

Transdisciplinary approach to case management in Special Education

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Abstract: Current trends In Romanian Special Education legislation, theory and practice are for the shift of emphasis towards inclusion, which is a goal, unfortunately quite difficult to achieve at present. The educational inclusion process is a complex one and in a permanent development. Such a difficult change of perspective is a lengthy process that includes the involvement of many factors: society, community, scientific authority and practitioners. In this paper theoretical perspectives on inclusion and current state of facts about Romanian inclusive practices are presented. Also, the transdisciplinary model of case management is analyzed and its positive effects on the inclusive process. The barriers occurred in inclusion are analyzed in relation to their possible overrun by applying a transdisciplinary model.

Key words: inclusion, transdisciplinary case management, special education

1. Conceptual framework

Educational integration is a process that takes place from over 20 years in the context of Romanian education. Current trends In Romanian Special Education legislation, theory and practice are for the shift of emphasis towards inclusion, which is a goal, unfortunately quite difficult to achieve at present.

Special educational needs (SEN) are educational needs of the students which are complementary and additional to the usual educational needs. Students can have SEN if they have a learning difficulty which requires providing additional educational support. There is a paradox in the SEN domain: it is one of the most discussed issues of integration in our days, but a consensus of definitions has not yet been established. In the OECD Child well being module (2012) 34 different SEN definitions are listed, one for each OECD country.

In the UNESCO Revision of the International Standard Classification of Education (ISCED) (2011), Special Education Needs are defined as *'Education designed to facilitate the learning of individuals who, for a wide variety of reasons, require additional support'*. (UNESCO 2011, p.83)

In the Romanian legislation, SEN are defined as *"an additional educational need of general education and learning process, requiring an adjusted education to individual characteristics and/or characteristics of a specific learning disability and a specific intervention."* (HG Nr. 1175 /2005, p.7)

In the UNICEF report "Policies on Education for pupils at risk" (Stanciu, 2013) are reported in the year 2012, 697 169 people with disabilities in Romania, representing 3.8% of the population. Of them, Romanian Child Services announced in 2012 a total of 73 216 children with disabilities, which represents 1.73% of all Romanian children. In a

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report by the US National Center on Educational Outcomes (Thurlow, 2009) is estimated an incidence of 13% students with SEN in US public schools. This discrepancy between the proportions reported in Romania and the US can be explained by the fact that in our country statistics only take into account children with certified disabilities or who were registered with the Department of child services, not all children benefiting from supplementary educational services.

The main paradigmatic approaches to disability are the medical and the social models. Viewed from the perspective of education, they have the following implications:

- Special education: Based on the medical model of disability; children with disabilities are perceived "abnormal" opposite to the majority; the focus is put on deficit, recovery, rehabilitation
- Integrated education: It is based on the social model (in which pupils with SEN are perceived as minority), children are integrated into regular schools; benefits from allocated human and material resource, but the child must adapt to the educational environment.
- Inclusive education: It is based on the social model (in which pupils with SEN are perceived as majority), children with disabilities are included with the same rights in schools, community schools are adapting to the needs of all students.

2. The necessity of a paradigmatical change

The predominant model in Romanian education, theory, literature and educational practice, is the medical model. In this model the emphasis is put on defect, deficiency, disability, abnormality and the recovery and rehabilitation of students is targeted. Consequently, the medical model is predominant, the students are being viewed as a minority who must adapt and integrate into the majority. Even in the context of school integration the same concepts and recuperative approaches are used. We can say that in the Romanian education the medical model is applied in an integrated context. Of course, financial and human resources specialized in working with SEN students were allocated, but their educational approach is all about rehabilitation and not toward valuing the specificity of development and adjustment. In order to make the transition towards inclusion the change of theoretical and practical perspective is needed. It is also necessary to change the social perceptions and attitudes towards people with disabilities so that they can be effectively included in regular classes.

Such a difficult change of perspective is a lengthy process that includes the involvement of many factors: society, community, scientific authority and practitioners.

The current legislative framework on integrated education in Romania is a generous one for initiatives of this kind. By law are defined the structures and educational and therapeutic services offered to disabled students in Romania: educational support services performed by the itinerant teacher, psycho-pedagogical support services provided by the educational counselor, speech therapy services performed by the speech therapist, complex evaluation services offered by assessment committees, home schooling services.

A sore point is the financial resources allocated for implementation of inclusive philosophy. An inclusive school is one prepared (both in terms of financial resources as well as human resources) to receive any category of students, both regular and with SEN. In this context, an inclusive school should provide its students all necessary accommodations: the physical environment (access conditions, travel, hygiene, the organization of the learning space, the educational communication (support technologies for visual and auditory communication) and accessible teaching materials.

Human resources needed in order to achieve a successful inclusion presuppose special education specialists: pedagogues, psychologists, speech therapists, physiotherapists, special education teachers, specialized in working with any type of students.

The intervention plan applied in case management of SEN students in Romania includes detection, diagnosis, planning, intervention, monitoring and social integration.

3. Case management and models of intervention

Case management is *"a coordinated and integrated approach to service delivery, intended to provide ongoing supportive care and to help individuals access the resources they need for living and functioning in the community"* (Vanderplassehn et al., 2007, p.2).

Case Management Society of America (CMSA) (2010, p.9) defines case management as *"a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost effective outcomes."*

Case management is defined in Romanian scientific literature as a *"rigorous working method, which aims at coordinating and monitoring all activities carried out in the interests of intervention and the support of child and his, family in order to develop and fully exploit the potential and resources available to them"* (Gherguț, 2011, p.176). *"This method helps coordinate all actions in various fields (medical, educational, psychosocial) provided by different specialists or institutions..."* (Gerguț, 2011, p.176)

Case management is carried out by a multidisciplinary team, *"a group of different professionals working together in designing, making and implementation of activities best suited to achieve common objectives."* (Vrăsmaș et al., 2005, p.39) . The team members roles are very well defined each of them fulfilling their roles strictly:

- The psychologist - psychological evaluation, counseling for parents and children, psychotherapy;
- The psychopedagog – psycho-pedagogical assessment, intervention planning, conducting targeted therapies, monitoring, counseling;
- The teacher (special education teacher, primary and secondary teacher) - teaching;
- The itinerant teacher - intervention planning, conducting targeted therapies, monitoring, counseling(children, parents, teachers, integrated case management for children;

- The support teacher – conducting educational activities, adapting teaching strategies in order to integrate SEN students;
- The medic - clinical diagnosis, drug therapy, health monitoring;
- The social worker – maintains the relation with the public social service, families and professionals in order to achieve social inclusion;
- The family – co-therapist

The multidisciplinary team develops the Individual Education Plan (IEP), a standardized document developed for a SEN student that describes individualized adaptation, modifications, goals and recommended therapies. The IEP development should be a collaborative effort between the multidisciplinary team specialists and should primary target the well being of the student.

The IEP planning includes the following continuous, flexible phases: identification, assessment, school placement, planning, implementation, monitoring and social integration.

There are three main models of case management and IEP planning: multidisciplinary, interdisciplinary and the transdisciplinary approach. Depending of the paradigm of which the special education specialists adhere there is a specificity in caring out the case management.

The most widespread model is the multidisciplinary one. In this model a group of specialists in different fields (the multidisciplinary team) work in parallel in order to accomplish common goals in educating the SEN students. The case management process is carried out habitually in specialized institution, with few interactions between specialists. Each person work individually and is responsible only for their part of the recuperatory effort, and their work is complementary to each other. The families receive information from every specialist, and sometimes have to compute by themselves the process as a whole. Trembley (2007) lists the following barriers which may occur in a multidisciplinary case management:

- In communication: each member uses a specialized vocabulary of his field; do to the confidentiality code sometimes they can communicate only partial information;
- In perceptions: of their roles, status, management arrangements or workload;
- In priorities: of recuperatory objectives, plans or aims.

The interdisciplinary model is characterized by the fact that the specialists work together and not in parallel in order to achieve common goals. The findings of the assessment, monitoring and reporting, also goals, intervention methods and curriculum accommodations are shared among them. One of them is designated as case manager, and works as a liaison and coordinator between specialists and family. In this model, every specialist contributes with his own expertise in all the areas: assessment, planning, intervention and monitoring. The results are communicated to all the factors involved, and the case manager coordinate the interdisciplinary team and prioritize goals, designate roles, and communicate the results to the family. In this model there is no transfer of skills from one member to another. Trembley (2007) lists the following limits which may occur in an interdisciplinary case management:

- Related to team interactions not everything can be decided as a team; possible conflicts of interests, professional vision or prejudice;
- Related to decision making process: there can be conflicts in goal prioritizing, the perceived importance of different intervention can be different among members; everyone must decide on their own, which must correlate with team decisions.
- Related to intervention: the division of labor may cause conflicts

The multidisciplinary and the interdisciplinary models are student-centered, focusing mainly on the needs, interests, preferences and choices of the child in planning and implementing the intervention. The basis of the recuperatory process are the child's developmental levels, child's strengths and the better developed abilities. In this type of intervention the special education specialists are those who control the whole process and make decisions based on the interests of the child.

The transdisciplinary model is based on the concept of transfer of powers between team members. All the roles and recuperatory phases are a common effort, the members participate in every aspect, sharing knowledge, methods, findings and experiences. Everyone participate in the decision-making process, the boundaries between disciplines are erased.

York et al. (1990, p.73) lists two specific features of transdisciplinary teams;

- *"A high degree of collaboration and joint decision-making among team members (including parents) in conducting assessments, establishing program priorities and designing and implementing individualized educational programs;*
- *Teaching the skills traditionally associated to one discipline to other team members who function in direct service capacities and work directly with learners throughout each day across a variety of environments and activities (role release)."*

The transdisciplinary model aims to provide coordinated, integrated, family-centered services in order to meet the complex needs of children with SEN. Transdisciplinary team is characterized by involving all members to learn, teach and work together to implement coordinated services. (King et al 2009, apud Fewell, 1983).

The transdisciplinary model was firstly developed in the early 1960 for infants, children and adults with developmental disabilities. " Initially developed to aid in the coordination of therapeutic and medical services for infants (Campbell, 1987), it was further refined by the United Cerebral Palsy National Collaborative Infant Project of 1976 (Stepans, Thompson, & Buchanan, 2002) in order to provide a "comprehensive and coordinated assessment system" (Stepans et al., 2002, p. 239) for young children with severe and multiple disabilities. The goal was the establishment of a more relevant and appropriate Individualized Education Program for each student." (Hernandez, S.J. (2013), p.495).

King (2009) identifies three main operational features of the transdisciplinary approach:

- The arena assessment: Each child is assessed simultaneously by specialists, using both standardized and informal methods. A person assumes the role of the facilitator while 1-2 other professionals interact with the child and other specialists observe and take notes. Each member has a role, including the parent who provides information about the child. After assessment a short meeting is performed in order to change impressions and interpretations.
- Intensive interaction between the transdisciplinary team members throughout the intervention, in order to exchange information, make decisions together, work collaboratively for the best interest of the child.
- Role release: *“The team becomes truly transdisciplinary in practice when members give up or “release” intervention strategies from their disciplines, under the supervision and support of team members whose disciplines are accountable for those practices. The role release process therefore involves sharing of expertise; valuing the perspectives, knowledge, and skills of those from other disciplines; and trust—being able to “let go” of one’s specific role when appropriate.”* (King et al, 2009, p. 213).

“The presumed benefits of TA include (a) service efficiency, (b) cost-effectiveness of services, (c) less intrusion on the family, (d) less confusion to parents, (e) more coherent intervention plans and holistic service delivery, and (f) the facilitation of professional development that enhances therapists’ knowledge and skills.” (King et al, 2009, p. 213)

The transdisciplinary model is a family-centered one. This means that all decisions, goal setting, implementation and recommendations are based on the family need’s, perceptions, opinions of the child well-being. The start-up presumption is that the family is the most focused and motivated developmental and educational factor in the child’s life, and knows best the characteristics and needs of the child, and always aim the best interest of the child. Also, taking family needs into the center of the process manages to engage the family effectively in the recuperative process, as co-therapist.

4. The benefits of applying the transdisciplinary model

The transdisciplinary model was initially applied in early intervention and in cases of severe and profound disabilities. In the context of bettering the educational integration of SEN students and moving toward inclusion, a solution for the current problems must be proposed. We consider that the transdisciplinary model addresses many of the current problems of school integration:

1. The majority of teachers who educate the SEN students are not trained or competent in the special education field. Also, a lot of special education specialists are not trained in education for primary or secondary school. The transdisciplinary model offers to both categories the opportunity to share knowledge and to learn from each other in the best interest of the child. The role release element from the transdisciplinary model empowers them to work efficient and competent with the student, and record a significant progress.

2. The majority of teachers who educate the SEN students have negative and discriminatory attitudes towards them. Working together with SE specialists, seeing the process in making, contributing to the evident progress of the student, seeing the pleased families may change their attitudes.
3. In Romanian case management family is rarely fully involved in the recuperatory process. The role of the parents is essential, in contributing in the knowledge consolidation and application in every day life. By focusing on the family, this obstacle can be overcome. In the transdisciplinary model the parents are asked about their needs, and so involved in the decision making process. Their needs are considered a priority in intervention planning, and firstly addressed. Thereby they observe positive effects on family life and their quality of life in the early stages of intervention, and tend to be more trustful and involved in the process. In time, they perceived correctly their role as co-therapists and fully involved in their child education.
4. The parents of the regular students in the class have discriminatory attitudes toward the SEN students. They consider that SEN children can be dangerous or bad models for their children and reject the idea of school integration. By involving the family in the educational process they can act as liaisons with the other parents, by sharing their experience, struggles and success.
5. Obviously the students benefit the most from this approach: all the specialists are very involved in their progress, also the family and the process is in a continuous development, because everyone learn from everyone.

5. Conclusions

Current trends In Romanian Special Education legislation, theory and practice are for the shift of emphasis towards inclusion, which is a goal, unfortunately quite difficult to achieve at present. Such a difficult change of perspective is a lengthy process that includes the involvement of many factors: social, community, scientific authority and practitioners. An inclusive school is one prepared (both in terms of financial resources as well as human resources) to receive any category of students, both regular and with SEN. In this context, an inclusive school should provide its students all necessary accommodations needed. In our educational system the barriers in an effective inclusion occur in: the regular teachers` low expertise in the special education field, their attitudes, lack of appropriate financing, lack of necessary accommodations, an insufficient number of special education specialists, and poor parent involvement. The multidisciplinary model presently applied in Romanian schools proves to be ineffective, the success is an exception not a rule, and it depend on contextual factors.

The transdisciplinary model can be the right alternative, all factors involved have to benefit. The specialists share knowledge and learn from each other in the best interest of the child, the role release element from the transdisciplinary model empowers them to work efficient and competent with the student, and record a significant progress. In the transdisciplinary model the parents are asked about their needs, and so involved in the decision making process. Their needs are considered a priority in intervention planning, and firstly addressed so in time they become co-therapists and fully involved in their child education. The family can act as liaisons with the other parents,

by sharing their experience, struggles and success. The students benefit the most from this approach: all the specialists are very involved in their progress, also the family and the process is in a continuous development, because everyone learns from everyone.

Unfortunately the transdisciplinary model is not known and applied in the Romanian educational system. The first step we propose toward its implementation is to popularize it.

Here are some suggestions for implementing the transdisciplinary model in Romanian special education:

- Organizing training courses for teachers in transdisciplinary case management
- Conducting roundtables and panel discussions with professionals in the field
- Providing counseling for teachers in implementing this model by university specialists
- Presentation of good practices in implementing the transdisciplinary model.

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