Working With Students With Disabilities

Preparing School Counselors

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COUNSELING and
PROFESSIONAL IDENTITY

Chapter 1

Introduction

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"A true friend knows your weaknesses but shows you your strengths; feels your fears but fortifies your faith; sees your anxieties but frees your spirit; recognizes your disabilities but emphasizes your possibilities."

—William Arthur Ward, American Author, Pastor, and Teacher

In recent years, school counselors have seen more students in special education on their caseloads, especially with increased inclusion of these students in the classroom. While school counselors historically have had as their mission to serve *all* students, in many ways, this has been a new territory for these professionals, most of whom have not received any formalized training in special education. Discussion ensues as to what is the exact role of school counselors in working with students with special needs; that is, how much and what type of involvement will they have. In the meantime, these students are being seen by school counselors, as counseling is frequently a requirement in the educational plans of students in special education. While philosophical debates continue, and specific duties vary

across school districts, it is *essential* that *all* school counselors have a basic, working knowledge of special education and that this area of service becomes part of their professional identity.

One of the most fundamental issues for school counselors to address in working with students with disabilities is establishing a clear comprehension of special education classifications and language. At times, it may seem like alphabet soup with the plethora of acronyms that swirl in special education verbal discussions and written reports. While it is very possible that some terms may get past any professional, at the very least, it is crucial that school counselors know how disabilities are classified, what each entails, common acronyms frequently utilized, and where to find additional information. In addition to the acquisition of technical terminology, it is essential that school counselors are familiar with the impact that language has had over time on children with disabilities and the stereotypes that exist. After reading this chapter, the reader will be able to accomplish the following:

1. Obtain an understanding of the classification of special education categories.

2. Learn commonly used acronyms in the special education field.

3. Explore common stereotypes of students with disabilities.

4. Examine negative language that persists today.

OVERVIEW

According to the Individuals with Disabilities Education Act (IDEA), the nation's special education law, a student with a disability must be educated in the least restrictive environment, to the maximum extent possible. (Note, as of 2004, this act is now identified as the Individuals with Disabilities Education Improvement Act, or IDEIA.) Within this federal law, classifications of disabilities exist that guide each state's definitions of disability and who is eligible for a *free appropriate public education* (FAPE). It is important to keep in mind that while there are specific criteria that pertain to each disability, how these disabilities are individually manifested may vary; that is, there is no absolute profile of a child with autism. These classifications are listed in Table 1.1.

In addition to the classifications, a plethora of acronyms exist which are commonly used in special education discourse. They are ever evolving and can be overwhelming to those who are just entering the special education system. While a sample list is presented in Table 1.2 below, please be aware that this list is not exhaustive or static.

Table 1.1   Thirteen Classifications of Disability According to IDEA; Part 300

(c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:

(1) (i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

    (ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.

    (iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

(2) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

(3) Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.

(4) (i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

    (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

    (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

    (C) Inappropriate types of behavior or feelings under normal circumstances.

    (D) A general pervasive mood of unhappiness or depression.

    (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

    (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

(5) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

(6) Mental retardation means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

(Continued)

Table 1.1   (Continued)

(7) Multiple disabilities means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

(8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

  (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

  (ii) Adversely affects a child's educational performance.

(10) Specific learning disability.

  (i) General. Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

  (ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

(12) Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(13) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Source: Regulation 300.8c: Definitions of disability terms. *Building the Legacy: IDEA 2004.* U.S. Department of Education.

Table 1.2   Commonly Used Acronyms

AAC | Alternative Augmentative Communication
ABA | Applied Behavioral Analysis
ABC | Antecedent, Behavior, Consequence
ADA | Americans with Disabilities Act
ADD/ADHD | Attention Deficit/Attention-Deficit Hyperactivity Disorder
ADLs | Activities of Daily Living
ASD | Autism Spectrum Disorders
AT | Assistive Technology
AYP | Adequate Yearly Progress
BIP | Behavioral Intervention Plan
BOE | Board of Education
CAPD | Central Auditory Processing Disorder
CEC | Council for Exceptional Children
CP | Cerebral Palsy
CST | Child Study Team
DB | Deaf-Blind
DD | Developmental Delay
DIBELS | Dynamic Indicators of Basic Early Literacy
DSM | *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric
        Association
ECSE | Early Childhood Special Education
ED | Emotional Disturbance
EI | Early Intervention
ELL | English Language Learner
ESD | Extended School Day
ESEA | Elementary and Secondary Education Act
ESL | English as a Second Language
ESY or EYS | Extended School Year or Extended Year Services
FAPE | Free Appropriate Public Education
FAS | Fetal Alcohol Syndrome
FBA | Functional Behavioral Assessment
FERPA | Family Educational Rights and Privacy Act
HI | Hearing Impaired
HoH | Hard of Hearing
HQT | Highly Qualified Teacher
IAES | Interim Alternative Educational Setting
ID | Intellectual Disabilities*
IDEA | Individuals with Disabilities Education Act
IEP | Individualized Education Program
IFSP | Individualized Family Service Plan
LD | Learning Disability

(Continued)

Table 1.2   (Continued)

LEA | Local Education Agency
LEP | Limited English Proficiency
LRE | Least Restrictive Environment
MD | Muscular Dystrophy
MD or MH | Multiple Disabilities or Multiply Handicapped
MDR | Manifestation Determination Review
NASDSE | National Association of State Directors of Special Education
NCLB | No Child Left Behind Act (Elementary and Secondary Education Act)
OCD | Obsessive-Compulsive Disorder
OCR | Office of Civil Rights
ODD | Oppositional Defiant Disorder
OHI | Other Health Impairment
OI | Orthopedic Impairment
O & M | Orientation and Mobility
OSEP | Office of Special Education Programs
OT | Occupational Therapy
PBS | Positive Behavioral Supports
PD | Physical Disability
PDD | Pervasive Developmental Disorder
PLEP or PLP | Present Level of Educational Performance or Present Level of Performance
PT | Physical Therapy
RS | Related Services
RTI | Response to Intervention
SEA | State Education Agency
SEAC | Special Education Advisory Committee
Section 504 | Section 504 of the Rehabilitation Act
SED | Serious Emotional Disturbance
SI | Sensory Integration
SLD | Specific Learning Disability
SLI | Speech/Language Impairment
SLP | Speech/Language Pathologist
SST | Student Study Team
TBI | Traumatic Brain Injury
TDD | Telecommunication Devices for the Deaf
VI | Visual Impairment
Voc Ed | Vocational Education
VR | Vocational Rehabilitation

Source: Center for Parent Information and Resources (retrieved 3/12/15). Disability and Special Education Acronyms, Newark, NJ.

*Until October 2010, IDEA used the term *mental retardation*. In October 2010, Rosa's Law was signed into law by President Obama. Rosa's Law changed the term to be used in future to *intellectual disability*. The definition of the term itself did not change, only the use of "intellectual disability" instead of "mental retardation."

School counselors, as stated previously, must have the fundamental terminology in their vernacular, in order to effectively work with students with disabilities, students' parents, and colleagues. A related but distinct area to be aware of is how language regarding disability has evolved and impacted these students. The following are reflections from each of the authors of this chapter as to this notion of language and stereotypes which persist in regard to disability.

LANGUAGE AND STEREOTYPES

Haas Reflection

Using person-first language is a bugaboo of mine. Children are children and should be identified as such. IDEA itself uses the phrase "Child with a disability" in Section 300.8. So, rather than saying, the learning disabled student, it is better to use the phrase, "student with a learning disability." It sounds trite, but readers, consider the phrase "mentally retarded kid." What images does that conjure? Personally, as a special educator and advocate, I reflect on Willowbrook, a New York State run institution for people with disabilities, uncovered in 1972 as an inhumane and abusive residential facility, in which an overpopulated group endured unspeakable treatment. I am a firm believer that we must never forget how society used to treat our most fragile population, and we should remain proud of how far we have come, while never settling for where we are. Now reflect on the phrase "that mentally retarded kid" versus "the child with an intellectual disability." Some may say that it is just semantics or political correctness. By using child-first language, the mind will first consider the child and the disability second. Having an intellectual disability is just one aspect of a person and their character. Having worked with and taught students with intellectual disabilities, I can speak firsthand that my students are funny, bright, talented, inquisitive, stubborn, emotional, kind, friendly, and loving, to name just a few characteristics. When considering the educational programs students use, I am, again, a strong component for using student-first language. "The life skills kids" gives people an unspoken message that can pigeonhole students. It is better to say, "Students who access a life skills program," as there is much more to students than just a program in which they are enrolled. Another phrase commonly used is "confined to a wheelchair." By definition, confine means something that encloses or restrains. People are not confined *to*, they use a wheelchair for mobility. Language has power. We can all reflect on words that are unacceptable and offensive in our culture. Within special education and rights for people with disabilities, Rosa's Law, Public Law 111–256 changed the term *mental retardation* to *intellectual disability*. I am in hopeful anticipation of the change of the IDEA classification, Emotional Disturbance.

Trolley Reflections

In Chapter 11, the language and stereotypes associated with disability are further addressed. It is, however, important to introduce these concepts now in regard to students with disabilities, in order to set the stage for subsequent discussions. There is also an intimate tie with disability language and the previously discussed classification of students in special education. Diagnostic classifications are meant to shed light on the nature of the disorder, differentiate its existence from other disorders, and provide guidance to interventions. Unfortunately, such nomenclature is often used freely, and with negative connotations attached. Psychopath and Sociopath are just two examples of diagnostic disorders that have been applied to people's behavior, not as a clinical disorder but in terms of a derogatory statement being made. These images are daily reinforced in the media, whether it is a television show, a newspaper article, or a YouTube clip. This is demonstrated in the Guided Practice Exercise 1.1.

These misnomers also trickle down to youth. Most readers can remember one, if not numerous, time they heard the word *retard* on the school bus, playground, classroom, or neighborhood. Perhaps this is a word you yourself have used without a second thought. Furthermore, some educators, for example, may perceive learning disabilities to be a "catchall category" and that not everyone with that classification has a valid disability. Think back to a time when you heard a teacher state that a student was just "lazy" or "unorganized" or "unmotivated." If these assumptions abound, then appropriate accommodations may be lacking.

In addition to the negative psychosocial impact of these statements and perceptions, expectations of these students may be lowered and self-fulfilling prophecies

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Guided Practice Exercise 1.1

MEDIA REPRESENTATIONS OF DIVERSITY

Over the next day or two, pay close attention to what you see on television shows, advertisements, and the news, as well as what appears in Internet stories, magazines, and the newspaper. Reflect back on the last movie you saw. What types of diversity were represented? Was a broad sample of people from diverse backgrounds included? Were these depictions accurate or stereotypical? If crimes had been committed, how were the alleged perpetrators described? If mental health issues were involved, how were these issues described (e.g., Were these issues the main focal point of the story? Was the act that occurred blamed on the mental health issue?)? If you were the writer of these stories and advertisements, what changes would you make?

(i.e., "I am disabled and have deficits, therefore, I will never be able to achieve my goals") developed, both of which can have far-reaching effect. Earle (2003) addressed the concerns that people with disabilities are less likely to go to college and get a job. Similarly, Corrigan and Watson (2002) poignantly discussed the challenges people with mental illness face, including limited opportunities for jobs, safe housing, health care, and interaction with diverse groups of people.

In addition, stereotypes of people with disabilities are associated with responses to them. Wolfensberger (1972), in his classic work on *normalization,* had addressed the connection of people's perceptions to treatment choices for persons with intellectual disabilities. For example, all are familiar with the inhumane conditions that people with mental illness suffered centuries ago. They were often seen as deranged and, subsequently, feared and locked away. Your first reaction might be, "But this was in the long distant past!" Now ask yourself, "Could similar things happen today?" This latter point is illustrated in Case Illustration 1.1.

In more recent times, there has been a movement away from the word *disabled* and cruel treatment of those with disabilities. I encourage all of the readers to take a moment and look up the word *disability* in a thesaurus. Just a few examples of what you will find are synonyms such as *disqualification*, *unfit*, and *defect*. It is no wonder that negative connotations of people with disabilities persist! Even though invisible disabilities are not excluded from stereotyping, they are often perceived as faking or lazy traits. Fortunately, there is now more emphasis on people's abilities,

CASE ILLUSTRATION 1.1

"IS THIS STUDENT *REALLY* WEIRD?"

Imagine you are a middle school student with a high-functioning autism diagnosis. You tend to focus on one topic, coin collecting. You have had this hobby for years and want to share this interest with your peers. Every day, you introduce this topic at the lunch table. In addition, you have a flat affect, and constantly interrupt others. You begin to notice that fewer people are sitting next to you at lunch, and you overheard some kids saying "weirdo" and "nerd" while they were pointing at you. The school counselor has noticed this behavior in the cafeteria and has called you into the office. You talk about what happened, as well as your desire to make friends. You begin to practice conversations with peers, doing role plays. The school counselor invites you to join a group.

as well as the use of person-first language. Person-first language appeared toward the end of the 20th century (Folkins, 1992; Snow, 2010; Staff, 1985). Bickford (2004) further discussed the intent of person-first language as a means of changing stereotypes and reducing bias against those with disabilities by focusing on the individual. Documents have even been written that address *disability etiquette* (United Cerebral Palsy Association, 2015; United Spinal Association, 2011). Instead of defining students by their disability (e.g., the crippled student), the focus is on who they are (the student with mobility impairment who has a great sense of humor). There is also a shift to asking how these students can achieve their maximum performance, often at the same level of their peers, albeit via an alternative format (e.g., with the assistance of a note taker, or having tests read). This does not mean that every educator will refrain from using older language and non-person-first terminology. Old habits die hard; it is a challenge after decades of speaking in a certain way to change. What is most important is not whether a slip of the tongue occurs but rather that sensitivity to students as people, not one characteristic (i.e., the disability), exists.

Language can perpetuate stereotypes, and stereotypes can prolong the use of negative jargon. Earle (2003), in addressing the Disability Rights Commission Campaign, raised the question, Is a person with a disability only half a person?, and discussed disability as a form of social oppression and stigma. Furthermore, Allison (2013) wrote an intriguing historical review titled "What Sorts of People Should There Be? From Descriptive to Normative Humanity." This author ends the article with a hope for more openness toward and greater recognition of the nontypical. Both of these publications point to the fact that while great progress has been made in terms of dispelling stereotypes and biases, many still remain. Many who are reading this text are familiar with the negative connotations students associate with classes held at Board of Cooperative Education Services (BOCES): "Only dummies go there." It is essential that early intervention occurs, not only with respect to the impairment but also in terms of developing a positive perception and treatment of students in special education. To further demonstrate these principles, consider Case Illustration 1.2.

School counselors can be key players in this mission, helping to educate, enhance the sensitivity of, and role model appropriate language and attitudes toward, and treatment of, students in special education. A first step may be the conduction of workshops at the start of each year for teachers, administrators, and staff. In addition to sharing specific knowledge, it is important that the audience be involved in experiential activities and that attitudes and biases are explored. Many scales exist that can assess attitudes toward disability (Ali, Strydom, Hassiotis, Williams, & King, 2008; Power & Green, 2010), as well as toward inclusion (Schwab, Gebhardt, Eder-Flick, & Klicpera, 2012). School counselors could also use less formal means of assessing attitudes such as the age old exercise of free

CASE ILLUSTRATION 1.2

"WHAT'S MY PROBLEM?"

Rashana is at the book fair. She is struggling to get between the aisles of books and is having a hard time holding all of her belongings, dropping some of them on the ground. Rashana appears anxious, frustrated, tired, and overwhelmed. She is not asking for help, but she appears to be talking to herself at times. Others are not offering her any help either. Rashana approaches the counter to purchase the books she selected, and her hand is trembling as she pulls out her money. Do you think Rashana has a disability, and, if so, what do you think it is and why? Many of you may have guessed an orthopedic impairment, others of you may have thought she has an emotional disorder. Some have thought she was under the influence of prescribed or other substances. Still others speculated that she may have tendencies similar to someone with schizophrenia. The ultimate point is that stereotypes abound, and our perceptions are colored by many things such as our past experiences, our own state at the time, values and beliefs, cultural backgrounds, and education. It is essential that these stereotypes are confronted. (By the way, the above is a description of myself, when I had the first of my five children in a stroller, and I was at the university bookstore trying to buy books for my doctoral program!)

association to words associated with disabilities. These activities could also be done with parents and students. (Note, standardized instruments would need to be chosen with respect to the norm age group of the instrument.) It is also important for school counselors to be aware of school policies and have a knowledge base and training with respect to specific topics, as Spears (2006) indicated in his discussion of the need for school professionals to have preparation before working with students with HIV/AIDS.

School counselors could additionally work with the student population. Indirectly, working within a team to assist students who are included would be of benefit. It has been found that inclusive education enhances social interaction among students and reduces negative stereotypes of students in special education (Ali, Mustapha, & Jelas, 2006). The more prepared and supported teachers are, the better the inclusion transition will be (Engelbrecht, Nel, & Pekka-Malinen, 2012; Mastin, 2010; Rodriguez, Saldana, & Moreno, 2012). Furthermore, if teachers are less stressed, they most likely will be role modeling more positive attitudes toward

students in special education. Integrating disability education into the general curriculum is another task with which school counselors can assist. While they are not responsible for curriculum decisions or development, they can offer ideas and resources. Initially, teachers may resist as they feel overwhelmed with the current demands of the Common Core Standards and those associated with the No Child Left Behind Act. Can you imagine asking them to put something more on their plate? However, simplistic tasks such as the following could be manageable:

- Writing a book report on a person with a disability
- Discussing historical reactions to disability
- Showing a movie that addresses a disability and stereotypes
- Having a guest speaker with a disability
- Inviting a member of the team to address a disability topic
- Visiting a community center that serves people with disabilities such as a museum or an Independent Living Center
- Sponsoring an art contest about positive depictions of people with disabilities
- Having a child in special education share his or her disability (only with parental consent, and student assent)
- Searching the web, within appropriate limits set forth by the school district, for disability resources and depictions of people with disabilities

Ferguson (2001) postulated eight reasons why such infusion is important and describes 17 ways this can be done, some of which are described above. A creative activity was suggested by Seidler (2011). Students in middle school were first asked to explore stereotypes of disability and then challenge these views by the creation of comic strips. This study speaks to not only the content of disability education but also the chosen vehicle of its communication. Would students rather hear a lecture on disability or read a comic strip?

Knowledge is also important in facilitating better understanding of the disorder, minimizing fear, and decreasing stereotypes. Penn and Couture (2002), in their work which addressed people with psychiatric disabilities, supported the notion of knowledge decreasing stigmatization. These authors further discussed the problems with studies which suggest contact with people with disabilities can reduce stigmatization. Anyone who has held a door for someone with a disability and been yelled at can attest to the fact that simple contact in and of itself may be positive or negative in regard to stereotyping. Similarly, students who maximize the secondary gains of having a disability may leave educators and peers with negative perceptions. Imagine you are the gym teacher. One of your seventh-grade students, Tim, has been excused from taking physical education classes as he has an identified disability. You are walking down the hall one day, and you see Tim "goofing" off

with his friends and sliding down the school stair banister. Besides being a liability issue for all students and a disciplinary issue (i.e., banister riding is against school policy), you are left wondering about the validity of his need to be excluded from all physical education activities. The question of whether Tim is taking advantage of his disability comes to mind. Or you are Samantha's teacher. She has a hearing impairment. One of her accommodations in her Individualized Education Program (IEP) is to have an interpreter. You are in constant communication with the interpreter to be sure that Samantha is clear about class notes, assignments, and homework. Yet Samantha continues to not turn in her homework, claiming she did not know what was expected. She continues to complain about a variety of class issues and indicates she can do very little by herself. In stepping back, you are struck by the possibility that she is obtaining secondary gains (receiving indirect benefits or social advantage from having a disability such as increased attention or release from chores) and is exhibiting learned helplessness (feeling powerless to change a situation and/or looking to others to complete her tasks, such as a student with a disability who is capable of walking up stairs and carrying his own books but insists on his need to use the elevator and have a peer helper).

As mentioned earlier, school counselors can role model positive behavior toward students in special education and use person-first language. Utilizing the philosophical underpinnings of the latter, school counselors, within individual and group counseling, can help students develop positive identities, seeing themselves beyond their disability. An excellent example of this process is found in the deaf culture. Often, people within this culture go to the end of the continuum and separate themselves from the disability concept (Jones, 2002). If they do not see themselves as being disabled, they are then not lacking in a human characteristic and can develop more positive self-esteem.

In the above discussion in regard to special education language and stereotypes, the multifaceted roles and tasks school counselors can assume, individually and within a team, to assist students with disabilities are addressed, and the importance of seeing and valuing these students as *children first,* not their disability, is stressed. Prior to the conclusion of this chapter, thoughts from a practicing school counselor working in an educational setting which serves students with disabilities are shared. In the following reflection, the positive impact of the willingness of school counselors to be diversified, flexible, and respectful in working with these students is illuminated.

Reynolds Reflection

School counseling and special education hold a special place in my heart. It can be rewarding and exasperating at the same time. Working with students who often

see the world in a different way has pushed me to see beyond my own boundaries. Each student is unique; how his or her disability manifests is unique; the counseling program that is designed for him or her is created with these unique characteristics in mind. There is not a one-size-fits-all approach; it needs to be tailored to each student. How boring it would be if I used only one method for teaching frustration management or one way for increasing self-esteem! Because every student is different, I am able to be creative in my approaches.

My role in the realm of special education is incredibly multifaceted. A solid foundation in special education is paramount, including how to create an appropriate IEP as well as a 504 Plan, gather or know and apply the data needed for the least restrictive environment (LRE) decision process, understand discipline and how it relates to disabilities, apply guidelines for the academic intervention services (AIS) process and the response to intervention (RTI) process, and recognize the need for the collaborative team approach. Juggling all the different aspects can be overwhelming at times; this makes it apparent that there is a need for support for all participants. Consultation and collaboration provide the opportunity to share the workload.

The IEP/504 is the document to follow when counseling a student with special needs. My role is one of active participant in the IEP development. It should not fall on the shoulders of the school counselor to create the IEP; in fact, it needs to be a collaborative effort of a team consisting of the classroom teacher, special area teachers, school counselor, student support professionals (i.e., physical therapist, occupational therapist, speech therapist), and the parents. The team consists of professionals who know the children and are knowledgeable in their field. In order to create an accurate picture of the students, I need input from people who interact with the students on a regular basis. If there have been struggles on the bus, in the cafeteria, or in the nurse's office, it is vital to have a discussion with the staff in these areas. Data can be shared at the IEP meeting that is across all services, rather than just from the classroom.

According to the American School Counselor Association (ASCA), school counselors "help all students in the areas of academic achievement, personal/ social development and career development" (ASCA, 2015, para. 4). In regard to students with special needs, we are governed by special education laws, which are in place to make sure the students receive what they need in order to level the playing field. It is vital for the school counselor to follow state and federal guidelines, board policies, and district policies and procedures. "Professional school counselors are committed to helping all students realize their potential and meet or exceed academic standards regardless of challenges resulting from disabilities and other special needs" (ASCA, 2013, p. 48). In order for students to realize their potential, a school counselor needs to advocate for placement in the least restrictive

environment. Before placing students in a more restrictive setting, other options need to be attempted along with data collection. For example, a student who is struggling with the noise level in the cafeteria or in a hallway may find success when he or she utilizes sound canceling headphones. Rather than removing the student completely from the setting, providing strategies for the student to use so success can be more readily achieved is ultimately a better route. This is just one example of how the school environment can be disabling for a student, that is, a handicap that can easily be removed through a simple modification.

Data collection can be a tedious job, but without it, you have little to back up your words. It can be time consuming and even difficult to get team members on board with it. As a school counselor in a special education program, it is important to use a team approach when creating the goals and the data collection system; if classroom teachers do not buy into the collection system, there will be few data to report on. What can be frustrating is when it is readily apparent a student needs services, but data is lacking. With schools tightening the budget, they cannot be expected to provide services at a cost when there are no data to support the request. It is also difficult to attend a Committee on Special Education (CSE) meeting requesting services when there are few data to support the request for services. My job is to advocate for what my students need, and the best way I can do that is to bring data to the table. Through the years, I have used several different data information systems and with the increase in popularity of apps, a school counselor has a variety to choose from.

"A quality counseling program lies at the heart of an educational process committed to empowering students to realize their full academic potential" (Beale, 2003, p. 68). Through communications with the parents, special education department, teachers, student support professionals, and any outside professionals, I have to develop and implement effective counseling techniques with students receiving special education services. The counseling services must provide assistance to the students in order to meeting academic and social needs, but often this cannot be accomplished until behaviors that are interfering with the process are being managed. Assisting the teacher with behavior management planning is an important step to creating a system that will help the classroom run accordingly. Functional Behavioral Assessments (FBAs) and the development of Behavior Intervention Plans (BIPs), along with staff training, are duties that a school counselor needs to be familiar with. Observations across all services and at different times of day will provide the most accurate picture. The importance of this data collection has previously been emphasized. Creating data collection forms to track behaviors, including their antecedents and consequences, are part of the practice. In order to obtain accurate data, the forms need to work for the needs of the teacher. There are teachers who are more willing to maintain

documentation than others; the data forms need to support the teacher and not be too cumbersome.

Students' needs are unique and personal to them. They bring their own experiences, strengths, and struggles into the counseling program. Consulting and collaborating with teachers, student support professionals, and parents help school counselors to understand the special needs of the student. It creates opportunities for team members to work on goals across all systems. This becomes an effective way for the delivery of services. Collaboration extends beyond the school building; working cooperatively with agencies lays the foundation for coordinating the use of community referral services. Again, advocating for the needs of the students both inside and outside of the school system is imperative. Utilizing cross systems meetings provides the opportunity to review data, share information, and brainstorm ideas and options to continue supporting the student as they progress in the school year. During these meetings, resources can be shared with the parents, and questions can be answered.

One important strategy that I teach across the board to my counseling students is *change begins with you.* You can choose to be happy. You can choose your attitude. You can choose your path in life. Your past does not have to dictate your future, unless you choose it to. Too often, I see students making excuses for their behaviors because of their disability; this is something learned, something they heard others state as a reason for the behaviors. It can be empowering for students to learn that they have a choice. It can be frustrating for school counselors when the students continue to blame the disability for the behaviors. It becomes a bit of a puzzle, at times, to figure out how to get the students to buy into a change in thought processes; it is much easier when the students decide it is their idea. Reality therapy, brief solution focused therapy, and cognitive behavioral therapy are all part of my "bag of tricks" for getting to the bottom of some issues. Sensory integration, in collaboration with the occupational therapist, has shown positive results in the counseling program. Teaching students how to regulate their own systems, based on their sensory issues, is the first part in teaching them they have a choice.

> For example, Johnny is frustrated with his math worksheet. He is beginning to tense up his shoulders; he is gripping his pencil tighter; his neck is becoming sore and stiff. Johnny has been taught at the first signs of frustration to take a break and stretch. He asks for 2 minutes on the timer while he stretches the TheraBand with his arms and uses deep-breathing techniques. When the timer goes off, Johnny should be feeling less tense and uneasy.

This type of sensory break takes only a few minutes, but it provides relief from the stress the students are feeling. If Johnny is in a general education setting, he

has other options to choose from: deep breathing in his seat, quiet stretching in his seat, and even asking for a 2-minute walk break in the hallway. The strategies are determined by the needs, as well as the responsibility level, of the students. After teaching strategies to students, I am able to attend general education classes with them. This provides the perfect opportunity to practice those strategies in the moment. This ability of school counselors to provide students support in a setting in which they have struggled provides more depth to the counseling program. In real time, I can walk these students through the struggle, so they are seeing success more quickly. The first time students are able to find that success becomes that moment they can reflect on. The students now have proof of their success and their ability to make positive choices.

School counseling in the special education arena can be very rewarding. There is something incredible about watching students with special needs achieve success over their struggles and give you that smile because they now know they can do it. Those successes may look small to people on the outside, but the baby steps add up quickly when the students make the connection between positive behavior choices and success.

SUMMARY

As indicated in the above discussions, "cookie cutter" approaches and labeling, which stereotypes and pigeonholes these students, are to be avoided at all costs. In contrast, individualized assessments and interventions, collaboration and consultation, and creativity and patience are essential ingredients in helping students with special needs achieve success, which is possible for and personal to them. Each child, even those with similar classifications, is a unique individual with varied needs that must be met in order to achieve his or her maximum potential.

In order to facilitate this positive development of students with special needs, it is important for school counselors to first examine their own attitudes, biases, life experiences, knowledge, and skills in regard to disability. Another classic book for all professionals to read is that by Beatrice Wright (1983): *Physical Disability: A Psychosocial Approach.* While it would be nice to assume that school counselors are positive role models all of the time, the truth is that they too are human and have their own "baggage." It is not uncommon for their perceptions of students with disabilities to be tainted by their own experiences and contact with this population, as well as by their lack of knowledge, resulting in assumptions and generalizations. For example, having held a door open for a student in a wheelchair which resulted in anger and resentment by the student may bias the school counselor in a future encounter and result in the development of negative perceptions of those using

a wheelchair. Yet, like every person, this student reaction could easily be tied to his or her personality or prior events of the day and have nothing to do with the disability itself. Another example may involve the school counselor's lack of awareness of a disorder such as cerebral palsy, resulting, perhaps, in an assumption that these students are all also intellectually, not just physically, challenged (this illustrates the notion of *spread*). In reality, many students with cerebral palsy are well within the *normal* range of intellectual functioning. In both cases, it would behoove the school counselors to explore their reactions and obtain factual information.

In addition, school counselors need to be aware of guidelines set forth by their school districts and their professional organizations, such as the American School Counselor Association previously mentioned, as to their roles. While the multitude of varied tasks addressed in this and subsequent chapters can at first appear daunting and overwhelming, working from a framework that is based on employment and professional standards can provide clarity and structure. To this end, the standards of the accrediting body of school counselor preparation programs, the Council for Accreditation of Counseling and Related Educational Programs (CACREP), are woven throughout each chapter. To facilitate brevity and avoid repetition, the primary CACREP standards, which are infused throughout, are II.G.1;5 and those identified in the school counseling knowledge, skills, and practice domains. While this book is intended to assist school counselors in training, it is also an excellent resource for those practicing school counselors and professionals in related fields working with students with disabilities.

KEYSTONES

- All school counselors must have a basic, working knowledge of special education, so that this area of service becomes part of their professional identity.
- It is crucial that school counselors know how disabilities are classified, what each entails, common acronyms frequently utilized, and where to find additional information.
- It is essential that school counselors are familiar with the impact that language has had over time on children with disabilities and the stereotypes that still exist.
- Each student is unique; how his or her disability is manifested is unique, so the counseling program that is designed for the child is created with these unique characteristics in mind. There is no one-size-fits-all approach: it needs to be tailored to each student.
- Consultation and collaboration provide the opportunity to share the workload. The team consists of professionals who know the child and are knowledgeable

in their field. However, collaboration extends beyond the school building. It is important to cooperatively work with agencies and establish a foundation for the development of referral services within the community.

- In regard to students with special needs, we are governed by special education laws, which are in place to make sure the students receive what they need in order to level the playing field. It is vital for school counselors to follow state and federal guidelines, school board-district policies, and procedures.
- In order for students to realize their potential, school counselors need to advocate for placement in the least restrictive environment (LRE).

ADDITIONAL RESOURCES

Print

Geltner, J., & Leibforth, T. (2008). Advocacy in the IEP process: Strengths-based school counseling in action. *Professional School Counseling, 12*(2), 162–165.

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Wright, B. (1983). *Physical disability: A psychosocial approach.* New York, NY: Harper & Row.

Web Based

Activities

Classroom Activities to Teach Your Students About Disabilities: http://voices.yahoo.com/classroom-activities-teach-students-about-4674537.html

Highlighted Resource: In the Mix. What's Normal—Overcoming Obstacles and Stereotypes: http://www.pbs.org/inthemix/whatsnormal_index.html

Articles

Articles on Students with Disabilities: http://articles.baltimoresun.com/keyword/students-with-disabilities

Counseling in Middle/Secondary Schools: http://education-portal.com/academy/lesson/counseling-in-middle-secondary-schools.html#lesson

EngageNY (developed and maintained by the New York State Education Department-NYSED): https://www.engageny.org/

Improving Educational Outcomes for Students with Disabilities: file:///C:/Users/Owner/Downloads/Improving%20Educational%200utcomes%20(1).pdf

New York State Education Department (NYSED) Office of Special Education (OSE): http://www.p12.nysed.gov/specialed/

School Counselor Contributions to the Individualized Education Plan: http://www.redorbit.com/news/education/1137381/school_counselor_contributions_to_the_individualized_education_program_iep_process/

Scales

BioMedSearch:http://www.biomedsearch.com/nih/Validated-instruments-used-to-measure/21062438.html

Measurement of Attitudes Toward People With Disabilities: http://www-rohan.sdsu.edu/~mstover/tests/antonak.html

Stereotypes in Media

Common Portrayals of Persons with Disabilities: http://mediasmarts.ca/diversity-media/persons-disabilities/common-portrayals-persons-disabilities

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United Spinal Association. (2011). *Disability etiquette.* Retrieved from http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf

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