability to act as social/emotional support systems began to dwindle.

With these realizations, we have been forced to re-evaluate our interventional approach when helping these students. Furthermore, this awareness has culminated in the development of family centered interventions. Such interventions emphasize and recognize the family's central and long-term role as an expert in the planning and implementation of any interventions their children may need. A key factor in empowering families is the enactment of pre-planning prior to any formal documentation of special needs has begun. This pre-planning stage has allowed

parents to work with teachers and administrators, and to have a voice in their child's scholastic future. Finally, despite many of the foundational changes in focus of these interventions, the professional community acknowledges that the success of these interventions is based on their importance and merit to the caregivers themselves. Thus, promoting the family (rather than standardized tests) to be the most appropriate and effective judge of this approach.

This interventional approach has a significant importance in my practices as a regular and special education teacher. Whether I am teaching in a residential, indigenous village, or public school setting, I believe that the definition of family is only as big and important as each person makes it. Thus, as I teach, differentiate, and intervene, I do not believe that there is one set answer to any given need or problem. Each student, and each family, in each situation should be viewed within their own unbiased bubble as to what their needs might be, and how I can promote the stabilization and education of everyone involved. Furthermore, by promoting family centered practices, I feel that we promote the voice of not only the family, but of the special education teacher, supplemental service providers, administrators, and anyone else who spends valuable time and energy on the student and family.

Goals of Student Centered Interventions

Traditionally, the realms of family and school have been separate, only coming into contact if there are behavioral or academic difficulties. In these cases the two realms interact in a formal, almost scripted manner, in order to identify, plan for, and address the needs of the child in question. Following legislation such as IDEA (2004), it has become widely recognized that a students with special needs experience a high level of stress inside and outside of the school setting. Furthermore, it has been recognized that this stress can have a significant impact on the student's ability to act as a functioning part of the classroom. As such, the development of

interventions and accommodations for such children has been on the front burner of professionals in the field of education for some time. Recently, many such professionals have promoted the idea of educational intervention teams as a way to not only address the needs of the exceptional child, but to plan for pre-interventions to be used in the classroom before any formal documentation of special needs is enacted.

These interventional teams are typically made up of professionals from within a given school, who have been referred a case, or child, whom is struggling academically or behaviorally. According to the researchers Bahr and Kovaleski (2006), these special intervention teams are primarily interested in “the percentage of student population that does not reach established levels of proficiency on state-administered tests” (p. 2). Furthermore, they emphasize that the end-product for these teams is to provide support for teachers to bring all students to acceptable levels. In order to accomplish this, the intervention teams will rely upon and promote a cross-setting process of monitoring progress from within the school, and judge interventional success through comparisons of state scores and annual growth rates.

These findings and recommendations significantly impact my current practices as I am part of an inter-school intervention team. I believe that these practices do relieve the stress of other teachers, despite the fact that the interventions are student-centered. I find that the intervention team provides a crucial step in the planning and pre-referral part of the special education program in school. Also, they allow a group of educational professionals, from different backgrounds with different experiences, to look at a single case and offer advice and accommodations to many teachers who have tried everything. Finally, although I am a proponent of the family centered model, I believe that the student centered model has many valid

points and strengths, and that it is important to learn about and validate the current systems of support available en masse in our schools.

Focus of Current Special Education Interventions

Current practice in schools suggests that most districts utilize student-centered interventional approaches such as the intervention team model. Student centered interventions are not limited to such team approaches, but the contemporary trend leans towards the immediate scholastic needs of the students (in lieu of much consideration for the family), and raising their annual level of performance on standards based models of achievement. Despite this, there is currently a philosophical trend in education and administration which considers the needs of the family of a unit, but current practices and legislative expectations frequently overrule the intentions of many professionals. Overall, this tends to weaken the long-term success of a student, whether we are talking about his needs or the family's. Unfortunately, intervention documents in the current model fail to articulate and/or plan for the needs of the child outside of school, or even after the student has reached their educational plateau. This, in turn, alienates other professionals, such as medical providers and supplemental service providers, forcing them to act outside of the student-based team, which inevitably changes the very needs of the student by changing the services they receive and the terms by which they receive them. This has led to frequent family reports stating that they feel unimportant, and un-influential in the decisions being made for their own children. Finally, current models rely heavily on support strategies within the classroom setting, and monitoring of said progress, which again fail to plan for the student's future needs or wants.

Overall, in light of my belief in family centered approaches, these findings impact my practice considerably. I teach in a school system which draws heavily from the aforementioned

models and viewpoint, thus, I find that I am obliged to act as a teacher and member of an intervention team as a proponent of the system. Despite the newer trends and emphasis towards a more family friendly model of intervention, it will take a while for the U.S. school system, as a whole, to adopt this sort of model. As Nancy Burnstein and her colleagues (2004) stated, “even with the most careful structures and well intentioned plans for change, old habits and ingrained attitudes about schools and teaching, entrenched bureaucracies, and outmoded leadership styles die hard” (p. 105). Hence, it will take time for these kinds of changes to take hold, and until then the embedded structures in place to meet the needs of exceptional children must be adhered to with a constant mindfulness as to the needs of the student and everyone surrounding him or her.

Conclusion

The debate goes on and on as to which interventional focus best fits with the needs of everyone who is to be served in special education, and for that matter, the entire school. Seligman and Darling (2007) cite a theory by Talcott Parsons as to where the focus of our schools need be (p. 10). They explain that in any system, for example a standard public school, each part has a function, and that these functions can either be *manifest* or *latent*. Manifest functions are those that are generally acknowledged, such as the intervention team of the student-centered model, acting as an informal intervention think tank and pre-referral device for struggling students. The other, latent functions are rarely known or not acknowledged, like the intervention team’s role as respite for the regular education teacher whom has exhausted their arsenal of ideas. This viewpoint is known as the structural-functional viewpoint of systems, and is exactly what we need to bridge the gap between current practices and what I believe to be best practices. Thus, as teachers, we need to continue to work within the system as a manifest function; educating students, working with families within the scripted construct, and educating

other teachers about how best to serve exceptional students. But, we must also serve a latent function; as family and service facilitators and coordinators whom empower families, and help them to have a voice in the decisions that are made about the future of their entire social system. Many would argue that this is not our job as special educators. I would argue that many of us have been working in this latent capacity already and are merely waiting for the old habits and entrenched bureaucracies to catch up with our current practices.

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