SHIFTING ATTITUDES OF RELATED SERVICE PROVIDERS: A DISABILITY STUDIES & CRITICAL PEDAGOGY APPROACH

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Abstract

The authors support role changes for educational practitioners who work with children and youth with disabilities as they make important transitions. Principles from critical pedagogy and disability studies are summarized to provide a new theoretical framework to support role changes. Rather than needs-based services that focus on helping those with disabilities cope with deficits, the authors support an empowering person-centered, strengths-based orientation that allows educational practitioners to perceive the their clients as competent and complex. The authors issue a call to action to encourage more widespread implementation of the principles of critical pedagogy and disability studies within the professional cultures of educational consultants, school psychologists, and agency personnel who work with clients with disabilities.

Principles derived from critical pedagogy and disability studies provide the theoretical framework for the proposed shift in roles that change the basis upon which consulting services are provided. Both approaches are student or client centered. In the following section, we provide key information to help readers understand the importance of these concepts.

Critical pedagogy defined. First posed by Paolo Freire (1972) as he developed reading programs for the peasants of Brazil, critical pedagogy takes into account the social context of education. A critical pedagogy approach suggests that education is a process of empowerment that enables citizens to make choices and influence their world. The focus on people with disabilities, once left to special education professionals and charitable organizations, has been changing from a charity model based on medicalization of disability (i.e., disablement as the source of problems) to an empowerment model based on the relationship between disability and society (i.e., society as much or more a source of the problems as particular impairments).

The disability rights and self-advocacy movements defined. Both are outgrowths as well as springboards of the empowerment model (Fleischer & Zames, 2001; Shapiro, 1993). In fact, disabled scholars have carried the new traditions of advocacy and critical theory into the field of disability studies to focus on the social context and construction of disability (Abberley, 1987). In other words, disability is as much a result of the environment as the impairment itself. For example, a wheelchair user is not handicapped in the context of work or community participation if there are ramps that enable participation. Special education practitioners have carried these themes forward in the movement evolving from behaviorism to positive behavioral support and person-centered planning, and from segregated medical models to inclusive classrooms.

The key to understanding the importance of a critical pedagogy, disabilities rights perspective is in the nature of how services are conceptualized. Rather than needs-based services that focus on helping individuals with disabilities cope with deficits, the authors propose an empowering person-centered, strength-based orientation that includes perceptions of the

individual (regardless of the nature of the disability) as competent and complex. The authors offer recommendations for researchers and practitioners that could result in more widespread implementation of the principles of critical pedagogy and disability studies. This topic is especially relevant to the authors given their personal and professional experiences. All three authors are professors of education. Two of the three authors have disabilities. All three authors bring a professional prospective of teaching and research in special education. Two of the three authors bring their personal perspectives in terms of receiving advice on behalf of their own unique needs (one for binaural hearing loss and the other for mobility issues) and have advocated on behalf of themselves and their special education constituents. All three authors bring a sense of the social history and multiple contexts for how society deals with disability.

The authors synthesized the core concepts from critical pedagogy (Freire, 1972), disability studies (Linton, 1998; Gabel, 2005), critical psychology {Fox & Prilleltensky 1997), and self-determination (Palmer & Wehmeyer, 2003). The goal is to help consultative professionals think differently about how they can move from the traditional deficit-based treatment model to an emerging strengths-based, person-centered supportive model. To provide evidenced-based support for the knowledge claims, the authors identified the following studies that support a client centered approach. These articles suggest that the client centered approach is both effective in gaining important outcomes for clients but also is a tool for advancing a social justice agenda in the educational and social service systems (Artesani & Mallar, 1998; Barrie & McDonald, 2002; Hapner & Imel, 2002; Colley & Jamieson, 1998; Cooney, 2002**;** Darder, 1995; Diaz-Greenberg, 1997; Field, 1996; Jackson & Panyan, 2002; Janney & Snell, 2000; Katsyannis, DeFur, & Conderman, 1998); Kliewer & Biklen, 2001; Kratochwill, & Pittman, 2002; Kluth, Nevin, Thousand, & Diaz-Greenberg, 2002; Love & Malian, 1997; Lovett, 1996; Malian, & Nevin, 2002; Palmer & Wehmeyer, 2003; Patel, 2003; Prilleltensky & Nelson, 1997; 2004; Smith, 2000; Smith & Nevin, 2005; Thoma, 1999).

New Goal to Maximize Capabilities

The authors propose a new goal that focuses on ways to maximize all of our capabilities in ways that are ecologically and ethically coherent. The new goal requires that professionals focus on asking new questions such as the following:

- Does what I am doing promote working with the entire person to support access to important resources, interactions with same age peers, and other behaviors that lead to self-determination for individuals with disabilities in transition?
- Does what I am doing take into account the social context of problems that arise and promote social justice in transition situations?
- Am I respecting the person in front of me as a complex and interesting human being that is part of a naturally diverse population (as opposed to "normal or not normal")?
- Have I set aside the "banking model" of education (Freire, 1972) which views the client as an empty vessel which is to be filled with the knowledge and expertise of the professional? Setting aside the banking model would mean that professionals avoid treating the client's brain as we would a low bank account which we need to fill with money, or in educator terms, knowledge. Professionals can ask themselves probing questions such as, Do I view my client as a blank slate, where "I" as the consultant am

full of knowledge and wisdom that I must "give" the client to "fill the client up"? If so, then I need to change my perspective.

- Can I somehow rephrase what the institutional response that I am required by my position to implement so that it is less pejorative to the client? For example, one school district in Vermont, the superintendent and board of education expressed concerns about the high rates of dropouts. In talking with citizens (e.g., employers) and also with students who had dropped out, it became clear to the superintendent and school board members that the term 'dropout' had extremely negative connotations. The term became a synonym for *failure*. Using their position power, the superintendent and board members decided instead to refer to these students as being on sabbatical. This allowed teachers and personnel in other agencies to interact with the teens in new ways. For example, school personnel could work with employers of the students on sabbatical and discuss ways for them to earn high school credit for their work experiences. Students could earn credit for their on-the job work in applied mathematics, for example. Overall, an unforeseen outcome was that many of the employers became mentors for the students. This creative approach allowed a number of students on sabbatical to acquire the necessary credits to subsequently graduate with their diplomas.
- Am I really listening to those with disabilities, like Norm Kunc (personal communication, July 17, 2003), who reminds us, "*I am part of the normal distribution! I am not broken!*"
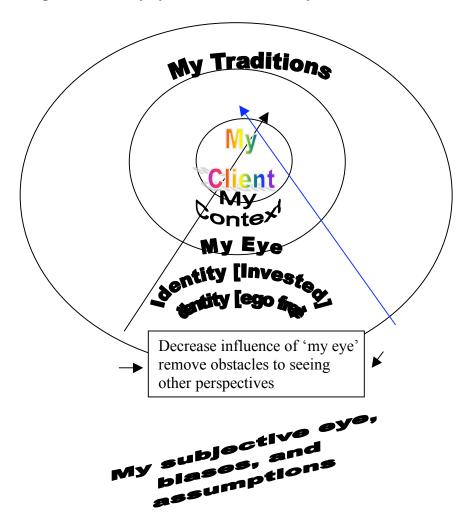
In the remainder of the paper, the authors explain how the new goal and new questions might lead to strengths-based consultative interactions with people with disabilities. First, we propose that professionals with diverse professional backgrounds collaborate with others for the benefit of people with disabilities who need support rather than collaborating to provide "treatment." We believe that the shift to a disability studies perspective may have the potential to make significant contributions for educational and psychological consultants to change the impact of professionalism on the outcomes for people with disabilities. To move from needs-based services to strengths-based services, consultants must view the individual differently. In the next section, the authors describe the way that paradigms influence the way that professionals view their clients.

Impact of Paradigms. A paradigm is a way of viewing the world that filters out information that does not fit with that world view. We are all familiar with the rocky transition of the paradigm of the earth as flat to round and the transition of the paradigm of the sun as revolving around the earth to the earth revolving around the sun. Both paradigm shifts enabled new models, theories, and facts that were quite progressive for their time.
Figure 1 illustrates how our professional and personal identities often serve as paradigms that that preclude the perception and/or use of unexpected information. We can acknowledge and search for our various professional and personal identities. Such a search could assist us to shift from the current deficit-based, medical paradigm to a more strength-based, person-centered paradigm. For example, the deficit model encourages the professional to perceive a non-verbal client as retarded, doomed to failure, and incapable of meaningful thought or action, thus closing off possibilities such as literacy, humor, and social interaction. A strength-based model is liberatory in that it frees both parties from the limitations of the chronic failure paradigm thus opening possibilities of different kinds of literacy, interpreting all behaviors as meaningful

communication, and social reciprocity.

Figure 1. How my eye, I, and i influence my interactions with clients.

As shown in Figure 1, the eye with which consultants see individuals with disabilities can have blind spots or barriers that come from their traditional perspectives and can, therefore, prevent them from seeing the individuals' strengths, talents, and capabilities. For example, a literate student who reads library books at home does not read in school because the teachers refuse to believe he is literate (Kliewer & Biklen, 2001). How to overcome these paradigm prejudices are described in the following sections.

Overcoming the Influence of Paradigms. In framing new goals and asking new questions, we can consider sources of influence that lead to barriers or obstacles to seeing other perspectives. One source of influence is the traditional approaches to disciplined inquiry or paradigms in which consultants have been schooled to view their clients. How might professionals work within these seemingly opposing traditions and perspectives to decrease the focus on problems and struggles and increase the focus on problems as a vehicle for growth and

change? For example, we can be vigilant of our language. We become aware of the influence of our own educational histories and especially our unique disciplined inquiry traditions. In our own histories, logical positivism and reinforcement theory formed the basis of two authors' (Nevin and McNeil) early careers in special education, whereas critical theory and disability studies frameworks formed the basis of the third author's (Smith) career. In fact, all three authors are well versed in the research paradigms that provide the foundations of the knowledge derived from these apparently diametrically different perspectives.

Changing Our "Identities". In our own practice of teaching special educators at the graduate and undergraduate levels, the authors now understand that one of our identities can be represented with a capitalized I—Invested Professional Identity. This perspective can dominate our decisions as professors, especially with respect to ensuring that teacher candidates learn what our Invested Professional Identity deems to be effective teaching practices. Our other identities, however, include the un-capitalized "i," which means identity without ego (i.e., ego-free identity), and the physical eye with which we see. Each eye/I/i influences what is seen as well as our actions in how we choose to interact with the individual client.
A second strategy to decrease the influence of the barriers or beliefs that prevent us from seeing other perspectives is to use mental flexibility to identify blind spots. Once barriers are identified and corrected, consultants can be more flexible as they interact and communicate with consultees and clients. Consultants can perceive the individual with disabilities either as 90% disabled and 10% capable or 90% capable and 10% disabled, a phenomenon Van Der Klift and Kunc (2002) referred to as disability spread. Shifting to seeing the whole person can represent a major change in the consultant's ability to help others see the client's strengths and capacities.

Posing New Questions. Generating new questions to pose is a third strategy for removing the obstacles that keep us from seeing other perspectives is to question the assumptions underlying our practices. Identifying one's own assumptions can lead to a realization of how one's own perspective might be interfering with the perspective of the client. In this strategy, the client and the consultant both write or speak about their respective perspectives of the client and consultant to identify possible mis-matches. By posing new questions and listening empathetically to our clients' perspectives, we can gain new awareness that can lead to new directions for supporting clients.

Table 1**.** New *Questions to Pose*

I/Eye	Definition	Useful (New) Questions to Pose
Invested Professional Identity I	The eye through which I see	How does my role influence my assumptions about the person and potential?
	The I that takes the lead	How can I follow?
Compassionate I	Helps and over-helps (help the individual "should" want)	What does the individual think, feel, and want?

"There but for the grace of God go I…" I	Pity	What is great about the individual's life? What are the aspirations, joys, and dreams?
Curious I	Share inquiring mind	How can I be of service? How can I go on a path with you?
Reciprocal I	Collaborative	How can/will we collaborate? How are both our lives enriched by this relationship?
Empathetic I	Perspective changing	How does the individual perceive life?
Institutional I	Using my authoritative role	Focus on accountability to the client (not just the institution)

Table 1 indicates some of the new questions that consultants can learn to pose. For example, asking "How does my role influence my assumptions?" can lead the consultant to question the foundations of his/her traditions. Shifting from perceiving the client as an object to be supported, the consultant can learn to pose questions from the perspective of being a partner with the client in creating a higher quality future together. Changing one's role assumptions may result in taking new actions. An example comes from Miami-Dade Public School system where the director of psychological services has called on school psychologists to take new actions with respect to implementing data-based assessment models. According to Dr. Joe Jackson, school psychologists can better interpret the results of standardized assessments in terms of the normative expectations of the general population in contrast to special educators who often have only a very narrow range of achievement with which to compare results (Dr. Joe Jackson, personal communication, February 2007). This call to action has empowered school psychologists to better assist teachers who are providing more individualized instruction for all their learners.

Learn New Paradigms. A fourth strategy is to learn new traditions of inquiry and research. Consultants and other professionals can change their views and traditions through their own eyes by learning new research paradigms, new therapies, and new interventions, thus potentially changing their professional identities. The literature and research on the effectiveness of critical pedagogy approaches as a way to liberate clients and free them from debilitating perspectives about what they can do. These includes several evidence-based practices that are related to critical pedagogy approach: student-led IEPs, self-determination curricula, positive behavioral support, and person-centered planning. All such programs have a track record of success in inspiring school professionals and their university educators to take more empowering perspectives, as shown in Table 2.

Table 2. *Summary of Key Research*

Author (Date)	Pedagogical Tools related to New Traditions
Kluth, Nevin, Diaz-Greenberg, & Thousand (2002)	Dialogue teaching-- students themselves help to generate the curriculum, designing their own instructional methods and reporting their progress within a framework of consciousness-raising group

	dynamics.
Darder (1995) Diaz-Greenberg (1997)	Critical literacy-- students become self-advocates—for example, by watching videos or films of people with disabilities and/or life-situations similar to their own Through a brief autobiography.
Field (1996) Malian & Nevin (2002) Palmer & Wehmeyer (2003) Thoma (1999)	Student-Led IEPs and Self-Determination Curricula
Jackson & Panyan (2002)	Positive Behavioral Support
Falvey, Forest, Pearpoint, & Rosenberg (2002)	Person-Centered Planning

The heart of a critical pedagogy approach to education is that individuals gain a sense of freedom, or liberation, from their constricted views of themselves. The techniques special educators have used to help students with disabilities gain a more strengths based perspective of themselves include self-determination curricula, student-led IEPs, and person-centered planning. When consultants perceive the person who is at the center of planning as the chief expert, they do not offer their expertise but instead offer their skills to support the person. They become collaborators *with* the person. When the person is challenging and inarticulate in the way they communicate, the consultants can become detectives to figure out how to understand what the underlying communicative intent of that person is.

Accountability within the new paradigm includes evoking what the individual's wants are and how the individual wants to feel when receiving services. Consultants with the perspective we describe are more likely to use their curious eye/I to discover the answers to questions such as, "What do you want from your consultant, therapist, coach, or support person?" They might hear their clients voice such concepts as, "I want respect, authenticity, collaboration, information, options, brainstorming, and a great life!" Seeking the supports that create "great lives" releases educational and psychological consultants from the double bind of "empowering" someone they seemingly have power over toward creating a more collaborative model of shared power.

The integration of these conceptual frameworks can set the context for raising different questions and seeing different avenues to explore with regards to consulting with and educating people with disabilities. For example, different accountability questions emerge. Accountability is transferred from institutions to individuals; that is, the consultant becomes accountable to the person being supported. Results are framed in terms of quality of life outcomes rather than institutional outcomes.

When the person with the disability (formerly known as "the client") is a dynamic member of the transition or educational planning process, that person is considered the "expert" on his/her life's issues. The support consultants are experts in problem solving that leads the person to ask for and receive more beneficial and self-determined outcomes for him/herself. Research from varied areas of expertise shows that when educators and helping professionals listen carefully and take into account the whole context of the person, communication becomes more authentic and the results become more coherent (e.g., Kliewer, 1998; Lovett, 1996). More coherent results mean that the individual gains skills and supports to negotiate typical

organizational barriers that arise because of the segregated nature of many support systems and the gate-keeping functions that limit access to services such as vocational rehabilitation and post secondary education.

Proposed Role Changes. The proposed role changes for educational and psychological consultants who work with children and youth with disabilities as they make important transitions are based on theoretical frameworks of critical pedagogy and disability studies. Rather than needs-based services that focus on helping individuals with disabilities "cope" with deficits, the authors support a more empowering person-centered, strengths-based orientation tied to perceptions of the individual as competent and thriving. By using our position power, we may foster structural change in subtle ways. One of the authors (Smith) seized upon an opportunity to change the title of course from "Classroom Management" to "Learning Environments." The message conveyed by the change in title shifted the focus from compliance training to community building, full citizenship, and positive behavioral supports for struggling students. Other sorts of structural changes come with changing perceptions. In another class, teacher candidates have succeeded in engaging their young students by fostering student leadership in the class which changes perceptions of peers who had previously ignored them. Shifting to more empowering perspectives often means that school personnel learn to tap other resources, especially when traditionally generated interventions appear to fail. For example, a typical approach to students with disabilities who are overweight involves scheduling the student into adaptive physical education. However, John's behavior was such that he had been ejected from adaptive physical education because of his refusal to participate.

In fact, he was engaging in the same behaviors (lying on the floor) that he had exhibited in the classroom which had caused the IEP team to prescribe adaptive physical education. So, the challenge was to think outside the box in terms of an intervention (Thousand, McNeil, & Nevin, 2000). The new strategy, developed by the teacher in consultation with the special education administrator, was to ask the students for age-appropriate alternatives. With the help of a peer support group, they brainstormed a series of actions that could be taken on John's behalf. One of the recommended actions was to ask Kate, a particularly attractive member of peer support group, to invite John to walk with her around the campus during first period each morning as a form of exercise. From day one, John proved to be most eager to participate in this form of exercise. Because John was nonverbal, Kate enrolled in community college course to learn sign language to communicate with John, and Kate became his tutor in the computer lab. Within three months, John lost 30 pounds, had gained a friend, and was now able to sit at a computer to work on additional academic skills.

Conclusion and Call to Action

In summary, the authors hope that the concepts from critical pedagogy and disabilities rights can inspire professionals from different disciplines to adopt and implement a strengths-based liberatory framework on behalf of clients with disabilities. We hope that service providers, educational and psychological consultants, school based and agency based professionals can redirect their perspectives towards a strengths based model that relies on guidance and support rather than a deficit model that relies on treatments, interventions, and services. We encourage our higher education colleagues in all preparation programs (e. g., psychological and guidance service personnel, teachers, reading specialists, and social service agency professionals) to tackle

the challenge of changing from deficit based or needs based perspectives to more strengths-based competency building perspectives. Those higher education professionals who embrace a critical pedagogy or liberatory education approach, and who adopt a disabilities rights advocacy perspective, can help to change professional practice. The authors hope that this article can start the conversation about a higher order accountability that could and should be lead by our post-secondary colleagues.

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