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AUTHOR Pollack, Donald
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ABSTRACT

Consultation to the staff of a trainable mentally retarded (TMR) public school over a 2 year period is described in terms of the multiple roles the consultant must play. Emphasis is placed on the consultant's active role in facilitating the staff, especially with regard to trying new behaviors. The consultant is seen to reach the children indirectly through the staff. Crisis theory and intervention are considered to be integral parts of the consultant's task. (Author/DB)

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Abstract

Consultation to the staff of a trainable mentally retarded (TMR) public school over a two year period is described in terms of multiple roles consultant must play. Emphasis was placed on the consultant's active role in facilitating the staff, especially with regard to trying new behaviors. Consultant, therefore, reaches the children indirectly through the staff. Here problems in the system become the focus. Crisis theory and intervention are integral parts of the task. Consultant works to make himself superfluous and unnecessary.

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Consultation in a Public School for the Severely Retarded¹

Donald Pollack, Ph.D.²

California State University, San Diego

Consultation in the public schools by child clinical psychologists is on the increase (Millman, 1971; Newman, 1967; Sarason et al., 1966; Williams, 1972). Cardon (1972) believes that service to all children should be the goal, not just the special few. Some adjustments must be made, however, when the entire school is composed of "special" children. While Fischer (1969) has worked with an educable mentally retarded population, this paper will focus on a more severely handicapped group, the trainable mentally retarded (IQ < 50).

The approach here is based on the ideas of Caplan (1970) rather than Singer et al. (1970) in that the system is the "patient" and one aims at facilitating it. Ideally one increases the efficiency of the staff, so that they may do a better job. Waldman (1972) has applied these ideas to a school for emotionally disturbed children. Horn et al. (1969) believe that the decision ultimately reduces to the direct vs indirect mode of intervention, i.e., will one help the child or the school? It should also be noted that there are differences within the model adopted for how the consultant should function, and for how long. Berkowitz (1968) argues for an approach heavily based on the psychotherapeutic skill of the consultant. Staffs are seen as being handicapped in the use of their skills by intrapsychic conflicts. Therefore, once consultant helps them to see things differently, they would successfully handle problems. Gallessich (1972) however, presents an approach more congruent with the consulting experiences to be presented. Here a group dynamics approach to problems in the system is the focus.

This paper will try to show child clinical people what some of the

problems are which can be expected in a TMR setting. The number of different approaches, from case conferences to individual therapy sessions, will hopefully help to prepare others for the multiple roles consultant must play. In addition, consultation which does not lead staff to new behaviors is considered at best only winning half the battle. Perhaps this will become clearer as the data is presented.

The Data

The following case history involves a two year, half-day/week program, which indicates what can and cannot be done in terms of an over-all systems approach.

Year One

Consultation began with a telephone call where the following situation was briefly described: a new school for the trainable mentally retarded (TMR) was experiencing some problems, which the principal felt might be helped by consultation. An exploratory meeting was arranged at the school, which had 150 students, ranging in age from 8 to 18.

The principal was newly promoted, but unhappy with the way things were going. He recently had wanted to hold a Christmas party, but the staff was uninterested. Eighty percent of the staff were threatening to quit at the end of the year. The school had almost overnight been transformed into a TMR facility, following successful funding of a grant. This problem in morale was due to lack of supplies, problems with being inadequately trained to work with these children, and a feeling of being cut off from settled, on-going schools. Minority children were being bussed in. The staff felt as alone and unsupported as pioneers. They were bringing in food for the children and making lunches, supplying old clothes, and buying supplies and materials with their own funds for their classrooms.

Several meetings with the principal were necessary to convince him that there was not going to be instant togetherness--one barrier was the minority status of many of the teachers, who saw some problems in relating to a white principal. It was decided to meet with the staff next.

A group meeting with the staff was held after school. Confidentiality was stressed. Principal attended the first half of the meeting, and then left so we could speak more freely. The staff was unhappy--in addition to the complaints we had heard about, they wanted other reforms. There were differing classroom problems because of the wide age range of the students (primary 8-11, intermediate 12-15, and upper 16-18) yet this was not appreciated by the school system. They wanted a shorter day for the youngest group of primary children, who were almost impossible by the end of the school day, but there were Board of Education rules about this, as well as bussing problems. They wanted faculty meetings in the morning, rather than after school. They wondered about the choice of a vice-principal. Most of all, they wanted out--promises had been made to them when they were hired and were not kept; the school had for them the flavor of a make-shift operation. It had been opened, students were dropped there, and then they felt no one had given the thought or the resources to make it work. Teachers admitted being unprepared for the problems--many had worked with educable mentally retarded children (EMR, IQ range 50-75) and thought that the problems would be similar. Instead, problems were much more severe and although the teachers were in the process of qualifying for special credentials, most needed more training and experience. As a result of this group meeting, we planned next to meet separately in smaller groups of primary, intermediate, and upper.

Consultant also then met with principal for feedback. We agreed that morale had been boosted just by the response of school authorities in supplying

consultation. Some of the complaints were new and surprised the principal. Apparently there was some blockage of two-way communication, but efforts would now be made to rearrange the school hours, faculty meetings, and bus problems. Consultant agreed to visit the school one afternoon per week for the school year. Priorities were established in terms of (a) helping principal and (b) helping staff.

It developed in separate meetings as the weeks passed that the staff itself was an unusual group. Many had backgrounds which were atypical, involving severe hardships in the ghetto, maritally, etc. They were unusual and admirable also because as a group they tended to reject teaching average children. They felt anyone could succeed with normal children, and they saw themselves as needing and having real talent in order to teach the retarded. Thus, they were more giving of themselves, putting out more effort to get less results, than the typical teacher. They were able to do this because of their commitment, often based on some experience with retardation in their family or friends. We decided after several weeks to go to individual meetings in their classroom as some teachers wanted more intensive help, while others were not as unsure of themselves. The school was so small (N = 12 staff) that this would be on a sign-up as well as an informal basis, with consultant visiting classrooms, lunchroom, faculty lounge, etc. Principal was seen at the beginning and end of each consultation session.

Morale at the school had apparently hit bottom and was now on the way back. Direct changes in behavior were advocated by the consultant. Staff saw the principal arrange shorter day for primary, arrange new bus schedules, and set faculty meetings for the morning. Consultant was struck on classroom visits with the need for actual help in the classroom--therefore the principal began hiring aides from the community, especially former students with problems who were now trying to stay away from drugs, delinquency, etc. Principal also

wanted to get in closer touch with the surrounding neighborhood in order to get help from them; he therefore was encouraged to study Spanish, which enabled him to feel more comfortable at meetings with parents.

Several severe problems still had to be confronted and resolved. The first involved a feud between the principal and, ironically, one of the few experienced teachers. They were at odds over how to run the school, the competency of the staff, the principal's qualifications, etc. Each confrontation led to more anger, leading to more confrontations. Defusing this was attempted by pointing out to the principal that this was a skilled and experienced teacher, who was not able to work at 100% efficiency due to this personality conflict. If the principal would refrain from talking to anyone about these confrontations, the vicious circle could be broken. Keeping this teacher until the end of the year would give the consultant time to work with the problem.

Consultant then pointed out to this teacher that he had talent, and like principal, could also now refrain from broadcasting the news about these difficulties to others, since consultant was there to listen. As we talked, it became clear that perhaps the best resolution of the problem would involve him finishing out the year here, while thinking about where to work the following year. His previous work in residential treatment facilities had been positive, and he was anxious to seek employment there again. The question of references came up, with consultant able to show principal that in a different setting, this would be a happy, productive teacher. Slowly this problem began to resolve itself.

Since the staff felt that they had been misled at the time of hiring, a new procedure for hiring was instituted. Any prospective teacher would be interviewed by the entire staff, and conducted on a full tour of the premises. In that way, there would be openness and honesty on both sides--each would be

protected before making a commitment. At this time, plans were being drawn by an architect for a new, larger school. Teachers were encouraged to participate with suggestions at the blueprint stage. Both these steps began to build the unity of staff that was desired.

The visits to classrooms indicated that indeed these children were often neglected by their families. Open house had to be held a week late since parents would visit their normal children's school first. Children were not receiving medication where needed, and nutrition was poor. Communication with Spanish-speaking children improved once the aides entered their classes. Consultant also stressed that while these children were low in IQ, they still were children first. Teachers knew a lot about children, and constantly emphasizing the retarded theme interfered with teaching. A simple technique like holding these children in times of loss of control was introduced quite successfully (Zaslow & Breger, 1969). The teachers found that once they lost their fear, surprise, and/or shock over the appearance and behavior of these children, teaching became enjoyable again. Teachers established liaison with other TMR schools, and began to visit and borrow supplies and materials. All this took time, and the desire for instant results was deconditioned.

Staff development was the next problem in planning for the coming year. Two cases come to mind. In the first, there was a very experienced teacher who wanted the job of vice-principal, but could not pass the examination. There was some feeling on her part about certain parts of the examination being irrelevant or subjective, and she actually could have been used more creatively by the school. After several discussions, she assumed the responsibility for art work in the school, did an excellent job, and was much happier. Another case was quite different. Here an older woman (late fifties) had returned to the classroom after raising her own children. Very interested in TMR children,

she was assigned to the intermediate group (12-15 years of age) who were running her ragged. Her energy, enthusiasm, and interest would have been amazing in someone half her age. The principal was not aware of the depth of this woman's commitment, and wondered about having her return the following year. Consultant saw the problems she was having, but felt they would be much less with primary age children. Principal was hesitant, but finally agreed to move her the following year--fortunately this proved to be quite successful.

During the summer a very complimentary letter arrived from the principal, thanking us for our efforts and requesting another year of services. Since we were anxious to see what might yet be accomplished, one afternoon per week was again budgeted.

Year Two

The situation at the school was now quite different. Of the original staff, 70% returned. Those who left included a) the teacher who had earlier been unhappy with the principal; with three consultations this teacher decided to use these skills elsewhere, and had gotten a position with the help of a reference from the principal b) another teacher who found that moving to TMR from EMR was just beyond her abilities--she returned to the EMR class and c) a third woman who was in her last month of pregnancy but wanted to return in the future. In their place, several male teachers, something that had been lacking, were added. They had been screened by the staff first. This new line-up added strength to the school, which was now included in the budget, getting supplies, lunches, and finalizing plans for the new school building. Additional support came from a gym teacher, a posture teacher, and a speech therapist. Some of these people had partial credentials, and they were encouraged to attend the local college to qualify for classroom positions. The principal was aggressive in finding funds for her aides and other staff.

Perhaps the greatest change was in the self-confidence of the staff. They had survived the first traumatic year, and now were veterans. In fact, they had benefited from the experience in terms of not being too highly trained beforehand. They had fewer fixed ideas about these children, and now they decided that perhaps this school could be run as any normal high school. This was almost revolutionary, but they went ahead and did it. Intelligence wasn't all to life--social functioning was a major factor, and here the children were of greater variability. Therefore, the school instituted regular classroom periods, with children moving in response to bells. No problems occurred. A cooking class was started, using donated equipment, as well as some bought with funds raised by parents. Publication of a cook-book was carried out. A large wood-shop and a pottery class with a kiln were both operating. While sheltered workshop was a goal for many, the school was beginning to think about a different approach. If they could normalize the school day (periods, bells, students circulating) why couldn't they normalize employment? They wanted a counselor to try placing the students in on-going businesses which were sympathetic and had jobs of a repetitive, simple nature (for example, examining empty bottles on a production line to see if they were clean and undamaged before reusing). This was in the future, however, since funds were unavailable.

The school was now able to turn to some of the behavior problems it faced. Consultant became more of an advisor, examining decisions already made by the staff. A sex education program was being formulated. Home visits were suggested as a means of reaching out. The principal was investigating doctoral programs, as the vice-principal began to shoulder more of the load. Open house was proudly held, with a printed program. A guided tour for a TMR director from another country was a success. On the debit side, room mothers were few and hard to find. Parents were just not as accepting of these children as

their others. One continuing problem was the number of children in the school who were not TMR in terms of IQ. They were in the EMR range but because of severe behavior and/or health problems found themselves at these schools. Sometimes just a lack of interest caused this--the child drifted, with different labels attached, until he stuck somewhere. The parents were lacking both in funds and interest--the children wound up here.

Discussion

Here a situation which threatened to cripple the school before it could get off the ground (80% of the teachers planning to leave) was converted into a success (70% remained). Not only were new responsibilities and roles forged for those who stayed, but consultation also involved helping others leave. The staff and finally the school were transformed--the second year it was operating like a regular high school. The bitterness at being second best, feeling like a neglected orphan, changed into pride at mastering these challenges and crises (Pollack, 1971). Their frustration, which led to aggression against the principal and themselves, was slowly directed at the task and the job to be done. Challenged in this way, with help available, the staff responded.

Upon reflection, one sees that the principal was too impatient, and felt under pressure to justify his promotion. This was felt by the staff. There is such a thing as "playing for time," particularly with respect to staff development. One could only reach the children (consultant's ultimate goal) through the staff. Throughout consultation, consultant was looking for strength within the system to build on, rather than for weaknesses. Just as consultant experienced working from the major to the minor problems, from macro to micro, so also was the school system differentiated over time. At first work began at the top with a thing called a school. Later efforts devolved onto the staff.

Still later it involved three subgroups of teachers. Eventually it reduced to 1:1 encounters with individual teachers and finally only a few of these. The population which needed help was shrinking and the sifting was on a finer basis.

In a general sense, each time consultant returns to a school after the initial major problems have been solved, there is less to do. One could plot a curve of diminishing returns, showing how problems of lesser magnitude come to be dealt with in later consultation. Therefore one always has a decision to make regarding termination. While not always possible, a general principle indicates that from the time of the first session, one would try to formulate what was ahead, including plans on how and when to terminate. Like a surgeon, one tries to know what he is doing, how deep he is going into the situation, and what the stages are in getting out. Otherwise, a rescue operation mounted to save the consultant might be necessary! Essentially, as in all good teaching, successful consultation lies in the art of making oneself superfluous, unnecessary. When consultees are at the point where they know the answers and the techniques, consultation can end. Fears of separation can be assuaged by a) pointing out the recent concrete events where the staff didn't really need the consultant and was doing the job on its own and b) by reassuring consultees that should major problems arise, consultant is only a telephone call away. In short, there are other schools, other problems, other potential consultees waiting for help, whose demands are now greater than the current consultee.

References

- Berkowitz, H. The child clinical psychologist in the schools: Consultation. Psychology in the Schools, 1969, 5, 118-124.
- Caplan, G. The theory and practice of mental health consultation. New York: Basic Books, 1970.
- Cardon, B. W. School psychology for the total school. Professional Psychology, 1972, 3, 53-56.
- Fischer, H. L. School consultation in a special education setting. Psychology in the Schools, 1969, 6, 12-17.
- Gallessich, J. A systems model of mental health consultation. Psychology in the Schools, 1972, 9, 13-15.
- Horn, E. A., Pollack, D., St. John, B., & Hawkins, S. C. School mental health services offered without invitation. Mental Hygiene, 1969, 53, 620-624.
- Millman, H. L. Psychological consultation in the schools. Catalog of Selected Documents in Psychology, 1971, 1, 16-17.
- Newman, R. G. Psychological consultation in the schools. New York: Basic Books, 1967.
- Pollack, D. Crisis and response in college students. Journal of Abnormal Psychology, 1971, 78, 49-51.
- Sarason, S. B., Levine, M., Goldenberg, I. I., Cherlin, D. L., & Bennett, E. M. Psychology in community settings. New York: Wiley, 1966.
- Singer, D. L., Whiton, M. B., & Fried, M. An alternative to traditional mental health services and consultation in schools: A social systems and group process approach. Journal of School Psychology, 1970, 8, 172-179.
- Waldman, M. Psychotherapy and learning therapy in the special school. Journal of Learning Disabilities, 1972, 5, 165-169.

Williams, D. L. Consultation: A broad, flexible role for school psychologists.

Psychology in the Schools, 1972, 9, 16-21.

Zaslow, R. W., & Breger, L. A theory and treatment of autism. In L. Breger

(Ed.), Clinical-cognitive psychology: Models and integration. Englewood

Cliffs, N. J.: Prentice-Hall, 1969.

Footnotes

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²Requests for reprints should be sent to Donald Pollack, Department of Psychology, California State University, San Diego, San Diego, California 92115.