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ABSTRACT

Surveys were completed by 50 Florida educators involved in programs for students with emotional and/or behavior disorders concerning the relationship between mental health professionals and educators. Seventy-one percent of respondents reported that contact time between teachers of students with emotional/behavioral disorders was not enough. When asked, "What benefits do mental health professionals provide to the teachers/students in your district?", respondents most often listed direct service provision, consultation and support to school staff, and behavioral observations/assessments. When asked what difficulties resulted during interactions between mental health professionals and educators, respondents identified differences in treatment, philosophies, role responsibilities; lack of communication and collaboration; and conflicts in scheduling. (DB)

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Working Together: Mental Health and Special Education Collaboration in Florida

Introduction

Teachers of students with emotional/behavioral disorders will at some time have contact with members of the mental health system. Psychologists, social workers, and counselors often provide much needed services to students with emotional disturbance. Interagency collaboration can be viewed as a necessity in order to meet the demands for the range of services needed. The Child and Adolescent Service System Program (CASSP) has been instrumental in the development of inter-agency collaboration models across the nation (Coleman, 1996).

As agencies work together to provide appropriate services for students with emotional disturbance, the need for effective communication skills among professionals is apparent. Mental health professionals are called upon to transmit their knowledge and expertise to non-mental health professionals as peers in cooperative endeavors (Bower, 1990). The mental health worker must find ways of effectively helping teachers work with students with emotional disturbance.

Feedback from teachers of students with emotional disturbance for mental health professionals is valuable yet lacking in the literature. In order to help bridge the gap between mental health professionals and teachers and to provide specific feedback to mental health professionals, a survey was distributed to 76 contact persons for programs for the emotionally handicapped in the state of Florida.

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Method

Subjects/Sites

The Florida Department of Education supplied a list of contact persons for programs for the emotionally handicapped. Surveys were sent to all contact persons primarily working in direct service. The list includes:

- 63 School districts listing one contact person.
- 4 Districts listing two contact persons.
- 1 Principal.

Of the 72 surveys sent out, 50 were returned for analysis. The Florida Department of Education classifies school districts as very large/large, medium, medium/small, or small. Eighteen percent of survey respondents were from very large/large districts, 22% from medium districts, 22% from medium/small districts, and 38% from small districts. The majority of respondents were district level administrators.

Survey Instrument

Respondents were asked three open-ended questions regarding service provision by mental health professionals. Specifically, respondents were asked:

1. What benefits do mental health professionals provide to the teachers/students in your district?
2. What difficulties have resulted during interactions between mental health professionals and educators in your district?
3. What advice would you offer to mental health professionals for improving service provision?

Analysis

Answers to questions 1 and 2 regarding benefits and difficulties stemming from mental health service provision were typed in a list format. Counts were taken of the number of respondents listing

each benefit or difficulty. Benefits and difficulties were listed in order of greatest frequency to lowest frequency reported by respondents.

Answers to question 3 regarding advice to mental health professionals were analyzed using a content analysis procedure. Responses were typed in a list format and were grouped according to the following categories: (a) knowledge of school policies and procedures, roles and responsibilities; (b) communication with educators; (d) collaboration with educators; and (e) making service provision more beneficial.

Results

Seventy-one percent of respondents reported that contact time between teachers of students with behavioral disorders and mental health professionals was not enough, while only 29% reported contact time to be satisfactory. No one reported that contact time between teachers and mental health professionals was more than necessary.

When asked "what benefits do mental health professionals provide to the teachers/students in your district," respondents reported as shown in Table 1.

When asked what difficulties resulted during interactions between mental health professionals and educators in your district, respondents reported as shown in Table 2.

When asked what advice respondents would offer to mental health professionals for improving service delivery, respondents reported:

Knowledge of school policies and procedures.

- Learn the law (IDEA), especially regarding IEP decision making.
- Become familiar with the referral and evaluation process.
- Understand the culture of the school community.

Mental Health and Special Education Collaboration

- Meet the key players.
- Sign in and sign out; call if you are absent.

Roles and responsibilities.

- Set your job parameters from the very beginning so there are no misunderstandings later on.
- Be flexible in service delivery hours; begin service delivery with the start of the school year and maintain a consistent schedule.
- Mental health professionals should know what it's like to be educators and educators should know what it's like to be mental health professionals.

Communication with educators.

- Bring your expertise, experience, and an open mind when meeting with educators.
- Schedule times for regular and frequent communication with educators.
- Share treatment plans and offer feedback to teachers after working with students.
- Listen to teachers' concerns for students;
- meet with school personnel prior to service delivery.

Collaboration with educators.

- Find a common ground and be willing to try new, uniquely designed strategies that are a result of disciplines collaborating into a new identity.
- Individual contacts are the key. Good friendships make good working relationships.

Making service provision even more beneficial.

- Use Medicaid funding as much as possible; identify more stable funding sources.
- Spend more time in the schools: have supervisors lower caseloads.
- Provide ongoing staff development activities and on-site services in schools.
- Reduce the turnover rate so quality services can consistently be provided.
- Collaborate more services between homes and schools.
- Deliver what you promise; never promise what you can't deliver.
- Focus on prevention and early intervention.

Table 1
Benefits Endorsed by Teachers (N= 50)

# Respondents Listing Benefit	Benefits Listed
38	Service provision to students (e.g., counseling, crisis management).
27	Consultation, training, or support to school staff.
26	Behavioral observations, assessments.
19	Consultation, training, counseling to parents.
9	Membership on school teams (e.g., Child Study).
5	Advocacy, referral to outside agencies.
5	Case management.

Table 2
Difficulties Listed by Teachers (N= 50)

# Respondents Listing Difficulty	Difficulty Listed
16	Differences in treatment philosophies, role responsibilities
13	Lack of communication, collaboration
10	Conflicts in scheduling appointments, meetings, etc
8	Limited resources, lack of service provision.
4	Frequent changes in mental health personnel.
3	Lack of knowledge regarding school procedures, laws, etc.

Discussion

Results of a survey of district level contact persons for programs for students with emotional disturbance indicate more contact time is needed between mental health professionals and teachers of students with emotional disturbance. Benefits provided by mental health professionals include: service provision to students, consultation, training, and support to school staff, and conducting educational assessments. Difficulties resulting from interactions between mental health professionals and educators include: differences in treatment philosophies, lack of communication, and conflicts in scheduling appointments and meetings. In order to improve service delivery, respondents suggest mental health professionals know school policies and procedures, delineate roles and responsibilities, communicate and collaborate with educators, and maintain a consistent staff providing quality services to students, their families, and school personnel.

Psychologists, social workers, and counselors provide much needed services to students with emotional disturbance. As agencies work together to provide appropriate services for students with emotional disturbance, the need for effective communication skills among professionals is apparent. Mental health professionals must find ways of effectively helping teachers, students, families, and school personnel work with students with emotional disturbance.

Successful collaboration among professionals requires effective communication, time management, and interpersonal skills. Educators and mental health professionals should plan collaboratively to meet the needs of students with emotional disturbance. Regularly scheduled meetings should allow professionals to discuss concerns, share treatment plans, and offer feedback on current

interventions. By sharing a common ground and integrating disciplines, educators and mental health professionals can improve service provision and offer greater benefits to consumers.

Reference

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