

Research Review

COLLABORATIVE TEAMING PROCESS: A HOLISTIC SCHOOL-BASED APPROACH FOR SUPPORTING STUDENTS WITH EMOTIONAL AND BEHAVIORAL CHALLENGES

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OVERVIEW

This document is a review of current research on school-based supports for students and families dealing with emotional and behavioral challenges, focusing on components of “what’s working” and how those supports relate to Hawaii’s system change efforts. The document is organized in seven sections

- Laying the groundwork
- School-based Collaborative Teaming Process
- What Contributes to Success?
- What Blocks Success?
- Outcome Findings
- Summary
- Resources

LAYING THE GROUNDWORK

Educational outcomes for students with Emotional and Behavioral Disabilities (EBD) have historically not been positive. These children and youth have the highest dropout rates, lowest grades, and the highest rate of restrictive and out-of-home placements (Eber & Nelson, 1997) of any other group of students with disabilities. In the past, referral to community based placement took our students with the most extreme cases out of the classroom in an effort to address some of their needs, however, lack of appropriate resources, limited coordination, and little educational involvement, coupled with low support to families contributed to poor outcomes (Eber, Nelson & Miles, 1997).

These students face a plethora of obstacles in multiple areas of their life extending beyond the school day. Research shows they are receiving services at a much lower rate than their need, that schools are overburdened, teachers feel under supported, and the number of students needing



supports in the school system is increasing. As schools across the country are faced with addressing the growing and multiple needs of many of their students they are looking to the field of mental and behavioral health, and a coordinated system of care model which is team based, collaborative, individualized, flexible, strengths-based, family-driven, culturally competent, and community-based (www.rtc.pdx.edu; Eber & Nelson, 1997) this model of coordination and planning is commonly called wraparound planning, individualized service planning, or collaborative teaming process. Functionally, this process is the Coordinated Service Planning Process (CSP) in Hawaii's DOE schools, working exclusively with students who have the most intensive mental health needs which must be addressed in order for these students to benefit from their education.



Effective team processes are collaborative, individualized, flexible, strengths-based, family-driven, culturally competent

Collaborative teaming models have their roots in mental health, with a bulk of this research focusing on the most extreme needs of students from a diagnostic or mental health perspective. As this model moves into a school-based planning process, researchers are keeping a broader spectrum of student need in view. This school-based vision incorporates a range of service needs from early intervention and prevention supports to more intensive and resource rich plans that demonstrate collaborative teaming at its most elaborate. To illustrate the range of student needs that may benefit from a collaborative teaming process, consider the three broad areas students fall into: (1) those that have multiple agency involvement and are at risk of more restrictive placements including hospitalization, incarceration, or residential placement, they have often been referred for special education services, but are frequently not a major focus for the school (2) those identified by schools as having Emotional Behavioral Disorders or Disabilities and served through the special education system, they may not be receiving any mental health services although there may be a need (3) those not eligible for services through any system, although they present behavioral and emotional issues that create concern for their general education teachers (Eber & Nelson, 1997), these kids are often referred to as “gap kids” and represent the largest of the three groups.

SCHOOL-BASED COLLABORATIVE TEAMING PROCESS

Adapting a collaborative teaming process that has been coordinated and offered by community based agencies and providers of mental health services, to a school based and coordinated

model requires some important consideration. A typical approach to dealing with behavioral and/or special education needs of students is to assess the problem, then to evaluate the currently available programs and services to place the student in. From a National research perspective a collaborative teaming process approach implicitly brings with it a shift in thinking, which focuses on the individual strengths and needs of students and families, shaping existing services or creating new supports to address unique and specific needs. This can create very real challenges for systems, providers and programs as well as expose barriers in current policy, practice, funding, issues of ownership, turfism and distribution of power. Although a school-based model still draws on the expertise and resources of community based services, by definition it also potentially brings some of those resources on campus, into the classroom, and into the homes of families, as compared to sending students out to services.

One model site, the LaGrange Area Department of Special Education (LADSE), serving 16 school districts southwest of Chicago, has a spectrum of options for students with emotional and behavioral problems that eventually went state wide with the potential of improving the capacity of schools to effectively serve this student population. Project WRAP is one option with the goal of “enabling general educators to effectively include behaviorally challenging students within their classrooms” (Osher & Hanley, 2001). This project highlights the importance of teacher involvement in the development of school-based wraparound services as critical to its success. With teacher input valued supports were put in place such as aids to substitute teachers while regular classroom teachers attend meetings, crisis intervention supports at school, additional supports include consultation for teachers, staff and families, and resources for coordination of outside supports. Wraparound planning crosses over into the various domains of students lives, beyond school hours, to provide supports allowing the student to continue to develop in the least restrictive environment possible. The LADSE spectrum of supports have lead to a decrease in the use of self contained classrooms (k-8), improved service coordination with multiple team members, and improved outcomes for children and families (Eber & Nelson, 1997).

Rising to the challenges of providing school based behavioral health services to all students through a Comprehensive Student Support System (CSSS) (Adelman & Taylor, 2001) suggests that we include early intervention and prevention (levels 1-3) research relative to wraparound planning or collaborative teaming for children and youth with emotional and behavioral challenges. Expanding the view to include all levels of support for emotional and behavioral issues brings us to the field of resiliency.

Resiliency is considered a “self-righting” mechanism, which protects against certain risk factors, stressors and adversity. A person is considered

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resilient when they do not succumb to the failures associated with the various risk factors and stressors in their life, you might say, they have the ability to bounce back. When one can cope with or accommodate change in a flexible way they are considered more adaptable, drawing on both internal and external resources, this is referred to as *plasticity*. Prevention and early intervention strategies from a resiliency perspective focuses on *risk factors* associated with poor outcomes, and *protective factors* associated with positive outcomes, protective factors diminish the impact of stressors and adversity and strengthen the child, they build their plasticity. Protective factors include: social competence, problem-solving skills, autonomy, belief in the future, a strong attachment to caregiver, meaningful opportunities to participate, enhancing decision making skills, and dealing with mistakes and failure (Ruggs, Coulter, Panacek & Stone 1997).

Resiliency models treat the elements of resiliency (plasticity, risk factors and protective factors) from a developmental perspective, which acknowledges that at certain life stages somewhat predictable issues may come into play, and considers the multi-dimensional growth of any child. For example, a child might be physically quite mature yet emotionally and/or behaviorally young, a resiliency model takes this into consideration, and helps to foster protective factors in the developing emotional self of the child (Ruggs, Coulter, Panacek & Stone 1997).

WHAT CONTRIBUTES TO SUCCESS?

When reviewing literature around what’s working relative to collaboration and the shift to school-based behavioral health supports, one must always consider the source and

perspective of the authors. There is a sometimes subtle positional difference between materials presented from the mental health model and those from the school-based perspective, although all are working toward the same end. This positional difference beautifully illustrates the challenges that must be overcome when working toward real collaboration, shared power, influence, and responsibility.

As various players sit down around the table together it is important that everyone has a good understanding of the skills and expertise that each role brings to the table in an effort to develop respect for each other’s skills and talents and to build trust among the collaborative partners (Weist et al., 2001). Although this might appear obvious, many researchers speak to the importance of nurturing positive team development. Clearly defined goals, benchmarks for success, (Dunkle, Surles & Jehl, 1998) individual roles and responsibilities along with directly addressing process issues as they arise lead to greater team cohesion and effectiveness (Fleming & Monda-Amaya, 2001).



Successful teams have strong Leadership, Clearly defined goals, openness to team process

Some success has been shown in collaboration between two or more government agencies and a non-profit organization when a single point of entry for service has been available to those using the service (Dunkle, Surlis & Jehl, 1998). This requires that all collaborating agencies are working closely together to truly create a teaming approach. Commitment to this approach includes adequate time allowed for planning and coordination of services, with the underlying value of putting the student and family first and measures of success being tied to customer satisfaction.

Although school and community based services are different than the field of business, research on teaming from business highlights effective teaming strategies, which can benefit our schools. These studies show that team goals are the strongest factor for team success, that collaboration is successful when there is strong leadership, and when there is openness to the team process. The philosophy of the collaborative teaming process is a complete and unconditional commitment to the family, this serves as a corner stone to the development of any team goal. Additional findings identify effective team member characteristics to include: being caring, being committed to the team process, and willing to be accountable to the team (Fleming & Monda-Amaya, 2001).

Studies across communities found several shared characteristics among successful school-based programs that foster the emotional development of students with behavioral problems. These characteristics include: the program has a common set of values, the staff agree about those values, the staff have internalized the shared values, the values are operationalized in both staff behavior and organizational policy, the organization has the commitment and capacity to nurture and support the implementation of these values, and there are a set of practices that implement the values (Osher & Hanley, 2001).



Collaborative teaming process is a complete and unconditional commitment to the family

WHAT BLOCKS SUCCESS?

School and community factors play a key role in producing poor outcomes. Students with emotional and behavioral problems frequently receive poor instruction, punishment, adult hostility and curriculum and teaching that focus on controlling their behavior. All too often school-based services are reactive, insufficient, and management oriented, and community-based services are often fragmented, agency-driven, and inadequate. (Osher & Hanley, 2001)



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Again, business based research shows us the importance of effective teaming strategies, “low member agreement on team goals, high emphasis on logistics such as paperwork and record keeping, and low levels of administrative support created barriers to effective team functioning...reporting team members agreed on fewer than 40% of team goals and participants reported that logistics of the team process were viewed as more critical for effective teaming than were group interactions.” (Fleming & Monda-Amaya, 2001).

Lastly, common sense and research tells us that strong leadership commitment coupled with the support of career staff and stable yet flexible funding sources provide optimal conditions for success, as one or several of these conditions shift and change barriers to success begin to appear. Examples of this level of barrier might include insufficient training and supports to general education and special education teachers, inadequate support staff or allocation of position/role to facilitate, manage or support a collaborative teaming process, inflexibility of scheduling meetings, release time for teachers to participate in meetings, lack of support to substitute teachers covering for classroom teachers attending meetings, lack of supports to families to enable the planning process, inaccessibility of team members to each other, the list goes on.

OUTCOME FINDINGS

The Chesapeake Institute at American Institutes for Research reviewed 14 wraparound initiatives and found that in almost all cases the programs and policies (1) increased attendance and academic performance for students with emotional disturbance (2) reduced or prevented the exacerbation of emotional and behavioral problems (3) increased the capacities of families and schools to serve these young people at home, in their community, and in their home school (4) reduced the use of restrictive settings (residential programs, segregated schools, segregated classes) with the ability of more young people to live and learn successfully in less restrictive settings (5) demonstrated that young people can receive the intensity of services that they require in less restrictive settings (Osher & Hanley, 2001).

SUMMARY

The implications of creating successful collaborative teaming approaches that address the full spectrum of need, from prevention to intensive supports, implies a specific orientation to how service is delivered not only at the school but through agencies, organizations and both formal and informal supports in the community. The critical components of collaborative teaming

include an unconditional commitment to families, and must allow for responsive and creative solutions to the unique and specific needs of students and families, providing culturally competent, strength based strategies to all involved in the process, including adequate training to teachers, while offering appropriate supports in the least restrictive environment. Collaborative teaming is functionally the Coordinated Service Planning Process (CSP) in Hawaii's DOE schools, working exclusively with students who have mental health needs which must be addressed in order for these students to benefit from their education. National research on school based wraparound or collaborative teaming processes is challenging the historically mental health based model of collaborative teaming to stretch to include a broader vision more appropriate for school based services which includes students at various levels of need.

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