Changes in Educational Team Membership for Students Who Are Deaf-Blind in General Education Classes

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Abstract: This study examined the changes in team membership for 18 students with deaf-blindness from 1994–95 to 1997–98. The findings highlight the many people who are involved in each student's education and the high level of turnover among professional staff from year to year. Implications for managing changes in team membership are discussed, and recommendations for future research are offered.

Students with deaf-blindness clearly require specialized supports to be educated successfully in mainstream schools (Haring & Romer, 1995). Given the low incidence of this disability, it can be a challenge to find professionals who are qualified or experienced in this area (McLetchie, 1993). For many school staff, it is a "learn as you go" process. If a school is fortunate enough to have both qualified staff with specialized skills and others who are willing to learn and contribute, the results can be positive (Giangreco, Edelman, & Nelson, 1998).

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Even in such a situation, maintaining a high-quality educational program can be a challenge because it is not unusual for the membership of an educational team to change annually. Sometimes changes occur because personnel are reassigned or leave their jobs. In addition, shortages of qualified personnel exist in virtually all the disability-related professions (including special education, occupational therapy, speech-language therapy, and deaf-blind specialists), along with problems related to the attrition and retention of qualified personnel (Brownell & Smith, 1992; Kaiser & McWhorter, 1990; McLetchie, 1993). Shortages and attrition may be special problems in rural areas (Westling & Whitten, 1996).

The study presented here was prompted by the aforementioned general concerns, as well as a specific concern frequently voiced by parents whose children have severe disabilities, such as deaf-blindness: "It seems

like it takes the better part of the year to get things running smoothly, and just when it's going well, the school year is over. As the next school year begins, we [the parents] feel like we are starting all over again from square one."

The authors explored this concern by asking the research questions, Who is on the educational team? To what extent does team membership change from year to year? and What is the nature of that change? By answering these basic questions, they hoped to ascertain the extent to which parents' concerns were accurate. The findings highlight some important, if not surprising, information and suggest implications for practice and future research.

Method

Research Sites

Data on the members of the educational teams were collected for 18 students with deaf-blindness who were educated primarily in general education classrooms (preschool through Grade 12) in 1 public school in Connecticut, 6 in Massachusetts, 6 in Utah, and 5 in Vermont. Nine schools were in suburban areas of large metropolitan areas, 7 were in small towns or rural areas, 1 was in an urban area, and 1 was in a remote location. The 9 female and 9 male students all were reported to have functional cognitive delays and additional disabilities, such as orthopedic, health, or behavioral impairments. Their placement and participation in general education classes consisted of learning individually appropriate skills, that, to a significant extent, were different from the learning outcomes sought by their peers without disabilities.

The data were based on a total of 384 individuals (26 parents and 358 professional staff) who served as the educational team members for these students for the four school years from 1994–95 to 1997–98. The teams ranged from 5 to 15 members, and the average team size was 9.63 (SD = 2.14). Research sites were selected on the basis of their participation in a federally funded research project to study educational supports for students with deaf-blindness in general education classes. Most of the data (93%; n = 67 "student school years") was based on the students' placement in general education classes, and the remaining 7% (n = 5 student school years) was based on their placement in special education classes because of programmatic changes for individual students during the study years. Percentages were calculated on the basis of a total of 72 student school years (18 students x data from 4 school years = 72 student school years).

Design, Data Collection, and Analysis

The data were based on a quantitative document analysis. Beginning in the 1994–95 school year and annually thereafter until the beginning of the 1997–98 school year, each educational team was asked to complete a "Team Membership" form that listed team members by name and their relationship to 1 of the 18 students with deaf-blindness. When a student did not participate in all four years of the project, data for missing years were collected during the fall of the 1997–98 school year by contacting a school liaison or parent. Data from the four years were collected for each of the 18 students.

Using the completed Team Membership forms, the first author conducted an item-

by-item analysis for each child to determine the percentage and nature of the change in team membership annually from fall to fall (1994–95 to 1995–96, 1995–96 to 1996–97, and 1996–97 to 1997–98), over a two-year period (1994–95 to 1996–97), and over a three-year period (1994–95 to 1997–98). This analysis was done by comparing two different years of Team Membership forms for a student and recording a plus (+) for each person who was listed for both years and a minus (–) for each person who was listed for only one of the two years. The percentage of change in the team membership for a student between any two years was calculated by dividing the number of minuses by the total number of pluses and minuses for the two years and multiplying by 100. All statistics presented in the findings were calculated using SAS (SAS Institute, 1996). In addition, each student's Team Membership forms were reviewed to determine which team members remained constant over the four school years.

Findings

As is shown in Table 1, collectively, the 18 students encountered 384 people, an average of 21.33 (SD = 5.06) people each over the three-year period from fall 1994 to fall 1997. These people represented 19 categories, including 71 general educators, 60 paraprofessionals, 39 special educators, 26 parents, 18 administrators, and 14 types of support service professionals (such as speech-language therapists, physical therapists, occupational therapists, and deaf-blind specialists).

The data analysis revealed that the average annual percentage change in team membership for students in this study was 55.42 (SD = 13.60). As Table 2 indicates, this average varied little from year to year. After two years, the extent of change in team membership jumped to 73.31% and to 78.41% after three years.

Table 1
Team members, by role (N = 384).

Role	*n*
General education teachers	71
Paraprofessionals	60
Special educators	39
Communication specialists (such as speech-language therapists)	38
Physical therapists	28
Parents	26
Occupational therapists	23
Vision specialists	19
Administrators	18
Deaf-blind specialists	14
Nurses	13
Hearing specialists	8
School-family-community specialists	8
Adapted physical education teachers	5
Interpreters	5
Employment specialists	3
Guidance counselors	3
Consultants	2
Psychologist	1

A closer inspection of the nature of the changes in team membership indicated that the parents were constant in all 18 cases (see Table 3) and were the only constants in 6 of the 18 cases. Of the 358 professionals, only 29 remained constant over the three-year span, representing approximately 8% of the educational team members who were not parents. The actual percentage of professional staff who remained constant on most teams was lower than 8%, since 15 of the 29 professionals who remained constant were on 3 of the 18 teams. Furthermore, 10 of the 29 professionals who remained constant were itinerant staff who interacted with the students and other team members infrequently (such as once a month). The far more common scenario was either that the parents or the parents and 1 or 2 professionals were the only constants.

Table 2
Percentage of change in team membership.

Year	*n* of cases	*M*	*SD*
1994–95 to 1995–96	18	53.68	25.07
1995–96 to 1996–97	18	59.91	19.22
1996–97 to 1997–98	18	52.69	18.30
Year-to-year average	18	55.42	13.60
1994–95 to 1996–97	18	73.31	15.60
1994–95 to 1997–98	18	78.41	14.67

Discussion

The data clearly document that the students encountered numerous and a wide array of educational team members from year to year and that, with the exception of parents, there was limited constancy of team membership over the two- to three-year period. These data should be considered in light of the small sample that was obtainable because relatively few students with deaf-blindness and multiple disabilities are educated in general education classes.

Another important limitation of the study is that although these data show the extent of changes in team membership, the reasons for the changes and the impact of these patterns of change were not examined. Possible reasons for such changes may include intraschool decisions, such as changes in placements or school staff assignments. These changes may also stem from decisions by agencies or individuals who are not school employees who are contracted to provide services.

Many people may find it intuitively problematic for the students in this study to have experienced so much turnover in team membership, yet the nature of that impact is an empirical question. An appropriate follow-up research question would be, In cases in which changes in team membership are similar to the findings of this study, what impact do these changes have on stu-

Table 3
Constant team membership from 1994–95 to 1997–98.

Group	*n* of cases	%
Parents	18/18	100.00
Communication specialists (such as speech-language specialists)	6/18	33.33
Special educators	4/18	22.22
Administrators	4/18	22.22
Paraprofessionals	4/18	22.22
Occupational therapists	2/18	11.11
Physical therapist	2/18	11.11
Vision specialists	2/18	11.11
School-family-community specialists	2/18	11.11
Hearing specialists	1/18	5.55
Nurse	1/18	5.55
General educators	0/18	0.00
Deaf-blind specialists	0/18	0.00
Adapted physical education teachers	0/18	0.00
Interpreter	0/18	0.00
Employment specialists	0/18	0.00
Guidance counselors	0/18	0.00
Consultants	0/18	0.00
Psychologists	0/18	0.00

dents with disabilities, their families, and service providers?

Possibly the most compelling and obvious finding is that the only constant members of the teams in all cases were the parents. This simple and undeniable reality should serve to remind professionals that although they are interchangeable, in most cases, family members remain constant and will be there for the students when professionals are not. Despite efforts to be more family centered, the authors believe that professionals in the field have not used a sufficient level of family-centered and family-supportive approaches.

To improve education for students with disabilities, professionals must be vigilant in their efforts to understand the context within which each family is operating and to use professional skills in ways that help families clarify their own visions of appropriate individualized education. In doing so, as professionals come and go, family members can become increasingly skillful consumers and partners in the education of their children. These skills can assist families in determining and evaluating the educational paths for their children. The term *family* is purposefully used at this point in the discussion to emphasize that the family may include extended family members, multiple generations, and siblings, as well as parents, and that as students with disabilities get older, they should increasingly participate in determining their own course through self-advocacy and self-determination.

One basic issue raised by this study pertains to the relatively large size of educational teams and broad configuration of membership. This issue leads to the question, Who really should be part of the team, and what does it mean to be a team member? Does team membership mean that all team members are involved in all decision making and implementation? Does every member need to be at every meeting? Is it helpful to have teams that are so big? If the size of teams is limited, how can the necessary expertise be ensured?

One approach to addressing these questions is for people who are involved in the education of a student to be designated core team members, extended team members, or situational resources (Giangreco, 1996a, 1996b). Core team members would include a small set of people who are frequently involved in the student's educational program (such as the classroom teacher, special educator, parents, the student, and the paraprofessional). They would make all the major educational decisions and implement them.

In some cases, related service providers could be part of a core team. More commonly, however, they might be considered extended team members who are involved in supporting specific parts of the educational program, but are not involved in all major decision making and implementation. These members' involvement would be less frequent than core team members, but would be ongoing.

Finally, some individuals would be considered situational resources. They would typically have specialized skills or knowledge that they would share with the team on an "as needed," situational, or temporary basis. Although they might make significant contributions to the team, it would not be necessary for them to be involved on an ongoing basis as core or extended team members. Differentiating the roles of potential team members this way could improve the manageability of the team,

help focus and clarify roles and expectations, and use resources more effectively.

Given an average of just under 10 members per team, it is clear that human resources are being provided, but the question remains whether using little bits and pieces from many people is the most effective way to provide educational supports. A question for future research should be whether such students may be more effectively supported by reconfiguring resources so that fewer people provide more intensive support using transdisciplinary role release (Orelove & Sobsey, 1996), or what is referred to in the literature on physical and occupational therapy as the primary therapist model (Rainforth & York-Barr, 1997).

The importance of answering this question is bolstered by the findings of a previous study involving some of the same students with deaf-blindness in which general education teachers reported that building-based supports (such as special educators, speech-language therapists, and paraprofessionals) generally had a more positive impact on students than providers of itinerant services (Giangreco et al., 1998). One exception was itinerant support service providers, such as itinerant teachers of students with deaf-blindness, who had highly specialized skills that matched the needs of the students.

These data led the authors to reflect on the extent of change in team membership and how it may be managed more effectively to meet the needs of students with deaf-blindness and other severe disabilities. First, it must be acknowledged that changes in team membership are not inherently negative and sometimes can be beneficial. Such changes may bring in new people with needed skills, can add fresh ideas that energize a group, and can provide opportunities for students to encounter new people who may end up playing important roles in their lives. However, problems can occur when the changes are so extensive or random that they cause disruptions in the students' educational progress.

When teams are interested in limiting and managing the extent of change in team membership, they can consider a few straightforward options. First, as multiage classrooms become more available in general education, such placements can allow a student with a disability to have the same classroom teacher for two or three years, as well as a constant cohort of classmates. Second, some schools have assigned special educators by grade levels to assist with transitions from grade to grade. For example, in a K–4 school with four special educators, two could be assigned to kindergarten through Grade 2, with the responsibility for transitions from preschool. The other two could be assigned to Grades 3 and 4, with the responsibility for transitions to middle school. Using this type of approach, the special educator would remain constant even if the classroom teacher changed. Another possibility would be to use a looping approach with paraprofessional staff, in which they would follow a cohort of students through a couple of grades. This approach would provide a level of continuity since the paraprofessional would serve the same students for two or three years, but would minimize the problem of a student becoming overly dependent on one paraprofessional or the paraprofessional getting burned out by working with the same student for many years.

Last, administrators can become increasingly proactive in hiring or contracting with

related service providers. Job descriptions that clarify roles, various modes of service provision, and team members' responsibilities can help to distinguish services that are educationally necessary from traditional health services that may be beyond the scope of school services. With job expectations clarified, assignments of related service personnel to schools and students can be made in ways that limit potentially disruptive changes and allow for effective transitions for both students and personnel.

Conclusion

Changes in team membership are inevitable and, to some extent, necessary and desirable as students progress through school. The issues raised by this study encourage professionals to consider whether changes in team membership are planned to account for students' needs. Undoubtedly, many times, even the best-intended plans to manage the nature and extent of changes in team membership will fall short because of factors that cannot be controlled (for example, personnel changing jobs, illness, and parental leaves).

Changes in team membership occur as a natural part of schooling. By highlighting the extent of changes in team membership for the students in this study, the authors are not suggesting that the field should revert to past practices (such as special education classes and special education schools). Rather, they are suggesting that parents and professionals need to become increasingly cognizant of these changes and their potential impact on students. As long as professionals serve students and families, it will be important to manage changes in team membership in ways that minimize disruption and contribute to students' learning and development.

Future research should focus on the impact of various types of changes in team membership and how they facilitate or interfere with the provision of appropriate education for individual students. In the meantime, the data presented here can heighten professionals' awareness of these issues and encourage team members to discuss approaches to managing changes in team membership that make sense for the students they serve.

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