THE SPECIAL EDUCATION TEACHERS' CONCERNS REGARDING THE USE OF THERAPEUTIC STAFF SUPPORT (TSS) IN THE SCHOOL SETTING

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Submitted to the Graduate Faculty of

the School of Education in partial fulfillment

of the requirements for the degree of Education Doctor

University of Pittsburgh

2005

UNIVERSITY OF PITTSBURGH

SCHOOL OF EDUCATION

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April 13, 2005

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University of Pittsburgh [2005]

The purpose of this study was to give voice to the special education teachers' concerns regarding the use of TSS in their programs. How would special education teachers' respond if they were given the opportunity to describe their concerns? They responded eagerly and thoughtfully. The teachers' in this study were providing services to students in Autism, Life Skills, and Emotional Support programs at the elementary, middle, and secondary levels. The study employed a mixed quantitative and qualitative methodology including the developmental, expansion, and triangulation of various data. The Stages of Concern questionnaire was utilized to form a developmental baseline of information about the responding teachers. Interviews were conducted and a rubric was developed which provided an expansion of the understanding from the questionnaire. Observations were completed and assessed against the rubric's components. A triangulation of these three data collection methods enabled the researcher to write stories depicting the teachers' experiences.

Sixty-five teachers completed the demographics and Stages of Concern questionnaire. The most significant finding in the demographics was the lack of training prior to TSS being

introduced into their classroom. Results from the questionnaire indicated that the highest level of concern for most of the responding teachers' was Stage 5-Collaboration. Thirteen teachers were interviewed and asked to describe their most effective and least effect experiences and to imagine an ideal utilization of the service. From their input, a rubric was developed to depict the continuum of ineffective, effective, and ideal utilization in the components of Professionalism, Preparation, Technique, and Environment. Nine observations were conducted and assessed using the rubric. The ratings found three observations in the ineffective, four in the effective, and two in the ideal categories. Using the data from the interviews and observations, stories were written describing ineffective, effective, and ideal utilization of TSS in the school setting.

Implications were found for educational policy, teachers' contracts, agency system changes, training, and planning and implementation of TSS in the school setting. The teachers identified training in the roles of TSS, utilization of TSS, and collaboration with TSS as their priorities.

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PREFACE

I would like to acknowledge the support of Dr. Elaine Rubinstein for the data analysis in the demographics and Stages of Concern questionnaire and Dr. Charles Gorman for his knowledge, support, and guidance throughout this study.

I would like to acknowledge the financial support of the Northwest Tri-County Intermediate Unit and additionally to Dr. Margie Wallace for her encouragement and Dr. Dennis Valone for sharing his expertise in school-based mental health services. Special thanks are due to the special education teachers and supervisors for their willingness to participate in this study with much enthusiasm for the topic.

Final acknowledgement goes to my family, especially my parents, Charles and Dora Desmone for instilling in me the love of life-long learning and to my daughter Adele Desmone Crotty for her steadfast support of this endeavor.

1. CHAPTER LITERATURE REVIEW

1.1. INTRODUCTION

"A national study in 1982 found that two-thirds of all children with severe emotional disorders were not receiving appropriate services" (CASSP Brief History, p.1). In response to this study, Congress created the Child and Adolescent Service System Program (CASSP). Pennsylvania received a CASSP grant in 1985 to build a state structure under the office of the Department of Public Welfare. The structure included: four regional mental health specialists, county CASSP coordinators, and a statewide CASSP Advisory Committee. Additional federal grants were used to create the CASSP Training and Technical Assistance Institutes.

In 1989, additional support was provided when the federal Omnibus Budget Reconciliation Act was reauthorized. The act "established that children up to age 21 who are enrolled in the Medical Assistance program are entitled to medically necessary services…" (Ievoli, p.1). Medically necessary services included mental health services. Several mental health services were developed including Mobile Therapy (MT), Behavioral Specialist Consultant (BSC), and Therapeutic Staff Support (TSS). These services were known as Behavioral Health Rehabilitation Services, or "Expanded Services", or "Wraparound".

In Pennsylvania, the Department of Public Welfare (DPW) became the agency responsible for seeing that these services were provided, through the Office of Mental Health and Substance Abuse Services. It was not until a December 1992 settlement agreement, in the Lawrence K *v.* Snider federal court case (in the Eastern Court of PA) that the Department of

Public Welfare (DPW) published two bulletins that established that medical assistance would pay for medically necessary mental health services for children and adolescents under the age of 21 and how that would occur. The Pennsylvania CASSP Training and Technical Assistance Institute was created to continue with the publication series that included discussion papers, technical assistance papers, and concept papers. Each publication described eligibility requirements, provider qualifications, service delivery models, etc. The DPW did no pre-planning with the Department of Education to organize how these services would/should be delivered in the school setting.

To become a provider of these mental health services in Pennsylvania, an agency had to apply for the Act 50 provider license. Only one school entity that applied was given the approval. Until very recently, only private agencies were given the provider status. In the geographical area of this study, the mental health providers are all from private agencies. The schools have no say in who comes into the school setting, or what training or qualifications are required to work in the school setting. The connections with the agencies and schools have mostly been at the supervisory level. TSS services were initially provided without input from the special education teachers. The purpose of this study is to give voice to the special education teachers' concerns regarding the use of the TSS services in the school setting.

In the early years, the qualifications for TSS were high (a Bachelor's Degree in mental health or related field) and there was considerable flexibility of practice within the school setting. In 1999, due to a delay in receiving services, a class action suite was filed, on behalf of seven children, in federal district court (in the Eastern District of Pennsylvania) against the Secretary of the DPW in Kirk T. v. Houstoun. The lawsuit cited a variety of issues including "inappropriate

licensing and staff qualification requirement" (PIN: Kirk T. Class Action Lawsuit p. 1). The court found that DPW was not providing prompt services. As a result of the settlement agreement (2001) DPW issued a bulletin which included "changing the requirements to become a Therapeutic Staff Support worker…" (PIN: Kirk T. Class Action Lawsuit p.2). The qualifications were reduced "in order to provide a larger pool of workers" (Ievoli, p.8). At the same time, flexibility in their practice in the school setting was significantly curtailed. The combination of lack of planning with the changes in qualification and flexibility created frustration for many special education teachers. The teachers' concerns were not sought nor were they formally considered when they were volunteered. Given the opportunity, how would special education teachers respond to inquiries about their concerns of the use of the TSS service? In the perspective of history, how did our country get to the point of offering these mental health services in the school setting?

The remainder of this chapter will be organized into three components. The first component will include a review of the history, policy, and advocacy issues related to mental health services for children in school settings. The second component will review best practice in the system of care, in general, and the CASSP model in particular. The third component will consider the role of collaboration among the professional stakeholders involved with the child in the school setting. Let us begin the journey.

1.2. HISTORY, POLICY, AND ADVOCACY

This researcher was surprised to learn that mental health services for children in school actually began during the Progressive Era in education which occurred between 1890 and 1930. During this time, four factors merged to influence the need for such services:

1) Compulsory education and child labor laws required more students to attend school (Fagan, 1992, Richardson & Parker, 1993 as cited in Flaherty & Osher, 2003),
2) Immigration and concerns for social order appeared because these new students were not ready to learn and discipline problems occurred (Rothman, 1980),
3) Urbanization and concerns about public health became issues because of the differences in the culture of the teachers and the students they taught,
4) Professional and scientific developments in psychology, social work, and education led the professional community to determine something needed to be done (Flaherty & Osher, pp. 11-12).

Additional influences identified by Allen-Meares, Washington, and Welsh (pp. 24-25) included: knowledge of individual differences of students, realization of strategic position of education, and concern for the relevance of education for the student.

Educators, during this time, differed in their opinions of what needed to be done. Some focused on fixing the schools and others wanted to focus on fixing the students, but either way they all agreed that "schools should teach more than the three R's" (Flaherty & Osher, p. 13). In 1914, Terman provided the expansive vision when he proclaimed, "…the public school has not fulfilled its duty when the child alone is educated within its walls. The school must be the educational center, the social center, and the hygiene center of the community in which it is located---a hub from which will radiate influences for social betterment in many lives" (Hoag & Terman, p.11). That charge put schools in the dubious position of trying to solve all children's problems, no matter the source. That charge has continued to this day, with no sign of reversing.

The initial provision for services commenced, in the beginning of the 20th century, with nurses being placed in schools to ensure the health of the students. It was the role of the nurse to see that immunizations were completed before students entered school. They also provided vision and hearing screenings (Flaherty, Weist, & Warner, 1996). Woman in prominent public service organizations were the successful advocates for schools providing social services at that time.

After 1906 "visiting teachers", the first social workers were hired to attempt to deal with the truancy, delinquency and/or poverty of the children. They were first introduced in New York City with the task of providing socializing education to "rescue" children by "imposing on them the values institutionalized in the American public school" (Church & Sedlak, p. 278). The visiting teachers' primary roles were to act as the home-school-community liaison, and to help the school staff to understand the student's life at home and in the neighborhood. Visiting teachers began to change their attention in the 1920's, from environmental and social reform to individual case study.

The Commonwealth Fund of New York City entered into a juvenile delinquency intervention program. They also had as their goal the professionalization of social services. The United Way and Community Chest organizations began to lead the social welfare and mental health services in communities.

School counselors came on the school scene around 1918 with the original role of providing vocational assessments. In the 1920-30's their role included guidance counseling to help students make career decisions and therefore decisions on the courses to take in high school. They were viewed as experts in the "Americanization" of immigrants (Sedlak, p. 353).

All of these social services were curtailed or eliminated during the depression years of the 1930's. During the 1940-50's the roles of social service providers began to change. Social workers wanted a more specialized role than that of attendance officer. They began to view their role as that of trying to prevent mental health problems in children and to provide emotional support to children in need. The focuses were on family dynamics and internal psychological conflicts. They began to identify middle-class and upper-class students who needed help.

School counselors shifted their attention from a strictly vocational need to the integration of personality and human growth and development (Schmidt, 1996 as cited in Flaherty & Osher, 2003) and were then referred to as "guidance counselors". Federal funding was established for guidance counselors with the National Defense Education Act of 1958, which was caused by an increased need for guidance counselors.

In reviewing this history, it appeared that public service organizations in our country were the first to understand the importance of helping more children, especially the children of immigrants. From the need to serve more diverse children, came a series of support services. Table 1-1 summarizes the activities of the first half of the 20th century.

What role has the federal government played in policy and funding for these mental health initiatives? As noted in Table 1-1, it wasn't until 1958 that the federal government became involved in these support services.

Table 1-1 Summary of School-Based Services 1900-1959

Date	Service/ Purpose	Source
1900	Nurses: Immunizations, vision and hearing screenings	Flaherty, Weist, & Warner (1996). *School-based Mental Health Services in the United States: History, current models and needs.*
1906	Visiting Teachers: environmental and social reform of truancy, delinquency, poverty	Church & Sedlak (1976). *Education in the United States: An interpretative history.*
1918	School Counselors: Vocational assessments	Sedlak (1997). *An uneasy alliance of mental health services and the schools: An historical perspective.*
1920	Visiting Teachers: Individual case study	Church & Sedlak (1976). *Education in the United States: An interpretative history.*
1920-30	School Counselors: Career decision/courses	Sedlak (1997). *An uneasy alliance of mental health services and the schools: An historical perspective.*
1930	Curtailment of services: Due to the Great Depression	Church & Sedlak (1976). *Education in the United States: An interpretative history.*
1940-50	Social Workers: Prevent mental health problems; provide emotional support	Church & Sedlak (1976). *Education in the United States: An interpretative history.*
1940-50	"Guidance" counselors: Integration of personality and human growth and development	Schmidt (1996). *Counseling in Schools.*
1958	National Defense Education Act: Funding for guidance counselors	The National Defense Education Act of 1958

The federal partnership for specific mental health programs began to emerge in the 1960's. In 1963, congress passed the Mental Retardation Facilities and Community Mental Health Centers Construction Act. This law provided for the development of local community mental health centers. The goal of this Act was to prevent mental illness through consultation and education in school settings. It was the role of the mental health professionals to train school personnel to carry out various interventions. This role was later enlarged to include individual assessment and intervention. These centers were slow to develop.

Despite this new effort, the Joint Commission on Mental Health in 1969 noted that of the 1.4 million children needing mental health services, one million were not receiving help. The Commission recommended the creation of a national advocacy system that would operate and collaborate at the federal, state, and local levels. In addition, the Commission recommended:

1) An array of services that included mental health, health, and public assistance; social services; education; and approaches to work, leisure, and preparation for adult roles
2) Training
3) A research agenda (Lourie, et al. p.100).

One positive response to the Commission's recommendations occurred in 1971 with federal funding for 10 local child advocacy projects. The projects were funded for three years. While the initial projects showed some success, the projects were not picked up by the state or local governments when the funding expired.

On a brighter note, by 1972 the Community Mental Health Centers Construction Act (CMHCC), which was initially enacted in 1963, had created a series of centers around the

country. These centers provided increases in services and led to a shift from state hospitals to community-based services. However, only half of the centers provided specialized mental health services.

Unfortunately, the federal response to the recommendations was not forthcoming. Initial attempts to pass supporting legislation failed in both 1973 and 1974.

To respond to this problem, Congress passed an amendment (Part F) to the CMHCC Act which provided grants for centers for specialized children's services. While the Act provided the full eight years of funding, it was repealed in 1974 requiring additional new services without an increase in funding.

At the PA state level, 1972 saw the enactment of the PARC Consent Degree which came from a class action suit brought about by the PA Association of Retarded Citizens. The law suit was against the PA Department of Education on behalf of children with mental retardation who were not receiving a public education. The requirements set forth from this judicial degree would have an impact on federal law that would be enacted in 1975. (Turnbull, pg. 14, 30-32).

In 1973, the legislature mandated the creation of Rehabilitation Research and Training Centers (RRTCs) for the purpose of conducting research, training, and service activities, through the Department of Education, Office of Special Education and Rehabilitative Services (OSERS). The National Institute on Disability and Rehabilitation Research developed and funded four centers of which three were school directed: 1) RRTC to Improve Services for Children with Serious Emotional and Behavioral Disabilities and Their Families, 2) RRTC for Children's Mental Health, and 3) RRTC on Positive Behavioral Support.

In 1975 Congress passed the landmark Education for All Handicapped Children Act (PL 94-142). This law provided for a *free and appropriate* public education for children with disabilities. Services for students with serious emotional disturbances were included. This education was to be provided in the "least restrictive environment" which meant in the students' local school district, as the first choice of location. Services centered on providing a therapeutic environment in which to do academic school work. State education departments and local school districts did not see their role as one of providing direct mental health services to these students.

In response to President Carter's 1978's Commission on Mental Health, the National Institute of Mental Health developed the Most-in-Need Program. The program was designed for local community agencies to identify the most troubled children and to work together to provide services. Unfortunately, funding was not forthcoming for two years. Funds later became available for 12 projects through the Indian Health Services. These projects were provided in Native American, Hawaiian, and Native Alaskan communities.

Trina Mendin Anglin (2003) identified six factors that influenced the federal government to increase their participation in the mental health needs of children. The six factors included:

1) Passage of the Education for All Handicapped Children Act (Public Law 94-142) of 1975
2) Systems of Care reform movement which required collaboration across agencies
3) School-based mental health movement which created school-based mental health centers

4) Concern over increased adolescent drug and alcohol use

5) Student-perpetrated violence

6) Student-perpetrated lethal violence against students and faculty (pp. 91-92).

Another attempt to respond to President Carter's Commission was the passage of the Mental Health Systems Act (PL 96-398) in 1980. One of the goals of this Act was to serve underserved children and adolescents through the collaboration of multiple agencies including child welfare, juvenile justice, and education with the mental health centers. However, eight months later, the Act was repealed under President Reagan's "New Federalism" and replaced with block grants to states. The Omnibus Budget Reconciliation Act of 1981 (PL 97-35) consolidated federal funds into the Alcohol, Drug Abuse, and Mental Health Services Block Grant. Once again, these grants only required the community mental health centers to "provide outpatient services for children, not the range of services that had been required since 1974" (Knitzer, p. 87).

In 1982, The Children's Defense Fund published Jane Knitzer's book, *Unclaimed Children: the Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*. The book detailed Knitzer's scathing report of the failure of federal, state, and local governments to provide the needed fiscal, advocacy, parental, and staff support for children with mental health needs. She gathered data from all 50 states and the District of Columbia, interviewed a variety of stakeholders, met with officials in four states, and analyzed federal programs designed to meet the needs of children and adolescents with mental health needs. Out of this report came several recommendations:

1) Strengthen services and systems of care within state mental health departments,

2) Increase the mental health policy focus on children,

3) Protect the rights of children and adolescents,

4) Increase the response of non-mental health agencies to the mental health needs of children and adolescents,

5) Maximize the impact of existing federal programs,

6) Increase effective advocacy (Knitzer pp. xiii-xiv).

Knitzer's report provided the social impetus necessary to cause political action at the national level. Her book was sited by many authors as a major influence to policy.

In the 1980's, school-based health centers were initiated. These centers began in large urban districts. They first targeted such issues as teenage pregnancy, sexually transmitted diseases, and drug and alcohol abuse. Unfortunately, they later needed to add the issues of teen suicide, violence, homicide and high drop out rates (Flaherty, Weist, & Warner, 1996). From this notion of school-based health centers, the concept of a *system of care* was developed. In this approach, professionals from various disciplines would collaborate to provide health and mental health services for children and their families.

In 1984 the National Institute of Mental Health set aside $1.5 million for the creation of a national program. The new program did not appear in the continuation of the Community Support Program law itself but was added in the congressional report by an aide in a brief line "that described Congress' intent that $1.5 million be expended on a similar program for children and adolescents with serious emotional disturbances" (Lourie at el., p. 104). The new program, the Child and Adolescent Service System Program (CASSP), "utilized the ideas and experiences derived from the Joint Commission, Child Advocacy, Part F, Most-In-Need, and the Mental

Health Systems Act…" to create in every state a new service delivery model for children and youth with serious emotional problems (Lourie, at el., p. 104). CASSP grant funds were to be used by states to create system development, not direct services. "The grants were designed to be time limited for federal funds, with the states assuming full support at the grants' end" (Day & Roberts, p. 342). The goals of CASSP included:

1) Improve access and availability of a continuum of care
2) Develop leadership capacity and increase funding priority
3) Promote more and better coordination and collaboration among agencies
4) Promote full family participation in all aspects of planning and delivery
5) Ensure that services are structured and delivered to maximize efficacy in cultural context
6) Evaluate progress of states and communities to improve systems of care (Lourie at el, p 105).

The purpose of developing a state system was to keep children from being removed from their communities due to insufficient support and/or services to meet their serious emotional needs. This program was designed to provide a team approach to problem solving. The team included the parent, child, and representatives from agencies such as education, mental health, welfare, juvenile justice, etc. The team would develop and implement a plan for services to support the child at home, school, and in the community with relation to the child's physical, emotional, social, educational and family needs (Flaherty & Osher p. 17). In 1994, the program was renamed the Planning and Systems Development Program, though locally it is still referred

to as CASSP. To provide more financial support Congress reauthorized, in 1989, the federal Omnibus Budget Reconciliation Act. This act enabled schools to bill Medical Assistance for the cost of medically necessary services to eligible students, which included mental health services.

In 1990, the Education for All Handicapped Children Act (PL 94-142) was reauthorized as the Individuals with Disabilities Education Act (IDEA). In the new law support for students with emotional disturbance was increased to include "positive behavioral intervention strategies and supports…" if needed [Section 614 (d) (3) (B) (l)].

In addition to the System of Care approach was the Expanded School Mental Health Programs which began in the 1990's. In an expanded model, both regular and special education students could receive services which normally would be found in their community or a near-by community. These programs included the services of "…diagnostic assessment, individual, group and family psychotherapy, crisis intervention, and case management" (Flaherty & Osher, p. 18). Because these services were provided in the school setting they often included prevention programs and consultation to the school team.

Some larger communities took the expanded mental health service further with the concept of the Full-Service School. The goal of the full-service school was to replace fragmented and overlapping services with "one-stop-shopping". Connecting the school directly to the community enabled the school and community to provide the services needed in that specific community. While many schools and communities could not provide full-service, some schools attempted to look at their mental health needs from a system-wide school-reform prospective, as educators began to understand the connection between mental health problems and school failures (Flaherty & Osher p. 18).

In 1992, Congress passed the Children's and Communities Mental Health Services Improvement Act which authorized the Comprehensive Community Mental Health Services for Children and Their Families Program. The purpose of this program was to provide services to children and adolescents in their home, school, and community. These services included evaluation, diagnosis, and treatment in normal settings, transition support, and respite care.

In 1993, Congress passed the Alcohol, Drug Abuse, and Mental Health Services Reorganization Act which authorized $100 million dollars for the new Child, Adolescent and Family Mental Health Services Program. The program required each child or adolescent to "have an individualized service plan developed and carried out with the participation of the family and the child" (Lourie et. al., p. 110). Case management was also required to ensure coordination and assessment; to report to family on child's progress; and to provide appropriate assistance for other needed services.

In 1995, the Health Resources and Services Administration (Maternal and Child Health Bureau) was the sponsoring agency for the Mental Health in Schools program. This program was the first to deal exclusively in school-based mental health services. The goals were to "build the infrastructure necessary for enhancing primary mental health resources and services for children and adolescents in school settings" (Menden Anglin, p.96-97). Unfortunately, this program was only offered to five states through state-level partnership grants.

The Individuals with Disabilities Education Act (IDEA) was reauthorized in 1997. Pennsylvania's special education regulations, known as Chapter 14, were then revised to align with IDEA. One of the emphases of the reauthorizations was on providing psychological counseling as a related service and to include these services on the student's individualized

education program (IEP) plan. Pennsylvania was recently cited by the federal Office of Special Education Programs (OSEP) because districts did not appear to be providing this support. Guidelines were promulgated by the state's Bureau of Special Education to help local schools comply with this requirement of the law.

The Safe Schools/Healthy Students Initiative (SS/HS) of 1999 was the first truly interdepartmental initiative through the Departments of Education, Health and Human Services, and Justice. The SS/HS Initiative was a grant program which awarded three-year grants to Local Education Agencies (LEAs) with formal partnerships with local mental health agencies and law enforcement. The goals of this program were: "to improve/increase services to 'at risk' children and their families, to link child-serving agencies in a consistent and complementary way, to decease violence and drug abuse and to make school disciplinary activity less necessary and to enhance the healthy development of all children" (National Criminal Justice Reference Service, 2001; Substance Abuse and Mental Health Services Administration, 2001).

Most recently, the reauthorization of the Elementary and Secondary Education Act, now titled the No Child Left Behind Act of 2001, included two sections with direct mental health references. The Safe and Drug-Free Schools and Communities Act (under Title IV) were the first section with mental health implications. The goals of this section were to prevent violence, and the illegal use of drugs, alcohol and tobacco. In addition, it hoped to foster a safe and drug-free learning environment in order to support academic achievement. The program provided grants to states and local education agencies and included national discretionary funds for unanticipated specific needs of schools and communities.

The second section was the Promoting Informed Parental Choice and Innovative Programs (under Title V). Contained within Title V were three categories of Grants to Improve the Mental Health of Children. One grant was for the Integration of Schools and Mental Health System, "…for the purpose of enhancing student access to high-quality mental health care…" (Menden Anglin, p.104). The second grant was for Promotion of School Readiness through Early Childhood Emotional and Social Development. This program's goal was to foster emotional, behavioral, and social development to help children become ready for school. The third grant was for Combating Domestic Violence. The goals addressed child abuse, domestic violence, and hate crimes.

In reviewing this second half of the 20th century, the federal government became involved in providing funding for various mental health programs. Table 1-2 summarizes the federal initiatives and purposes from 1960-1989. As we have seen in this long history of support for the mental health needs of children and adolescents, the knowledge and understanding of these needs have initially come from outside the federal government. It was the knowledge base of advocacy groups, private organizations and foundations, school and mental health professionals and the climate in the culture that persuaded the legislators that something needed to be done.

Table 1-3 summarizes the federal initiatives and purposes from 1990-1999. Table 1-4 summarizes the federal No Child Left Behind initiatives of 2001.

From all of this legislative effort, over such an extended period of time, came an understanding of the components of best practice. The next section of this chapter will include a review of the literature on the best practice in the system of care, in general and the PA CASSP system, in particular.

Table 1-2 Summary of Federal Initiatives and Purposes 1960-1989

Year	Legislation	Purpose
1963	Mental Retardation Facilities and Community Mental Health Centers Construction Act	Development of local community mental health centers to prevent mental illness through consultation and education in school settings.
1972	Part F Children's Services Program of the Community Mental Health Centers Act	Provide funds for community mental health centers & mental health agencies to develop specialized child & adolescents programs.
1973	Rehabilitation Research and Training Centers (The National Institute on Disability and Rehabilitation Research)	Conduct research, training, and service activities
1974	Mental Health Systems Act repealed and replaced by the Alcohol, Drug Abuse, and Mental Health Block Grant.	Continued funding for established centers, but only required outpatient support.
1975	Education for All Handicapped Children Act	Special education services to students with emotional disturbances in the least restrictive environment.
1978	Most-In-Need Program (through the National Institute of Mental Health)	Funds became available in 1980 for 12 projects through the Indian Health Services.

Table 1-2 (continued)

1980	Mental Health Systems Act (repealed after 8 months)	Service through collaboration of multiple agencies (child welfare, juvenile justice, and education).
1981	Omnibus Budget Reconciliation Act consolidated funds into the Alcohol, Drug Abuse, and Mental Health Services Block Grant	Provide outpatient mental health services to children.
1984	Child and Adolescent Service System Program (CASSP) (through the National Institute of Mental Health)	Provide support to states to develop structure for providing mental health services by combining resources (mental health, juvenile justice, education)

Table 1-3 Summary of Federal Initiatives and Purposes 1990-1999

Year	Legislation	Purpose
1990	EAHC reauthorized as Individuals with Disabilities Education Act (IDEA)	Support for students with emotional disturbance to now include "positive behavioral interventions strategies and supports".
1992	Children's & Communities Mental Health Services Improvement Act	Provide services in home, school, and community.
1993	Alcohol, Drug Abuse, and Mental Health Reorganization Act.	Provide individualized service plan, and case management.
1995	Health Resources & Services Administration's Maternal & Child Health Bureau sponsored Mental Health in Schools Program	Build infrastructure for primary mental health resources and services in school setting. Only offered to 5 states through grants.
1997	Individuals with Disabilities Education Act (IDEA) reauthorization	Provide psychological counseling as a related service on the student's IEP.
1999	Safe Schools, Healthy Students Initiative through the Depts. of Education, Health & Human Services, & Justice.	Provide 3 year grants to local education agencies with formal partnerships with mental health agencies and law enforcement.

Table 1-4 Summary of the federal No Child Left Behind

Year	Legislation	Purpose
2001	No Child Left Behind: The Safe & Drug-Free Schools & Communities Act (Title IV)	Provide grants for preventing violence, illegal drug, alcohol, & tobacco use.
2001	No Child Left Behind: Integration of Schools and Mental Health Systems (Title V)	Provide student access to high-quality mental health care
2001	No Child Left Behind: Promotion of School Readiness Through Early Childhood Emotional & Social Development (Title V)	Foster emotional, behavioral, and social development to help children be ready for school
2001	No Child Left Behind: Combating Domestic Violence (Title V)	Reduce child abuse, domestic violence, and hate crimes.

1.3. COMPONENTS OF BEST PRACTICE

As was mentioned earlier in this chapter, real change in the provision of mental health services occurred after the publication of Knitzer's forceful book, *Unclaimed Children* (1982). The major federal initiative in response to Knitzer's report was the creation of the Children and Adolescent Service System Program (CASSP) which was under the auspices of the National Institute for Mental Health. That federal mandate continues to provide technical assistance to states for the creation and maintenance of community-based services for children and

adolescents. The original emphasis was on public agencies working together through the efforts of a case manager, at the agency level. Policies and procedures of the CASSP system were developed at the administrative level and implemented in a "top down" approach (Quinn et. al., p. 21). In addition, there was the acknowledgement that families needed to be viewed not only from their *needs* but from their *strengths*. Parents were to participate as equal partners in the development of the service plans. Later, the concepts of "individualized care" and "wraparound services" were added.

Friedman (1990) credited Behar (1985) (as cited in Hodas, 1996) with coining the term *wraparound*, as an "effort to surround multi-problem youngsters and families with services rather than with institutional walls, and to customize these services." *Wraparound* is a process and *individualized care* refers to a set of services. However, the terms have been defined and used in different ways by different professionals. Wraparound and individualized care are often used interchangeably. In 1995, VanDenBerg (as cited in Hodas, 1996) defined individualized services as a "philosophy and overall approach that says services must be tailored to the specific needs of the child and family whenever categorical services are not working…" In 1994 Franz (as cited in Hodas, 1996) stated that the goal of the wraparound process is "to help an individual or a group reach a point where equilibrium is principally sustained by intrinsic supports (e.g. natural supports that are individual-, family-, and community-based)." Hodas described wraparound as "a process of working with children and their families that is individualized and collaborative…with the goal of maintaining the child in the home and community whenever possible…" (p. 1). In a PA CASSP discussion paper, Hodas answered the question, which was the subject of the paper, "What Makes Wraparound Special and Unique?" He identified eight elements which included:

1) A philosophical foundation---which provides a common language through agreed upon principals

2) Every child counts---no child is untreatable; unconditional care is provided

3) Expectation of individualization---"one size does not fit all", for services and treatment

4) Relevant information is redefined---by listening and learning what constitutes the child's and family's uniqueness in the contexts of the home, family, community, school, etc.

5) Focus on strengths---treatment utilizing the strengths and capabilities of the child and the family including resources available in the family, neighbors, etc. This "strengths-based approach" supports the collaborative relationship between the family and the professionals. Both strengths and weaknesses must be understood and considered.

6) Creative responses are encouraged---individualized services often require creativity in order to provide flexible treatment options

7) Broad scope of intervention---multi-system interagency team collaboration with the child and family ensure that the assessment, treatment plan and intervention will be broad based

8) Commitment to process and collaboration, not just outcome---"active participation by the child and family within a collaborative network of relationships promotes change" (p. 7).

Eber (1994) (as cited in Hodas, 1996) developed a protocol for school-based wraparound meetings. The protocol included starting the meeting with a discussion of the student's

strengths; having the family speak first; and discuss the functioning of typical students from similar backgrounds who do well. With this beginning, the team is then asked to visualize the student functioning as the typical student. With this accomplished, barriers are identified including the student's problems. At that point the team can begin to develop goals and strategies for treatment.

Stroul and Friedman, (1986 Rev. Ed.) presented three core values and ten principles required of a system of care. The three core values they proposed stated that the system of care should be:

1) Child centered and family focused
2) Community based
3) Culturally competent

The principles of a system of care included the philosophy that children with emotional disturbances should:

1) Have access to a comprehensive array of services that address all of the child's needs
2) Receive individualized services based on the needs and potentials of the child through an individualized service plan
3) Receive services in the least restrictive, most normative environment possible
4) Have families be full participants in the planning and delivery of services
5) Receive services that are integrated, with linkages between agencies and programs
6) Be provided with case management to ensure that multiple services are delivered in a coordinated and therapeutic manner and responsive to changing needs

7) Have early identification and intervention…in order to enhance the likelihood of positive outcomes

8) Be ensured smooth transitions to the adult service system as they reach maturity

9) Have their rights protected, and effective advocacy promoted

10) Receive services without discrimination, and services sensitive and responsive to cultural differences and special needs (p. xxiv).

With the core values and principles articulated, states began to utilize their federal grants to develop their system of care. In 1995 the CASSP in PA collapsed the core values and principles into six Core Principles. The PA CASSP Core Principles included:

1) Child-centered---services fit the child rather than having the child fit into the existing service

2) Family-focused---family is primary support system, full partners in decision making

3) Community-based---services in the child's community utilizing a variety of resources

4) Multi-system---services include collaboration with all agencies involved in the child's life.

5) Culturally competent---services are provided by people who recognize and respect all of the elements of the child and family's culture.

6) Least restrictive/least intrusive---services take place in the child and family's natural settings (Hodas, p.12).

With the principles in place, states developed and implemented a variety of programs. What components of effectiveness have been identified in these programs?

Roberts (1994) published results of a study conducted through the Task Force on Model Programs in Service Delivery in Child and Family Mental Health. This Task Force was sponsored by the Section on Clinical Child Psychology and the Division of Child, Youth, and Family Services. The Task Force solicited programs and service delivery systems to participate in the study. The selection criteria included:

1) Type of condition intervened with or prevented in a child/adolescent
2) Rational and measurable goals/objectives
3) Program description
4) Documentation of process and outcomes
5) How the program models service delivery (p. 213).

Twenty-three model programs were identified as meeting the criteria. The goal of the study was then to identify the common characteristics of programs that were successful in implementing services to children and their families. The author identified seven commonalities. He found that successful programs:

1) Recognize the ecology of the child in various contexts
2) Involve collaboration with multiple agencies/professionals, creating a comprehensive and flexible service
3) Are guided by clearly defined mission and goals
4) Decrease identified barriers to access
5) Are able to be replicated and adapted to diverse settings
6) Respond to accountability by documenting effectiveness
7) Have strong and dynamic leadership (pp. 213-218).

Hoagwood and Erwin (1997) conducted a computerized data-base search of the literature on school-based mental health services for children, from 1985-1995. Three inclusion criteria were applied to the studies:

1) Use of random assignment to the intervention
2) Inclusion of a control group
3) Use of standardized outcome measures (p. 439).

Of the 228 program evaluations only 16 met the criteria. Three types of interventions appeared to have empirical support for their effectiveness:

1) Cognitive-behavior therapy
2) Social skill training
3) Regular education teacher consultation

The cognitive-behavior approach was found in seven studies and focused on primary prevention of depression, substance use, and school adjustment. Out of the seven studies, five were found to be effective and two had mixed results. The social skills training was found in seven studies and the focus was on school adjustment and substance use problems. Of the seven studies six were found to be effective and one was found to be not effective. Only two studies examined the effects of regular education teacher consultation on pre-referral practices and reduction in problem behaviors. One of the studies was found to be effective and one had mixed results.

The authors noted that it was “striking that none of these empirically-validated interventions have been combined into a comprehensive intervention package...”(p. 447). The authors, therefore, recommended that future studies should:

1) Investigate the effectiveness of interventions with a wider range of children's psychiatric disorder

2) Broaden the range of outcomes to include variables related to service placements and family perspectives

3) Examine the combined effectiveness of these empirically-validated interventions

4) Evaluate the impact of these services when linked to home-based interventions (pp. 446-448).

The Center for School Mental Health Assistance (as cited in Nabors, et. al., 1998) convened a meeting of leaders in Expanded School Mental Health programs for the purpose of identifying important elements of quality in these ESMH programs. The quality elements included:

1) Providing comprehensive direct clinical assessment and treatment services for underserved youth

2) Emphasizing preventive programs that provide early identification and treatment for youth in need

3) Ensuring that mental health programs have a strength or competency focus versus an exclusive focus on reducing psychopathology

4) Seeking to maximize the impact of mental health services by improvement in collaborative efforts aimed at improving the global school environment. (p. 486).

Hodas (1996) identified nine potential barriers to the successful implementation of wraparound. These barriers included the following limitations/conflicts:

1) Regulatory---inconsistent or non-supportive to collaborative process

2) Fiscal---insufficient or inaccessible funds

3) Ideological---rigid professional definitions, biases, lack of commitment

4) Service authorization---over/under prescribing, services not matching needs

5) Educational---lack of training and supervision of involved staff

6) Capacity-based---insufficient services for existing/potential needs

7) Intra-professional conflict---turf battles among disciplines

8) System-based conflict---turf battles among agencies

9) Interpersonal conflict---lack of trust and interaction between stakeholders (p. 8).

Hodas (1996) also provided four dimensions for overcoming these barriers.

1) Structural support for wraparound---collaboration is important for all members of the team; support team meetings; caseloads should reflect the complexity of the process

2) Fiscal incentives---collaboration is most likely when all agencies have a common financial stake, provide fiscal incentives for the reinforcement of appropriate services

3) Education and training---wraparound is relatively new, participation should include all stakeholders, including the family

4) Ethical considerations---"Wraparound is grounded in humane principles of mutuality and collaboration…" (pp. 9-10).

What activities can be used to assure that the wraparound works? Nabors, Weist, Tashman, & Myers (1998) described a process for quality assurance. The first step was to develop a mission statement for the program including broad goals establishing the philosophy for the program. After this was accomplished, the authors described the three phases of quality

assurance activities on a continuum with the structural appraisal phase first, process appraisal phase second, and outcome appraisal phase last, acknowledging overlap among the phases. Each phase involves a set of objectives and activities that provide the basis for the appraisal (p. 487).

Phases	**Activities**
Structural:	Staff training, supervision of trainees, latency between referral and first contact, develop and conduct needs assessment, develop resource library, appropriate office space.
Process:	Process of supervision; therapy; relations among therapists and other professionals and parents; service coordination; wraparound service.
Outcome:	Satisfaction surveys, behavioral checklists, interviews, standardized instruments, relationship among activities and outcomes

The authors considered the process phase to be the heart of the quality assurance program. They emphasized the importance of collaboration, both internal and external. Internal collaboration involves the relationship between the therapist and the school staff. External collaboration involves the relationship between the therapist and the outside agencies. Both are important to reduce resistance among stakeholders to conducting the quality assurance activities. Table1.5 summarizes the information on best practice in the system of care and CASSP.

Throughout the literature review on best practice, the importance of collaboration was consistently noted as a key element for successful mental health services to children and families. The last section of this chapter will look at collaboration in more detail.

Table 1-5 Summary of Components of Best Practice

Topic	Content	Reference
What makes wraparound special and unique?	8 elements including, "commitment to process and collaboration…"	Hodas (1996). What Makes Wraparound Special?
System of Care	3 core values and 10 principals including, "be provided with case management to ensure that multiple services are delivered in a coordinated and therapeutic manner…"	Stroul & Friedman (1986). *A system of care for children and youth with severe emotional disturbances.*
PA CASSP	6 core principles, including "multi-system—services include collaboration with all agencies involved…"	Hodas (1996). What Makes Wraparound Special?
Research on successful programs	7 commonalities, including "involve collaboration with multiple agencies and professionals…"	Roberts (1994). Models for service delivery in children's mental health: Common characteristics.
Research computerized data-base	3 interventions, including "regular education teacher consultation"	Hoagwood & Erwin (1997)
Expanded School Mental Health leaders	4 elements of quality, including "seeking to maximize the impact of mental health services by improvement in collaborative efforts…"	Center for School Mental Health Assistance, as cited in Nabors, et. al. (1998)
Barriers	9 limitations, including "regulatory---inconsistent or non-supportive to collaborative process"	Hodas (1996). What Makes Wraparound Special?...
Overcoming barriers	4 dimensions, including "structural support---collaboration for all team"	Hodas (1996). What Makes Wraparound Special?...

1.4. COLLABORATION

"Considering the tremendous needs of today's youth, it is not surprising that any single agency or organization would feel ill equipped to cope with the rising demand for services" (Acosta, Tashman, Prodente, & Proescher, p. 60). With this reality, many authors tout the benefits of collaboration. Since school-based mental health services involve several agencies they are ripe for collaboration. Bruner (1991) defined collaboration "as a process to reach goals that cannot be achieved acting singly (or, at least not achieved as efficiently)" (p.6). The National Network for Collaboration, in 1995, provided another definition of collaboration. "Technically, collaboration is a process of participation through which people, groups, and organizations work together to achieve desired results" (p. 3). These definitions provide a clear description of the usefulness of collaboration when a group of people are working toward the same goal.

There are many opportunities for collaboration in the provision of mental health services to children and adolescents. Rappaport et al. (2003) identified three common contexts in which collaboration can/should occur. These contexts include collaboration:

1) between and among school-hired mental health personnel working in the school setting (i.e. guidance counselors and psychologists)
2) between and among school-hired personnel and mental health professionals in the community (i.e. psychologists and therapists)

3) between and among school-hired and community-based mental professionals working in schools mental health programs or intensive special programs (i.e. psychologists and mobile therapists) (p. 108).

This researcher would add, for purpose of this study, the additional context for collaboration between and among school-hired education professionals and mental health professionals, working in the school setting (i.e. teachers and therapeutic support staff).

Why is collaboration so important in the process of reaching a common goal, in these various contexts? "Collaboration is critical to avoid competition for scare resources, fragmentation of services, needless duplication of effort, and the potential isolation of service providers" (Rappaport et al. 2003, pp. 107-108). Given the importance of collaboration, what keeps people from being collaborative?

"Conflicts related to funding, areas of responsibility, and expectations have made effective service delivery a complicated venture" (Waxman, Weist, & Benson, p. 240). With an increase in school-based mental health programs came an increase in tensions between educators and mental health staff in the school and in the community. Tensions were also caused by "…differences in training, responsibilities, expectations of children, language, communication and standards of confidentiality…" (Waxman, Weist, & Benson, p. 243). In addition, differences in educational background can cause tension because the professionals see the same situation from different perspectives. Now, with the national emphasis on higher academic standards and test scores, teachers are under more pressure than ever to see that their students are performing at their best. The teachers expect the mental health providers to help solve the behavior problems that interfere with the student's learning. Lusterman (1985) (as cited in

Conoley & Conoley, 1991) described the frustration teachers feel with information they receive from external psychologists "…teachers report their information concerning a child is rarely sought and they receive no communication…concerning the therapeutic progress of the child" (p. 824). Teachers are less likely to follow recommendations that are unrelated to the classroom routine, especially when there is little collegial communication between professionals. A willingness by mental health providers to deal effectively with teachers' concerns is an important step for teacher buy-in to mental health recommendations. Flook (1997) (as cited in Waxman, Weist, & Benson 1999) identified how school-hired mental health personnel can cause tension with the community mental health staff. The school-hired staffs create a negative atmosphere by:

1) Showing disinterest in the new program
2) Reacting with defensiveness and criticism
3) Failing to form relationships with the community staff
4) Having an attitude of superiority
5) Maintaining the traditional delivery approach (p. 245).

In a study of stakeholders' perceptions of factors that contribute to successful interagency collaboration, by L. Johnson, et. al, (2003), the following factors were listed as deterrents to collaboration, on both the program chiefs and program specialists' lists:

1) Lack of support from upper management/leadership (no involvement or commitment to the process)
2) Lack of commitment (no follow-through on roles and responsibilities)
3) Lack of common vision and goals (having own agenda, not seeing the big picture)
4) Lack of trust (funding conflicts, public criticism) (p. 200).

Common barriers to collaboration described by Hodges, Nesman, & Hernandez (1991) (as cited in Lever, et al. 2003) included "personal, systemic, or environmental" barriers. Examples of personal barriers might include the competitive nature of our culture ("I can do this better than you."), turfism ("This is my job. You cannot participate."), the scarcity mentality ("There is not enough work or resources for everyone, so I better get mine first."), and a judgmental attitude ("They don't know what their talking about!"). Examples of systemic barriers might include lack of training in collaboration, lack of financial resources, lack of experienced staff, and the lack of leadership for a collaborative approach. Examples of environmental barriers might include cultural differences, racial prejudices, and language differences.

Given these barriers, what then enables effective collaboration? "Obviously, coming to a mutual understanding of what each group expects from a collaborative effort is imperative in order for a respectful working relationship to ensue" (Waxman, Weist, & Benson, p. 244). According to Golden (1991) (as cited in Lever et. al. 2003), there are four common elements to successful collaboration. The first element is the *ability* to resolve conflict. This researcher might add the *willingness* to resolve conflicts. The second element is having a leader who routinely models the collaborative approach. An example of this leadership is the common phrase that a leader must "walk the talk". The third element is the agreement that the process will provide mutual benefit. And, the fourth element is to seek out and involve the stakeholders in the planning and implementation of the mental health services. In addition, the National Network for Collaboration (1995) stated the importance of maintaining equality in voicing opinions and in decision making.

In school-based mental health services, Rappaport et al, (2003) related that collaboration works best in four conditions. These conditions included:

1) Mental health workers must have an understanding, appreciation, and acceptance of the school culture
2) School staff must be included in the planning of introducing mental health professionals to the school setting
3) Roles and responsibilities must be clearly defined
4) Mechanism must be in place for on-going communication between all of the providers (pp. 113-114).

Successful interagency collaboration factors, from the perspective of program chiefs and program specialists, (L. Johnson, et. al. 2003) included:

1) Willingness to work together (sharing responsibilities, belief that working together is better than working alone
2) Strong leadership (support from upper management)
3) Sharing common vision (developing common set of goals)
4) Trust (supporting each other publicly) (p. 199).

In summary, school personnel and mental health professionals must make a concerted effort to collaborate efficiently and effectively, if the students they serve are to be successful. They need to agree on common goals. They need sufficient time for planning. They need adequate resources to implement the plan. They need appropriate training to ensure that collaboration skills are used consistently and continually. They need the support of the administrators/managers. They need to evaluate the effectiveness of their efforts. Table 1-6 summarizes the information gathered on collaboration.

Table 1-6 Summary of Collaboration

Topic	Content	Resource
Definition Collaboration is a process…	"…to reach goals that cannot be achieved acting singly (or, at least not achieved as efficiently)".	Bruner (1991). *Thinking collaboratively...*
	"...of participation through which people, groups, and organizations work together to achieve desired results."	The National Network for Collaboration (1995)
Common conflicts	"…funding, areas of responsibility, and expectations…"	Waxman, Weist, & Benson (1999). Toward collaboration…(p. 240).
	"…teachers report their information concerning a child is rarely sought and they receive no communication … concerning the therapeutic progress of the child".	Lusterman (1985). An ecosystemic approach to family school problems.
	School-hired mental health staff causes tension with community mental health staff. They create a negative atmosphere by 1) showing disinterest in the program, 2) reacting with defensiveness and criticism, 3) failing to form relationships 4) having a superiority attitude, 5) maintaining the traditional delivery approach.	Flook (1997). *Bridging the gap: Education and mental health.*

Table 1-6 (continued)

Contexts between and among…	1) school-hired mental health personnel working in the school setting 2) school-hired personnel and mental health professionals in the 3) school l-hired and community-based 4) mental professionals working in schools mental health programs or intensive special programs	Rappaport et al. (2003). *Enhancing collaboration within and across disciplines to advance mental health programs in schools.*
Rationale for use "Collaboration is critical to avoid…	"competition for scare resources, fragmentation of services, needless duplication of effort, and the potential isolation of service providers"	Rappaport et al. (2003), pp. 105-106
Barriers	"personal, systemic, or environmental" Lack of--support from upper management, commitment, common vision/goals, and trust.	Hodges, et al (1991). Promising practices: Building collaboration... Johnson, et. al. (2003). Stakeholders' views of factors…

Table 1-6 (continued)

Enablers	1) mental health workers must have an understanding, appreciation, and acceptance of the school culture, 2) school staff must be included in the planning of introducing mental health professionals to the school setting, 3) roles and responsibilities must be clearly defined, and 4) mechanism must be in place for on-going communication between all of the providers.	Rappaport et al. (2003). *Enhancing collaboration within and across disciplines to advance mental health programs in schools.*
	Willingness to work together, strong leadership, sharing common vision, and trust.	Johnson, et. al. (2003). Stakeholders' views of factors…

How would the collaboration recommendations be translated by school administrators? In a study by Osterloh & Koorland in 1997 (as cited in Liberton, Kutash, & Friedman) school administrators in 50 Florida school districts recommended ways for mental health professionals to work more effectively in the schools. These practical recommendations included:

1) Learn the special education laws, policies, and regulations
2) Understand the school culture
3) Develop relationships/friendships with school staff
4) Schedule routine meetings
5) Share treatment plans and offer feedback

6) Be receptive to teacher concerns

7) Participate in school development and training

8) Spend more time in school and be reliable

9) Maintain a schedule but be flexible in service delivery

10) Focus on prevention and early interventions (p. 245).

The administrators are quite clear on what it takes to make it in the school setting. In summary, what they are saying is "respect our concerns, be here, get to know us, and keep us informed". To be realistic, Dwyer & Caplan (1996) (as cited in Waxman, Weist, Benson, 1999) estimated that creating an effective team takes from 3 to 5 years. If this is accurate, it certainly adds another dimension to why collaboration is difficult. Imagine that difficulty compounded when team membership changes frequently. Therapeutic support staffs in the PA CASSP system are most often employed as part-time or hourly staff. The turn over is tremendous as these workers search for full-time employment with benefits. With this being said, what about the impact on the special education teacher's attempt to collaborate and build a team?

Since teachers in Pennsylvania are usually employed full-time and have benefits, they are not as transient as the part-time or hourly TSS staff. Teachers have a long-term commitment to the success of the students in their programs. They have tremendous paperwork requirements as part of IDEA and Chapter 14 regulations. Knoster (1997) recommended that, "As should be standard practice, interagency IEP teams…should identify interventions and supports that will address mental health concerns directly and indirectly" (p. 3). In order to accomplish this worthy recommendation, the special education teacher must be involved, as it is the teacher who is

responsible for the development, implementation, and monitoring of the IEP. How is this to be accomplished when the TSS change frequently or are often not in the program for the full school day?

While collaboration has been acknowledged as a key to the successful implementation of mental health services, where were the special education teachers' voices in the use of TSS in their programs? From this researcher's review, this topic has yet to be explored and may contribute positively to the missing piece of this complex puzzle. As Ievoli (1995) stated,

> …I mentioned that TSS, along with other expanded services, developed mainly learning-by-doing. At this point, the services continue to lack a significant empirical basis. While anecdotal reports point to its evident effectiveness and the demand from parents and families remains high, there is a notable lack of controlled outcome research compared with other accepted treatment modalities. Great opportunities exists for well-designed research into TSS, a service that has become one of the most widely used children's services in Pennsylvania (p. 8).

The purpose of this study is to give voice to the special education teachers' concerns, so that collaboration can occur and a true system of care can be implemented.

2. CHAPTER THE STUDY

2.1. INTRODUCTION

Picture this:

In the Emotional Support classroom, the special education teacher is working with five middle school students. There is an instructional aide supporting the independent academic work of three students, at their desks. In addition to these adults, there are three TSS workers in the classroom. They are from three different provider agencies and each one is assigned to a different student. One TSS is sitting at the teacher's desk drinking a cup of coffee. Another TSS is sitting at the table reading the paper. The third TSS is writing observation notes.

One student working with the aide refuses to work and becomes argumentative. The teacher wishes one of the TSS staff would intervene with the student. But, this student is not one on their students, so they cannot help. The teacher stops what she is doing to deal with the argumentative student. This takes time and the other students become distracted and begin to talk out. Two of the students get into a verbal confrontation, which escalates to a physical confrontation. These students do have TSS support. The two assigned TSS stop what they are doing and move to separate the two students. By the time they get to them, the students' behaviors are out of control and they must be removed from the classroom. All five adults and the students feel the tension in the room.

The parents and the police have to be called in, as the school has a zero tolerance policy on physical confrontation. The students will have to be suspended. The students are angry. The parents are livid because each adult has a different explanation of how the students should have been handled. While all five adults are trying to help the students, they are not speaking the same language; they are not working from the same set of rules or guidelines.

The teacher wants to talk to the TSS and discuss how they might handle the two students in the future. She is uncomfortable speaking to them. When she approaches them, they tell the teacher that they have their behavior plans that they must follow. The TSS' behavior plans are not the same as the behavior plans in the students' Individualized Education Plans (IEP's). Since the school does not employ the TSS staffs, the teacher feels she does not have authority to engage in a further discussion. It takes several days before the negative feelings among the adults subside. They await the next crisis.

In this researcher's observations and discussions with special education supervisors and special education teachers, the scenario described above is not uncommon. The utilization of TSS in the school setting is problematic and frustrating for many special education teachers. The services and the providers are often isolated from the school culture. Most of the teachers feel that they have no voice in the use of TSS in their programs. They have concerns that no one has sought and when their concerns are volunteered they are not considered. However, this researcher is also aware of special education programs where the use of TSS is not problematic or frustrating to the special education teachers. To ensure the effective use of TSS in special education programs, the concerns of the special education teachers must be heard and considered when designing and implementing the service in the school setting.

2.2. STATEMENT OF THE PROBLEM

How do special education teachers respond when given the opportunity to describe their concerns regarding the use of therapeutic support staff in their special education programs?

2.3. RESEARCH QUESTIONS

The following questions will be the focus of this research.

1) How do special education teachers rate their current stage of concerns regarding the use of TSS in their programs?
2) How do special education teachers describe their initial introduction to the use of TSS in their special education programs?
3) How do special education teachers describe effective and ineffective use of TSS in their programs?
4) How do special education teachers describe the ideal use of TSS?
5) How do the special education teachers in Emotional Support, Life Skills Support, and Autism Support programs compare in their:
    a) stage of concerns
    b) effective and ineffective use
    c) ideal use

    of TSS in their special education programs?

2.4. PROCEDURES

To answer the research questions, this researcher will use a mixed methodology of qualitative and quantitative inquiry. The *developmental* and *expansion* designs (Greene p. 253) will be used with the first two data sources. The research will begin with a questionnaire to gather baseline information. The following process will be used to gather this data:

1) Send a concerns-based questionnaire to special education teachers
    a) The teachers will be in Emotional Support (ES), Life Skills Support (LSS), and Autism Support (AS) programs.
    b) The teachers will be in programs operated by the local school districts or IU in the geographical area chosen.
    c) A pilot group will be given the questionnaire (3 teachers, one from each category ES, LSS, AS and from each grade level, elementary, middle, and secondary). They will be asked to complete the document and to comment on the clarity of the directions as well as the clarity of the questionnaire itself.
    d) Changes to the questionnaire will be made based on the input from the pilot group, if necessary.
    e) A minimum of 100 teachers will be sent the final questionnaire.
    f) The data of the stages of concern will be analyzed.
    g) The data for similarities/differences related to demographic information (i.e. years of experience, male/female, counties) will be analyzed.
    h) Comparisons will be made of the data between teachers in the LSS, AS, ES programs, as may be indicated from the data.

i) Comparisons will be made of the data between teachers at the elementary, middle, and secondary grade levels, as may be indicated from the data.

j) An adaptation of the Stages of Concern will be used.

The Stages of Concern questionnaire was developed by Hall, George, & Rutherford in 1974. The questionnaire used in this study was adapted according to the authors' recommendations found in, *Measuring stages of concern about the innovation: A manual for use of SoC questionnaire, (1977).* The wording of the questionnaire was changed to insert the innovation under study (the use of TSS).

The original questionnaire was developed from an instrument of 195 items which was sent to teachers and college faculty. Three hundred and fifty-nine questionnaires were returned. After completing item correlation and factor analysis seven factors explained over 60% of the common variance (p 19). The 35-item questionnaire was created by selecting items from each of the seven factors. The questionnaire was used for two years in cross-sectional and longitudinal studies in 11 different innovations. The reliability of the questionnaire was tested with 830 teachers and professors who took the SoC in the fall of 1974. Of those, 171 were asked to complete the SoC again and 132 completed the questionnaire. Coefficients of internal consistency reliability ranged from .64 to .83 in the first administration and .65 to .86 in the second administration.

The authors acknowledged that the validity of the scores could not easily be demonstrated as there was no other measure of concern to compare it to, at that time. The authors analyzed the data from the original 195 item questionnaire returned by the 359 respondents. "Evidence for the validity of these stages…which were related in a developmental way came from two analyses" (p21). Two important evidences were noted: 1) "83% of the

items correlated more highly with the stage to which they had been assigned than with the total scores…" and 2) "72% correlated more highly with the stage to which they had been assigned than with any other stage" (p.21). Several other validity studies were conducted over the next several years with similar results. The results of the questionnaire in this research will be compared to results found in the original study.

When the baseline data has been collected and analyzed, interviews will be conducted to build on the understanding found in the questionnaire. In addition, the interviews will be used for purposes of expanding the breadth of the inquiry. The following process will be used to gather interview information:

2) Nine volunteer special education teachers, who have/have had TSS in their programs, will be interviewed.
    a) Three teachers will be interview from each category (ES, LSS, AS).
    b) Each category will include teachers from the elementary, middle, and secondary grade levels.
    c) Interviews will be conducted to verify the data from the questionnaire.
    d) Interview questions will be open ended and designed to encourage teachers to describe their effective and ineffective experiences with the use of TSS and their description of the ideal use of TSS.
    e) The interviews will be audio taped and transcribed.
    f) Transcriptions will be shared with the interviewees to verify the accuracy of the information.

g) The information from these interviews will create a thick description of ineffective, effective, and ideal use of TSS. These descriptions will be used to create a rubric that will define how the continuum of utilization would look in the school.

h) The rubric will be shared with the teachers who were interviewed and with special education supervisors for feed back on the accuracy of the model.

In the Concerns-Based Adoption Model, (CBAM) Horsley and Loucks-Horsley (1998) describe the rubric as the Practice Profile which "calls on leaders of an innovation to formally define how it should look when it's used in the classroom or building" (p. 3). In the rubric being defined here, the teachers will be the participating authors of the rubric.

Triangulation (Green p. 252) will be used in the third and fourth step of the research procedure. The interviews will provide information for creating the rubric essential for the observation analysis. The observations will provide the corroboration of the interview-based rubric, to increase the validity of the rubric content. The following process will be used to gather observation information:

3) Three volunteer special education teachers, who have TSS in their programs, will be observed.
   a) One teacher from each category will be observed.
   b) One teacher from each grade level will be observed.
   c) Observations will be conducted to verify the accuracy of the interview data.
   d) Observations will be visual with note taking.

e) Observations will include the interaction between the special education teacher and the TSS staff and the students in various environments (i.e. classroom, play ground, gym), if possible and in various settings (i.e. meetings, case discussions), if possible.

The final step will be a triangulation of all the information gathered. This triangulation will provide a convergence of the information into story form. The process for creating the narrative stories is as follows:

4) Three narrative stories will be developed based on the questionnaire responses, interviews, rubric and observations.
   a) The stories will be shared with the three pilot teachers who were interviewed to verify the stories as accurate reflections of the common experiences.
   b) The stories will be shared with special education supervisors to verify the stories as accurate reflections of their common experiences in observing the use of TSS in the programs they supervise.

2.5. IMPLICATIONS

Consider the implication of these conclusions on the future use of TSS:

a) In the policy of school districts and Intermediate Units
b) In the policy of local PSEA teacher contracts
c) In the policy of local mental health provider agencies

d) In the training for collaboration

e) In the planning and implementation of TSS in the school setting

2.6. DOCUMENTS

The following documents are found in Appendix A:

- Letter to the special education teacher
- Demographic information and Stages of Concerns Questionnaire
- Post card response form
- Stages of Concern questionnaire matrix (questions on the *y* axis/stages of concerns on the *x* axis)

2.7. INTERVIEW QUESTIONS

The following questions will be the basis for the interview:

1. Describe how TSS was initially introduced in your classroom.
2. Describe your training in the use of TSS.
3. Describe your earliest experiences with TSS?
4. Describe your most effective experience with TSS?
5. Describe your least effective experience with TSS?
6. Describe the ideal use of TSS?

2.8. OBSERVATION FOCUS

The focus for the observations will be based on the development of a rubric.

1) Given the teachers' descriptions of ineffective, effective, and ideal use of TSS, develop a rubric, with summary descriptions of the components of each. For example:

Ineffective use	Effective use	Ideal use
No training prior to start of TSS No pre-planning or follow-up collaboration	Teacher or TSS training prior to start of TSS Some pre-planning and bi-monthly follow-up collaboration	Team training prior to start of TSS Team pre-planning and bi-weekly follow-up collaboration

2) Given the rubric descriptions where do the observations descriptions fit into the rubric. How many elements are found to be ineffective, effective, or ideal.

2.9. NARRATIVES

Using the data from the questionnaires, interviews, and observations create 3 narrative stories that depict the ineffective, effective, and ideal use of TSS in the school setting. Use as many elements from the rubric as possible. Share the stories with the pilot teachers for verification that the narratives are realistic depiction of the situations as they know them.

2.10. OPERATIONAL DEFINITIONS

Collaboration As defined by the National Network for Collaboration (1995), "Technically, collaboration is a process of participation through which people, groups, and organizations work together to achieve desired results" (p. 3).

Stages of Concern about the innovation: refers to developmental stages people go through when introduced to, using or possibly using in the future, an innovation. The original concept is from Hall, G.E., Wallace, R.C., Jr., & Dossett, W. A. (1973). The stages of concern are described by Hall, George, & Rutherford (1977) (p. 6).

> *Stage 0—Awareness*: Little concern about or involvement with the innovation.
>
> *Stage 1—Informational*: A general awareness …and interest in learning more detail…person seems to be unworried about…self in relation to the innovation…interest in substantive aspects…in a selfless manner such as general characteristics, effects, and requirements for use.
>
> *Stage 2—Personal:* Individual uncertain about the demands…inadequacy to meet those demands…and her/his role in relation. This includes analysis of her/his role in relation to the reward structure of the organization, decision making, and consideration of potential conflicts with existing structures or personal commitment. Financial or status implications of the program for self and colleagues may also be reflected.
>
> *Stage 3—Management*: Attention is focused on the processes and tasks of using the innovation and the best use of information and resources. Issues related to efficiency, organizing, managing, scheduling, and time demands are utmost.

Stage 4—Consequence: Attention focuses on impact of the innovation on students in her/his immediate sphere of influence. The focus is a relevance of the innovation for students, evaluation of student outcomes, including performance and competencies, and changes needed to increase student outcomes.

Stage 5—Collaboration: The focus is on coordination and cooperation with others regarding use of the innovation.

Stage 6—Refocusing: The focus is on exploration of more universal benefits from the innovation, including the possibility of major changes or replacement with a more powerful alternative. Individual has definite ideas about alternatives to the proposed or existing form of the innovation.

Therapeutic Staff Support (TSS): (1) a mental health worker who provides one-to-one mental health intervention to a child or adolescent with a serious emotional disturbance in order to prevent more restrictive services or out-of-home placement and to promote age-appropriate psychosocial growth. (2) services provide one-on-one interventions as written in the treatment plan to a child or adolescent in home, school…when the behavior without this intervention would require a more restrictive treatment or educational setting (PA CASSP TSS Role in School, p. 4.).

2.11. RESEARCHER'S BIASES AND LIMITATIONS OF THE STUDY

Due to this researcher's professional experiences, there is a bias that the lack of collaboration between Pennsylvania's Department of Public Welfare and Department of Education may have

created the initial problems. In addition, this researcher suggests that if TSS is to work in the school setting, the special education teachers' concerns will need to be sought and then considered.

This study is designed to provide special education teachers with a voice for their concerns regarding the use of TSS in their special education programs. Since many of the teachers who will completed the Stages of Concern Questionnaire, who were interviewed and observed know this researcher, they may have been inclined to respond based on what they thought the researcher wanted to hear. It will be important that this researcher's letter to the teachers convey the point of the research without bias.

The data generated by this study will be limited to teachers in three western Pa. counties and may not be able to be generalized to special education teachers in other locales in this state. The process would however be easy to replicate.

This study will not provide the TSS with a similar opportunity to provide voice to their concerns. This would be a logical next research effort.

2.12. PROPOSED STRUCTURE OF THE RESEARCH PROCESS

This researcher anticipates that there will be five chapters in this research document.

Chapter I. The review of the literature (comprehensive exam in December, 2004)

Chapter II. Description of the study (IRB approval in December, 2004):

Conduct questionnaire (December, 2004)

Analyze & write the results (January, 2004)

Conduct nine interviews (January-February, 2005)

Analyze & write results, develop rubric (February, 2005)

Conduct three observations, analyze how they fit into the rubric. (March 2005)

Chapter III. Presentation and analysis of the research data.

Chapter IV. The stories (March, 2005)

Chapter V. Reflections and implications for policy and practice (April, 2005)

Defense of the Dissertation (April, 2005)

3. CHAPTER RESEARCH RESULTS

3.1. INTRODUCTION

The research plan has several components, as described in Chapter 2. The first data set comes from the Demographics and Stages of Concern questionnaire. A pilot project was used as a beginning to the formal study. The demographics and questionnaire were given to three teachers to gain feedback on the clarity of the instructions and the document itself. These three participants represented the group as a whole, including an elementary Autism Support teacher, a middle-school Life Skills teacher and a secondary Emotional Support teacher. All three participants were recent "past users" of TSS services. These teachers reported that they had no problems with completing the demographic questions or rating the questionnaire items.

The questionnaire was then sent to 140 special education teachers in 17 school districts located in three counties. Permission to distribute the questionnaire was sought and received from the school district superintendents. The questionnaires were distributed through the special education supervisors and building principals in each district. The questionnaire included an introductory letter, demographic page and the two-page, 35 item Stages of Concern questionnaire. A self-addressed envelope was included for the convenience of the participants to return via the inter-district mail system. In addition, a post-card response card was included for

those interested in participating in a follow-up interview and/or observation. While a deadline was provided, it had to be extended because some of the teachers did not receive the questionnaire in time.

The questionnaire went to special education teachers providing instruction in Autism Support, Life Skills Support and Emotional Support programs. These groups were chosen as they often have TSS in their programs. Of the 140 sent questionnaires, 71 were returned and 65 were able to be utilized. When looking at the rate of return by instructional category, Autism teachers had the highest rate of return, with 9 out of 12 teachers responding for a return rate of 75%. Life Skills teachers, with 27 out of 47 teachers responding had a return rate of 57.4%. Emotional Support teachers, with 25 out of 57 teachers responding had a return rate of 43.8%.

Two of the questionnaires were returned without the demographic information. Two more questionnaires were completed by special education teachers in Learning Support programs and their data could not be used as they were not part of the target groups. Two other questionnaires came in after the final deadline and data entry. The numbers of participants reported for each data item may vary, if the participants left items blank.

3.2. DEMOGRAPHIC DATA

The tables in this section provide the breakdown of the demographic information.
Table 3-1 provides personal information on the participants' gender, age, degree level, and number of years teaching. From this table we see that most of the participants are women, and the age-ranges are fairly equally distributed. More than 60% of the participants have Master's

Degrees. The largest number (25 participants) had between 0 and 8 years of teaching experience, and the ranges from 9-30 years of experience had similar numbers in each range (34 participants total), with only 2 participants in the 31+ years.

Table 3-1 Personal Demographic Information

Variable	Category	Number	Valid Percent
Gender	Male	14	23%
	Female	47	77%
	Missing	4	---
	Total	65	100%
Age Range	20-29	12	19.7%
	30-39	17	27.9%
	40-49	21	34.4%
	50-59	11	18%
	Missing	4	---
	Total	65	100%
Degree Earned	BS/BA	23	38.3%
	MA/MS	37	61.7%
	Missing	5	---
	Total	65	100%
Years Teaching	0-3	11	18%
	4-8	14	23%
	9-13	8	13.1%
	14-18	8	13.1%
	19-24	9	14.8%
	25-30	9	14.8%
	31+	2	3.3%
	Missing	4	---
	Total	65	100%

Table 3-2 provides information on the participants' instructional category, grade level, and location of their program. From this table we can see that most responding participants were working in the Life Skills and Emotional Support programs, at the Elementary level, and in rural settings. Four teachers did not indicate a category of instruction.

Table 3-2 Instructional Demographic Information

Variable	Category	Number	Valid Percent
Category Support	Autism	9	14.8%
	Life Skills	27	44.3%
	Emotional	25	41.0%
	Missing	4	---
	Total	65	100%
Grade Level	Elementary	28	45.9%
	Middle	15	24.6%
	Secondary	18	29.5%
	Missing	4	---
	Total	65	100%
Location	Rural	26	43.3%
	Urban	21	35.0%
	Suburban	13	21.7%
	Missing	5	---
	Total	65	100%

The next demographic table provides data on the years of experience with TSS, how the participants describe their level of experience, and whether they had any formal training in the use of TSS. In Table 3-3 we see that most of the participants were in the 0-8 year's range of experience with TSS, and a similar number of participants considered themselves to have novice, intermediate, or old hand experience levels. Most participants had no formal training on the use of TSS. Of the seven respondents who had training, five had worked as TSS prior to being hired as a special education teacher. Of the five respondents only two described their training:

"Training was about how and what a TSS is suppose to do in your classroom…"

"Undergraduate degree classes and courses that have been offered in the area."

Because of the limited amount of respondents who had training, the responses to questions regarding their training are not being reported, as most questions received non-applicable responses.

Table 3-3 TSS Demographic Information

Variable	Category	Number	Valid Percent
Years experience	0-3	19	35.8%
	4-8	25	47.2%
	9-13	7	13.2%
	14-18	1	1.9%
	19-24	1	1.9%
	Missing	12	---
	Total	65	100%
Level experience	Non-user	2	3.3%
	Novice	12	19.7%
	Intermediate	21	34.4%
	Old Hand	18	29.5%
	Past-user	8	13.1%
	Missing	4	---
	Total	65	100%
Training	No	54	85.5%
	Yes	7	11.5%
	Missing	4	---
	Total	65	100%

3.3. STAGES OF CONCERN RESULTS

How did the results of the adapted Stages of Concerns questionnaire in this study compare to the results in the standardized sample group of 646 teachers in the original study? In Table 3-4 the differences between the mean and standard deviations of the reference group (Hall, George, & Rutherford, p. 25) and the current Stages of Concern group are compared.

All but one of the current group's means fell below the reference group means. Stage 0 (Awareness) was the only stage were the mean was higher for the current group (8.06) than for the reference group (5.8). There was difference in the mean for the current group and the reference group of +2.26. The standard deviation difference was -.26.

Stage 4 (Consequence) had the largest discrepancy in the means between the reference (23.4) and the current (13.55) groups, with a difference of -9.85. A difference of +.4 occurred in the standard deviations in Stage 4, between the reference (8.0) and the current (8.4) groups.

Differences in the means were similar for Stage 1(Informational) and Stage 3 (Management) and between Stage 2 (Personal) and Stage 6 (Refocusing) with Stage 5 (Collaboration) closer to Stage 1 and 2. The standard deviations were similar in Stages 1 and 2, and between Stages 0 and 3. The largest differences in standard deviations were in Stage 1 (-1.68) and Stage 2 (-1.6); in both cases the standard deviations were greater in the current group than in the reference group.

Table 3-4 Comparison Means and Standard Deviations (Reference & Current Groups)

Stages	Mean Ref. group	Mean Cur. group	Difference	SD Ref. group	SD Cur. group	Difference
Stage 0-Awareness	5.8	8.06	+ 2.26	5.4	5.14	-.26
Stage 1-Informational	12.9	10.17	-2.73	9.2	7.52	-1.68
Stage 2-Personal	13.5	11.92	-1.58	9.8	8.20	-1.6
Stage 3-Management	14.0	11.11	-2.89	8.1	7.87	-.23
Stage 4-Consequence	23.4	13.55	-9.85	8.0	8.40	+.4
Stage 5-Collaboration	20.0	16.44	-3.56	8.5	8.59	+.09
Stage 6-Refocusing	16.6	14.92	-1.68	8.0	8.13	+.13

What factors might have contributed to the observed differences between the reference group and the current group? Since the reference group data was from 1975, the difference might be due to changes in how current teachers respond to concerns about an innovation. Another cause could be that the reference group had less experience with their innovation than the current group. The innovation of TSS in the school setting began in the late 1980's and 64.2% of the participants had 4 years or more experience with TSS. In addition, 77% of the participants considered themselves to have intermediate, old hand, or past user experience level. The reference group had training in the innovation, and the current group did not. Another

possible reason could be the type of innovation. The reference group's innovation was a curriculum that they had to implement. The current group's innovation was a service that was going to be included in their program.

In Table 3-5, the number of teachers with the highest percentile and raw scores for each stage are reported. As noted, Stage 0 had the largest number of teachers, nearly 50% of the group, with the highest percentile score. In terms of raw scores, however, Stage 5 had the largest number with a raw score of 24 (36.9%). This was unexpected in that the raw scores would normally be more consistent with the percentile scores.

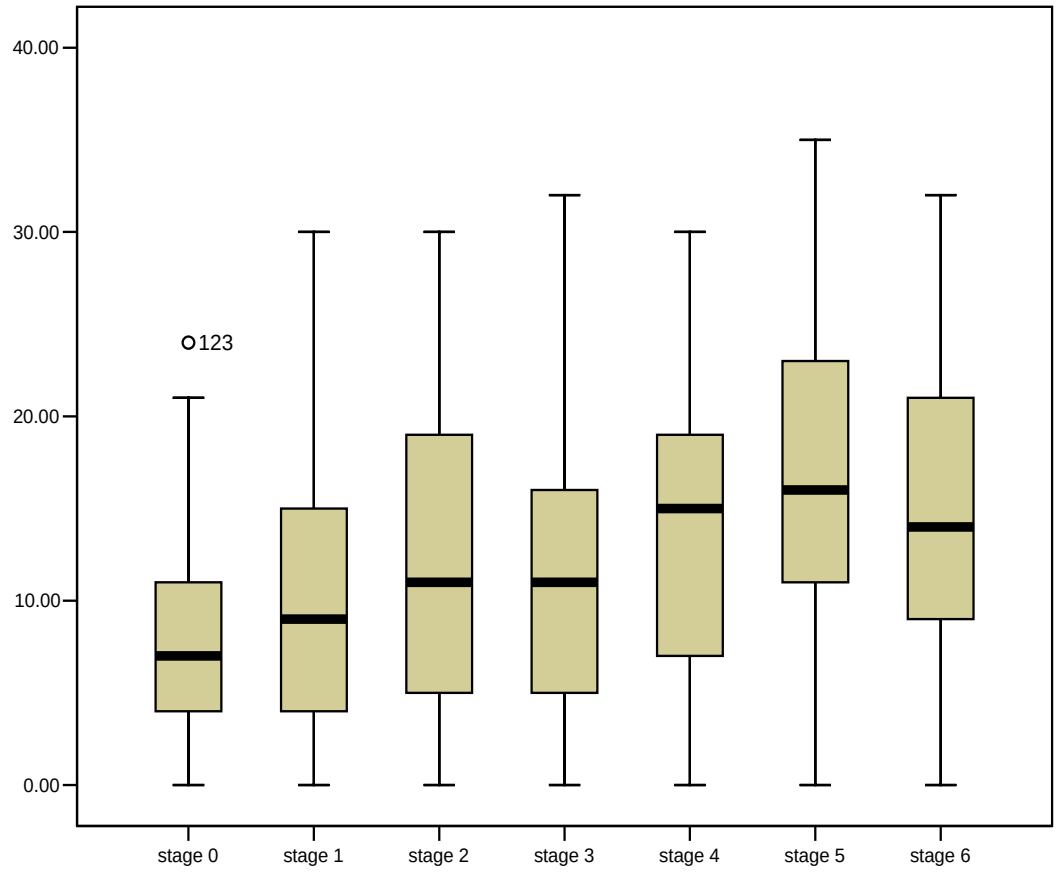
Table 3-5 Numbers of Teachers with Highest Percentile and Raw Scores per Stage

Stage		Frequency	(Valid) Percent	Raw Score	(Valid) Percent
Valid	.00	32	49.2	6	9.2
	1.00	1	1.5	1	1.5
	2.00	6	9.2	7	10.8
	3.00	7	10.8	9	13.8
	4.00	0	0	7	10.8
	5.00	8	12.3	24	36.9
	6.00	11	16.9	11	16.9
	Total	65	100.0	65	100

The box and whiskers plot, shown in Table 3-6, describes the raw score data derived from the current Stages of Concern questionnaire. The box represents the range in which the middle 50% of the scores fall, the black line represents the median score, and the ends of the lines mark the range in which 90% of the scores fall. From the plot, we can see that Stage 0 (Awareness) was the Stage of Concern with the lowest raw score. Again, this was unexpected, since over a third (35.8 %) of the participants had only 0-3 years of experience and 49.2% had the highest percentile in Stage 0 (as noted in Table 3-5). One would have anticipated that the

score for Stage 0 would have been higher. Stage 5 (Collaboration) had the highest raw score and the largest range of raw scores. This is consistent with the raw score data in Table3-5. Though unexpected, these results did not surprise this researcher, as many of the Emotional and Autism Support teachers are members of a treatment team that necessitates collaboration.

Table 3-6 Box and Whisker Plot of Raw Scores



Median score	7	9	11	11	15	16.5	14

In addition to looking at the data at the Stage level, this researcher also looked at the data at the item level. Table 3-7 shows the lowest, median, and highest mean scores for the corresponding question and the Stage of Concern in which the question is located. In Appendix B the questionnaire matrix includes the mean scores for each question.

Table 3-7 Items with lowest, median, and highest Mean Scores

Position	Question	Stage	Mean Score
lowest	3. I don't even know what TSS is.	0 Awareness	.37
median	12. I am not concerned about TSS.	0 Awareness	2.43
highest	31. I would like to determine how to supplement, enhance, or replace the use of TSS.	6 Refocusing	4.27

How did the participants compare across instructional categories in the scores in each stage? Table 3-8 presents the comparison of the means and standard deviations by instructional category for each stage, when looking at the data comparing the Autism (9), Life Skills (27), and Emotional Support (25) teachers. Table 3-8 shows that the means for Autism and Emotional Support teachers on Stage 5 were higher than the mean for Life Skills teachers. The Autism Support teachers mean was 5.74 higher than the Life Skills Support teachers and the Emotional Support teachers mean was 5.47 higher than the Life Skills teachers.

As shown in an ANOVA comparison in Table 3-9, the only stage where significant differences between and among instructional categories were again found was Stage 5 (Collaboration). These differences between the Autism and Emotional Support teachers may be

related to the fact that these teachers have more TSS' in their programs than the Life Skills Support teachers. In addition, Intermediate Unit Autism teachers have been receiving more technical support during the 2004 school year than in the past.

Table 3-8 Comparison Means and Standard Deviations of Instructional Categories

Stage/Category	MEAN	SD	Stage/Category	MEAN	SD
Stage 0-Awareness/			Stage 3-Management/		
Autism	6.22	4.21	Autism	11.11	7.29
Life Skills	7.52	4.93	Life Skills	11.89	8.22
Emotional	8.72	4.95	Emotional	10.12	8.24
Stage 1-Informational/			Stage 4-Consequence/		
Autism	11.56	9.29	Autism	12.78	7.46
Life Skills	11.52	7.20	Life Skills	14.00	8.34
Emotional	8.92	7.20	Emotional	14.48	9.00
Stage 2- Personal/			Stage 5-Collaboration/		
Autism	13.78	9.72	Autism	19.11	8.82
Life Skills	12.78	7.49	Life Skills	13.37*	7.72
Emotional	10.64	9.04	Emotional	18.84	9.10
			Stage 6-Refocusing		
			Autism	17.00	9.14
			Life Skills	14.48	8.22
			Emotional	15.56	8.20

Table 3-9 ANOVA Comparing Instructional Category Groups

Stage/Groups	Mean Square	F	Significance*(.05)
Stage 0-Awareness/			
Between Groups	22.840	0.972	.385
Within Groups	23.976		
Stage 1-Informational/			
Between Groups	50.172	0.882	.419
Within Groups	56.876		
Stage 2-Personal/			
Between Groups	45.435	0.631	. 356
Within Groups	72.000		
Stage 3-Management			
Between Groups	20.328	0.310	.735
Within Groups	65.659		
Stage 4-Consequence			
Between Groups	9.594	0.132	.876
Within Groups	72.445		
Stage 5-Collaboration			
Between Groups	231.301	3.228	.047*
Within Groups	71.665		
Stage 6-Refocusing			
Between Groups	22.894	0.329	.721
Within Groups	69.602		

A significant correlation was found between years of experience with TSS and level of experience with TSS (Spearman's rho=.50, p<.0005). A cross-tabulation showed that teachers who described themselves as Non-users (3.3%) or Novice (19.7%) level users were found most often in the 0-3 year's experience. The Intermediate (34.4%) and Old-hand (29.5%) level users were found most often in the category of 4-8 years of experience with TSS. As noted in Table 3-10, significant negative relationships were found between Stage 0 (Awareness) scores and both components of experience, and a positive relationship was found between Stage 6 (Refocusing) scores and level of experience. As years and levels of experience increased, scores on Stage 0 tended to decrease and scores on stage 6 tended to increase.

Table 3-10 Correlation of TSS experience by stages

Stages		Years of Experience	Levels of Experience
Stage 0	rho	-.300	-.274
	p	.029	.033
Stage 6	rho	.119	.239
	p	.396	.064

Finally, in the Stages of Concern data, there was no significant difference in the mean scores in any of the Stages based on whether the teacher was in an elementary, middle or secondary school or whether they were in rural, urban or suburban settings. The next section of Chapter 3 looks at the information from the teacher interviews.

3.4. INTERVIEW RESPONSES

There were six interview questions, as noted in Chapter 2. Originally, three participants were chosen to be interviewed, and to get feedback on the clarity of the interview questions. These three pilot participants were the same three pilot participants who gave input into the demographics and questionnaire. They found the interview questions to be clear and appropriate to the purpose of the study. Their responses are incorporated into the responses from the other interviewed teachers. As originally planned, nine teachers were interviewed, three from each category (Autism, Life Skills, and Emotional Support) and from each grade level (elementary, middle, and high schools). In addition, another LSS teacher was interviewed. This teacher works with students aged 18-21. There were then a total of 13 teachers interviewed. While most of the teachers were interviewed in person, three were interviewed over the telephone, due to severe inclement weather. All of these interviews were audio recorded and transcribed.

Transcriptions were conducted independently and then reviewed and corrected by this researcher. Only one audio tape did not function properly and therefore was not able to be transcribed. Data from that interview was provided by this researcher's notes taken during the interview. Teachers were sent copies of the transcriptions. All teachers responded that the transcriptions were accurate accounts of the interviews. In addition, due to the number of teachers willing to be interviewed, the researcher offered four other teachers an opportunity to respond to the questions via email. Three elementary Emotional Support teachers responded to this offer. The following section provides a summary of the responses to each question.

1. Describe how TSS' was initially introduced in your classroom

The responses to this question were similar across all categories and grade levels. Most teachers reported that they had no information on the roles and responsibilities of the TSS or how they were to work with the TSS. Generally speaking, the teachers expressed frustration with how TSS was introduced to them. Three representative samples from each categorical teacher are presented in Table 3-11.

2. Describe your training in the use of TSS'

This interview question was changed due to the data collected on the questionnaire which showed that the vast majority of the participants had no training prior to the use of TSS. Therefore, the original question was changed to *Describe what kind of training should be provided prior to using TSS.* This researcher decided to ask this question last, so the participants could reflect on their pervious answers for ideas. The data for this question will be given at the end of the other questions.

3. Describe your earliest experiences with TSS'

There were some similarities in the responses to this question, across categories and grade level. Most of the participants expressed, "It's almost a 'learn as you go' kind of process". Since the teachers had no prior training and little information on how to utilize TSS, and since the TSS did not articulate their roles and responsibilities, the teachers had to work their way through it, pretty much on their own.

Table 3-11 Initial Introductions to TSS

Category	Teacher Comments
Autism Support Teacher	It wasn't really introduced. I was just told they were going to be in my classroom for a certain child. And I never really knew what their role was or what to expect from them. And really, what the boundaries were; what boundaries they had.
Life Skills Support Teacher	My first actual experience working with a TSS was just, 'we have a New student entering our program, here's some background on the student, by the way the student has a lot of needs and has a TSS'.
Emotional Support Teacher	Nobody had given any information to me on like how to deal with them, how to talk to them, or having problems with them. And just through time I learned how to deal with TSS'. So I would say I wasn't given really much information on what to do.

There were also some differences. Table 3-12 provides samples, one of a negative and one of a positive experience, reported by two representative participants.
These differences seemed to be related to the expectations that the teacher had for how the classroom should operate. Teachers who had positive experiences tended to proceed with the understanding that they were in control or responsible for their classroom, as reported by this teacher.

I incorporated the TSS basically into our staff; that we work as a team, and that's my philosophy…it's that balance of how much support do they [*the students*] need without having them prompt, depending on one-on-one…we made it more that our TSS was just part of our team...and work, of course, with that client, but not exclusively to that person.

Teachers who had a negative experiences tended to feel that they had little control over the situation. An example of a negative report was given by this teacher:

> I had three or four TSS in my classroom and they were very, very diligent about saying this is my child and wouldn't do anything else with another child whether, I mean even if there was an emergency.

Table 3-12 Earliest Experiences with TSS

Experience	Teacher Comments
Negative experiences	The first experience was very difficult. The TSS came from an agency that first of all couldn't restrain…to me the idea of a TSS was to help with certain instances so I could continue teaching the class. I still had to stop what I was doing to intervene with behavioral instances...to me a TSS who can't restrain is pretty useless.
Positive experiences	The TSS was a great asset to my classroom. He made sure that his client would remain on task and would help with some BASIC educational needs. He would communicate with me daily on events that happened at home and after school that he felt would make a difference in his client's attitude…

4. Describe your most effective experiences with TSS

The teachers offered insight into a variety of experiences that they had found to be effective. From a review of the teachers' comments, this researcher came to the realization that the comments could be categorized into the same four components used to evaluate teacher effectiveness in Pennsylvania and at the Intermediate Unit. Perhaps the teachers were subconsciously thinking of those items too. This researcher also

determined that this format would make it easier for educators to comprehend the contents, using language with which they were familiar. Of course, the definitions for each component had to be adjusted for the uniqueness of this study. In addition, the descriptions include both TSS as individuals and TSS as a system of support. The components for the rubric are Professionalism (how TSS understands and works within the culture of the school setting, how the TSS system creates professionalism), Preparation (how TSS understands the student and the student's needs, how the TSS system prepares the TSS), Techniques (how TSS uses strategies in working with the student, classmates, and staff, how the TSS system supports strategies) and Environment (how TSS creates a safe/respectful setting, how the TSS system permits flexibility). Table 3-13 provides samples from the teachers' response to this question. Each asterisk (*) represents a different teachers' comment. Clearly, the teachers had many positive experiences to describe. The ultimate compliment for the TSS' service was given by a teacher, who commented, "if he was allowed to be the TSS for the classroom, I wouldn't even think of needing another one".

5. Describe your least effective experience with TSS

This was a compelling question for the teachers. Many had difficulty getting started with their response. The teachers with the least experience were somewhat uncomfortable describing the ineffectiveness they had experienced. More experienced teachers seemed more comfortable. The responses to this question produced the thickest descriptions. Using the same four components as given in question four, Table 3-14 provides samples of the teachers' responses to this question. They were concerned with TSS who did not

keep confidentiality, who were not prepared for the job, had little behavior strategies, especially to handle difficult situations, and who could not establish rapport with the student or the staff. The teachers were unhappy with how the system worked against the grain of the school culture.

6. Describe the ideal use of TSS

This question gave the teachers an opportunity to describe or imagine an ideal utilization of TSS. The teachers gave this question considerable thought before responding. As they attempted to describe the ideal, they frequently described an ineffective experience. The descriptions of ineffective experiences were incorporated into the data for that question. The ideal utilization seemed to focus on the ability of TSS to collaborate, communicate, and work flexibly within the school culture. Again, using the four components, Table 3-15 provides samples of the teachers' responses. The teachers acknowledged the benefits of TSS to their students and to the program. Several however, also noted that they would prefer to "go it alone" than have to deal with an ineffective utilization of TSS. Many teachers believed that it would be more efficient and effective if a TSS could work with more than one student, even be assigned to the classroom. They believed that would be better for the students, as the students would not be singled out in front of their peers, and they would not become dependent on the TSS. They also acknowledged that there are some students with severe problems who would need their own TSS.

Table 3-13 Most Effective Experiences with TSS

Component	Teacher Comments
Professionalism:	*Hard worker, always on time, never called off. *Enthusiastic. Positive. *If she had an issue she'd come right up to me and tell me exactly what it was, she was really good at problem solving. *He integrated himself into the building in a way that he was like a member of the staff and everybody felt comfortable with him.
Preparation:	*TSS has worked with this young lady for probably four or five years and so she is very, very knowledgeable about what works and what doesn't. *She also knew how to take notes, she knew how to describe them in behavioral terms, she's extremely observant.
Techniques:	*She knew when she needed to step in. *She would let me give direction and if he didn't respond after a second prompt then she would step in.
Environment	*While she maintains her loyalty to the client she's working with, she also will use opportunities to help other students learn and grow. *He made the whole room feel comfortable with him being there. *I like those people to blend in and look like part of that classroom.

Table 3-14 Least Effective Experiences with TSS

Component	Teacher Comments
Professionalism:	*She would go home and talk to parents about things in the classroom that were confidential. *Just a job until they can find something better. *There's no back up for "call-offs", if someone's sick or calls off.
Preparation:	*Afraid of the kids. *Needs to be told everything as far as prevention, and then what to do once the behavior occurs. * What I've learned is, different agencies have different restrictions on what their TSS are allowed to do. And we don't know that.
Techniques:	*Push them [the student] into a conflict situation, over something very menial… *Wasn't up to code with their paperwork. *The TSS would not communicate with me or other teachers
Environment:	*Doesn't really have a rapport or really care for their client on a personal level. *They let you know, "I'm here for this kid and that's it"…it just wasn't a good scenario for the kid or the teachers, or the aides or anybody. I think the kid not knowing who that person's there for is the best way to go. *They had their own worthiness carefully linked to their client's success

Table 3-15 Ideal Use of TSS

Component	Teacher Comments
Professionalism:	*The main key is just a lot of preplanning and collaboration and discussion on what's working well and what's not; and talking about anything that needs to be changed. *The ideal use would have to look at the classroom as a community and as a community of learners. *They're friendly; they're caring to the kids.
Preparation:	*Help the student communicate; they also need to be very careful about what they promise *I think they have to have not only safety training and restraint training but some training with how to communicate with others…
Techniques:	*Someone that can assist in shaping behaviors without interrupting the learning process. *I really like a person that can redirect a kid in a positive way
Environment:	*I think the least amount of physical bodies, that you can do your job successfully; benefit not only the adult, and the students. *It would be good if you could have one person serve two or more children, as needed, because the kids are comfortable with it too. They're not necessarily singled out. *The ability to collaborate and work positively as a team member. *I'd like to see them get paid what they're worth and get full time benefits; actually benefits are the big thing.

These differences between the Autism and Emotional Support teachers may be related to the fact that these teachers have more TSS' in their programs than the Life Skills Support teachers. In addition, as mentioned previously, Intermediate Unit Autism teachers have been receiving more technical support during the 2004-05 school year, than in the past. What would it take to get closer to an ideal utilization of TSS? The teachers turned to the lack of training as a big part of the problems they have had with the use of TSS in their programs. This brings us back to question two.

2. Describe what kind of training should be provided prior to using TSS

The teachers reported that if they had the opportunity to have training and meetings prior to the TSS coming into their classroom, and then routine follow-up, the utilization might have been more appropriate from the beginning. Instead the teachers were put in the uncomfortable position of having to, as one teacher commented "fly by the seat of our pants". Table 3-16 describes some of the teachers' recommendations for training. For many teachers, if big problems developed between the teacher and the TSS there was no formal way to deal with the problem. Coming to work became very stressful.

One teacher summed up the training need this way,

> I'm not so sure the training and the method is as important
> as the training in the collaboration though.

The interviews were very rich and provided a thick description of the teachers' perspectives on their experiences with using TSS in their programs. The interview information was then used to develop the rubric or as Loucks, & Crandall (1981) refer to it as a *Practice Profile*.

Table 3-16 Training Recommendations

Issue	Teacher Comments
Participants in Training	*All staff members in the building should be trained on the role of a TSS. *Training together [teachers/administrators, TSS/supervisors]
Goal of training	*It would be great if…we could really be together with our philosophies… *Just understanding the roles and the TSS' job in the classroom. *There needs to be some type of guidelines established [written]
Content For TSS training	*The TSS come in and learn, before they can step foot in the classroom, a little bit about the building that they're entering, who the important people are that they need to know in the building, who the teachers are, and then meet together on how that teacher runs things and how they want it to be. *Come and talk to someone who has a good working relationship, see how it's working. *Work a day with a TSS…someone who's functioning well with the children and teacher and then just see how the TSS works. *Training in professional conduct…what do you wear, how do you respond to other teachers, how do you interrupt a teacher if you need to get a communication to them. *They're job is to get this kid working on his own. *I think that the TSS needs to know her role in the classroom

Table 3-16 (continued)

Content for Teacher Training	*Which clients qualify and the procedure for getting wrap initiated *What goes in those logs? *What behavior should a TSS step in for? And, what should the teacher do if a TSS has to remove a child from the room? *Allotment for hours. *How long should a person really have to wait for those services to be put in place? *The teacher needs to know what the TSS' role is in the classroom and really understand that before the person comes into the room.
Content for Both	*behavior intervention ideas for both the teacher and TSS to see different things that they could try. *crisis management training, as far as physical management, and prevention…if you did more prevention you wouldn't need that as much [crisis/physical management]. *something to adapting situations, that change frequently. * 'how to's' on the procedural things *more just on an individual basis about the student *Communication Training: It is imperative that the teacher and TSS are on the same page when working with a student *Applied behavior analysis; TEACH protocols [for Autism program] *all the legal stuff

3.5. THE RUBRIC

A rubric was developed from a synthesis of the interview data. While the *Practice Profile* generally looks at unacceptable, acceptable, and ideal practice, this rubric was designed to describe a continuum of ineffective, effective, and ideal utilization of TSS. The rubric covered the four components used previously: Professionalism, Preparation, Technique, and Environment. The rubric lists the essential elements of each component.

The rubric was sent to the 13 interviewees and the 17special education supervisors for their input on the accuracy of the rubric. They were asked to review the rubric continuum in its component parts. A Lickert scale was used for their input. The results from the teachers are as shown in Table 3-17.

Table 3-17 The rubric descriptions accurately reflect the special education teachers' perceptions of the utilization of TSS in their school program.

Component	# of Strongly Agree	# of Agree	# of Disagree	# of Strongly Disagree
Professionalism	6	2	0	0
Preparation	7	1	0	0
Technique	6	2	0	0
Environment	7	1	0	0

The eight responding teachers had a very favorable response to the original rubric, giving such comments as, “I give it an SA all the way!!!!” “Looks great!” They had just a few suggestions for revising the rubric such as:

Preparation: I wonder if there should be a component that looks at whether or not the TSS is aware of school rules, procedure, building culture

.

Environment: Discuss consequences and what lead to behavior

The eight supervisors’ responses were somewhat surprising to this researcher. While there were many positive responses to the original rubric, there were also strong feelings about what should be added to the rubric. As one supervisor commented,

> “Sorry…! I have some strong opinions on TSS…
>
> To be effective, I am thinking of a more strict rubric.”

They had very specific recommendations such as:

Professionalism: “…a number of times TSS’ acted as advocates for the family/children making suggestions about placement and actually going so far as calling another district to find out if there was an opening available.”

Preparation: “…as long as TSS is following IEP goals and plan and not using TSS language in IEP I am OK…If TSS is following BIP [behavior intervention plan] but has been crafted in a joint fashion, I would say that is .”*

The supervisors’ responses are seen in Table 3-18.

Table 3-18 The rubric descriptions accurately reflect the special education supervisors' experiences with of the utilization of TSS in their school program.

Component	# Strongly Agree	# Agree	# Disagree	# Strongly Disagree
Professionalism	4	3	1	0
Preparation	4	2	1	1*
Technique	6	1	1	0
Environment	4	2	1	0

Changes were made to the rubric based mainly on the teachers' responses. Supervisors' responses were included if they aligned with the teachers, as this rubric is from the teachers' perspective. As the rubric was designed, each of the four components (Professionalism, Preparation, Technique, and Environment) has from five to six elements. Each element describes either a behavior of the TSS or as a system of the TSS service. The teachers clearly articulated that the problems were not all based on the individual TSS. The final rubric is shown in Tables 3-19-3-22 and as a whole in Appendix C.

Table 3-19 describes the teachers' perceptions on Professionalism. The teachers would like to have the TSS system treat the TSS as a profession and hire individuals who have a real interest in working with students in a confidential, collaborative manner.

Table 3-20 describes the teachers' perceptions on Preparation. The teachers want to understand and be understood by the TSS, and for both to be prepared to support the student in whatever way is best for the student in a school/classroom setting. They want the TSS to

understand and appreciate the school/classroom culture and to work with them on the students' behavior plans and goals.

In Table 3-21 the teachers described their perceptions on Techniques. In this table we see that the teachers want a TSS who has the skills to be proactive to prevent a crisis and when a crisis occurs to handle it appropriately. They want a TSS who understands that their role is to help the student gain independence and whenever "down time" becomes available to use that time to support other students. They want someone who can accurately describe what is happening with the student and respond based on the information.

In Table 3-22 the teachers are looking for a TSS who creates an environment of respect and empathy for the student and the family. The TSS would be willing and able to support the student in whatever needs arise in the school setting, thereby enabling the student to participate in the learning environment. The teachers only want a TSS for a specific student if they determine that there is actually a need in the school/classroom environment. They believe that when there are too many adults in the classroom, the classroom looses its natural learning environment. When asked "What is the ideal number of adults in a classroom?" teachers responded that "Three is ideal." The three included 1 teacher, 1 aide, and 1 TSS. They also admitted that some severe students require their own TSS.

With the teacher interview-based rubric in place, would the researcher be able to use the rubric to identify the observations on the continuum? This researcher was anxious to see if the observations would yield examples of ineffective, effective, and ideal utilization. The last section of this chapter provides information on the observations.

Table 3-19 Rubric Describing Professionalism

Component	#	Category Ineffective	Category Effective	Category Ideal
Professionalism	1	~Disinterested in working with student	~Interested in working with student	~Enthusiastic about working with student
	2	~Unsure of how TSS fits into school/ classroom program	~Use of TSS is parallel with school/classroom program	~Use of TSS is integrated with school/classroom program
	3	~Lacks collaboration and communication.	~Collaborates and communicates, as asked	~Initiates collaboration and communication.
	4	~Breaks student confidentiality	~Keeps student confidentiality	~Keeps student and teacher/aide confidentiality
	5	~Minimal supervision (1-3 a year)	~Routine supervision (4-6 a year)	~Consistent supervision (1-2 a month)
	6	~Job is not seen as a profession (hourly), a lot of turnover, no substitutes for absences, paid time for meetings, etc.	~Job is seen as a profession (part time), minimal turnover, substitutes for absences, paid time for meetings, etc.	~Job is seen as a profession (full-time with benefits), rarely have turnover, substitutes for absences, works school schedule

Table 3-20 Rubric Describing Preparation

Component	#	Category Ineffective	Category Effective	Category Ideal
Preparation	1	~No training	~Some training, but separate	~Regular training with team collaborating
	2	~No preplanning or follow-up with teacher	~Some preplanning and follow-up with teacher	~Regular preplanning and follow-up with teacher
	3	~Lacks knowledge of student and the needs	~Basic knowledge of student and the needs	~Thorough knowledge of student and the needs
	4	~Behavior plan and goals are inappropriate	~Behavior plan and goals are appropriate	~Behavior plan and goals are appropriate and integrated into the IEP
	5	~Little understanding or acceptance of school/classroom culture	~Understands and accepts the school/ classroom culture	~Appreciates and becomes a part of the school/classroom culture

Table 3-21 Rubric Describing Technique

Component	#	Category Ineffective	Category Effective	Category Ideal
Technique	1	~Sits back and waits for crisis to occur	~Proactive intervention to minimize reaction to triggers.	~Proactive collaborative intervention to minimize triggers and reaction of students
	2	~Responds inappropriately to crisis.	~Responds appropriately to crisis	~Responds early and appropriately to crisis
	3	~Inconsistent use of behavior strategies	~Consistent use of behavior strategies	~Variety and consistent use of behavior strategies
	4	~Promotes dependence	~Promotes independence	~Seizes opportunities to promote independence
	5	~Uses “down time” for personal use	~Uses “down time” to support the student	~Uses “down time” to support classroom
	6	~Inaccurate observation notes	~Accurate observation notes	~Accurate observation notes and analysis of observation

Table 3-22 Rubric Describing Environment

Component	#	Category	Category	Category
		Ineffective	**Effective**	**Ideal**
Environment	1	~Disrespect or fear of the student	~Respect and care of the student	~Respect and empathy of all of the students
	2	~Creates negative interaction with the student/family	~Creates positive interaction with the student/family	~Creates positive interaction with student/family/school
	3	~Lets student become frustrated with academics, which leads to behavior problems	~Will help student with academics, as needed, to avoid behavior problems	~Will help student with whatever is needed, and fades support
	4	~Unable to identify behavior triggers or provide appropriate consequences.	~Able to identify behavior triggers and provide appropriate consequences.	~Able to identify behavior triggers, provide appropriate consequences, and discuss other options
	5	~Many TSS in a classroom---too much confusion	~Few TSS in a classroom---some confusion	~One TSS for a classroom--- little confusion

3.6. OBSERVATION OF THE UTILIZATION OF TSS

The observations were conducted with nine teachers, instead of the three originally planned. This was due to a concern by this researcher that sufficient data might not be able to be obtained using only three observations. Observations included teachers from each instructional category (Autism, Life Skills, and Emotional Support) and from all three instructional levels (elementary, middle, and secondary). Of the observations conducted, seven teachers were district teaches and two were IU teachers. The teachers were representative of seven school districts in three counties. The observations were conducted on various days of the school week and at various times during the school day to eliminate those variables as possible factors. Most of the observations were conducted in the teacher's classroom, though some of the observations occurred in the cafeteria and in another special education teachers' room near by. One teacher's TSS was not there for the interview. This teacher agreed to let the researcher use an observation from June of 2004, which the researcher had conducted.

This researcher considered asking these teachers to use the rubric to self-assess the utilization of TSS in their program. However, it was determined that this might be uncomfortable for the teachers and could be difficult for them to avoid bias. Instead, this researcher decided to make this assessment. Due to this researcher's considerable experience with supervision and evaluation plans, it seemed more appropriate to rely on that experience. That experience included 12 years as a school district special education supervisor and as the chairperson of the IU supervision/evaluation plan, which included a teacher/supervisor generated

rubric. This researcher also was responsible for routine supervisors' training to ensure inter-rater reliability for the IU system.

It should be noted that it would not be unusual for an observation to be described differently in each category. For example, an observation could be ideal in Professionalism, ineffective in Preparation, ineffective in Technique, and effective in Environment. In fact, it would not be unreasonable to expect that within a component, elements could be described along the continuum. A component with six elements may have some elements in the ideal situation, some in the effective, and some in the ineffective. In the IU system, if any element is determined to be ineffective (the IU wording would be Unsatisfactory) then the entire category would be called ineffective (Unsatisfactory). Utilizing that system would not be appropriate in this instance as the descriptions include both the individual TSS behavior and the TSS system.

To analyze these observations, a decision had to be made as to how to approach each category and each element. To ensure the confidentiality of the observation, the observation assessment will not be reported individually. Instead, each observation will be assessed on each element and then all of the observations will be assessed as a group. Since some of the components were not observed, the determination on those elements would be made based on teacher report.

Table 3-23 provides the summary on Professionalism. Four of the nine observations fell within the Effective category in all six elements. Of particular concern to the teachers was the lack of professional recognition of the TSS. Most are employed hourly, without benefits. In fact, if their student is absent from school, they do not work. The TSS' who seem to stay in spite of the lack of security and benefits are people with teaching certificates. TSS employment is seen

as a way to get experience working with children, while they wait for a teaching position. There was only one TSS who was hired full-time with benefits. This TSS was in the same classroom since TSS was first introduced into the program, approximately 6 years ago. The teacher in that program felt strongly that the permanence of the TSS was directly due to the fact that he was made full-time with benefits. She reported that her other TSS works three jobs.

Table 3-24 provides a summary on Preparation. Five observations in two components fell in the Effective category. The first element confirms the minimum training noted in the demographic section. Another interesting outcome in this component was that three observations were assessed in each of the categories in the element related to understanding, accepting, and becoming a part of the school culture. This was an important element to the teachers, as one observed teacher proclaimed, "This is school!"

Table 3-25 provides a summary on Technique. In this component, an important assessment was found in the element of "uses 'down time' for personal use" with four observations. This is an element that causes much frustration to teachers. They reported that these TSS' sit in the back of the room reading newspapers and books, talking on cell phones, talking to other TSS' in the room, drinking coffee, etc. The teachers admitted that the TSS' do not know what to do with the "down time". It is difficult for the teacher to plan for the TSS' and the students.

Table 3-26 provides a summary on Environment. Only two observations were assessed in all elements in the Ideal category. This may be caused, in part, by the fact that the environment belongs to the teacher. The TSS is trying to work within an environment in which they feel that they have no control. Several observed teachers were frustrated by the number of TSS in a program. One teacher referred to this as "over kill".

Table 3-23 Summary of Observations on Professionalism

Component	#	Category	Category	Category
		Ineffective	**Effective**	**Ideal**
Professionalism	1	~Disinterested in working with student	~Interested in working with student	~Enthusiastic about working with student
Total		**3**	**4**	**2**
	2	~Unsure of how TSS fits into school/ classroom program	~Use of TSS is parallel with school/classroom program	~ Use of TSS is integrated with school/classroom program
Total		**3**	**4**	**2**
	3	~Lacks collaboration and communication.	~Collaborates and communicates, as asked	~Initiates collaboration and communication.
Total		**2**	**4**	**3**
	4	~Breaks student confidentiality	~Keeps student confidentiality	~Keeps student and school confidentiality
Total		**3**	**4**	**2**
	5	~Minimal supervision (1-3 a year)	~Routine supervision (4-6 a year)	~Consistent supervision (1-2 a month)
Total		**3**	**4**	**2**
	6	~Job is not seen as a profession (hourly), a lot of turnover, no substitutes for absences, paid time for meetings, etc.	~Job is seen as a profession (part time), minimal turnover, substitutes for absences, paid time for meetings, etc.	~ Job is seen as a profession (full-time with benefits), rarely have turnover, substitutes for absences, works school schedule
Total		**4**	**4**	**1**

Table 3-24 Summary of Observations on Preparation

Component	#	Category Ineffective	Category Effective	Category Ideal
Preparation	1	~No training	~Training, but separate	~Regular co- training
Total		**7**	**2**	**0**
	2	~No preplanning or follow-up with teacher	~Some preplanning/ follow-up with teacher	~Regular preplanning/ follow-up with teacher
Total		**3**	**4**	**2**
	3	~Lacks knowledge of student and the needs	~Basic knowledge of student and the needs	~Thorough knowledge of student and the needs
Total		**2**	**5**	**2**
	4	~Behavior plan and goals are inappropriate	~Behavior plan and goals are appropriated	~Behavior plan/goals are appropriate and integrated into the IEP
Total		**2**	**5**	**2**
	5	~Little understanding or acceptance of school &/or classroom culture	~Understands and accepts the school &/or classroom culture	~Appreciates and becomes a part of the school/classroom culture
Total		**3**	**3**	**3**

Table 3-25 Summary of Observations on Technique

Component	#	Category Ineffective	Category Effective	Category Ideal
Technique	1	~Sits back and waits for crisis to occur	~ Proactive intervention to minimize reaction to triggers.	~Proactive collaborative intervention to minimize triggers and reaction of students
Total		**2**	**4**	**3**
	2	~Responds inappropriately to crisis.	~Responds appropriately to crisis	~Responds early and appropriately to crisis
Total		**3**	**3**	**3**
	3	~Inconsistent use of behavior strategies	~Consistent use of behavior strategies	~Variety and consistent use of behavior strategies
Total		**3**	**4**	**2**
	4	~Promotes dependence	~Promotes independence	~Seizes opportunities to promote independence
Total		**3**	**4**	**2**
	5	~Uses “down time” for personal use	~Uses “down time” to support the student	~Uses “down time” to support classroom
Total		**4**	**3**	**2**
	6	~Inaccurate observation notes	~Accurate observation notes	~Accurate observation notes and analysis of observation
Total		**3**	**4**	**2**

Table 3-26 Summary of Observations on Environment

Components	#	Category Ineffective	Category Effective	Category Ideal
Environment	1	~Disrespect or fear of the student	~Respect and care of the student	~Respect and empathy for all of the student
Total		**3**	**4**	**2**
	2	~Creates negative interaction with the student/family	~Creates positive interaction with the student/family	~Creates positive interaction with student/family/school
Total		**2**	**5**	**2**
	3	~Lets student become frustrated with academics, which leads to behavior problems	~Will help student with academics, as needed, to avoid behavior problems	~Will help student with whatever is needed, and fades support
Total		**3**	**4**	**2**
	4	~Unable to identify behavior triggers or provide appropriate consequences.	~Able to identify behavior triggers and provide appropriate consequences.	~Able to identify triggers, provide appropriate consequences, and discuss other options
Total		**3**	**4**	**2**
	5	~Many TSS in a classroom---too much confusion	~Few TSS in a classroom---may have some confusion	~One TSS for a classroom---little confusion
Total		**4**	**3**	**2**

From these results we see that generally four of the nine observations assessed were in the Effective category, two were in the Ideal category, and three were in the Ineffective category. Of the 22 elements in all four components, 13 elements were directly related to the behavior of the TSS and nine elements were under the direct or indirect control of the providing agency. In the next chapter, the information gathered and analyzed in this chapter will be used to create the stories depicting each category of Ineffective, Effective, and Ideal utilization of TSS.

4. CHAPTER THE STORIES

4.1. INTRODUCTION

In this chapter, the researcher will create stories that depict the rubric continuum of ineffective, effective, and ideal utilization of TSS in the special education program. Each story will be based on the information derived from the interviews and observations and summarized in the rubric. Due to the large number of elements in the rubric, not all elements are depicted in each story. However, the stories will provide the reader with a vivid description of each category and reflect the special education teachers' experiences.

4.2. IN THE STATE OF CONFUSION

The Program:

An Intermediate Unit consortium Autism Support Middle School (serving students from 4 school districts)

The Introduction:

The school year has just begun. The teacher has been teaching for 2 years but is now in the newly formed Middle School Autism Support program. She is in the classroom with her instructional aide preparing for the first week of school. The special education supervisor comes to the school to meet with her.

Supervisor: Just wanted to touch base with you and see how it's going. Do you have everything you need?

Teacher: I think so. But, then how would I know, since I've never done this before!

Supervisor: Well, you will have a lot of help. Four of your students, Ben, Jack, Stan, and Tom all have TSS'. Ben and Jack have TSS from Independent Living Inc., Stan's support is from the Better Living Group, and Tom's support is from the Support Training Association. They will be here on the first day.

Teacher: Any chance they could come in before that?

Supervisor: I doubt it. The agencies can't bill for non-direct time, so there is no way to pay the TSS for coming in early.

Teacher: Do they know the children?

Supervisor: I think the TSS from the ILI had these students last year, but I think the other TSS' are new. Stan's Mom requested a TSS because she is concerned that he won't make a good transition from elementary to middle school.

Teacher: Shouldn't we give it a try first?

Supervisor: Well, she was afraid to do that, since it might take too long to get a TSS.

Teacher: What kind of training have they had in working with children with Autism in a school setting?

Supervisor: I'm sure they have had training from the agency.

Teacher: What will they do?

Supervisor: They have a plan that they will follow. You don't have to do anything.

Teacher: Oh, OK. That sounds great! It will be nice having some extra hands for the day.

Supervisor: Well, they aren't here for the whole day. Two come in at 9:00. One of them leaves at 12:00 and the other at 1:30. The other two come in at 10:30 and leave at 2:30.

Teacher: Why? The school day is from 8:00 to 3:00.

Supervisor: That's how many hours the students are authorized to have.

Teacher: That sounds very confusing. How do the students deal with that? How am I going to deal with all that coming and going?

Supervisor: Oh, don't worry. You'll figure it out.

Teacher: Who do I call if I have a problem? You?

Supervisor: No. Their supervisors will be in to visit. You can talk to them.

Teacher: Oh, OK.

A Day in the State of Confusion:

The students come in at different times between 8:00 and 8:30, as they are coming from different districts. The teacher greets each as they enter the room,

Teacher: Good morning. Find you seat and check your schedule for the day. When you are done, you may do a puzzle until all of the students are here.

The aide helps the students as they go to their desks. The teacher reviews each of the students' schedules. There are eight students in the classroom, in grades five through eight (three in fifth grade, one in sixth grade, two in seventh grade and two in eighth grade), so the schedules are different. The teacher and aide check the back-packs for notes from home and lunch money.

From 8:30-9:00 the teacher does the calendar for the day and week and presents a social story. Two TSS come in at 9:00 to work with Ben and Jack, respectively. Ben's TSS is here from 9:00 to 12:00. Jack's stays until 2:00. When they enter, they take their seats at a table in the back of the room. They chat for a few minutes with each other. They then take out their note books and begin to enter the date, time, etc.

The teacher and aide are working with the students. The fifth and sixth graders are in one group with the aide reviewing emergency words. The teacher is working with the seventh and eighth graders in discussing and writing about the activities of the day.

In the aide's group, Ben becomes frustrated with the activity and refuses to participate. He is reminded to sit and finish. The aide looks over to Ben's TSS. The TSS is reading the newspaper and does not see the cue from the aide. Ben sits momentarily and then gets up and wanders away from the group. The teacher tells him to go back to his group. She looks over to the TSS, but he is still reading the newspaper.

Ben goes to the teacher's desk and the teacher leaves her group to go to him.

Teacher: You need to go to your group. Staying with your group is one of your goals. If you want to earn that point, you need to go now.

Ben heads back to his group. The teacher goes back to her group. Some of the students in her group have stopped writing all together and another has scribbled on his paper. The teacher sighs. As Ben nears his group he swats the back of Lacey's head. The aide tells him to stop. Lacey begins to cry. The aide calms Lacey. The teacher gets up again and escorts Ben to the time-out area. He becomes very agitated by this. She calls to the TSS,

Teacher: Can you please come and help Ben? He needs to stay in this area until he calms himself. When he is calm, have him go over the emergency words.

TSS: Oh, ok. I can sit with Ben. But, I can't help him go over the words. I only help with behavior.

The atmosphere is tense, and it's only 10:00. Jake's TSS takes out her cell phone and makes a call. The teacher wonders if she is calling the supervisor to tell what just happened. Ben's TSS is attempting to counsel Ben.

TSS: Ben, you shouldn't do that. The teacher and aide get mad when you leave the group. You don't want them to tell your mother do you?

The teacher has tried many times to explain that this approach is not successful with Ben or most other students with Autism. She is reluctant to tell him what he should do. She has confided in the aide that she doesn't feel she has any right to tell him since she is not his boss.

It's now 10:30 and the two other TSS' arrive. Stan's TSS comes in with coffee and a magazine, as usual. Something is wrong, because one of the TSS' is not familiar to the teacher. The teacher stops what she is doing to go to the table where the TSS "hang-out".

Teacher: Excuse me; I don't believe we've met.

TSS: I'm the new TSS. I'm here for Tom.

Teacher: Where is the old TSS?

TSS: Oh, he quit. He got a better job.

Teacher: You're the third one this year!

TSS: I don't know how long I'll be here either. I need more hours than this.

Teacher: Do you know Tom?

TSS: No. Which one is he?

The teacher indicates to him which student is Tom. The teacher gets Tom's file and asks the TSS if he would like to read it first, as a way to get to know Tom and Tom's needs.

TSS: Oh, I guess I could do that. They [the agency] didn't tell me anything about reading his file.

Teacher: After you read the file, I'll introduce you to Tom. You will be going to the cafeteria with him. Most of his problems occur in unstructured settings.

TSS: What's an 'unstructured' setting?

Teacher: Any place that's not in this classroom!

During this time, Stan's TSS is laughing and reading a book. He doesn't ever interact with Stan because Stan doesn't need any assistance and hasn't yet this year. He leans over to Jake's TSS.

(Stan's) TSS: Can you believe this guy? He'll quit too. That agency can't keep anyone for more than a couple of months.

(Jake's) TSS: You can't blame the TSS. That agency pays so little.

While all this is going on the teacher had the aide put on the TV so the students could watch Reading Rainbow. They watch this whenever the teacher is going to be busy with TSS' or meetings, which seems to happen at least twice a week. This is another sore spot with the teacher. Jake's TSS told his Mom that the students watch TV all day! It caused a real problem for the teacher. She had a hard time convincing the parent that the report was not accurate. When the show is over, the teacher introduces Tom to his new TSS.

Tom: Where is Mr. Mike?

TSS: He isn't going to come anymore.

Tom: Mad at me?

TSS: No. He got another job.

Tom: Mad, mad, mad.

Tom is upset that he has another TSS. He liked Mr. Mike.

It is now time for lunch. The younger kids go to the first lunch and the older kids go to the second lunch. Stan and Tom's TSS eat their lunch first (while Jake and Ben's TSS go to cafeteria). With Tom's TSS out of the room, Tom continues to complain about "No Mr. Mike!" Then Stan and Tom's TSS go to the cafeteria (while the aide and Jake's TSS eat their lunch). Ben's aide leaves without lunch or without debriefing the morning incident. The teacher remains in the classroom with the students.

The teacher's supervisor recently discovered that the teacher was not getting a duty-free lunch. The teacher is told she must schedule one for herself. She doesn't know how to do that, as she always has some students in her room. She has tried to talk to the TSS about taking turns with the students, so that a TSS could watch two students in the cafeteria instead of one. That way there would always be a TSS or aide in the room with her. She could provide an activity for the TSS/aide to do with the students, and she could monitor it. She could eat her lunch at the same time. It wouldn't be duty-free but it would be better than nothing. Then when the whole class is back together, the TSS' who were in the classroom could go and eat their lunch. The TSS' were not accepting of this solution.

TSS: There is no way we can monitor the behavior of more than our assigned student. We'd be in big trouble if we did that!

Teacher: But, why? What's the big deal?

TSS: There is no way we can do an activity with the four students in the classroom.

Teacher: But, why? I'll be in the room. I won't leave!

In frustration, the teacher considers having the students watch another TV show for the 30 minutes that they are in the room over lunch. Even though it would be an educational show, she knows the TSS will report back to the parent, so she decides against it.

When Tom returned from the cafeteria, his TSS reported that Tom would not eat. The teacher tries to talk to Tom, but he won't talk, and he goes to the time-out area on his own and puts his head down. The teacher tells the TSS to sit near him and read Tom's favorite story, as a way to build rapport.

TSS: I'm not allowed to do academics.

Teacher: Don't think of it as academics. You're trying to build rapport.

TSS: What's rapport?

Teacher: Building a relationship.

The TSS sits by Tom but doesn't read the story. Tom stays there for some time.

It is now time for Jake's TSS to leave. He loudly says good-bye to Jake, distracting the rest of the class, and walks out of the room.

Tom gets up and walks to the door too. The teacher is able to get to him before he leaves. She asks Tom if he would like to hear his favorite story after math. He returns to his desk. The teacher and the aide are helping students with individual math work. The two remaining TSS sit at the back table. Stan's TSS is having a snack that he brought back from lunch. Tom's TSS is writing in the log. The one TSS tries to help the other, but the forms are different since they are from different agencies.

When math class is over it is 2:20 and the two remaining TSS leave without saying good-bye. The students begin to prepare for the end of the day, with the help of the aide. The teacher

writes in each student's journal, providing the parents with information on their child's day. The journals are put in their back packs. With a few minutes left before the first bus comes, the teacher begins to read the story. There are four different buses arriving at four different times between 2:30-3:00. The aide helps the students to leave for the bus as each one arrives.

It's 3:15; the end of the day in the state of confusion. The teacher confides in the aide.

Teacher: I'm exhausted. I don't know how much more I can take. This is such a waste of money and my time. Stan doesn't even need a TSS. I'd really rather just do this with you and me.

Aide: Me too! I need a vacation.

Rating the State of Confusion: Ineffective

4.3. IN THE STATE OF CONSCIOUSNESS

The Program:

A school district Emotional Support program at the high school level.

The Introduction:

The school year has just begun. The teacher has been teaching for 5 years at the secondary level Emotional Support program. He is in the classroom with his instructional aide preparing for the first week of school. The special education supervisor comes to the school to meet with him.

Supervisor: Just wanted to touch base with you and see how it's going. Do you have everything you need?

Teacher: I think so. We've got the same TSS again, right?

Supervisor: Well, I'm not sure. I think so. One for Bill and one for Rita from the Better Living Group.

Teacher: Any chance they could meet with us before the first day?

Supervisor: I think the agency has a mandatory meeting for the TSS. Maybe you could get them on the same day, that way it could be part of their paid day. The agencies still can't bill for non-direct time, but since this is a required meeting maybe they could count your meeting with part of it.

Teacher: I heard they had some training over this summer. Do you know what kind of training they had?

Supervisor: The training from the agency was on behavior –how to identify the triggers, and how to respond to inappropriate behaviors. I think it's different than our training. They'll have a procedure that they will follow. I'm sure they would share it with you, if you asked.

Teacher: Oh, OK. That sounds great!" Do you know if their hours will be the same?

Supervisor: Bill's TSS will be here all day, though the agency wants to try to decrease the hours at the next reauthorization meeting.

Teacher: Well, if Bill begins this year the way he ended last year, that shouldn't be a problem. I hope I'll have some say in what hours the TSS will be here.

Supervisor: Well, Bill's TSS is flexible. He just started going to college. He wants to get a teaching degree. So, he'll probably want/need you to work around his course schedule. The Behavior Specialist told me that Rita had a tough summer. Her TSS will be here all day. They don't anticipate a change in the hours for her TSS.

A Day in the State of Consciousness (first quarter):

School begins for teachers and aides at 7:30. Both TSS' are in the room at this time. When they enter, they take their seats at a table in the back of the room. They chat for a few minutes with each other. They then take out their note books and begin to enter the date, time, etc. They talk with the teacher and aide about what they are going to be observing today with their students. Bill's reauthorization meeting was yesterday. If he continues to do well, his TSS' hours will be

reduced after the Thanksgiving break. He has to be successful during the lunch and study hall period for the rest of this week and next. Bill has been able to utilize the new behavior strategies that the TSS has taught him.

Students arrive at 7:45. They come in during the four different periods throughout the day. The teacher has 15 students on her caseload, but usually doesn't have more than 10 in the classroom during any single period.

This is first period. There are eight students in the classroom, in grades ten through twelve (three in 10th grade, two in 11th grade, and three in 12th grade). The teacher greets each student as they enter the room.

Teacher: Good morning. Take your seat and check your homework that is due for this class. We will begin the homework review when the bell rings.

The TSS' sit by their student and ask to see the homework. Bill and Rita comply.

The teacher reviews the homework assignment. She asks the students to check their own papers and gives them 15 minutes to make corrections. The TSS' sit near their students; monitoring their corrections.

Teacher: When you are done, give your paper to the aide who will check and record your results. If you finish quickly, you may read this morning's paper until everyone is done or until I say it is time to stop. We will be discussing the articles today.

When Bill and Rita turn in their assignments and begin to read the newspaper, the TSS' return to their table and write in the logs again.

The teacher begins the English lesson. The aide supports the students when they raise their hands. Discussion is a regular part of English class. This is the type of activity that is difficult for Rita. As the discussion gets underway, Rita becomes defensive and argumentative with Helen. The teacher looks to her TSS.

Teacher: Would you join the group?

TSS: Sure.

The TSS sits next to Rita and quietly reminds her not to take the comments personally. Rita refocuses. The atmosphere returns to a comfortable level. The period ends. The teacher, aide and Rita's TSS confer on Rita's incident. They plan how they will set up the room arrangement for the next discussion, so Rita is not sitting next to Helen to see if that helps.

Second period is math. There are six students in this class (two 10th graders, three 11th graders, and one 12th grader). The routine is similar except there is no discussion planned this period. The aide goes with a student to a regular education classroom. As the lesson proceeds one student becomes upset when he struggles with the problems. The teacher stops what she is doing to talk with him at her desk. The lesson is stopped and rest of the students start to talk. The TSS' would have been willing to intervene but they are not allowed to work with other students. The teacher asks the class to get back to the problems. When the student has calmed down, he returns to the group and the lesson continues. About 15 instructional minutes were lost. The period proceeds without further incident.

Lunch/study hall period is next. Before Bill leaves for lunch the TSS talks to him about the strategies to use if he becomes frustrated. The teacher encourages Bill to have a good lunch/study hall. The teacher and aide have their duty free lunch and plan period.

Before third period begins, the TSS' return to the room and debrief how Bill and Rita handled the lunch/study hall period. Bill did great and his TSS wants to try having Bill go it alone for the rest of the week. The teacher agrees. Rita continues to have difficulty. The teacher suggests that the TSS be proactive and speak to Rita before she goes to lunch and even give Rita a non-verbal cue when she sees Rita getting upset. The TSS says she'll try that.

The third period is Social Studies. This is a particularly lively class, as the teacher has a passion for this subject. Students really look forward to this class. There are 10 students in this class, including Bill and Rita. There is a lot of discussion in this class and Rita is particularly vulnerable. Her TSS sits near her throughout the class. She quietly reinforces Rita's attempt to participate appropriately. Bill's TSS maintains his seat at the table. The aide is very active in this class supporting the teacher's activities. The class continued without major incident. As the students work on their homework assignment, Rita's TSS talks to her about coming up with a non-verbal cue that she could use to help Rita to think before she gets upset. They come up with a cue and the TSS asks for Rita's permission to share it with the teacher and aide, so they could use it too. Rita gives her ok.

When the period ends, the TSS shares the information with the teacher and aide. They are very excited about the possible break-through. The teacher recommends that the TSS chart the use of the cue. The TSS agrees.

The final period of the day is Science. The teacher has ten students in this class (three 10^{th} graders, four 11^{th} graders, and three 12^{th} graders). The teacher reminds the students that they are going to the Science lab and that they want to use their social skills and study skills. When they arrive the Science teacher is waiting. The Science teacher will teach the class and the

Emotional Support teacher will support the teacher. The TSS' are in the class as well as the aide. The TSS' stand in the back of the room and watch Bill and Rita. The teacher is in the front assisting the Science teacher. The aide walks among the students. The students are instructed to do the experiments and the school staff walks among the students to ensure that they are getting the experiment done correctly. During the lesson the ES teacher quietly provides individual verbal praise to her students. When the experiments are completed, the students return to their classroom. The teacher debriefs with the students and compliments their work in the lab.

The class ends and the students leave. The teacher, aide, and TSS talk about the day.

Teacher: This was a pretty good day. There were some real successes.

(Rita's)TSS: That was a great idea about the verbal cue. I think Rita really liked being able to think of a cue.

(Bill's) TSS: Rita seemed really glad about be asked to give her permission to share the cue.

Aide: I can't wait for tomorrow to see how it works and to try it myself with Rita.

Teacher: Great job everyone. Let's call it a day.

Rating the Day in the State of Consciousness: Effective

4.4. IN THE STATE OF THE ART

The Program:

An IU consortium elementary Life Skills Support program (with students from three districts).

The Introduction:

The school year has just begun. The teacher has been teaching for 10 years at the elementary level in the Life Skills Support program. She is in the classroom with her instructional aide preparing for the first week of school. The special education supervisor comes to the school to meet with him.

Supervisor: Just wanted to touch base with you and see how it's going. Do you have everything you need?

Teacher: "I think so. Our TSS is coming in this afternoon to discuss her three students."

Supervisor: How is she being paid?

Teacher: She told me that the Independent Living Support agency made her full-time this summer. She's been with them for so long that the ILS decided to try a full-time position. Since she has three of my twelve students, and she is here all day, I guess they thought it was worth trying.

Supervisor: That's wonderful! She does seem to enjoy working with your kids!

Teacher: I wanted to thank you and the ILS agency for the training this summer. Our TSS and aide attended too. It was fantastic to have a joint training. That was a great idea.

Supervisor: The behavior training was from the state. We thought it would be best if all of you had the same training on behavior support for students with this dual diagnosis.

Teacher: Now we'll have a process that we can all follow. That should make things run more smoothly.

A Day in the State of the Art (second quarter):

School begins for teachers and aides at 8:00. The TSS comes in at the same time. The day starts with a meeting of the teacher, aide and TSS. The teacher goes over the schedule for the day. The TSS reviews the progress notes on her three students. Jamie is still struggling with sharing with others. She is very possessive. Her target was 80% of sharing with 10 opportunities. Her baseline was 45% and she is only at 50%. The teacher is concerned that Jamie may not make her target behavior. They discuss other methods and agree to change the reinforcement and provide simpler opportunities. Brandon's anger has subsided since his problems at home have been resolved. He had gone as high as nine episodes a day. It is down to three a week. Drew continues to cry when he doesn't get his way. They have noticed that ignoring seems to reduce the duration of the crying. They decide to ignore, but also try to reinforce non-crying more quickly. The rest of the time is used by the teacher and aide to get the materials ready for the day. The TSS prepares her observation logs for each student.

The school day officially begins at 8:30. Students in the LSS program arrive between 8:30-8:45. They come from three different districts so they are on three different schedules. The

teacher has 12 students on her caseload, in grades 1-4 (four is 1st grade, three in 2nd grade, two in 3rd grade, and three in 4th grade).

As the students enter, the teacher, and aide help the students with their coats and back packs. The TSS is at the work table and the students are directed to go to the work table. The TSS is the reader for this morning. When all of the students have arrived and are at the work table the teacher joins the group. The aide passes out juice. The teacher asks each student to say good morning to the students sitting beside them. The TSS helps too. The teacher then takes the students through the calendar and weather activity. The aide and TSS are also sitting with the students. There is an adult between every four students. When this activity is done, the students are directed to go to their desks. The aide clears the table. The TSS goes to the teacher's desk to write in the logs. Her students have done well during this period.

The teacher begins the exercise for the morning. She puts on music/songs and the students are led through the exercises. The aide and TSS join and place themselves among the students. Everyone is giggling and having fun. The TSS is watching her three students carefully for signs of frustration. Brandon has been accidentally bumped by another student, John. The TSS immediately stands beside Brandon.

TSS: The student didn't mean to bump you. It was an accident.

The TSS says to John,

TSS: It was an accident. Are you sorry you bumped into Brandon?

The student says, Sorry, Brandon.

Brandon calms down and the lesson proceeds. When the exercise is completed the students are directed to go to their desks. The aide puts on soft music. The students know to put their heads

down to relax and listen. The TSS goes to write in her logs. The teacher prepares for the math lesson. When the music is over the teacher tells the students,

Teacher: You really needed that rest after the great exercise.

Looking to the TSS she asks,

Teacher: Don't you agree?

TSS: Absolutely! This is a great class!

The teacher directs the students to take out their math boxes and go to the work table. The TSS and aide join the students at the work table, and again sit themselves strategically among the students. The teacher shows them objects (i.e. three spoons, 5 pencils). The students are to use their sticks to match the number of the teacher's objects (three spoons-three sticks). After the students match, they try to count the sticks. Each adult is assigned to help four students. The TSS works with her three students plus another. When the lesson is over, the students are directed to put their math boxes away and sit at their desks. The aide clears the table and the TSS writes in her logs.

It is now lunch/recess time. The 1st and 2nd graders will have lunch first and then recess. The 3rd and 4th graders have recess first and then lunch. The TSS' students are in the 3rd and 4th grade. The TSS goes to recess and lunch with the 3rd and 4th graders. The teacher goes to lunch with the 1st and 2nd graders. During this period the aide has her duty-free lunch. The aide goes to recess with the 1st and 2nd graders. During this period the teacher has her duty-free lunch. When the lunch/recess period is over, the TSS and aide debrief the teacher on the behavior of the students. There was a little problem with Jamie at lunch. She didn't want to share the ketchup with the other students at her table. The TSS had to show her that there were many bottles and that we share with our friends. This seemed to work. The TSS thinks maybe her behavior is

related to her fear of not getting enough food. The TSS then goes for her duty-free lunch. The students have a free-play period for 15 minutes. The aide facilitates the free-play while the teacher prepares for the language arts lesson. After the free-play, the teacher reads them a story and conducts a discussion with them for the next 15 minutes.

The 1st and 2nd graders then go with the aide to Music class. The 3rd and 4th graders have their Language Arts lesson with the teacher. The TSS supports the teacher by walking around and helping students to stay on task. When the 1st and 2nd graders return, the 3rd and 4th graders go with the TSS to Music class. The 1st and 2nd graders have their Language Arts lesson with the teacher. The aide supports the teacher by walking around and helping the students to stay on task. When the Music/Language Arts period is over, all of the students and adults are in the classroom.

The students are at their desks. The aide has put on soft music. The students know they can relax. The aide and TSS debrief the teacher on the Music class. Everyone was fine.

Teacher: I'm really proud of all of you. I heard that you had a great Music class. Good for you! Since you did so well, we are going to take a walking trip in the school. We're going to visit the nurse's office. The nurse is going to let us stand on her big scale. She will tell us how much we weigh. Everyone will have a partner. Hold your partners hand when we walk in the hall.

The class goes to the nurse's office. The TSS walks near her three students.
The nurse weighs all of the students. Drew wants to be first. But, the nurse is doing this in alphabetical order. Drew begins to cry. The TSS talks to him, and shows him when his turn will come.

TSS: Two more students then it's your turn. I'll stay with you until you get your turn.

Drew stops crying and the TSS thanks him for waiting his turn. The nurse gives each student a tag with their weight. As the other students wait their turn the teacher, aide, and TSS talk to them. On the way back, the students are quiet in the halls.

It is near the end of the day. The TSS writes in her logs. The aide reads the students a story about a nurse. The teacher writes in the students' journal. The teacher then tells the students for bus 2 to get their coats and back-packs. The aide puts their journals in the back pack and takes the students to their bus. The teacher then tells the students for bus 5 to get their coats and back-packs. The TSS puts their journals in the back-packs and walks these students to their bus. The final group of students is told to get ready and the teacher puts their journals in the back-packs. The aide has returned and she takes the students to their bus. The TSS returns and finishes her writings. When the aide returns the three adults talk about the day.

Teacher: This was a great day. There were some real successes.

Aide: I think the new strategy with Jamie is going to work.

TSS: I sure hope so. It's worth a try. We make a wonderful team!

Rating the Day in the State of the Art: Ideal

4.5. SUMMARY

The stories were sent to three teachers and one educational consultant, whose expertise is in behavior support. The teachers are the same pilot teachers used earlier. As "past-users" of TSS they have had the experience of ineffective, effective, and ideal utilization of TSS. The educational consultant has had experience in working with all categories of teachers participating in this research.

The stories were seen as an accurate reflection of what you might find if you were observing the utilization of TSS in the Autism, Life Skills and Emotional Support programs. One teacher commented, "They [*the stories*] are very descriptive, and realistic to me." Another stated, "For those of us working in this field, it is right on the money."

The stories provide a culminating synthesis of the data from the study. With the stories in place, the reader will be able to picture the utilization of the TSS and the teachers' experience. In Chapter 5 this researcher will summarize the research and take a look at implications for policy and practice.

5. CHAPTER SUMMARY AND IMPLICATIONS

5.1. INTRODUCTION

The final chapter provides the opportunity for this researcher to review the preceding Chapters. As was stated at the end of Chapter 1, the purpose of this study was to give voice to the special education teachers' concerns regarding the use of TSS in their school programs. The literature review discovered a lack of research on the how the utilization of TSS in the school setting is perceived by a key partner on the student's team, the teacher. This study has the potential to further the understanding of mental health services in the school setting.

5.2. STATEMENT OF THE PROBLEM

How do special education teachers respond when given the opportunity to describe their concerns regarding the use of therapeutic support staff in their special education programs?

Out of 140 questionnaires that were sent to special education teachers, 71 special education teachers took advantage of the opportunity to participate in the questionnaire. Of the 71 who responded, 65 of the responses were able to be utilized in this study. Thirteen special education teachers were interviewed and nine special education teachers' programs were observed. The teachers expressed appreciation for the chance to discuss the utilization of TSS in

their programs. They also expressed a hope that their concerns would be heard. In the first part of this Chapter, the research questions' answers will be reviewed.

5.3. RESEARCH QUESTIONS

The following comments summarize the answers to the research questions.

1) How do special education teachers rate their current stage of concerns regarding the use of TSS in their programs?

   Nineteen (35.8%) of the participating special education teachers had 0-3 years of experience with TSS. Fourteen (23%) considered themselves to be non-users or novice users. From this data, it could be expected that these teachers would rate their current stage of concern as Stage 0-Awareness, Stage 1-Informational, or Stage 2-Personal, the earliest stages on the continuum. Twenty-five (47.2%) had 4-8 years of experience. Twenty-one (34.4%) considered themselves to be Intermediate level of users. It would have been expected that these teachers would rate their current stage of concern as Stage 3-Management or Stage 4 Consequence. Nine (17%) of the teachers had nine+ years of experience while 18 considered themselves to be Old Hand users. These teachers would have been expected to rate their current stage of concern as Stage 5-Collaboration or Stage -6 Refocusing. However, more teachers, 24 (36.9%), rated Stage 5-Collaboration as their Stage of Concern, with 11 (16.9%) teachers with Stage 6-Refocusing as their Stage of Concern based on their raw scores. The most logical reason for the increase in Stage 5 concern is thought to be due to the emphasis on collaboration in the Emotional and Autism Support programs.

2) How do special education teachers describe their initial introduction to the use of TSS in their special education programs?

   Most of the teachers described their introduction as a non-event. Generally, the TSS just showed up at their classroom door, without any formal introduction. There was no preplanning and no information on the role of the TSS in their program. This was very insulting to the teachers, who felt that had there been training and preplanning, many of the initial negative experiences would not have occurred.

3) How do special education teachers describe effective and ineffective use of TSS in their programs?

   The special education teachers described their effective and ineffective experiences in terms of TSS behavior and TSS systems issues. The issues they described were able to be sorted into the components of Professionalism, Preparation, Technique and Environment, which are the same components in the State and IU evaluation system. Each component had either five or six elements.

4) How do special education teachers describe the ideal use of TSS?

   The descriptions of the ideal use of TSS also included both TSS behavior and TSS system recommendations. The descriptions that answered questions three and four were combined to develop the rubric with the categories of ineffective, effective, and ideal utilization of TSS. (See Appendix C.)

5) How do the special education teachers in Emotional Support, Life Skills Support, and Autism Support programs compare in the use of TSS in their special education programs in their:

a) stage of concerns—The Emotional Support and Autism Support teachers were similar in their stage of concern. Their highest Stage of Concern was Stage 5 (Collaboration). The Life Skills Support teachers' highest level of concern was in Stage 6 (Refocusing).
b) effective and ineffective use—there were mostly commonalities.
c) ideal use—there were mostly commonalities.

However, in both c and d, the main differences were that the Autism and Life Skills Support teachers had the greater need for the TSS to become an integrated part of the classroom culture. The Emotional Support teachers, especially at the middle/high school level, did not want the TSS to be intrusive, due to the students' needs not be singled-out. Another difference was in Technique. The Autism and Life Skills Support teachers wanted the TSS to understand that the TSS would not be able to do "therapy/counseling" with the students in these programs. The TSS needed to have a strong background in behavioral analysis. The Emotional Support teachers needed the TSS to be able to intervene, at times, with a "therapy/counseling" approach.

5.4. IMPLICATIONS

The following are implications of this study's conclusions on the future use of TSS:

a) In the policy of school districts and Intermediate Units

When this study was first brought to the attention of the school district superintendents and Intermediate Units administrators there was strong support for this research.

Several comments were of the nature, “something has to be done!” They wanted to know if having TSS was worth the problems that some of their schools had experienced. They felt they might need a policy on the use of TSS in their school districts and the research could help them to formulate that policy. The Intermediate Unit had an interest in becoming a TSS provider, if that is what it would take to ensure that the service would be utilized appropriately in the school setting. Acknowledging that pursuing an Act 50 provider license would not be easy, they too felt that something different needed to happen in the situations that were ineffective. The administrators were aware that this research would not be completed until April, but were anxious to have it proceed and are anticipating the report of the results. A presentation will be made to the superintendents and IU Executive and Assistant Executive Directors at their May or June Professional Advisory meeting.

b) In the policy of local PA State Education Association (PSEA) teacher contracts

The local PSEA is very interested in this research. They have had several teachers be evaluated with a Basic or Unsatisfactory rating in part because of how the teachers did or did not utilize the TSS effectively and the impact that lack of effectiveness had on the student or family. They would like to see specific guidelines under which the teachers and TSS would work. They would like to see these guidelines as part of the teacher contracts in order to protect their teachers from situations under which they have little or no control. The results of this research will be shared with the PSEA representative.

c) In the policy of local mental health provider agencies

The local mental health provider agencies are aware that this research is being conducted. They are very interested in the results. Most of the providers have a relationship with the schools through the local CASSP Coordinating Councils. However, this relationship does not always become translated at the teacher level. Some have expressed an interest in being more flexible with school services, others have not. Whether they would change policy because of the results of this study is another matter. It may take flexibility at the state level, before some of the providers would move forward. (i.e. having a TSS work with more than one student in the classroom, or assigning a TSS to a classroom). It is the intention of this researcher to share the results of this research with the Directors of the Department of Public Welfare and Special Education and with the local CASSP and Provider Coordinators.

d) In the training for collaboration

This study has already had an impact on training. This researcher has discussed the potential for co-training with two of the three county CASSP groups. This researcher will be sharing the teachers' training recommendations to these groups in May, 2004. The IU and CASSP Coordinating Councils will co-plan for the training, which will be held in August. Each county will have a half day training on their regulations and procedures and then the counties will combine for a half day of training in collaboration. The training is for Life Skills and Autism Support special education teachers and TSS' assigned to students in those programs. In October, the training will

be repeated for Emotional Support teachers and TSS' assigned to students in that program. Topic specific training will be developed. The long term plan is to create a training series that can be provided to all new teachers and TSS annually.

e) In the planning and implementation of TSS in the school setting

In the geographical area of this research, some coordinated planning and implementation of TSS had begun several years ago in some of the Intermediate Unit operated Emotional Support programs. These programs established an IU/Agency contract to purchase non-Medical Assistance TSS time. These additional hours enable the TSS to provide services to other students and also have time to collaborate with the teacher. Most school districts believe that the cost of collaboration should come from the provider not from the school.

During this current school year, additional direct collaborative support has been provided to the Intermediate Unit operated Autism Support programs. This support included regularly scheduled monthly staff meetings with the team, including the psychiatrist. The Autism Support teachers have told this researcher how the support has improved the program and the relationship between the teacher and TSS. This relationship building may be the most crucial implication for the teachers. They felt empowered by the opportunity to participate in this study. Their voices have been heard, and their concerns are legitimate. There concerns were very similar to the recommendations given by the principals in the Osterloh and Koorland (1997) study.

5.5. PERSONAL RESEARCH REFLECTIONS

As the researcher, I would be remiss if I did not begin this reflection by thanking the special education teachers who participated in the study. Considering that slightly over 50% of the questionnaires were returned (well above return expectation), the number demonstrates that the topic was important to these teachers. The response to the request for interviewing and observing teachers was much higher than anticipated. Originally nine teachers were to be interviewed, and three to be observed. Instead, thirteen teachers were interviewed and nine were observed. The increased participation provided descriptions that were richer and thicker.

The teachers who were interviewed were very sincere in their answers to the research questions. They reviewed the rubric and provided suggestions for changes or asked thought provoking questions. They expressed an interest in helping in any way the researcher might need. The teachers who were observed did so despite the obvious stress that observations can bring. They were open to the process and provided the researcher with additional feedback. The three teachers in the pilot group also provided feedback on the stories in Chapter 4. Many of the special education teachers wanted to know who would see the results and they wanted to see the results too.

The second reflection was on the special education supervisors. They were all aware that the research was being planned and thought the topic was “past due”. They distributed the questionnaires and provided feedback on the rubric. Since, as Director of Special Education, this researcher meets with them monthly, the supervisors have been a part of the journey. They have been tremendously supportive.

Now, regarding the research process itself, it's hard to know just where to begin with the many reflections. Since the topic had been on my mind for many years and three years as part of the doctoral program, I just wanted to the study. I kept saying there was no information, and my research advisor kept saying, "Don't say that until you look!" Of course he was correct. There was plenty of information in the literature to inform the research. Chapter 1 was agonizing. Organizing all of the literature was not too difficult, since I am the type of person who likes things in chronological order, and the legal data lent itself to that approach. The most interesting experience was the reading of Jane Knitzer's book, *Unclaimed Children*. When I first read it I was shocked at how negative it read. I thought maybe it was an anomaly. Almost every thing I read after that, referred to the impact of that book. Major changes in mental health programs and services occurred after that book was published.

When I collected the information on collaboration and best practice, it was hard to know when to stop. I just kept writing and revising, adding and deleting. It seemed to never end. I blame it all on CORE!

Chapter 2 was a challenge because I knew that it was the basis for the IRB approval. Would I be able to write something that I would not want to change? The summer classes were invaluable to this work in Chapter 1 and 2. It provided the structure I needed to forge ahead. Having a thorough plan certainly made it easier to proceed with the study.

Chapter 3 was nothing short of exhilarating. I enjoyed ever aspect of the study, except the waiting---waiting for the questionnaires to come back, waiting for the data to come back, waiting for the interviews and observation schedule to be confirmed, waiting for the teachers to say whether the interviews and observations were accurate, waiting for feedback on the rubric, and the stories. It was exciting to get each piece of data and see that there were connections

between them. I could not have done the demographic and questionnaire analysis without the direct support from Dr. Elaine Rubinstein. She not only ran the data but more importantly, reviewed each draft and gave vital feedback and suggestions for improvement. My research advisor encouraged my continuation, pushing me to completion, somehow knowing that the last two chapters would flow more easily. Certainly for me, using the mixed methodology made the most sense. I think having the qualitative data from the demographics and questionnaire provided a base-line for understanding these teachers and their concerns. I think the data showed these teachers have the right to have an opinion (many experienced, well educated professionals, with the success of the students resting on their shoulders). The interviews and observations demonstrated their level of concern and the sincerity of their concerns. Pulling it all together to develop the rubric was difficult. Having supported that process before I knew it would be very time consuming. The rubric was revised many times, until I felt I had captured enough elements to make the rubric really authentic.

Chapter 4 was pure delight. Writing the stories to depict the continuum was, in my opinion, essential. Without the stories the rubric would not have come to life. The titles set the stage. I believe the stories are vivid and the reader is able to visualize the scene without too much imagination.

Here we are to Chapter 5 and the summary of the events of the past 11 months. It is hard to summarize so much information and energy. I believe I have done research that could impact not only my region, but other regions of the state as well. This research provides a missing piece of the TSS puzzle. My colleagues across the state are very interested in the results. While the work was hard I enjoyed it immensely. I consider it a privilege to have had conducted this research. I am looking forward to sharing these results.

The next step would be to conduct a Stages of Concern questionnaire with the TSS and compare the findings with that of the teachers. Until we truly collaborate, not just on paper, not just at the administrative level, but at the teacher and TSS level, the services being provided by the TSS are left to chance. Chance is not a basis for an effective utilization of the services. PUSH ON!

APPENDIX A

STAGES OF CONCERN DOCUMENTS

Table 5-1 Letter to Special Education Teacher

December 2004

Dear special education teacher:

I am conducting a research study and would like to ask for your help. If you are willing to participate, it should take about 10-15 minutes of your time. I am asking you to complete a questionnaire which seeks to measure your present concerns regarding the use of therapeutic support staff (TSS) in your program. This questionnaire is being sent to LSS, AS, and ES teachers in elementary, middle, and high schools in _____, ____, and _____ Counties. It is completely anonymous. As you will notice, I have not asked for your name, but I have included a number for processing the questionnaire. There is some demographic information to enter too.

The actual questionnaire has 35-items. Upon completion, return the questionnaire in the enclosed envelope via the IMTS mail-run through your school building. The questionnaire needs to be returned by Dec. 20, 2004.

In addition to this questionnaire, i will be seeking volunteer teachers who would be willing to be interviewed and volunteer teachers who would be willing to have me observe the use of TSS in their classrooms. If you are willing to participate in either of these activities, there is a separate postcard to complete and return.

I look forward to receiving your questionnaire and completing my research on this important topic. I will be sharing your concerns with local districts, IU's, and TSS provider agencies. Thank you for your cooperation and participation.

Sincerely,

Mary Desmone, Director of Special Education
Doctoral candidate at the University of Pittsburgh

Table 5-2 Demographic Information and Stages of Concern Questionnaire

NO._____

About your assignment:

Geographical location: _____County _____ County _____ County

Category of Support: (check one) ___AS ___LSS ___ ES

Grade Level Grouping: (check one)
___Elementary (k-6) ___Middle (5-8) ___Secondary (9-12+)

Location type: (check one) ___Rural ___Urban ___Suburban

Class size (# of students in your program): (check one)
___4-8 ___9-12 ___13-15 ___16-18

About you:

Gender: __Male __Female
Age range: ___20-29 ___30-39 ___40-49 ___50-59 ___60+
Highest degree earned: _____BS/BA _____MS/MA _____PhD/ED
Number of years teaching:
a. Total: ___0-3 ___4-8 ___9-13 ___14-18__19-24 ___25-30 ___31+years
b. In the current district/institution _____
c. With the current category of support_____
d. At the current grade level grouping_____
e. Experience with TSS_____

Employer: __District ___IU

Experience: In your experience with TSS, do you consider yourself to be a
____non-user ___novice ___intermediate ___old hand ___past user

Training: Have you received formal training in the use of TSS? ___No ___Yes
If yes, describe the training_____
How much training before receiving TSS? ___ ½ day ___1-2 days ___2-3 days
___Other (specifiy amount) _____
How much training after receiving TSS? ___1/2 day ___1-2 days ___2-3 days
___Other (specifiy amount) ____

Trainer: If yes, who provided your training? (Check as many as apply)
___District/Institution ___IU ___ Agency ___Other (specify) _____

The purpose of this questionnaire is to determine what special education teachers, who are currently using, previously used, or may use TSS in their programs, think about the use of this support in their programs. The items were developed from typical responses from teachers who ranged from no experience at all to many years experience. A good part of the items may appear to be of little relevance or irrelevant to you at this time. For the completely irrelevant items, please circle "0" on the scale. Other items will represent those concerns you do have, in varying degrees of intensity, and should be marked higher on the scale, according to the following explanation:

0	1	2	3	4	5	6	7
not true of me now			somewhat true of me now			very true of me now	

0 1 2 3 4 5 6 7 1. I am concerned about students' attitudes toward TSS.

0 1 2 3 4 5 6 7 2. I now know of some other approaches that might work better.

0 1 2 3 4 5 6 7 3. I don't even know what TSS is.

0 1 2 3 4 5 6 7 4. I am concerned about not having enough time to organize my self each day.

0 1 2 3 4 5 6 7 5. I would like to help other teachers in their use of TSS.

0 1 2 3 4 5 6 7 6. I have very limited knowledge about the use of TSS.

0 1 2 3 4 5 6 7 7. I would like to know the effect of the use TSS on my professional status.

0 1 2 3 4 5 6 7 8. I am concerned about conflict between my interests and my responsibilities.

0 1 2 3 4 5 6 7 9. I am concerned about revising my use of TSS.

0 1 2 3 4 5 6 7 10. I would like to develop working relationships with both our faculty and TSS.

0 1 2 3 4 5 6 7 11. I am concerned about how the use of TSS affects students.

0 1 2 3 4 5 6 7 12. I am not concerned about the use of TSS.

0 1 2 3 4 5 6 7 13. I would like to know who would make the decisions about the use of TSS.

0 1 2 3 4 5 6 7 14. I would like to discuss the possibility of using TSS.

0 1 2 3 4 5 6 7 15. I would like to know what resources are available if we decided to use TSS.

0 1 2 3 4 5 6 7 16. I am concerned about my inability to manage all of what using TSS requires.

0 1 2 3 4 5 6 7 17. I would like to know how my teaching is going to change if I use TSS.

0 1 2 3 4 5 6 7
not true of me now somewhat true of me now very true of me now

0 1 2 3 4 5 6 7 18. I would like to familiarize other people with the progress of using TSS.

0 1 2 3 4 5 6 7 19. I am concerned with evaluating the impact on my students.

0 1 2 3 4 5 6 7 20. I would like to revise the TSS' approach.

0 1 2 3 4 5 6 7 21. I am completely occupied with other things.

0 1 2 3 4 5 6 7 22. I would like to modify my use of TSS based on the experience with our students.

0 1 2 3 4 5 6 7 23. Although I don't know about the use of TSS, I am concerned about it.

0 1 2 3 4 5 6 7 24. I would like to excite my students about their part in the use of TSS.

0 1 2 3 4 5 6 7 25. I am concerned about time spent working with nonacademic problems.

0 1 2 3 4 5 6 7 26. I would like to know what the use of TSS would require in the immediate future.

0 1 2 3 4 5 6 7 27. I would like to coordinate my effort with others to maximize the use.

0 1 2 3 4 5 6 7 28. I would like to have more information on time and energy commitments required to use TSS.

0 1 2 3 4 5 6 7 29. I would like to know what other teachers are doing in this area.

0 1 2 3 4 5 6 7 30. At this time, I am not interested in learning about the use of TSS.

0 1 2 3 4 5 6 7 31. I would like to determine how to supplement, enhance, or replace the use of TSS.

0 1 2 3 4 5 6 7 32. I would like feedback from students to change this service.

0 1 2 3 4 5 6 7 33. I would like to know how my role would change when I am using TSS.

0 1 2 3 4 5 6 7 34. Coordination of tasks and people is taking too much of my time.

0 1 2 3 4 5 6 7 35. I would like to know how this innovation is better than what I have now.

This questionnaire was adapted from the Concerns-Based Adoption Model's Stages of Concern Questionnaire (SoCQ) developed by Gene E. Hall, Archie A. George, and William L. Rutherford (1977).

Table 5-3 Post Card Response Form

Name: _____Date:_____
School District: _____Building: _____

Category of Disability: _____Grade Level: _____

Check one or both:
_____I am willing to be interviewed regarding the use of TSS in my programs.
The best day of the week to interview me is _____
The best time of the day to interview me is _____
_____ I agree to have my interview audio taped.

_____I am willing to have the use of TSS be observed in my program.
The best day to observe me is _____
The best time of the day to observe me is _____
_____ I agree to have notes taken of the observation.

Phone number to call to set up the interview/observation is _____

Signature _____Date_____

Table 5-4 Stages of Concern Matrix

Questions:	**Stages of Concern**:						
	Awareness	Informational	Personal	Management	Consequence	Collaboration	Refocusing
1 students attitude					x		
2 other approaches							x
3 don't know TSS	x						
4 time to organize				x			
5 help others use						x	
6 limited knowledge		x					
7 effect of use of TSS			x				
8 conflicts roles				x			
9 revising use							x
10 develop relations						x	
11 affects students					x		
12 not concerned	x						
13 who decides use			x				
14 discuss use		x					
15 resources		x					
16 inability manage				x			
17 change teaching			x				
18 familiarize others						x	
19 evaluating impact					x		
20 revise approach							x
21 too occupied	x						
22 modify use							x
23 don't know, not concerned	x						
24students' part					x		
25 time nonacademic				x			
26 require future		x					
27 coordinate effort						x	
28 time/energy			x				
29 what others doing						x	
30 not interested	x						
31supplem./enhance							x
32 feedback students					x		
33 role change			x				
34 time coordinate				x			
35 how is it better		x					

APPENDIX B

STAGES OF CONCERN MATRIX MEAN SCORES

Table 5-5 Stages of Concerns Matrix By Mean Scores

Questions: Stages:	0	1	2	3	4	5	6
1. I am concerned about students' attitudes toward TSS.					**2.92**		
2. I now know of some other approaches that might work better.							**2.98**
3. I don't even know what TSS is.	**.37**						
4. I am concerned about not having enough time to organize my self each day.				**2.81**			
5. I would like to help other teachers in their use of TSS.						**2.49**	
6. I have very limited knowledge about the use of TSS.		**1.18**					
7. I would like to know the effect of the use TSS on my professional status.			**2.52**				
13. I am concerned about conflict between my interests and my responsibilities.				**1.97**			
9. I am concerned about revising my use of TSS.							**1.74**
10. I would like to develop working relationships with both our faculty and TSS.						**4.14**	
11. I am concerned about how the use of TSS affects students.					**3.69**		
12. I am not concerned about the use of TSS.	**2.43**						
14. I would like to know who would make the decisions about the use of TSS.			**3.37**				
14. I would like to discuss the possibility of using TSS.		**1.43**					
15. I would like to know what resources are available if we decided to use TSS.		**3.33**					
16. I am concerned about my inability to manage all of what using TSS requires.				**1.42**			
17. I would like to know how my teaching is going to change if I use TSS.			**1.49**				
18. I would like to familiarize other people with the progress of using TSS.						**2.20**	
19. I am concerned with evaluating the impact on my students.					**2.58**		
20. I would like to revise the TSS' approach.							**2.81**
21. I am completely occupied with other things.	**3.02**						
22. I would like to modify my use of TSS based on the experience with our students.							**3.17**
23. Although I don't know about the use of TSS, I am concerned about it.	**.68**						
24. I would like to excite my students about their part in the use of TSS.					**2.23**		
25. I am concerned about time spent working with nonacademic problems.				**2.56**			
26. I would like to know what the use of TSS would require in the immediate future.		**1.73**					
27. I would like to coordinate my effort with others to maximize the use.						**3.84**	
28. I would like to have more information on time and energy commitments required to use TSS.			**2.42**				
29. I would like to know what other teachers are doing in this area.						**3.70**	
30. At this time, I am not interested in learning about the use of TSS.	**1.58**						
3I would like to determine how to supplement, enhance, or replace the use of TSS.							**4.27**
32. I would like feedback from students to change this service.					**2.13**		
33. I would like to know how my role would change when I am using TSS.			**2.16**				
34. Coordination of tasks and people is taking too much of my time.				**2.38**			
35. I would like to know how this innovation is better than what I have now.		**2.41**					

APPENDIX C

THE RUBRIC

Table 5-6 Rubric for Describing Levels of Effectiveness in the Utilization of TSS

Component	#	Category	Category	Category
		Ineffective	**Effective**	**Ideal**
Professional	1	~Disinterested in working with student	~Interested in working with student	~Enthusiastic about working with student
	2	~Unsure of how TSS fits into school/ classroom program	~Use of TSS is parallel with school/classroom program	~Use of TSS is integrated with school/classroom program
	3	~Lacks collaboration and communication.	~Collaborates and communicates, as asked	~Initiates collaboration and communication.
	4	~Breaks student confidentiality	~Keeps student confidentiality	~Keeps student and teacher/aide confidentiality
	5	~Minimal supervision (1-3 a year)	~Routine supervision (4-6 a year)	~Consistent supervision (1-2 a month)
	6	~Job is not seen as a profession (hourly), a lot of turnover, no substitutes for absences, paid time for meetings, etc.	~Job is seen as a profession (part time), minimal turnover, substitutes for absences, paid time for meetings, etc.	~Job is seen as a profession (full-time with benefits), rarely have turnover, substitutes for absences, works school schedule

Component	#	Category	Category	Category
		Ineffective	**Effective**	**Ideal**
Preparation	1	~No training	~Some training, but separate	~Regular training with team collaborating
	2	~No preplanning or follow-up with teacher	~Some preplanning and follow-up with teacher	~Regular preplanning and follow-up with teacher
	3	~Lacks knowledge of student and the needs	~Basic knowledge of student and the needs	~Thorough knowledge of student and the needs
	4	~Behavior plan and goals are inappropriate	~Behavior plan and goals are appropriate	~Behavior plan and goals are appropriate and integrated into the IEP
	5	~Little under-standing or acceptance of school/ classroom culture	~Understands and accepts the school/ classroom culture	~Appreciates and becomes a part of the school/classroom culture

Table 5-6 (continued)

Component	#	Category	Category	Category
		Ineffective	**Effective**	**Ideal**
Technique	1	~Sits back and waits for crisis to occur	~Proactive intervention to minimize reaction to triggers.	~Proactive collaborative intervention to minimize triggers and reaction of students
	2	~Responds inappropriately to crisis.	~Responds appropriately to crisis	~Responds early and appropriately to crisis
	3	~Inconsistent use of behavior strategies	~Consistent use of behavior strategies	~Variety and consistent use of behavior strategies
	4	~Promotes dependence	~Promotes independence	~Seizes opportunities to promote independence
	5	Uses “down time” for personal use	~Uses “down time” to support the student	~Uses “down time” to support classroom
	6	~Inaccurate observation notes	~Accurate observation notes	~Accurate observation notes and analysis of observation

Component	#	Category	Category	Category
		Ineffective	**Effective**	**Ideal**
Environment	1	~Disrespect or fear of the student	~Respect and care of the student	~Respect and empathy of all of the students
	2	~Creates negative interaction with the student/family	~Creates positive interaction with the student/family	~Creates positive interaction with student/family/school
	3	~Lets student become frustrated with academics, which leads to behavior problems	~Will help student with academics, as needed, to avoid behavior problems	~Will help student with whatever is needed, and fades support
	4	~Unable to identify behavior triggers or provide appropriate consequences.	~Able to identify behavior triggers and provide appropriate consequences.	~Able to identify behavior triggers, provide appropriate consequences, and discuss other options
	5	~Many TSS in a classroom---too much confusion	~Few TSS in a classroom---some confusion	~One TSS for a classroom---little confusion

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