Lynne Cook and June Downing: The Practicalities of Collaboration in Special Education Service Delivery

Sally A. Spencer
Guest Interviewer

Drs. Lynne Cook and June Downing serve together as professors in the Department of Special Education at California State University, Northridge (CSUN). Dr. Cook received her PhD in special education from the University of Michigan. She has taught general and special education students in public elementary and secondary schools and has taught in and directed clinical programs. Her professional preparation efforts over the past 20 years have been to train professionals to work collaboratively in inclusive settings. Her accomplishments include the development of school-based programs and curriculum for teaching collaboration, teaming, and co-teaching skills. She has also had professional experience as a legislative associate in the U.S. Congress and as a research analyst at the Office of Special Education Programs in the U.S. Department of Education. From 1990 to 1993, she directed the National Clearinghouse for Professions in Special Education, a collaborative effort of the National Association of State Directors of Special Education and the Council for Exceptional Children (CEC). Dr. Cook is also active in professional associations and has served as president of CEC’s Teacher Education Division and as a fellow in the Association for Educational Therapists. An advocate for national standards in program accreditation and standards for professional practice, Dr. Cook was a member of CEC’s subcommittee on accreditation from 1988 to 1993 and was a member of the Board of Examiners for the National Council for Accreditation of Teacher Education (NCATE) from 1993 to 2002. She currently serves on California’s Committee on Accreditation. Dr. Cook has published numerous articles and presented extensively around the country on issues in personnel preparation, particularly in the areas of collaboration among professionals, inclusion, and the support and retention of special education professionals. With Dr. Marilyn Friend, she co-authored Interactions: Collaboration Skills for School Professionals (2003). Dr. Cook is also the author of Support Groups for Practicing Special Education Professionals (1992).

Dr. June Downing earned her PhD from the University of Arizona. She has been the project director of several federally funded projects to train teachers in the areas of severe and multiple disabilities and deaf-blindness. She is currently the project director of two such training projects and is also a project codirector of a model demonstration project in the area of deaf-blindness. The focus of Dr. Downing’s past 18 years of personnel preparation has been in the area of inclusive education for students with disabilities. Dr. Downing has made numerous presentations at local, state, regional, national, and international workshops, as well as in-services and conferences. She is a member of several national/international organizations that represent people who have developmental and sensory disabilities. She is on the Executive Board...
of The Association for Persons with Severe Handicaps (TASH) and is the past-president of the California chapter, CalTASH. Dr. Downing also reviews federal level grant proposals, conference proposals for a number of organizations, and is on the editorial board of Augmentative and Alternative Communication. She is an associate editor for Research and Practice for Persons with Severe Disabilities. She has published articles, monographs, training modules, and book chapters in her areas of expertise, as well as two books: Including Students with Severe and Multiple Disabilities in Typical Classes: Practical Suggestions for Teachers (2002) and Teaching Communication Skills to Students with Severe Disabilities (1999). She has received several awards and was named Outstanding Professor at California State University, Northridge for the academic year 2000.

Q: Dr. Cook, can you give me an overview of the role of collaboration in special education?

Lynne: Collaboration and team approaches have always been key elements in special education. A team approach to assessment and decision making for students with disabilities has been mandated since the passage of Public Law 94-142. Special educators have long advocated collaboration with parents and specialists in making decisions and delivering services to kids. In fact, if you go back and read the original testimony from the congressional hearings when the concept of an IEP (Individualized Education Program) was being considered, it is clear that Congress was supporting a group problem-solving activity. The testimony emphasized the importance of collaborative groups and the higher quality of decisions that are made by these groups.

Q: Where does inclusion fit into this picture?

Lynne: I think things have gotten confused in the last few years because so many people equate collaboration with inclusion, when in fact the foundations in special education were pretty clearly built around developing collaborative decision-making and collaborative working relationships to best serve kids in a continuum of placements. Collaboration describes the relationship between people as they work toward a common goal. Sometimes that goal is supporting a student with disabilities in a general education classroom. In that instance, collaboration can facilitate inclusion, but the two are not synonymous. Presently, in terminology in schools, we often hear people talking about “collaboration” as if that’s the way we serve kids, as if that’s inclusion, and they’re sometimes used synonymously.

Q: Can you give us a brief overview of co-teaching?

Lynne: Well, co-teaching is a service delivery approach; it’s one way of delivering services to kids. There are a variety of collaborative structures that can help facilitate inclusion, and co-teaching is one of these. I consider it one of the best inclusive practices for a great number of kids. But it is not the only effective approach, and it is not necessarily the best approach for all kids. In co-teaching, students with disabilities are included in general ed classrooms with their typical peers and are taught the same curriculum. The two teachers (general and special educators) work together collaboratively in delivering substantive instruction to a diverse group of students. I want to stress the emphasis on shared delivery of substantive instruction. Co-teaching is not simply having two teachers in a classroom with one acting as a glorified paraprofessional or an in-class tutor for one or two students. Ideally, co-teaching should be done collaboratively, since it is more likely to be effective if teachers collaborate. Yet in current practice, co-teaching may be mandated by schools. The teachers may be assigned to co-teach, and that situation may or may not be collaborative. I strongly advocate that teachers get training, assistance, and support so that they can learn the structures and skills to co-teach collaboratively.

June: Co-teaching requires some big paradigm shifts for everyone concerned, but I think it can be said that the special educator’s role has changed more than the general educator’s role. The general educator is still expected to be in the classroom and carry the curriculum, but the special educator in a true co-teaching model doesn’t have a classroom anymore. We’re asking people to share rooms with several other adults, and that’s one of the areas where they often become uncomfortable; they want to have their own room. They want to have their own desk, and they want to have their own plants, and they want to have their own pictures of their loved ones on that desk. When they’re in their own room with paraprofessionals who report to them, they are in charge. I think we’re ask-
Co-teaching is not simply having two teachers in a classroom with one acting as a glorified paraprofessional or an in-class tutor for one or two students.

Dr. Downing, how does the current emphasis on collaboration and co-teaching affect the inclusion of students with special needs, especially those with more severe academic challenges?

June: Well, as Lynne said, the ability to collaborate effectively can have a very positive impact on the implementation of an inclusive program, and co-teaching in an inclusive classroom is, in fact, considered a best practice for students with moderate to severe disabilities. I think, though, that in terms of collaboration, there may actually be an inverse relationship between effective collaboration and the number of people on a team, such that more is not always better. In the area of severe disabilities you can conceivably have large numbers of people on a team, especially if we’re talking about an inclusive environment. For example, at the high school level you could have all of the general educators that the student interacts with as part of the collaborative team, as well as the special educator, various paraprofessionals, peer tutors, an array of related service people—O/Ts (occupational therapists), P/Ts (physical therapists), speech and language pathologists, vision specialists, deaf and hard of hearing specialists, adaptive P.E. people; the list goes on and on. And of course it’s hard enough, given the time demands on professionals, to simply get everybody together. To then share information in a truly collaborative way is really difficult to do. Plus, the more people you have, the more professionals you have with different perspectives. Each may come from a different value system, a different professional culture, and each may have different beliefs about inclusion or about collaboration. As a result, it takes that much more time to work through everything so that all the participants can really collaborate.

Lynne: Listening to June, one of the points that becomes most salient to me is that the service delivery for students with moderate to severe disabilities really does involve more coordination among a larger number of professionals, whereas the collaboration for serving students with mild to moderate disabilities may be logistically simpler because there are fewer adults involved.

June: I think it can be very difficult to collaborate successfully with professionals who have been trained in different philosophies and different approaches, especially if they’ve been trained in a clinical model. In a clinical model they are often taught to work with a child in a pull-out fashion, one-on-one, and it can be really hard to switch thinking and take a more holistic, shared perspective. In the area of moderate to severe disabilities, we may have to deal with this challenge more often because our students are served by more of these specialists, all of whom are very highly educated but who are all trained differently with different beliefs. Also, their caseloads are typically huge, so it’s very difficult to meet and collaborate. They’re often not on a campus where everybody’s meeting, so the geographic nature of the situation makes it difficult. For true collaboration to take place you have to give it a lot of time . . . and I don’t think school systems are doing enough of that.

Q: What are some of the things that get in the way of collaboration?

Lynne: We have already identified a number of the things that typically are considered barriers to effective collaboration: time, the number of people, schedules, and a lack of administrative understanding to make these schedules and caseloads work. All of these can get in the way of collaboration.

June: Everything we read says administrative support is essential to making collaboration a valued part of the school culture. The administrators are the ones who have to structure the time to collaborate, so that everybody has the opportunity to participate in an equal manner. I think there can be creative ways of creating that time; for example, principals sometimes take over the classroom and free people up to collaborate, but when you’re dealing with that many different specialists, even that may not be enough, especially if you’re dealing with specialists who aren’t school-based. All of the student teachers and interns at our university say that the hardest part of their job is dealing with the adults, not the children.

Lynne: I think that’s one of the most significant issues facing collaborative schools: We aren’t preparing people with the communication skills and the adult/adult interaction skills they need to work together effectively. That may be the greatest barrier of all to collaboration. Of course, lack of planning time and lack of support are critical, but lack of support often really means that people are not getting help in their interactions. That is a serious impediment to effective collaboration—people don’t know how to deal with each other as adults. There’s another important area of skill that is often overlooked. Before people can even come together to collaborate,
they’ve got to have a knowledge of disabilities and the needs of students with disabilities. Without that knowledge and expertise, collaboration is about as promising as having a group of us sitting around trying to problem-solve how to do brain surgery. If people don’t come to the table with a knowledge base, it’s pointless.

**June:** I agree. You can have great communication skills, but that’s not the only necessary component.

**Lynne:** Yes, you need the knowledge about kids’ needs and the different collaborative structures as foundations for collaboration. Then it makes sense to invest in developing the necessary communication and problem-solving skills. There’s another area I would identify as a potential barrier to collaboration, which is lack of self-awareness and understanding. June alluded to it a couple of times when talking about people’s philosophies and belief systems. You really need to understand yourself, your values, your motivations—and you need to have an awareness of whether you are a collaborative person.

**Q:** So if you aren’t a collaborative person, you shouldn’t be in a teaching position that requires a lot of collaboration?

**Lynne:** Well, you should recognize it and decide if this is the way you want to deliver services to students. Most people go into special ed because they want to deal with kids. Even if they do have good collaborative and adult–adult interaction skills, they may just want to work directly with kids. Because special education is clearly becoming even more of a collaborative enterprise, they may need to ask, “Do I want to be in a situation where I work so much with other teachers and I don’t have a classroom of my own? That’s not the job I came into.” Maybe they should consider becoming an educational therapist or a reading specialist or perhaps they would like to work in a clinic. But I think that an important part of the process is coming to terms with your own values and beliefs.

**June:** You get a sense that there are some people who just want to be alone in a classroom with some children. They never want to stick their heads out. I agree with Lynne; I think those people may need to be advised elsewhere. Perhaps a long time ago it was possible to teach in a fairly isolated situation, but that’s certainly not true today.

**Q:** Can you talk a bit more about creating collaborative schools or that “culture of collaboration” in schools that we hear a lot about?

**Lynne:** It’s an important concept, and I talk about it a lot when I do training because I think it’s a valuable starting point. When we start talking with our general ed colleagues about the benefits of a collaborative school—not focusing on disabilities, not focusing on inclusion—teachers learn about the benefits of having a collaborative working environment. In the studies on collaborative schools, where colleagues come together and feel the shared ownership of the school, the students in the whole school generally have better achievement results. Once you get people collaborating around interdisciplinary curriculum and teams, then including a child with a disability is easier because you’ve already gotten past many of the basic challenges associated with collaboration. The point is to get all the teachers collaborating on the curriculum and the children’s needs, even sharing students, and once that happens it is easier for a special education teacher to become a part of that team.

**Q:** What about teachers of students who are in more restrictive placements—self-contained classes, for example? Do they need to develop collaborative skills, too, and why?

**June:** Absolutely. To me, the core of the team is always the family and the child, and we design our services around their needs. But there are also many other people a teacher may have to collaborate with. The teacher will probably have to collaborate with all of the related support providers, and that in itself can be a large number, plus all the different paraprofessionals. Yes, collaboration is critical, I don’t care what service delivery model you’re in.

**Q:** It seems as though the push for standards-based instruction and accountability for all kids may have created a need for more collaboration.

**Lynne:** Special educators need to collaborate with general educators in order to understand the curriculum and the standards, whether their students are pulled out, in a self-contained classroom, or in some combination of the two. We don’t know exactly what the IDEA (Individuals with Disabilities Education Act) reauthorization is going to call for, but the emphasis on collaboration for special educators is likely to be escalated. At least some of the IDEA reauthorization proposals would have special education teachers working primarily as collaborative support providers because they won’t be “highly qualified” in all the subject areas that they’re asked to teach.

**June:** They might function more like an OT or a PT, with specific knowledge that can be shared with the rest of the team.

**Q:** Earlier someone said that collaboration between parents and professionals has always been part of special education. But IEP meetings are often viewed by families as not being collaborative. Can you talk about that a little bit?

**June:** I think IEP meetings are often very adversarial. If you look at the literature you find that in general there is great dissatisfaction with them, from teachers and parents alike. I think people have their own agendas; they come but they don’t always listen. I don’t think they
engage in collaborative skills, and much of the time I don't think they effectively communicate. It takes a shift in thinking from “I'm the expert” to “I'm a member of a child-centered team, and I'm here to support this team.” But right now I think IEP meetings are generally not particularly pleasant affairs.

**Lynne:** I agree with June. I think what's happened, unfortunately, is that as a field we've become rather compliance minded. As a result, IEP meetings are often not what they were meant to be—a supportive group process, where the parents are respected and valued as equal partners in the decision making. Because so many things can lead to appeals or litigations, the meetings have become highly structured and are not run as collaborative parent conferences. Also, IEP teams are rarely “teams” in the true sense of the word. People come together once a year to review a student's progress and plan for an educational program; often, they barely even know each other.

**June:** In the area of moderate to severe disabilities, which often involves so many related service people, best practice is generally considered to be an integrated service delivery model. In this model, the service providers come in to the general education classroom regularly, and they find out from participating in the general education environment whether a child may be having trouble with handwriting, standing, interacting with other children, etc. That way, the team members see each other and share knowledge with each other on a more ongoing basis. We're talking about the trans-disciplinary model, where everybody's coming together to look at the child in an authentic setting. It's a different way of thinking, a totally different service delivery model.

**Lynne:** You often have to let go of your own role when you're doing this kind of trans-disciplinary work, because even though you're the speech therapist, you might also be helping with handwriting or art. You're moving in and out of different roles. And if I were the speech therapist, I would turn to the OT or PT to give me advice and support on doing that.

**June:** It requires us to be open to different ideas from different professionals. We all need to forget about the titles and the labels attached to us and be willing to really share. But there have been studies that imply that professionals sometimes don't want to share everything because they want to keep that specialty area under their own power and control.

**Q:** Do you see nationally that the trend for training in collaboration is mostly focused on the field of special education, or do you see it branching out to include other areas, such as administration and general education?

**Lynne:** There are model programs we know about, at least in the mild to moderate area, where the general educator and the special educator are being trained together in collaboration. It's not pervasive, but there have been examples of it for the last 15 to 20 years. There's less of that for administrators. Unfortunately, administrators typically only get one course in special education, and that is often limited to study of the laws. It makes sense—they need to be knowledgeable about the laws—but they also need to know about disability and the best ways of ensuring appropriate services. Learning about collaboration should be part of that. Clearly, gaining this breadth of knowledge requires more than one course.

**June:** They need to know what best practices are for students with special needs.

**Lynne:** They also need to know how to support teachers in implementing those best practices. I really think we waste our time training special educators to do all this without their general ed collaborators and their principals. I don't know why we make them go through training, building up their hopes about programs that they're not going to have the support to implement. Teachers don't have the power to change the schedule.

**June:** Every time I do a training I'm talking to special educators, sometimes general educators, sometimes parents (which can be a powerful group,) but everybody says, “Where are the administrators, where are the administrators, where are the administrators to make it happen?” I have a lot of success with parents in doing bottom-up change. But it would go a lot faster if we had both.

**ABOUT THE INTERVIEWER**

Sally A. Spencer, MA, is currently serving as a teacher/scholar in residence in the Department of Special Education of California State University, Northridge. She received the 2001 Special Education Teacher of the Year award from the California chapter of the Council for Exceptional Children and was the first teacher in Los Angeles to receive the Leadership Grant from the National Foundation for the Improvement of Education. Her areas of interest are collaboration, inclusive practices, and reading strategies for students with learning disabilities. Address: Sally A. Spencer, Teacher in Residence, Department of Special Education, California State University, Northridge, 18111 Nordhoff Street, Northridge, CA 91330-8265; e-mail: sally.spencer@csun.edu