

**Patterns of Verbal Interaction in an Interdisciplinary Team  
in a Special Education School in Israel:  
an Ethnographic Case Study**

Thesis submitted in accordance with the requirements of the  
University of Liverpool for the degree of Doctor of Philosophy

by Iris Manor Binyamini

October 2001

## Abstract

This study deals with the description and analysis of patterns of verbal interaction in an interdisciplinary team in a special school, the aim being to discover the ongoing processes that occur in the work of the team.

The research examines the team members' perceptions of their role and of the pupils and explores key concepts that are specific to the various experts in relating to the pupils and to the roles in an interdisciplinary team. Characteristic patterns of communication in meetings of the Individual Education Plan team and the administrative team are investigated. This research is the first of its kind in investigating interactions in an interdisciplinary team in the Israeli educational system.

The research was conducted as a case study in a special school during the years 1997-1998. The research population comprised 65 members of the interdisciplinary team, consisting of educators, doctors and para-medical professionals. The research tools employed included observations, interviews and collection of documents. Using the interpretive method, meaningful processes in the everyday life of the team and its functioning vis-a-vis the pupils are revealed and analysed.

The work of an interdisciplinary team in the school requires considerable attention in terms of organisation, since the mere fact of bringing diverse professionals to work together does not guarantee effective collaboration, and the question arises as to how the joint work of the experts is performed in practice, and what are its results and meanings for the participants.

The aims of the research are to reveal knowledge and arrive at a thorough description of the organisational culture of an interdisciplinary team. The knowledge revealed can serve as the basis for construction of a cognitive framework for the development of an explanatory theory, the construction of practical tools for the work of an interdisciplinary team in the field and the formulation of questions for future research.

The main findings are that the members of the interdisciplinary team working from various areas of specialisation, such as education, therapy and medicine, differ in their role perceptions, definitions of situation and perceptions of the pupils. Moreover, the concepts used by the team members indicate the existence in the interdisciplinary team of three worlds of semantic content, between which there is transferability.

Collaboration and communication in the interdisciplinary team is complex and takes place on several levels, reflecting the professional knowledge basis of the team members. The collaboration revolves around the special knowledge of the different experts. The research identified various categories of knowledge that serve in the interdisciplinary discourse; for instance, knowledge from personal experience and knowledge based on professional experience. In the verbal interaction two levels operate concurrently: the overt organisational level, and the hidden social level.

Work in a special school is rife with potential crisis situations which may lead to feelings of discontent that are liable to overshadow the work of the professionals in the school. The findings in this work demonstrate the complexity of the working relations among various professionals working together as a team.

The main conclusions of the research are that work in an interdisciplinary team demands a wide range of skills, broad knowledge and extensive resources. Therefore it is important that the team members receive training for interdisciplinary team work, as well as ongoing in-service training of professionals in the skills of professional teamwork.

**Declaration**

This work is original and has not been submitted previously in support of any degree, qualification or course.

---

## Acknowledgements

I wish to express my thanks to a number of people whose contribution to the success of this work was cardinal.

To all the members of the interdisciplinary team in the school investigated, for their willingness, openness and the warmth with which they received me.

To my supervisors: Dr. Sylvia Harrop, who accompanied the entire process of the research, for her ongoing support and interest and for her invaluable research and personal advice; to Dr. Bob Spalding for his professional supervision, knowledge and deep understanding of the topic of this research; to Dr. Meir Ehrlich, for his close supervision, sharing my doubts and questions and helping me to seek the way with his profound knowledge of research methods. The hours we spent together built up my confidence and faith in my ability to conduct research. To these three I owe my gratitude for sharing with me their expertise and experience and showing me the difficulties and the beauty of conducting and writing up research.

Special thanks to my translator, Hazel Arieli, for her ability always to find just the right word.

Finally to my parents, Noga and Michael Manor, to my sister Hila and my brother, Navot, for their support and their constant willingness to help, their love and their unconditional faith in my ability to accomplish this work. To my husband, Doron, who taught me the real meaning of teamwork, who accompanied and still accompanies me, for his endless readiness to help, support and listen, and for his patience, and to my son Or, who was born during the writing of this research, which perhaps did not make it easier for me but made everything in my life more worthwhile.

All of these were very important to me, and each one contributed in his or her own way, and for that I will always be grateful.

**List of Tables**

<b>Table</b>	<b>Page</b>
2.1: Comparison of initial research questions with final research questions	29
4.1: Aims of mediating centre when established and as defined during the process of the research	60
7.1: Frequency of use of key words by members of the interdisciplinary team in relating to their work with the pupils	159
9.1: Meetings of the interdisciplinary team	201
11.1: Interactions in meetings of the administrative team at the overt organisational level	264
11.2: Hidden social interactions in meetings of the administrative team	266

**List of Figures**

<b>Figure</b>	<b>Page</b>
3.1: The research procedure	39
3.2: Link between research procedure and data collection	41
8.1: Therapists' perception of the work of an interdisciplinary team	187
10.1: Construction of shared concept in the administrative team	223
11.1: Integration-harmony in the collaborative work of the dyad	257

## Contents

<b>Abstract</b>	<b>ii</b>
<b>Declaration</b>	<b>iii</b>
<b>Acknowledgements</b>	<b>iv</b>
<b>List of tables</b>	<b>v</b>
<b>List of figures</b>	<b>vi</b>
<b>Chapter 1: Introduction</b>	<b>1</b>
<b>Chapter 2: Research design</b>	<b>17</b>
2.1 Research aims	17
2.1.1 The organisational culture of the interdisciplinary team	18
2.1.2 In-depth analysis in order to arrive at deeper understanding of the reality investigated	20
2.1.3 Understanding the language of the actors	21
2.2 Research questions and their development in the course of the research	22
 <b>Chapter 3: Methodology</b>	 <b>31</b>
3.1 The methodological basis of the method chosen	31
3.2 The rationale for the choice of qualitative research	41
3.3 Ethical considerations	46
3.4 Limitations of the study	49
3.5 Critical discussion of the research method	50
 <b>Chapter 4: Analysis of patterns of verbal interaction in the interdisciplinary team</b>	 <b>57</b>
4.1 Description of the research field	58
4.2 Models for data analysis	63
4.3 Presentation of models	66
4.4 Rationale for the choice of Goffman's dramaturgical approach	76
 <b>Chapter 5: Theoretical and research review - the interdisciplinary team in special education</b>	 <b>79</b>
5.1 Special education in Israel	80
5.2 Theoretical references to the concept interdisciplinary team and directions of research on this subject	85
5.3 Research directions relevant to the topic of the present study	94

5.3.1 Interdisciplinary team members' role perception and perception of the pupils	100
5.3.2 Language in an interdisciplinary team	103
5.3.3 Patterns of communication in an interdisciplinary team	104
5.4 The special contribution of this research	108

### **Research findings and analysis**

<b>Chapter 6: How do the team members perceive the pupils and their own roles?</b>	<b>110</b>
6.1 The various professionals' perceptions of the pupils	111
6.1.1 Medical team	111
6.1.2 Therapists' team	113
6.1.3 Educational team	116
6.2 The various professionals' perceptions of their role	117
6.2.1 Medical team	117
6.2.2 Therapists' team	119
6.2.3 Educational team	122
<b>Chapter 7: What concepts do the team members use when relating to their work with the pupils?</b>	<b>131</b>
7.1 Classes of concepts originating with different specialists	139
7.1.1 Class of concepts originating with the therapists	139
7.1.2 Class of concepts originating with the teachers	148
7.1.3 Class of concepts originating with the doctors	154
7.2 Class of concepts used by all team members	160
<b>Chapter 8: What concepts do the team members use when relating to their work as an interdisciplinary team?</b>	<b>167</b>
8.1. Class of concepts taken from one sphere of discourse to another	169
8.2 Class of concepts that reflect the difficulties encountered by the interdisciplinary team	179
8.3 Class of concepts presenting possible solutions to problems of work in the interdisciplinary team	189
8.4 Metaphors taken from nature	193



<b>Chapter 9: What patterns of communication are prevalent during the meetings of the interdisciplinary team?</b>	<b>198</b>
9.1 Analysis of context in IEP meetings	203
9.1.1 Categories of information and information sharing patterns	205
9.1.1.1 Information sharing pattern A	206
9.1.1.2 Information sharing pattern B	211
9.1.1.3 Information sharing pattern C	212
9.1.1.4 Combined information sharing pattern A + C	213
<b>Chapter 10: What patterns of communication are prevalent during the meetings of the administrative team?</b>	<b>216</b>
10.1 Event A. Self defence during danger of injury by pupil	220
10.2 Event B. Late arrival of assistant teacher for therapy with a pupil	227
10.3 Event C. Preparation of an identity card for the school. Bringing in an external advisor	229
10.4 Event D. Preparation of a school identity card	231
10.5 Event E. Preparation of a school identity card. Second meeting	232
10.6 Event F. Arrival of a new pupil to the school	234
10.7 Event G. Administrative team complains of overload	236
<b>Chapter 11: Discussion</b>	<b>242</b>
11.1 The interdisciplinary team members' professional and social perceptions regarding their role and the pupils and what they reveal about the culture of the team	243
11.2 The concepts used by the team in relating to their work with the pupils, and what they reveal about the culture of the team	246
11.3 The concepts used by the team in relating to their work as a team and what this reveals about the culture of the team	254
11.4 Patterns of communication in the interdisciplinary team and what they reveal about its culture	259
11.5 Patterns of communication in the administrative team and what they reveal about the culture of an interdisciplinary team	263

<b>Chapter 12: Conclusions</b>	<b>268</b>
<b>Glossary</b>	<b>274</b>
<b>Appendices</b>	<b>276</b>
Appendix A: Questionnaire for evaluation of school principal	276
Appendix B: Questions for the interview	280
Appendix C: Integration – harmony model	282
Appendix D: Recommendations to be implemented	284
<b>Bibliography</b>	<b>288</b>

## **Chapter One: Introduction**

This study describes and analyses the patterns of verbal interaction of an interdisciplinary team of professionals at a special education school in Israel. The aim is to reveal the basic processes occurring in the work of the team and identify the definitions of the situation, according to Goffman (1959): the constant, stable perceptions persisting throughout changing situations. These perceptions are likely to reflect the different points of view of the various professionals comprising the interdisciplinary team, stemming from their specific schooling and experiences. These definitions are connected to the different motives underlying their activities. The research focuses on the professional and social relationships among the team members. Professionals in various fields collaborate in Israeli special schools: special education teachers, specialist teachers, assistants and educational consultants; doctors and psychologists; therapeutic staff, including movement, music, art and speech therapists, occupational therapists and physiotherapists. All these professionals constitute the interdisciplinary team. The coming together of these professionals in the interdisciplinary team in a special school creates an unusual situation. One may presume that various aspects of the work at the school are perceived differently by team members with different specialisations.

This study explores the complexity of the working relationships among the team members, a complexity that is due basically to the members' different perceptions of the situations, of their role and work, and of the pupils. This diversity leads to problems in conceptualisation, in the designation of roles, in perceptions of collaboration and its implementation, as well as difficulties in effective communication within the team. This complexity is evident in overt and covert processes occurring within the interdisciplinary team.

The study focuses on the specific characteristics of the role perception and pupil perception of the various professionals, examining the specific concepts they use when relating to pupils and to their work within the interdisciplinary team. An effort was also made to identify communication patterns at IEP (individual education plan) meetings and meetings of the administrative team.

The research is qualitative in nature, and as such it calls for an interpretive approach to specific events. Qualitative research seeks to comprehend phenomena observed in the daily life of groups. It focuses on processes, identifies patterns and clarifies and interprets them on the basis of an understanding of their significance to those acting within the framework being studied (Arieli, 1991).

Qualitative research includes various types of investigation. In this study, the model is that of an ethnographic case study (Atkinson et al., 2001). Ethnographic research focuses on processes from the point of view of the people experiencing them. It facilitates the exposure of the essence of the process from a phenomenological angle, attempting to analyse social phenomena by discerning the way the 'actors' perceive and interpret them, and the expectations their colleagues and their own cultural system have of their work (Schutz, 1970; Spradley, 1979).

This is a holistic study (Stake, 1995), following the activities of 65 members of the team throughout a complete school year. They work in professional groups with pupils suffering from overall developmental disturbance. Several research tools were used, the main one being observation. Observations of both formal and informal meetings were carried out. All the observations focused on the same members of the interdisciplinary team, acting in different situations. The main effort was devoted to observations of verbal interactions among them. Observations of their teaching or therapy sessions with pupils were not

documented. The documentation was carried out in writing by the researcher. Each meeting was documented in full.

Eight different types of formal meetings were observed: IEP (individual education plan), pedagogic meetings, meetings of the administrative team, meetings of the LSD (long school day) team, in-service courses, supervision sessions, meetings of teams of experts dealing with specific problems, and planning sessions preparing for special events. In all, 127 meetings were documented. In addition, the following informal meetings were observed: in the schoolyard, in the staff-room, during breaks and during special school events.

In addition to observations, 45 team members were interviewed, representing all professional spheres. The interviews were semi-structured and ethnographic. 'Corridor conversations' (Mumby & Clair, 1997, p. 181) and sidewalk activities (Yin, 1991) were also documented. School documents were collected, constituting an additional research tool.

### **Research problem**

The Special Education Law, passed in Israel in 1988, brought about changes in the services provided for children with special educational needs (SEN). This has led in recent years to the integration of professionals from a variety of spheres within the staff of special schools. Besides special education teachers and specialist teachers, a broad range of professionals work in these schools, including doctors and various therapists (as stated on page 1). All of these together constitute the interdisciplinary team. The law uses the term interdisciplinary, without presenting any systematic rationale for the work of such a team. From the discussions that took place before the law was passed, one may conclude that it was intended as a solution to the diversity of approaches, perceptions and content needed in the work with SEN children, in order to answer their special needs.

The research literature distinguishes between various types of teams: transdisciplinary, interdisciplinary and multidisciplinary (Orellove & Sobsey, 1991). The work of a multidisciplinary team involves very little collaboration. In interdisciplinary work the professionals collaborate mainly by discussing the findings arrived at through diagnostic tests carried out by various professionals. Transdisciplinary work involves extensive collaboration between all the members of the team working with a child within the educational framework. It finds expression at all the stages of the work and in the constant flow of information among the various professionals. Linell (1998) proposes an additional differentiation between interdisciplinary teams, by relating to the type of discourse taking place: intraprofessional, interprofessional and professional lay discourse.

The term interdisciplinary team is used a great deal in Israel without any distinctions being made with regard to the work carried out on the practical level. Moreover, the concept of an interdisciplinary team is frequently given diverse interpretations by different people. Since the term interdisciplinary is the only one I have found in the Israeli research literature, I shall make use of the distinctions made in research carried out elsewhere.

In the Israeli educational system, the terms team and interdisciplinary team are used interchangeably, yet it is important to distinguish between them. A team is composed of educational staff working together in a regular school for some specific purpose, such as the preparation of a school event, or a discussion of the curriculum. An interdisciplinary team comprises professionals from different areas of expertise working together, mostly at a special school, focusing on the work with pupils. In spite of this confusion between the terms, both professionals and researchers ascribe a great deal of importance to collaboration within the usual type of educational team (Little, 1982; Walling, 1994; Salvin, 1995; NCTAF, 1996; Darling & Hammond, 1997; McDonnell, McLaughlin & Morison, 1997; Walther Thomas, 1997; Walther Thomas et al., 2000).

Collaboration in an interdisciplinary team in special education is equally important. Its importance stems from the advantages ascribed to teamwork, such as the pooling of resources, perceived as an efficient way of making use of the limited human resources available for work with such children. It enables professionals to share their professional experience (Kersner & Wright, 1995). The use of combined skills will presumably be more effective in ensuring the children's progress, in cost and also in terms of time, than each professional working in isolation. Fleming, Miller and Wright (1997) support this stance by mentioning that collaborating in planning treatment of the children's problems can ensure that their needs will be met in a comprehensive way, and raise its quality, making maximum use of the time available. They presume that if professionals collaborate, they frequently achieve better results than if they worked in isolation. Such teamwork provides additional points of view for the professional, making a more holistic approach possible (Wright & Kersner, 1998).

In spite of the prevalent support for interdisciplinary collaboration, citing advantages for the pupils and for the professionals, the research literature mentions a large number of difficulties involved: professional mystique and vested interest, secrecy, differential status of the disciplines, lack of awareness and isolation of the teams, the need to develop mutual trust, personal characteristics, lack of communication skills and of training in collaboration and lack of personal and economic resources. Wright and Kersner (1998) stress that the specific composition of the group influences the team's approach to the tasks and to collaboration.

The literature does not recommend any particular model for interdisciplinary work; there is a variety of such models and methods which were found useful. The choice depends on the professionals themselves, their approach, and their reactions to each other and to the children's educational needs. They are said to be influenced by a variety of factors, among them their original schooling and

later specialisation, their experience of work and of previous collaboration. Therefore the school must relate to the organisational aspect of the professionals' work. Simply asking them to work together as a team does not ensure that effective collaboration will take place (Fleming & Fleming, 1983). The question arises: how is the professionals' collaboration implemented in practice, and what are its results and its significance for the team members? This study examines the patterns of verbal interaction of an interdisciplinary team in one particular special education school. The focus is on the language used by the various professionals and their perception of their role and of the pupils. The resulting patterns of communication, the negotiations, the use of personal and group power resources and the collaboration were all documented as they occurred in formal and informal events.

The fundamental problem is that there is an unexplained gap between the small number of systematic research studies dealing with the subject and the abundance of myths and rhetoric, as pointed out by Friend (2000, p. 130):

What do we really know about professional collaboration?...Much of what passes in schools appears to be guided more by popular belief than by careful inquiry.

The root of the problem may be that the few articles dealing with the subject, some theoretical and some practical, generally only deal with certain aspects of the work of the interdisciplinary team, such as the collaboration between two professionals from two different disciplines, while the work in special schools in Israel involves interdisciplinary teams with a large number of professionals coming from various disciplines. In order to attempt to confront this problem, this research is in the form of a holistic case study (Yin, 1991; Stake, 1995; Bassey, 1999). This study is innovative in that it is the first study carried out in Israel that attempts to examine the patterns of verbal interaction in an interdisciplinary team, comprising a large number of professionals from various disciplines working together on a daily basis. It is also innovative in the field of research regarding



interdisciplinary teams, in that it attempts to reveal the processes taking place daily.

### **Structure of the research**

The second chapter deals with the research design and presents the aims of the study and the research questions.

#### *The aims of the study*

The main aim is the attainment of knowledge. In this case it is knowledge about the world – about the way a person perceives, interprets and defines the world; and knowledge how – knowledge leading to action, thinking about acting and directing action.

The second aim is defined as the description of the organisational culture of an interdisciplinary team. In this study, culture is defined according to Geertz (1973): culture is perceived as the structure of meanings in the life of a certain community, from which and within which the people create, weave and construct their identity. The culture provides an identity, shared characteristics, a common language, and makes the development of interactions possible. The knowledge revealed can provide a starting point for the construction of a cognitive framework as a basis for the development of an explanatory theory regarding the work of an interdisciplinary team in special education. It can then propose tools to be implemented in the field (Anderson & Arsenault, 1998; Bassey, 1999), and also formulate questions for further research.

The aims of the study led to the formulation of research questions, presented and defined in a process termed 'progressive focusing' by Stake (1995). This is a process by which preliminary research questions can be modified or replaced by more focused and directed questions, in view of the phenomena revealed in the course of the research, since the aim is acquiring in-depth knowledge.

The research questions were those identified by means of recurring phenomena and patterns, also during repeated observations intended to ascertain their nature. The following research questions were formulated:

1. How do the team members perceive the pupils and their own roles?
2. What concepts do the team members use when relating to their work with the pupils?
3. What concepts do the team members use when relating to their work as an interdisciplinary team?
4. What patterns of communication are prevalent during the meetings of the interdisciplinary team?
5. What patterns of communication are prevalent during the meetings of the administrative team?

The analysis of verbal interactions was a complex task. One method used frequently was to examine the findings in relation to the type of situation – whether it was interprofessional or intraprofessional, that is, whether the group was composed of professionals from the same field or from different fields. This question could serve as a critical key for the analysis of the findings.

The third chapter deals with the methodological aspects of the study. It begins with the presentation of the research tools: observations, interviews and the collection of documents, making it possible to examine the interactions occurring in the interdisciplinary team. This is followed by a description of the actual research process, focusing on the collection of data. The reasons for the choice of the qualitative research method and of the ethnographic case study are explained, citing their appropriateness for analysis of the patterns of interaction that characterise the culture of the interdisciplinary team. Methodological ethical principles underlying the study are also presented, as well as the resulting limitations of the research. This is followed by a critical discussion of the research

methods and of the methodological ethnographic problems confronting me throughout the research, as well as issues of validity and reliability.

**The fourth chapter** begins with a description of the research field – the school and its population. In order to clarify how I arrived at the findings on the basis of the data collected, the interpretive method of analysis used is presented, including the following levels and units of analysis: statement – concept – concept and metaphor – dialogue and event. The models adopted or constructed within the framework of the study, facilitating the understanding and analysis of the data, are then presented. They were used in the analysis of the following aspects: perceptions of the pupils and of the professional's role, and the language used by members of the interdisciplinary team when relating to the pupils and to the team. An explanation of the way this analysis was carried out follows, including the theories from the field of family therapy, particularly Minuchin's (1982) approach to the analysis of research findings.

The last part of Chapter four presents the rationale for the choice of Goffman's theory, which was the most useful in facilitating my understanding of what was happening in the field, and assisted me greatly in the organisation and analysis of the findings. This chapter explains how I arrived at the findings on the basis of the data collected; it shows how the aims of the research were transformed into the research design and how it was implemented .

**The fifth chapter** deals with the theoretical aspects of research on the workings of an interdisciplinary team. Despite the fact that interest in interdisciplinary teamwork in special education dates back to before the 1960s (Friend, 2000), there has been remarkably little research conducted specifically in this area during the intervening years. Therefore this chapter focuses on the following aims: presentation of existing research on the subject accompanied by a critical theoretical discussion, delineating a theoretical framework and emphasising the importance of research in this field.

*The theoretical discussion focuses on the following subjects:*

In order to facilitate the understanding of the function of an interdisciplinary team in the Israeli system of special education, a survey of the situation regarding such teams is provided. Since their function has no theoretical underpinning or systemic rationale, the work of these teams grew out of practical considerations and was consolidated by a paragraph of the Special Education Law. The law was not examined or discussed in relation to each of the frameworks where interdisciplinary teams operate. Moreover, apart from one MA thesis (Aviezer, 1995), focusing on the reciprocal relations between the educational and the therapeutic staff and severely retarded pupils, no research has been carried out in Israel regarding interdisciplinary teams. The survey of the situation is based on Ministry of Education bulletins, circulars providing operative instructions to schools. This study can therefore be considered as breaking new ground in its subject.

The second part of the review relates to the concept of an interdisciplinary team from a theoretical viewpoint and points out the directions of existing research studies. The third part reviews research on role perception, language and patterns of communication of interdisciplinary teams.

Chapters six to ten deal with the findings.

**The sixth chapter** deals with the way members of the interdisciplinary team perceive the pupils, and their own role in relation to the pupils and to their colleagues. This study examined the professionals' diverse definitions of the situation and of the pupils. It considered the possibility that the members of the interdisciplinary team differed in the perception of their specific roles. The differences in the work procedures of doctors, therapists and teachers were pinpointed, and statements were examined, likely to serve as codes for the understanding of the following patterns: the doctors' work patterns with the parents as doctors and as consultants; in the case of the therapists, the

distinction between focused treatment and developmental follow up, and individual and group treatment patterns; the educational staff's study and educational patterns and organisational-administrative procedures. It was assumed that the meeting of the professionals in the interdisciplinary team might lead in the course of time to changes in the definitions of situation and the roles of the educational, therapeutic and medical staff, and it was considered worthwhile to examine whether these changes occurred smoothly on the basis of consent by all concerned in the course of their interactions.

The seventh chapter deals with the concepts used by the members of the interdisciplinary team when relating to pupils. The chapter presents and analyses key words used frequently during the professionals' communication, and examines their significance in the world of the team. The focus was on discourse analysis across boundaries – the relevant inter-professional discourse. The use of the concepts and the meanings ascribed to them by the professionals were studied. The chapter examines the category of concepts relating to work with the pupils, exposing concepts such as *'paradoxical treatment'*, *'holding'*, *'experience of success'*, *'help the pupil progress according to his ability'*, *'narrative'*, *'put out fires'*.

The eighth chapter deals with the question as to which concepts the members of the interdisciplinary team use in relating to the work of the team. The main issues raised in the discourse on collaboration were examined, such as sharing information, sharing professional information, sharing on the emotional plane and concern with contact and problems of contact between professionals. The chapter examines the categories of concepts revealed, in particular those transferred from one world of discourse to another, such as *'healthy'* and *'unhealthy'*. Another category studied was the one reflecting the difficulties of the interdisciplinary team, such as *'hourglass'*, *'disconnected parts'*. The category of suggestions for ways of solving problems included concepts such as *'cogwheel'*,

*'integration-harmony'*. Another group of concepts presented comprised metaphors taken from nature. Unlike the other categories, these metaphors did not occur spontaneously, they were generated by prompting during supervision.

**The ninth chapter** deals with the patterns of communication typically used during the meetings of the interdisciplinary team. At this point the need arose to create an original model of the information categories found to exist in the daily life of the school, shared by all the team members. This model did not appear in the research literature, and is thus an original contribution of this study. The model yielded categories of information, such as information stemming from personal experience and from professional experience, the extension of information towards theoretical grounding. The patterns found in each category were also examined; for example, under information stemming from personal experience, patterns such as sharing or modifying information were revealed.

**The tenth chapter** deals with the patterns of communication typical of the administrative team. The nature of these meetings was probed: do they constitute the nerve centre of the school? What happens there? Are problems discussed and decisions made that affect the daily life of the school? The patterns of communication typical of the headteacher's discourse in this context were also examined. What type of actions do they usually produce? Does the headteacher tend to downplay the value of the information provided to the team? Does she use indirect reporting? How does she deal with a team member antagonistic to her opinion? Does she react at all, or maybe change the subject? Do the verbal interactions occur on the overt organisational level? And is the overt interaction accompanied by covert social interaction?

**The eleventh chapter** deals with the main issues arising from the findings, focusing on the research questions

*a) What can be learnt about the culture of the interdisciplinary team from the perceptual system of the team members as they relate to the pupils and their own*

*roles?* Do the doctors define the pupils according to medical criteria? Do the therapists contribute towards the creation of a medical scenario? Do they speak from the point of view of a medical culture, an approach stressing that a pupil's place is in a hospital? Furthermore, is there a disparity in the professionals' perception of a pupil's place? Does the medical team focus on where the pupil belongs, while the therapists focus on adjustment? And how does the educational staff define the pupils? Are their definitions heterogeneous, or do they avoid them altogether? Do they relate to professional definitions? Is their perception of the pupils' place in the school different from that of the doctors and the therapists? I assumed that the definition of the situation by the doctors and the therapists focuses on emotional problems, while the teachers' definition focuses on their ability or inability to study. If this is so, what does it signify? Do the therapists and teachers have a field of experience in common – working with the pupil in school - and does it create shared expressions and criteria?

It may be assumed that the professionals also differ in their perception of their own roles. If this is so, the question arises as to whether each professional projects his/her 'front' (Goffman, 1959) through their professional (medical, therapeutic or educational) behaviour? Are their role perceptions revealed in the discourse, reflecting their shared space dilemmas connected to their dissatisfaction? What is this shared context or shared space? The child? The difficulties that each one experiences in the particular sphere of their work with the pupils, or their inability to realise/implement their own professional competence? What do the professionals seek in this shared space of dilemmas – solutions, answers?

*b) What can be learnt about the culture of the interdisciplinary team from the perceptual system of the team members as they relate to their work with the pupils?*

The frequent experience of involvement in crisis situations, described in this chapter, makes professional work in the school very disturbing. The members of the interdisciplinary team experience a feeling termed 'discontent' by Arieli (1991). The main source of this discontent is the professional's dependence on the pupils' cooperation. What is the significance of lack of cooperation for the professionals? Is it detrimental to their work? Is this cooperation the professional's prime aim? And if so, how do they strive to achieve it?

The discontent is ambiguous. It reflects, on the one hand, an ongoing feeling of frustration, and on the other hand, an attempt to confront the situation. Does the analysis of the concepts used in this context help to reveal the attempts made at coping with this ambiguous discontent? Does the discontent belong to the hidden social processes taking place in the interdisciplinary team? If so, when do the professionals sense this process, before or after entering the school? It may also be asked whether the same level of discontent is shared by all the professionals, the educational, therapeutic and medical staff. And no less important is the question, in what ways do they seek to achieve the desired collaboration?

What can be learnt from the concepts used by the interdisciplinary team? Do they show that a process of transferability occurs within the framework of the team? And if so, how does it take place in view of the fact that three semantic content worlds co-exist in this team? What happens when a concept passes from one language to another, how is the understanding of the term promoted? Various types of transferability of concepts occurring among the team members were examined: when another professional uses a parallel concept from his/her own professional world; the concept is reduced through transfer, sometimes it is understood but rejected, it may be perceived as vague, and in some cases the concept is alien to the experience of the other professionals and is untransferable.



*c) What can be learnt about the culture of an interdisciplinary team from the perceptual system of the team members as they relate to their work as a team?*

It became clear that they make extensive use of metaphors. Why is this so? What do they express? Is their use accidental? My impression was that the area most likely to arouse very strong feelings and bring up threatening issues was the topic of collaboration between the members of the team. The complexity of collaboration within such a team was then examined: On which levels of work does it occur? Transferability of information? Consultation? Sharing? What type of collaboration do the team members seek? Do they wish it to be based on a close, intimate relationship, leading to integration–harmony? What is the meaning of collaboration of this type?

*d) What can be learnt from the patterns of communication about the culture of an interdisciplinary team dealing with Individual Education Plans (IEP)?*

To this end, categories and patterns of communication used by the team were examined. How many and which categories could be ascertained? To which categories did most of the patterns belong, and why? When is knowledge transferred, and when is each category used? What happens when the team members lack a theoretical definition and wish to find one? Which types of verbal interaction of a significant kind in the work of the team can be derived from the analysis of findings in the context of IEP? Is the interaction based on a clear mapping of the issues involved, or is such mapping lacking? Does each type of interaction have its own distinct patterns, and if so, what are they?

*e) What can be learnt about the culture of an interdisciplinary team from the patterns of communication in the administrative team?*

First the verbal interactions on the overt organisational plane were examined. What is their significance? Do they tend to eliminate specialist knowledge or exploit it, in other words, does the administrative team work like any other team or as an interdisciplinary one? Is there a conflict between a professional's role as

a member of the administrative team and that of an expert in a specific profession? Concealed social interactions, occurring simultaneously with the overt verbal ones, were also examined. Do the professional stumbling blocks appear on this level? My assumption was that the salient and recurrent pattern in these interactions is collaboration. What are the main ways of achieving collaboration in an interdisciplinary team?

**The twelfth chapter** – the last chapter - deals with the insights gained and the conclusions to be drawn from this study concerning the work of an interdisciplinary team at a special school.

The special contribution of this study to the work of interdisciplinary teams in Israel is that it provides the groundwork for a conceptual framework as a basis for the development of theory, indispensable for further research of specific issues, and for the construction of practical tools to be implemented in the field, intended to facilitate the work of interdisciplinary teams.

## Chapter Two: Research design

The aim of this chapter is to look behind the scenes of the research process itself and examine how and to what extent the actual process is related to the findings and their analysis. This will be done by exposing what Goffman (1956) calls the 'backstage' of the research, namely revealing to the reader the methods, research procedures and analysis of the data collected and explaining the rationale for the use of these methods and procedures. Such a description of the research design and the field work emphasises the limitations, the potential bias and the nature of the field work. This serves two main purposes:

Firstly, it provides the reader with information on the research procedures and raises the question of the observer's subjectivity in the context of discussion on the scientific process and its limitations.

Secondly, and perhaps more interestingly, the discussion on methods seeks to establish a kind of ethnographic credibility.

Presentation of the research design and the methods used permits me to show the scope and depth of the ethnographic analysis. The research design relates to the research aims, research questions, qualitative-ethnographic research and case studies, research instruments, description of the research site, ethical issues, data collection procedures and analysis of the findings. This chapter will focus on the aims of the research and the research questions, and the next chapter will deal with the methodology.

### 2.1 Research aims

The main aim of this study, and in fact its importance, is to expose knowledge (Yin, 1991; Anderson & Arsenault 1998; Bassey, 1999). At the beginning of the study, I characterised the types of knowledge sought, referring to it as the actors'

tacit knowledge (Atkinson et al., 2001), the stated and familiar knowledge that is recognised by the interdisciplinary culture. This knowledge also includes the actors' perceptions of each other, namely how each professional in the interdisciplinary team perceives his/her fellow-members from other disciplines. Philosophers distinguish between knowledge about the world, meaning how we perceive, interpret and define the world, and knowledge how to, meaning knowledge of how to do things, how to think about doing things. The purpose of this knowledge is to guide action. For the purpose of this study the definition of knowledge includes both categories.

These categories of knowledge give rise to several questions: what are the types of knowledge in an interdisciplinary team? Is it professional knowledge? Knowledge of a personal nature? Knowledge derived from experience or from training? Can one find patterns or categories of shared knowledge?

Mapping of the knowledge sought helped me to identify and mark additional aims of the research. Each aim permits presentation, understanding and analysis of one facet of the interdisciplinary culture, and all the aims together compose the picture of that culture. The aims are presented below.

### 2.1.1 The organisational culture of the interdisciplinary team

The term 'culture' has expanded considerably beyond the classic anthropological definition in the past decade. Today the term refers to a system of meanings shared by people who belong to and identify with a certain group (Kincheloe & Steinberg, 1997).

Geertz (1973) defines culture as the structure of meanings that people in a certain community create and weave into it, and from which they construct their identity. The culture grants identity, common characteristics and a language, and provides scope for the development of interactions. According to this definition, an interdisciplinary team working in a special school can be defined as a culture.

The culture of the team is examined from the perspective of discourse analysis and analysis of interactions. The focus on discourse analysis leads to certain questions whose answers may offer an important contribution to the understanding of the organisational culture. In other words, the questions are examined in terms of their relevance to an understanding of the organisational culture. The present study focuses on the examination of interactions through discourse. That is to say, the attention is mainly on verbal interactions and the interpretation focuses on the language of the discourse.

Discourse is one dimension in the organisational culture. Another dimension, not examined in this study, is observation of the direct interaction between the professional and the pupil during a lesson or therapy session. As stated, this study confines itself to examination of verbal interactions in the interdisciplinary team. In this context a number of questions arise:

What do the interdisciplinary team talk about in formal and informal meetings? Does the discourse take place at the intra-team or inter-team level? Do overt or hidden processes occur in the interdisciplinary team? If so, what is the meaning of these processes in the world of these professionals? Some other relevant questions are: what is the professionals' role perception and how is this expressed in a given situation? Role theory (Merton, 1957) discusses convergence and divergence between the expectations of the individual and those of the environment with regard to the role that the individual fills in an organisation, as a basis for understanding the structure of the organisation and its culture. 'Role' is a relative concept that describes the individuals' part in the general pattern of behaviours and defines their status in terms of their relations with others and with the system in general, namely in the given organisational culture (Katz & Kahn, 1978).

The focus on analysis of interactions raises some further questions:

What are the characteristics of the organisational culture existing in the setting investigated? In this study an attempt was made to understand the actors' perception

of the context in which they work as an interdisciplinary team. What is the character of the interaction in the social communications existing among the actors? Cooperation or competition? Over what: status, territory, authority, power?

What is the nature of the system of roles and patterns of interaction constructed in the interdisciplinary team? What is the character of the cooperation in the interdisciplinary team? On what issues do they cooperate? On what level does affective or cognitive cooperation take place? When do the members cooperate and why? What is the type of communication on which the cooperation is based?

What is the nature of the actors' involvement in the organisation, for example, involvement or professional distance? What are the aims for which they strive – job satisfaction, material rewards or security? And how do these derive from their training and from their specialisation and experience in the organisation? Does their involvement focus on their particular role or on loyalty to a professional code of action and/or involvement in the interdisciplinary team?

#### 2.1.2 In-depth analysis in order to arrive at deeper understanding of the reality investigated (Bassegy, 1999)

The reality investigated is everyday reality (Denzin & Lincoln, 1998) and it is investigated through one case which, according to Stake (1995), is a specific 'functioning thing' and constitutes an integrated system. The study will attempt to grasp the complexity of the social world that is being investigated (Coffey & Atkinson, 1996). A number of factors contribute to the complexity of the world of the interdisciplinary team. First of all, the team includes educational, psychological and medical professionals. These are all different disciplines with different work paradigms. Second, these professional groups have a history of professional barriers, expressed mainly in different interests, jargon and stereotypes. A third factor leading to complexity is the different ethical codes and professional autonomy

of the members. In addition, there is very little shared experience of interdisciplinary teams working together. Exposure in depth of the daily reality as seen and interpreted by the actors leads to some fundamental questions. The first of these is: what are the key concepts that are used by the professionals in their interactions? It is important here to distinguish between the key concepts and the words that the professionals use in discourse. The key concepts constitute the symbols of the interdisciplinary culture; sometimes these concepts are given names and sometimes not. They include cognitive and affective components. The importance of these key concepts is that they guide action. In other words, the professionals act, construct and interpret their world and their culture in reference to these key concepts.

After identifying the key concepts, the next question that emerges is: what is the conceptual meaning that the actors ascribe to these concepts? Also, what use do they make of these concepts in discourse and for what purposes? In other words, how do these concepts serve them? Since I am investigating interactions, the communication that takes place in the discourse is of great interest to me. Are the messages that are exchanged in the discourse mainly on the cognitive or the affective level? In order to gain deeper understanding of the reality revealed, it is necessary to discover and understand the patterns of communication existing in the work of these teams.

### 2.1.3 Understanding the language of the actors

This aim also raises some further questions:

What can be understood and learned concerning the actors' inner world: their feelings, expectations, hopes, disappointments, successes, fears, frustration, thoughts, their world view and picture of reality, in brief, their attitude to the world in which they act?

The knowledge exposed will serve as a basis or point of departure for:

- Constructing a conceptual framework as a basis for the development of an explanatory theory on the work of an interdisciplinary team in special education.
- Constructing practical tools for the work of an interdisciplinary team in the field (Anderson & Arsenault, 1998; Bassey, 1999).
- Formulation of questions for further research.

The research aims presented here were not all presented at the beginning of this study. The original aims of the research were:

To discover new knowledge, to analyse the findings in depth in order to reach deep understanding of the reality investigated, to build practical tools for the work of an interdisciplinary team in the field and to formulate questions for future research.

During my presence at the research site and even more while analysing the data it became clear to me that in order to discover new knowledge and reach deep understanding of the reality investigated a further aim was required: to describe the organisational culture of the interdisciplinary team. In addition, the research findings form the basis for a further aim: to construct a conceptual framework for the development of a theory on the work of interdisciplinary teams in education.

## **2.2 Research questions and their development in the course of the research**

Here, the initial research model will be presented first, followed by the research questions discussed in this study. This will be followed by an analysis of the development of the research and of my thinking about it, comparing the original model with the final research questions presented in this study.



### Research questions model

The essential characteristic of ethnographic research is that the questions are constructed along with the development of the research out of deep knowledge of the research field. Based on prior knowledge of the special school, three questions were constructed. During the time I spent at the school I discovered that the interactions seen by the outside observer are not innocent, and are related to the school's cultural and organisational structure: for example, the way they relate to certain professions, such as psychiatry. This insight led to the formulation of further research questions. In all, seven research questions were formulated.

The organisation of the questions was determined together with their analysis<sup>1</sup>.

The questions were constructed in the following way:

1. Description of a characteristic phenomenon (based on my experience and acquaintance with special schools).
2. Screening the literature for theoretical underpinning.
3. Formulating research questions from the description and the theoretical underpinning.

### The rationale behind the model constructed

This model expresses the principles of qualitative research. Qualitative research emphasises that the theoretical concepts and the questions take shape during the progress of the work. However, as a 'member of the culture'<sup>2</sup>, I approached the study with some knowledge of the problems and theories and with certain impressions.

---

<sup>1</sup> The organisation of the questions was my own original thinking and therefore the theoretical basis for it cannot be found in the literature.

<sup>2</sup> Since I have been involved with the world of special education for years in the context of my professional work, I can be seen as a 'member of the culture' (Eisikovits, 1980). From this point of view my entrance into the conceptual world and understanding of the set of specific meanings in the special school was much quicker and easier. On the other hand, the 'accreditation' granted to researchers requires them to seek ways to minimise the factor of subjectivity as far as possible (this will be discussed further on).

Thus, the model links the researcher's prior knowledge with the theory. Some principles of qualitative research find expression here:

1. The questions represent an investigation of processes from the point of view of the people who experience them (Schutz, 1970).
2. This kind of model may serve as a conceptual framework for the creation of mechanisms to make use of knowledge obtained from the field.
3. The model determines the boundaries of the research (Guba, 1978).

As a point of departure I posed a series of problems/subjects/research questions. The questions below are those relevant to this report, together with the model constructed to present them.

#### Question 1

1.a. Special schools are full of interdisciplinary team members: teachers, counsellors, vocational instructors, paramedical staff such as psychiatrists, psychologists and social workers, therapists, communications therapists, occupational therapists, consultants, auxiliary staff and the headteacher.

1.b. Goffman (1959) suggests 'dramaturgical' perspectives for the examination of people's presentation of self in society, perspectives – ideas, concepts and generalisations - that can help us to understand. Goffman (1959, p. 32) uses the term 'front' to mark that part of an individual's performance that is designed for those watching him. The 'front' can be divided into two: 'scenery' and 'personal front'. Also (p. 45), we often find actors who foster the impression in their observers that idealistic motives led them to fill a particular role, and that they are idealistically suited to this role. Goffman adds that an actor can avoid presenting himself directly in a certain light and still convey a message about himself by the way he relates to the group he belongs to. When an individual presents himself to others, his performances tend to include and demonstrate the values that are important to society more than his behaviour usually does (Goffman, 1956).

**1.c. Research question** - how do various team members perceive their place in the organisation, and how do they present themselves in this framework?

- What are the external signs?
- What biography and competencies do they use?
- What is their reference group?
- Do they present themselves apologetically? In reference to values? To norms?

### Question 2

The interdisciplinary team spends many hours in the school. It is interesting to ask how the school is perceived by those who work in it. The following aspects will be examined: the staff's perception of the aims of the school; the staff's perception of the pupils.

**2.a.** In special education we speak of two types of major aims:

Long-term aims - these are the overall aims, formulated in ideal terms such as acceptance of the pupil, preparation for life, and use of the potential inherent in every pupil.

Short-term aims - formulated in operative terms such as social skills and independence.

**2.b.** Researchers note other essential points in relating to aims:

Sharan and Shachar (1990) discuss aims as a basis for cooperation among team members.

Fleming and Fleming (1983) focus on similarities and differences in the role perception of team members from different disciplines, leading to difficulties in the teamwork.

**2.c-1 Research question** - how is the school perceived by those who work in it?

How do they perceive its aims?

The school classes are divided according to age groups and level of achievement. This description raises the question:

**2.c-2 Research question - how do the staff members perceive the pupils?**

### Question 3

**3. Research question - what are the patterns of communication in the multidisciplinary teams?**

### Question 4

**4. Research question - what conflicts arise in the team work? And what strategies are used to continue the team work and preserve the pleasant atmosphere in spite of the conflicts?**

**4-1 Research question - what operative agreements exist among the team members in everyday life? And what dramas arise in the life of the team?**

### Question 5

**5-1 Research question - what is the set of concepts that serves the team?**

**5-2 Research question - what organisational culture exists in the special school?**

Based on these questions, a fundamental research question arises: what models/schemata can be constructed to improve and optimise the work of interdisciplinary teams in special schools?

During the time I spent at the research site and throughout the analysis of the findings I returned repeatedly to the model presented, which was constructed at the beginning of the research. The original model included seven questions. After a few months spent at the research site, the questions were reduced to five .

Following are the research questions examined in this work:

1. How do the team members perceive the pupils and their own roles?
2. What concepts do the team members use when relating to their work with the pupils?
3. What concepts do the team members use when relating to their work as an interdisciplinary team?

4. What patterns of communication are prevalent during the meetings of the interdisciplinary team?
5. What patterns of communication are prevalent during the meetings of the administrative team?

In order to enable the reader to trace the development of the research questions, and to a large extent also the development of the research, I will present below a comparison between the original questions and the final questions dealt with in the research.

The first question provided the inspiration for the formulation of the research question dealing with the interdisciplinary team members' perception of their roles and of the pupils. In the understanding and analysis of the findings on this question I was helped by Goffman's theory (1959).

The second research question originally presented consisted of two parts: the first was the team members' perception of the aims of the school. This question was examined and considerable data were collected, mainly from interviews. This question could also be analysed on the basis of data collected in observations and even more, based on the documents that were collected in the course of the time I spent at the research site. In the end I decided not to examine this question, as a result of some remarks that I heard in a lecture delivered by Professor Hazan at Mofet Institute, at a conference on qualitative research (December 24, 2000).

Sometimes we ignore some of our data because we have to finish writing the report or the paper or the research. There is no end to the work of investigation and ethnographic analysis, the artificial end is the line where we mark the border.

However, the second part of the question is included in the first research question.

The third research question originally presented, dealing with patterns of communication in the interdisciplinary team, is presented and analysed in research

questions 4 and 5. The wealth of data, the variety, and the overt and covert interactions on this topic revealed the complexity of this question and how important and basic it is to the work of the interdisciplinary team.

The fourth research question, dealing with conflicts and dramas that arise in the work of the team, and the strategies and working agreements employed to deal with these conflicts, is not presented as a separate section in the analysis of the findings. The answer to this question appears in the body of the analysis, and therefore it seems to me that the question should not be asked in such a general way. There is room to examine this question in a more pinpointed manner, relating to role perception, perception of the pupils, language and patterns of communication.

The fifth of the original research questions was: what is the set of concepts that serves the team? This question is presented and analysed in questions 2 and 3. Large quantities of data were found and divided into categories, only two of which were presented. The many findings on the subject of language indicate that language is the main and preferred means of communication in the work of the interdisciplinary team. Hence the collection, analysis and understanding of findings on this subject is the basis for understanding the work of the Interdisciplinary team.

The second part of research question 5 was: what organisational culture exists in the special school? This is a general question, and it seems to me that it is answered exhaustively in the discussion.

The reason for examining in depth some of the research questions that were presented in the model and not dwelling on others can be explained by what Parlett and Hamilton (in Stake, 1995) call 'progressive focusing'. This is a process whereby the early research questions may be changed or replaced in the course of the research because the aim is in-depth learning. If the early questions do not work or if new issues arise, the design is changed. This is the process that occurred in the present study. The final research questions are those that were identified as recurrent phenomena and patterns, also confirmed by repeated observations.

Language and communication are the dominant phenomena in the interactions of the interdisciplinary team, indicating that these subjects are the most important basis for the work of the interdisciplinary team.

Table 2.1 presents a comparison of the initial research questions with the final research questions:

**Table 2.1: Comparison of initial research questions with final research questions**

<b>Research questions in original model</b>	<b>Research questions dealt with in this study</b>
Question 1: How do various team members perceive their place in the organisation, and how do they present themselves in this framework?	Question 1: How do the team members perceive the pupils and their own roles?
Question 2: How is the school perceived by those who work in it? The aspect of perception of the school's aims will be examined. How do the staff members perceive the pupils?	The part of the question relating to the perception of the pupils appears in the first research question
Question 3: What are the patterns of communication in the interdisciplinary team?	Question 4: What patterns of communication are prevalent during the meetings of the interdisciplinary team? Question 5: What patterns of communication are prevalent during the meetings of the administrative team?
Question 4: What conflicts arise in the team work? And what strategies are used to continue the team work and preserve the pleasant atmosphere in spite of the conflicts? What operative agreements exist among the team members in everyday life? And what dramas arise in the life of the team?	The answer to this question can be found in the body of the analysis.
Question 5: What is the set of concepts that serves the team? What organisational culture exists in the special school?	Question 2: What concepts do the team members use when relating to their work with the pupils? Question 3: What concepts do the team members use when relating to their work as an interdisciplinary team?

The model defined allows for responsible in-depth schematic abstraction sufficiently precise as to be faithful to the character of the work of the interdisciplinary team. This is a form of presentation of reality. In every presentation some of the characteristics are lost, while others, that have more functionality and are basic to the structure, are emphasised.

I see great importance in constructing a model accompanied by a clear rationale for the research questions, in the knowledge that this model is a preliminary tool that is liable to change and serves purely as an initial orientation map. Through reflective analysis I can identify the advantages of the model, as well as its contribution to the development of my thinking process as a researcher.

### **The importance of constructing and presenting the model:**

First, the model serves as a guideline and a starting point. This is very important for a researcher in the field who may feel that s/he is drowning in data. The model permits one to focus on specific characteristics within a given observed interaction.

Second, the model was constructed for the purpose of the present study, and it provides a new contribution in qualitative research. This is also the reason for the absence of theoretical grounding. In addition, it permits the reader to follow the thinking process and the development of the research. The analysis of interactions is a complicated task, and another guideline that helped me to 'enter into and understand the interactions' in the team investigated was what I call a 'critical key to the text'. The critical key to the text, in the present study, is the question: does the interaction take place within a group of experts (intra-disciplinary level) or between different groups of experts (inter-disciplinary level)? The critical key helped me a great deal throughout the years of the research, while observing interactions that were fascinating but also confusing, and sometimes contradictory or ambiguous. This key enabled me to acquire an initial understanding and come back to focus on the subject of the research.



## **Chapter Three: Methodology**

This chapter will describe the methodological elements of the research. First, it will present the methodological basis of the method used, comprising the tools – observations, interviews and collection of documents, making it possible to study the interaction within the interdisciplinary team. Then the focus will be on the actual implementation of the tools during the research, particularly on the process of data collection. The following section will present the method of qualitative research, undertaken in this study: the reasons for the choice of the ethnographic and case study approach for the understanding and analysis of the patterns of interaction characteristic of the culture of an interdisciplinary team. The methodological–ethical principles underlying the study will also be presented, including those affecting its limitations. This will be followed by a critical discussion of the methodology used and of the methodological – ethnographic problems encountered in the course of the research, as well as its validity and reliability.

### **3.1 The methodological basis of the method chosen**

#### **The tools:**

The interactions taking place in the work of an interdisciplinary team create a rich web of social processes and a complex framework of human learning. In an attempt to portray, understand and analyse this framework, several research tools were used, the most important of which was observation, supplemented by interviews, intended to expose the professionals' thoughts and perceptions of specific topics, such as role perception. In addition, documents were collected, facilitating the validation and/or deeper understanding of the topic studied.

**Observation:**

Anderson and Arsenault (1998) maintain that observational data bring to the analysis and interpretation of a setting a type of information which cannot be garnered any other way. They mention that there are three possible types of observation: complete observation, participant observation and participation. The first option was the one chosen. It enables the researcher to follow the researched process in real time, interfering minimally in the natural situation; to be both 'inside' and 'outside', while preserving a balance between participation and observation without participating actively in the events (Spradley, 1980; Sabar Ben Yehoshua, 1999). Observation enables the researcher to study closely the behaviours of the subjects as they occur, revealing the general and particular elements in the researched situations, which the researcher can piece together to create a more complete picture and interpret the overt and covert phenomena during the observation and later from several perspectives (Goets & Le Compte, 1984; Anderson & Arsenault, 1998).

For the purpose of this study, both formal and informal observations were carried out. They all focused on the same interdisciplinary team members, functioning in different situations, such as meetings of the administrative team or the senior level team. The observations were documented in full in writing by the researcher. The record of the meetings included the participants (with a map of the seating), the subject under discussion and all that was said. In addition, non-verbal behaviours were reported separately.

Altogether 127 records were written, documenting a whole year of the interdisciplinary team's work at the school. Throughout the period of the research, the researcher spent four days a week at the school, observing the interaction of the interdisciplinary teams during both formal and informal meetings. The formal meetings, taking place every week, lasted two to three hours:

On Tuesdays, IEP (individual education plan) meetings – of the members of the interdisciplinary team working in the junior classes– some 20 participants.

On Thursdays, IEP meetings – of the members of the interdisciplinary team working in the senior classes– some 20 participants.

On Tuesday evenings and Wednesday midday, meetings of the administrative team, usually numbering 8 participants.

The following monthly meetings, lasting two to three hours, were also observed:

An in-school in-service course, taking place on Tuesday evenings after the meetings of the administrative team, with some 35 participants.

Meetings of the LSD (long school day) team – 25 participants.

Meetings of the experts' team – the interdisciplinary team together with the hospital team, altogether 30-40 participants.

Supervision of the administrative team – 8 participants.

In addition, the following special meetings were observed: meetings for the planning of specific events, and pedagogic meetings, taking place at the beginning and end of the school year, when the class curricula were constructed and the work of the admission committees planned (in special education schools, new pupils are admitted throughout the year).

In all, 80 weekly meetings, 40 monthly meetings and seven special meetings were recorded.

Observations of informal meetings were conducted in the schoolyard during the breaks, during events occurring at the school and in the staff-room. These observations lasted 5-20 minutes and the comments were written down immediately after the meetings.

Spending many days at the school each week over a long period enabled the researcher to overcome the limitations of observation, as follows:

- \* The difficulty of remaining objective while observing interaction.

The problem is largely in the training and experience of the researcher who records and reports the data (Anderson & Arsenault 1998). Goddard and Wierzbicka (1998) discuss the difficulty mentioned by Anderson & Arsenault. They explain that their greatest challenge as observers within the framework of qualitative research was to ensure that they observed all the details of the situation without permitting their own thoughts, judgements, feelings and attitudes to interfere and influence the observation.

Ely and et al. (1991) mention several problems of qualitative research mainly based on observation. One of these is the need for intellectual flexibility, enabling the observer to disentangle the truth concealed within 'many mazes', and also to forgo previous assumptions and sometimes the knowledge already acquired, due to the fact that when researching a familiar culture, the findings are often unexpected. Another difficulty is the need to accept ambiguity and to learn to see situations through another person's eyes – the need for empathic understanding. They consider this the greatest challenge of qualitative research. Such understanding is needed to enable the researcher to understand and describe the experiences of the actors. It is also necessary to create a balance between our empathy towards them and the need to distance ourselves, to preserve a non-judgmental attitude. This is significant in qualitative research and the researcher must learn to do so. It is a matter of experience, and the extensive experience of the present researcher made such learning possible.

- \* The second limitation of data collection via observation lies in what is actually observed. Spradley (1980) speaks of the first stage as 'the grand tour' - wide-ranging observation, and of the second stage as 'the mini tour' - focused observation, with the focus on recurring patterns and phenomena. According to Spradley, this means asking questions in the course of the process and developing tentative answers arising out of it, and again asking questions,

realising that both the questions and the answers must be arrived at through the researched social situation.

- \* Another limitation is that caused by the 'Hawthorne effect', the possible influence of the observer and the research on those being observed (Anderson & Arsenault, 1998). How this was confronted will become clear during the description of the research process.

In order to acquire an in-depth understanding and to mirror the points of view of the people involved, interviews and talks were held with members of the interdisciplinary team.

### ***Interviews:***

Semi-structured interviews were used in this study: their advantage is that they are guided and focus on topics connected to the aims of the research, while allowing the interviewees a great deal of freedom in their reactions. Such interviews also make full use of the time available and significant points are dealt with. It is essentially a systematic interview and it makes it possible to compare statements by various interviewees (Sabar Ben-Yehoshua, 1999).

The aim of the interviews was to reveal the thoughts, perceptions and views of the professionals on the topics that were the focus of the research (Munby, 1989; Sabar Ben-Yehoshua, 1999). May (1998) emphasises two important aims of the semi-structured interview, particularly significant in ethnographic research:

1. It gives the interviewer more latitude to probe beyond the answers and thus enter into a dialogue with the interviewee.
2. It allows people to answer more on their own terms than the standardised interview permits, but still provides greater structure for comparability than the focused interview.

The components of the interviews were taken from two sources:

- a) the research questions

b) the patterns arising from the observations, facilitating the disclosure of meanings (Mertens & McLaughlin, 1995; Denzin & Lincoln, 1998; Sabar Ben-Yehoshua, 1999).

To complete the picture and gain a better understanding of how the professionals perceive, interpret and construct their everyday reality in the interdisciplinary team, 45 interviews were held, and representatives of each specialisation were interviewed. The interviews lasted approximately one and a half hours, though some were longer. The interviews were ethnographic, semi-structured, based on the previous stage of the research (described in the schema of development of the research). Identical questions were prepared for all the interviews (see Appendix B ), which then proceeded in the form of a conversation. All the interviews were held in a quiet corner of the school, during the Passover holidays of ordinary schools (The Special Schools Law, passed in Israel in 1988, requires that special schools teach during all the holidays and festivals). The atmosphere was relaxed and there was ample time for the interviews. The staff cooperated willingly, some of them came back later in the day or the next day, and were asked to add some points. All the interviews were recorded.

The semi-structured interviews enabled me to examine personal motives and enter into intimate details, facilitated by the conversational style and the mutual feeling of familiarity. The types of questions asked in the interviews included clarification of descriptions and concepts provided by the interviewees, elucidation of answers that required further discussion, and structural questions to clarify the interviewees' rationale and the extent of their knowledge.

In addition to the interviews, 'corridor conversations' were held (Mumby & Clair, 1997) – talks with professionals in the schoolyard and in the staff-room during the breaks or when they had free periods. Most of these talks were initiated by them.

Informal 'sidewalk activities' to collect data (Yin, 1991) also took place on entering or leaving the school at the end of the day, and in the evenings after meetings or school events, such as celebrations or visits by V.I.P.s.

***Collection of documents:***

The collection of documents may provide a deeper understanding of the research topic and facilitates the validation of patterns existing in the field. This is relevant for the section on pupil perception. Arsenault and Anderson (1991) also emphasise that documents may provide interesting insights into the values of organisations and cultures. Therefore, many and various documents were collected, of the following types:

Monthly internal letters to the team, written by the school administration and the administrative team, intended solely for the members of the interdisciplinary team.

Letters to parents, providing information about school activities, such as trips, special days and holidays.

Ongoing information about a pupil, or about a festival such as Purim or a yearly event when contributions were collected, with the participation of the school choir.

Questionnaires prepared by the team, on subjects such as the perception of the role of the administrative team, details of therapeutic treatment or academic achievement, reports of physical or serious verbal violence.

A journal, published in February by the school staff, including the structure of the school, its distinguishing features, the study and therapeutic programme, the definitions of functions and reports on school events.

***The research process:***

Following is a description of the research process.

First stage: The research topic was proposed by headteachers who participated in a course led by me at the Centre for the Development of

Headteachers, while discussing the implementation of the Special Schools Law. The headteachers were seeking answers to certain questions, such as: How do I, as headteacher, lead an interdisciplinary team? Do I have the necessary skills? Is it possible to acquire skills that facilitate the work of interdisciplinary teams? How is the school staff to be defined? The above questions sparked the research study. But first I had to obtain certain authorisations:

Before entering the school I had to receive permission from the Education Ministry's legal advisor, the district inspector, the school inspector, the school administration and the members of the interdisciplinary team - because of the sensitivity of the school population. This stage took about six months.

Second stage: At this stage I worked according to the model of the research process. This is presented and explained in detail in the description of the data collection process. My entrance into the school took place gradually.

At first I introduced myself, explained the subject of the research and my methods, but still did not write anything down. During the first weeks, every time a conflict surfaced I was asked to leave the room. After the team got used to my presence I ventured to take notes, but did not use a tape recorder. The team members were very sensitive to this; also sometimes the noise in the room would have made it impossible to tape their words. The longer I stayed with them, the easier they found it to accept me in their midst. By the end of the observation period all the team members felt free to speak about everything in my presence.

At this stage it was important to create trust between the researcher and the research subjects – members of the interdisciplinary team. This took a relatively short time, about two months, and I was accepted with openness and great warmth. Throughout my stay at the school they cooperated with me fully. My fieldwork lasted one year.

Third stage: This stage comprised the analysis of the data, their validation and interpretation, and the writing of the study. It is described in detail in the



section on the process of data collection and analysis, which follows. This stage took about three years.

Fourth stage: At this stage I went back to fieldwork (in the course of the data analysis, towards the end of writing the study), in order to present the findings to the interdisciplinary team. This did not constitute a part of the research: the feedback given to the participants did not figure in the research, but it simultaneously validated the findings (see discussion below on validity). The research procedure can be summed up as follows:

**Figure 3.1: The research procedure**

**The stages:**



***Data collection process:***

The process of data collection and analysis constitutes the main component of the research process. It will now be explained and justified.

First stage: This is called the 'grand tour' by Spradley (1980). This metaphor is suited to the process described by Lincoln & Guba (1985). First, the researcher must accept the idea that in approaching the research s/he must assume that s/he knows nothing.

Second, third and fourth stages: Spradley (1980) calls this 'the mini tour'. This research includes repeated focused observations of patterns and phenomena revealed, gathering of additional relevant material, such as school documents, and interviews of members of the interdisciplinary team. This is a process of gradually reducing the scope of the research focus, of asking questions and developing tentative answers and again asking questions, realising that both the questions and the answers must be arrived at through the

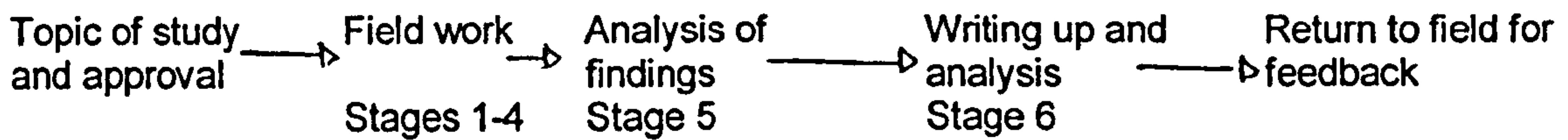
researched social situation. This cyclic process, this moving to and fro, is at the very heart of qualitative research (Spradley, 1980).

Fifth stage: An effort was made to describe the phenomenological experience of the subjects with understanding and empathy, while presenting the evidence objectively and organising the collected ethnographic material thematically. An in-depth treatment was attempted, in line with the significance of the situation as perceived by the subjects, and relating to various relevant theories. The first level knowledge is presented in the Findings chapter.

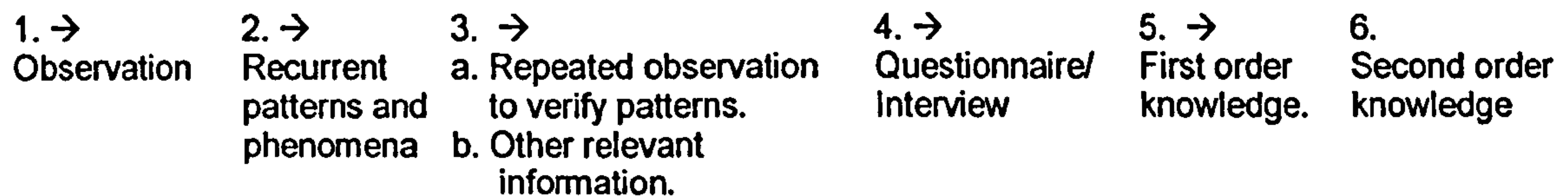
Sixth stage: Second level knowledge: This comprised a critical analysis of the phenomena identified at the first level of knowledge, leading to the conceptualisation of the main patterns of interaction, with linkage to relevant theories from various spheres of knowledge. The purpose of this was to facilitate an in-depth analysis of these patterns and their significance for the members of the interdisciplinary team. The aim of the second level analysis was additional study of the conclusions drawn at the first level of knowledge, arriving at an interpretive hypothesis concerning the types of interaction, for the purpose of formulating a conception reflecting reality. The second level knowledge is presented in the Discussion chapter. The connection between the research process and the collection of data can be presented in the following way:

**Figure 3.2: Link between research procedure and data collection.**

Research procedure



Data collection and analysis



### 3.2 The rationale for the choice of qualitative research

Qualitative research includes various types of investigation. It involves an interpretive approach to specific events and attempts to comprehend phenomena occurring in the daily life of societies. It focuses on processes, identifies patterns and provides clarifications and interpretations, arising from an understanding of their significance for those acting within the frameworks studied (Arieli, 1989). Qualitative research is based on the assumption that individuals, interacting with others, share certain characteristics with the social and professional group to which they belong. Therefore qualitative research makes it possible to identify phenomena and patterns typical of a culture, which can be generalised in the form of a heuristic model, a model that may assist in the explanation of a certain phenomenon (Kaplan & Manners, 1972). In this study, the heuristic model will facilitate the identification and interpretation of patterns of interaction in an interdisciplinary team.

### Rationale for choosing ethnographic research

Ethnographic research entails a comprehensive description of individuals or groups, delimited or defined in some way (Deshen, 1997). The ethnographic researcher may focus on a relatively small number of people, seen as displaying various interests, attitudes and types of behaviour.

Research on an interdisciplinary team calls for wide-ranging, comprehensive and in-depth study. Thus the ethnographic approach appeared to be appropriate for the purpose, while attention is to be paid to 'obvious notions'. Schutz (1971) emphasises that these notions become socially and culturally accepted features, expressed and significant only within the context of the specific culture. This study focuses on such notions, obvious within the culture of the interdisciplinary team, for instance its members' role perception.

The distinctive character of ethnographic research lies in its focus on processes as seen from the point of view of those experiencing them. It facilitates the exposure of the essence of the process from a phenomenological point of view. It attempts to analyse social phenomena by studying the way in which the subjects (the actors) grasp and interpret what is expected of them by their colleagues and by the cultural system to which they belong (Schutz, 1970; Spradley, 1979). This study focuses on the way in which professionals grasp, sense and interpret the cultural system they belong to as professionals.

Ethnographic methodology appeared most appropriate for this study for the following additional reason: this research focuses on interactive systems and processes connected to patterns of behaviour in psychologically dynamic situations. Such patterns must be examined by way of an approach facilitating the study of the overt and covert aspects in the world of an interdisciplinary team. Through such an approach an effort will be made to gradually unravel the entangled coil of feelings, events, joys and disappointments, affecting the web of professional relationships. Another advantage of ethnography lies in that it

makes it possible to analyse routine, the daily rhythm of the interdisciplinary team.

This research framework also facilitates the elicitation of second level knowledge. It derives the data from the context of events as they occur naturally. The researcher is in fact analysing the unconscious daily routine, while asking questions about the obvious. The researcher becomes closely acquainted with the way the subjects interpret their own and their colleagues' behavior and actions, as they do so in his/her presence. Silverman (1985) emphasises that the truth from the social research field is revealed through the perceptions and understandings stemming from the deeper insights of a holistic approach (Stake, 1978; Greene, 1994). Deshen (1997) mentions that social studies often present 'great theories', comprehensive, generalising, positivistic and functional, 'social structuring of reality'. Their abstract one-dimensional nature does not allow them to provide convincing explanations of concrete cases. The theories do not relate to the details of experience, to limited but real components of life, probed by ethnography.

This study of an interdisciplinary team attempts to capture and explain a particular case. According to Atkinson and Hammersley (1998), ethnography usually refers to forms of social research that have a substantial number of features, also found in this study:

1. A strong emphasis on exploring the nature of particular social phenomena – in this study it is the culture of an interdisciplinary team.
2. A tendency to work primarily with unstructured data, that is, data that were not coded at the point of data collection in terms of a closed set of analytic categories. In this study all the data were derived from the field, the categorisation took place at the stage of the analysis of the data, as explained in this chapter.

3. An investigation of a small number of cases, perhaps just one case, in detail – as in this study of one interdisciplinary team, working in one special school.
4. Analysis of data involving explicit interpretation of the meaning and functions of human actions, the product of which mainly takes the form of verbal description and explanations. In this study, in addition to the interpretation proposed by Atkinson & Hammersley (1998), the research delved deeper, for instance in analysing the patterns of communication during meetings of the administrative team (see Chapter 10).

The aim of the ethnographic researcher is to formulate 'trustworthy ideas', that are considered significant to the readers' own experience and enable them to understand, interpret and validate or reject and change their insights and attitudes (Eisner, 1985).

#### Rationale for choosing the case study approach

The case study is frequently used in qualitative research. According to Stake (1995), when the aim is a better understanding of human experience, the case study method is the appropriate one. Stake mentions that the most interesting cases in the spheres of education and social studies involve people acting in interactive organisational frameworks. In this study they are called 'the actors'.

The case studied can be one person, for instance a teacher; an educational framework, for instance a school; or any entity with limitations determined by time, place and participants. In this study the place is a special education school and the participants are the professionals, members of the interdisciplinary team. The time is the school year.

According to Bassey (1999), a case study is similar to an artist's creation – by means of one case, limited in time and the existing conditions, it is possible to present the ongoing reality of daily life. In this study, it is the ongoing reality of the daily life of an interdisciplinary team at a special education school that will be

presented. In this context an attempt will be made to examine the components of the interaction taking place daily.

This framework makes it possible to derive second order knowledge, after first order knowledge has been acquired in the field (Schultz, 1970). (For details see the description of the research process). This research framework derives its findings from the natural context of events (Smith, 1989; Yin, 1991; Bassey, 1999). Stake (1995) adds that the specific case is a 'functioning thing'. Such is the case in this study – the team is composed of people with various types of expertise, acting and functioning in a complex environment. It is an integrative system and it must be examined in an integrative way.

Why was the case of an interdisciplinary team chosen?

The first criterion for the choice of a case is to maximize what we can learn (Stake, 1995). (The reasons for the choice of the particular school will be explained later). I maintain that by observing the patterns of interaction in the interdisciplinary team in the school selected, a great deal can be learnt about any such team. In-depth study of one case can serve as a basis for further research, as well as having implications for implementation in the field. Bassey (1999) mentions, in relating to criteria for the choice of the case to study, that one learns from a case which is of very special interest. The analysis enables one to learn about the case in all its complexity and with its distinct characteristics.

Another advantage of the case study method, mentioned by Kenny and Rotkluschen (1984), is that it presents many different points of view and provides a comprehensive description, rich in detail. Such is the case in this study: different points of view are presented at meetings when a particular pupil is under discussion – those of a teacher, a therapist and a doctor. Such a rich context also arouses conflicts. Bassey (1999) reinforces this point, by mentioning that a case study can also present conflicts between different points of view and interpret

them. Shaw (1978) maintains that a case study can provide new insights into the relationships and unknown variables involved in the phenomena studied.

Bassegy (1999), focusing on educational case studies, points out that the aim is to reveal or promote knowledge. The analysis and interpretation of the knowledge lead to a deeper understanding of specific events and to theoretical insights. Shulman (1986), like Bassegy, emphasises that case study is appropriate for complex educational situations when it is difficult to make use of controlled variables. The case study method is also appropriate for the aims described in this research design: the specific case may produce a theory, as illustrated in the discussion in this study. Bassegy (1999) adds that the analysis of a case is a step on the way to action.

In addition to the methodological principles, the following ethical principles also provided guidelines for my research.

### **3.3 Ethical considerations**

The ethical aspects of research are particularly important in dealing with such a complex and sensitive study as an interdisciplinary team at a special school. Researchers in special education must follow appropriate ethical principles to ensure that the rights of human subjects are protected (Mertens & McLaughlin, 1995). Burgess (1989) mentions several ethical dilemmas related to educational research, and these were the dilemmas that had to be confronted in this study.

a) The funding of the research – the sponsorship of research has been widely discussed in the literature. In this case it was decided not to seek a sponsor, in spite of the high cost of the research owing to the long time spent in the field, as well as the need to consult many experts in addition to the research supervisors. I decided not to seek external funding, nor to accept offers from outside, for two ethical reasons. Firstly, working without outside funding ensures that the research will not be influenced in any way by extraneous considerations, but will be



independent and free to focus on any aspects observed. Secondly, I was determined not to lose control of the data (Murphy and Dingwall, 2001, define this as not causing harm). It was necessary to ensure that the participants were not harmed in any way, since much of what was said during the observations or interviews was personal and revealing. The actors were speaking in a specific context and relating to a particular event; reported out of context, the meaning and significance of the words could become distorted. Moreover, the discussion often focused on the pupils, in this case emotionally disturbed children with behavioural problems. It was essential to ensure that they would not be harmed, and nor would the professionals who made the assertions. For those reasons the following rules were adhered to throughout:

1. The name of the school was changed to 'Migdalim School' (*migdalim* means 'towers' in Hebrew). This name was chosen for the following reasons: a tower is built of many stones placed one on top of the other, a school also has many components. A well-built tower has a broad foundation, and I consider the interdisciplinary team as the school's infrastructure. A tower strives to rise higher.
2. Throughout the study, the team members are identified by their functions at the school, not by their names.
3. The pupils are identified by the first letter of their name only.

b) Another dilemma, mentioned by most of the ethnographic literature, entails the relationship between the researcher and the subjects, the actors, studied. Problems of openness and confidentiality (Burgess, 1989; Murphy & Dingwall, 2001) have to be taken into account and solved when making decisions in the field. It is a long process, proceeding step by step. At the second stage, the notebooks in which the observations were documented, always lay open on the table, team members who wished to look at them were free to do so (this happened at the beginning), and questions they

asked the researcher about her notes were answered with a smile and some general remark about the documentation. I did not discuss with the team members anything that others had said, this was to ensure that the ethically important right to privacy would be respected. Murphy and Dingwall (2001) mention the actors' right to respect, and the importance of trust between the researcher and the subjects.

c) Permission given by the actors is seen as a particularly important ethical aspect of research. Each person's consent to participate is mandatory. Permission was granted by the educational authorities, by the school and by all the participants, as explained in detail in the description of the first stage of the research process.

d) The publication of the data is a key aspect from the ethical point of view. After completing the analysis of the findings and the writing of the study, I met the interdisciplinary team several times, and presented the findings to them. At the last meeting I received their permission to present the research in any forum and publish it in any professional periodical, on condition that the above mentioned ethical rules are adhered to.

Since there is at the school a well-known Centre, mentioned frequently in the study, its real name was replaced by 'Mediating Centre' (MC), in order to safeguard the anonymity of the school. I did so in response to the professionals' request.

In addition to the ethical dilemmas presented by Burgess (1989), Murphy and Dingwall (2001) also mention 'beneficial'. They maintain that when dealing with topics concerning people, researchers should produce something helpful to the actors that can be implemented in the field, rather than merely carrying out research for their own benefit. While working on my research at the school, I produced various useful tools, such as a questionnaire for the assessment of headteachers (see Appendix A), a questionnaire for the assessment of the team

members, and guidelines for teacher-parent meetings. These tools were not a part of my research, they were prepared upon the team members' request. Constructing and presenting the tools had a beneficial effect on the relationship between us, leading to greater openness.

My willingness to adhere to the above ethical principles led to certain limitations in the scope of the research.

### **3.4 Limitations of the study**

Carrying out research in a special school is not only a complex project; the nature of the data is particularly sensitive, since the pupils are young children and adolescents, their development has been disrupted and some of them are emotionally disturbed and their behaviour is problematic. Information about these populations is protected on ethical grounds. Owing to the sensitive nature of the issue, even though the study does not deal with the pupils, I was asked to seek permission for the research from the legal advisor of the Ministry of Education. When we discussed it, I promised the legal advisor that data about the pupils would remain in my possession and would only appear in my doctoral thesis, of course in keeping with the ethical rules. For this reason the research cannot focus on the interaction between a professional and a pupil during a lesson or treatment. I observed a great deal of interaction between professionals and pupils in the schoolyard during the breaks, at various school events and at classes held outside. These interactions were not documented.

Another limitation concerns the cooperation between the parents and the interdisciplinary team. Cooperation between the school and the parents is vital for the proper development of the pupil and for the work of the team. It is a complex and very sensitive issue, and the parents would have to be willing to cooperate and speak openly. For these reasons, and also because the research was the first of its kind and I could not refer to previous studies on the subject in Israel

(which would have enabled me to focus on specific issues); and owing to my awareness of the parents' great sensitivity to extended observation by an external researcher, it was decided that the issue of parent-school cooperation would not be examined in this study. However, I consider it important to deal with this subject in future, since the parents are important partners in the work of the interdisciplinary team.

Another reason for not focusing on the parents is that the interdisciplinary team works with the parents on an interdisciplinary level, according to the model proposed by Orelove and Sobsey (1991). This means that the parents meet the professionals individually and the parents' committee meets the administrative team. Observing the interaction between a professional and a parent at the preliminary stage of research appeared complex, and I felt that I lacked the necessary skills for the purpose.

Another limitation of the study is due to my focusing on certain typical groups within the interdisciplinary team: therapists, educators and doctors (see the explanation about the nature of ethnographic research and the choice of the research population). Focusing on this population did not enable me to deal with other professionals in the team who play an important role in the daily life of the school - professional groups such as the LSD (long school day) group, specialist teachers, the school counsellor, experts coming in from outside and assistant teachers, who constitute an essential component in the daily dialogue and the processes taking place between the teams.

### **3.5 Critical discussion on the research method**

The research was carried out as an ethnographic case study of the interaction in an interdisciplinary team. Acquaintance with the culture may enable the researcher to delve deeply into the research without needing to do the preliminary work, such as learning a new language, becoming acquainted with

the norms and gradually coming to feel at ease in a new environment. In such cases, the researcher is actually a part of the culture where the research is taking place, and is thus able to understand the 'language' spoken, the professional terminology and social jargon, the norms governing both formal and informal behaviour, and the sensitive interpersonal elements typical of the relationships within the researched 'culture'. In this case the researcher herself belonged to that culture; this was likely to promote cooperation, but was also liable to interfere, since there was a risk that her observations would be affected by her own point of view as a person involved in the system. I had to avoid raising my personal dilemmas and becoming judgmental, I had to preserve total objectivity, not become involved nor express my personal opinions. Simmel (1950) and Bilu (1993) relate to the difficulty of the researcher being a stranger to the society studied, defined as 'structural estrangement', which prevents the stranger from penetrating into the group and blurring the existing differences. Thus at any meeting between two or more people, a tension will arise between closeness and distance, and between belonging and separateness. As a researcher who was not a stranger to that world - I was a special education teacher, teaching emotionally disturbed children with learning disabilities in a regular school - being there on the spot, I did not have any problems in my contact with the actors, there was no structural-social 'estrangement'.

Schutz (1970) and Behar (1996) speak of phenomenological estrangement, a state in which a person is aware that s/he does not understand the structuring of the surrounding culture and society, in this case the special school, and therefore cannot share in the interpretations of the staff. According to this approach, in order to understand the society from the point of view of those belonging to it, a person coming from the outside must become acquainted with the cultural structures, obvious to those functioning in that environment, and suppress those

typifying his/her own world. In my case, my integration within the interdisciplinary team was expected to be smooth, since I came from the same environment.

On the other hand, Schutz (1970) and Simmel (1950) point out the positive aspects of the 'estrangement'. In their opinion, researchers unfamiliar with the scene are perceived as having a more objective attitude, and the subjects are likely to speak more openly to them. However, being very conscious of the danger of a lack of objectivity made me doubly careful not to fall into that trap. Being both a stranger and in some sense an insider enabled me to understand and elucidate the patterns of interaction derived from the observations, interviews and documents, and to interpret their significance.

The researcher must be sensitive to intrapersonal processes, to become aware of any possible bias towards the researched phenomenon and focus on the patterns stemming naturally from the actors' words. In the course of the research, the researcher keeps up an ongoing inner dialogue between her practical and theoretical knowledge and the patterns revealed through close study. Sometimes additional theoretical knowledge must be harnessed in the process, and again confronted with the existing practical knowledge. It is as though different types of glasses were being used in observing the scene, adapted to various different needs. The researcher and the actors should be aware that qualitative research entails an interpretive process. The inner dialogue described above is actually a process of constantly comparing the patterns derived from the data collected with the researcher's perceptions, while avoiding the tendency to over-interpretation or preconceived notions about the data.

#### Methodological ethnographical problems to be overcome throughout the research

1. The actors' reports were mainly formal, and in analysing them the problem was how to distinguish between a description of an activity or event, and interpretations, explanations and rationalisations provided by the actors.

Eisner (1985) maintains that qualitative research is descriptive and interpretive, and the analysis required relies on findings derived from testimonies. The data should be considered as cues, leading the researcher to reveal the significance they embody. The status of the findings in qualitative research does not stem from their informative value, nor from their potential to produce generalisations or abstractions, formulate rules or construct theories. Their value lies in their latent significance, in the way that the information forges our knowledge and our view of the situation.

2. Another methodological problem arose regarding the way findings should be presented without distorting their significance. How can it be made clear that the actors' reports express their own understanding and feelings about the events? The problem was solved through the use of the first and second level of analysis (as presented in the course of the study). That is also the reason for the choice of the ethnographic method, which focuses on the probing of the actors' conceptions, thoughts and images, as reflected in their discourse. I listened to the story, or, in Goffman's words, I watched the play and analysed it, I explored the story they told. On other occasions I used different research methods in addition to observations, such as interviews, collection of documents, corridor conversations and sidewalk activities, in order to understand in greater depth the perceptions of a specific professional. My main purpose was to understand how different professionals perceive the same story, how the same story is reflected in different 'mirrors'.
3. The potential for generalisation on the basis of a case study is considered very limited (Stake, 1995). Nevertheless Stake points out that certain activities, problems or reactions will recur frequently. In this study they have been termed recurring patterns. According to Stake, they can provide practical generalisations, that is, create an applicable model for the culture investigated.

4. The main problem is to reveal the speaker's train of thought. I wished to understand how the specific speaker defined the situation and perceived the world; this enabled me to understand the nature of the interaction in the interdisciplinary team, what was taking place at the covert level, leading me to the second level analysis of the findings. The various tools implemented (described above), made it possible to expose the speakers' thinking.
5. The reliability and validity of scientific research depends on the reliability of the findings. Certain generally accepted criteria must be considered. Owing to basic differences between quantitative and qualitative research, the significance of the concepts of validity and reliability for qualitative research in general and interpretive research in particular must be made clear. These will be discussed below.

### Validity

According to Kirk and Miller (1986), in qualitative research the question is not whether a tool used assesses with precision the phenomenon under study, but whether the researchers actually see what they think they see. The question arises, by which criteria this can be ascertained. Kirk and Miller discuss two dimensions of validity in qualitative research:

Theoretical validity – relates to the similarity, identified by the researchers, between their own findings and those expected on the basis of the theoretical background. This approach involves the risk of seeing what one wishes to see. Researchers seeking to attain theoretical validity of the data may force the theoretical conceptualisation on the data, even to the point of dismissing the natural patterns emerging from the data. Therefore it is desirable, as mentioned above, to 'set aside' theoretical frameworks until the inner patterns within the data have been revealed and the theory emerging from them has been formulated. It is only then that comparisons between theoretical frameworks and the blueprint



derived from the data can be made, in order to check its validity. This is the sequence I have followed in my study.

Apparent validity relates to the extent to which the research explains the phenomenon in a way that satisfies those currently involved in the situation (it may also be called 'simultaneous validity'). Is the explanation perceived as authentic, comprehensive, within the researched culture? That is why, while analysing the findings towards the end of writing up the study (see the 4th stage in the research process), the findings were presented to the members of the interdisciplinary team whom I had observed. The main purpose was 'beneficence' (Atkinson et al , 2001), as an opening to a discussion beneficial to their work. The feedback provided by them contributed to the assessment of apparent validity.

This procedure also has its dangers. Explanations deemed satisfactory at that point may not be comprehensive because aspects which the researcher failed to detect may have been omitted and the actors do not volunteer unsolicited information, or information solicited in an inappropriate way.

Kashti et al. (1991) discuss additional ways of validating findings. They point out that the validity of an interpretation can be assessed by the extent to which the structures at the second level of analysis reproduce the processes of constructing meaning (Phillipson, in Kashti et al., 1991). In other words, validity exists when it is possible to show that the explanation is in line with the meanings as perceived by the actors in constructing reality and in performing their daily activities. In this study the information presented at the first level of analysis corresponds to that presented at the second level.

### Reliability

Diachronic reliability, so desirable in quantitative research, is examined by way of the paradigm of repeated experiments. Being able to attain the same results in repeated experiments at different times shows that the findings have

not been affected by the specific context from which they were derived. Search for such reliability ignores the fact that in researching people's perceptions it is natural that changes occur in the context, affecting those perceptions. Perceptions are dynamic and closely connected to the context in which they occur. Kirk and Miller (1986) propose 'synchronic reliability' as a criterion for the assessment of naturalistic research, reliability stemming from a basic similarity of the findings derived from a number of examinations of the phenomenon investigated, at the time of the research.

It is noteworthy that in spite of all the efforts at standardisation, the observations are generally not totally identical. For instance, during interviews with various people, even if the questions are asked in the same order, the relationships created between the interviewer and the interviewee are liable to differ. And yet if similar types of reactions are revealed – similar patterns, in this study - then synchronic reliability has been attained. This study presents and analyses similar recurring patterns.

The next chapter will describe the research field and present models for analysis of patterns of verbal interaction in the interdisciplinary team.

## **Chapter Four: Analysis of patterns of verbal interactions in the interdisciplinary team**

In this chapter the school investigated and the research population will be described.

In order to clarify how the findings were derived from the data, the process of data analysis will be explained. The analysis was interpretive, and the levels and units of analysis employed in this study were the following: statement – concept – concept and metaphor – dialogue and event. The models adopted or created within the framework of the study, facilitating the understanding and analysis of the data, will also be presented.

The presentation of the process and of the models used in analysing the findings will relate to the following topics: the team members' perception of the pupils, their role perception, and the language used by the interdisciplinary team in speaking about the pupils and the team. The last part will present the method of analysing the communication patterns used regarding the pupils and the team and will focus on theories of family therapy, particularly on Minuchin's (1982) approach to the analysis of findings.

In the last part of this chapter, the rationale for the choice of Goffman's (1959) theory will be explained. This theory proved extremely useful for the understanding of what was happening in the field and for the organisation and analysis of the findings.

Thus, this chapter shows how the findings were derived from the data collected in the field, and serves as a link between the description of the aims of the research (see Chapter 2) and their attainment.

## **4.1 Description of the research field**

### **Migdalim School**

The location of the school, its history and organisational structure are not necessarily directly connected to the interaction taking place in the interdisciplinary team. However, they constitute the context and affect the team members and thus also the interaction itself. Information about the context will make it easier to understand the framework within which the professionals act.

The school is situated in the centre of Israel, on the outskirts of a town, with a neighbourhood of large houses on one side and a wood on the other. It is thus located far from the centre of the town, somewhat isolated from society. Very few people ever come to this part of the town.

To get to the school one must turn off the main road on to a dirt road, and park in a large rough parking lot. The entrance to the school is reached by a long paved path, with a lawn and a large schoolyard on one side, and on the other flowerbeds and vegetable patches, cultivated by the pupils. The paved path leads to a row of buildings. From the outside it looks like one long rectangular structure, but on entering one sees that it comprises several connected buildings. On one side there is a four-storey building containing therapeutic treatment rooms; the whole of this area belongs to the paramedical team. In the centre is the gym hall, also used for various events, for in-service courses and sometimes for staff meetings of the whole interdisciplinary team. The one-storey building adjacent to the hall contains the staff-room, the headteacher's room and the offices of the secretary and the administrative staff. Opposite this complex is another long structure, comprising one-storey buildings with classrooms.

The Migdalim School was once located in a psychiatric hospital in the town. The school was built 12 years ago, following a decision to separate the school from the hospital. The first headteacher left the school after seven years to become a Ministry of Education inspector. The Ministry published a tender, and

A. was chosen to run the school. A. had been a teacher and deputy head of a school for moderately retarded children in the adjacent town. She has a BA degree and a teaching diploma. She took a course in management and has an MA in educational counselling. She was the headteacher during the period of this research.

The pupil population comprises children and adolescents, some of them emotionally disturbed, some with comprehensive developmental problems. (This information comes from a school document, produced by the staff for professionals and functionaries visiting the school). The Ministry of Education defines the school population as suffering from multiple problems. With reference to this school it means that the problems are emotional or developmental. This is a very general definition. There are two classes of autistic children, also retarded children, a blind pupil and pupils with behavioural disorders. This indicates that making a refined diagnosis is particularly difficult in this population. This has led to a situation whereby children are admitted to the school only on reaching the age of ten. In accordance with the Special Education Law, they remain at the school until the age of 21. (The junior level comprises pupils aged 10 to 15, the senior level those aged 16 to 21). There is no need to provide more detailed information about the pupils, since they are not the focus of the study (see also the section on ethical aspects). The school serves a very large area, ranging from the town of Ashdod in the south to Zichron Ya'akov in the north. The pupils are bussed to school in the morning and back home at the end of the school day.

The school day at Migdalim starts at 8 a.m. and ends at 4 p.m. The morning hours are devoted to study and to treatment. The pupils eat lunch at 1 p.m. in the gym hall, and from 2 p.m. the framework is that of the LSD (long school day). During those two hours the pupils use computers, play educational games, sing in groups, play musical instruments and have special 'life skills' lessons. It is an

enrichment programme emphasising experiential learning. This study did not focus on the LSD team.

At Migdalim there is a unique Centre, the only one of its kind in Israel. It was established to meet the needs of the pupils. In this study it is called the Mediating Centre (MC). The choice of name stems from the rationale for its establishment, as presented by the head of the Centre during an interview: The MC undertook from the start to mediate between the pupil and the class, to grant the pupil 'time out' from the classroom, or the class a respite from the pupil. The MC was set up three years before the beginning of this research, upon the initiative of the team and with the support of the school inspector, in order to alleviate the pressure and tension in the classes, resulting from the problem of violent pupils.

The following table presents the aims of the MC as formulated when it was established, and the aims as they developed and were defined at the time of the research. The aims were explained during an interview by R. who set up the Centre and was in charge of it during my research (after the interview, R. asked for the transcript of the interview and wrote the aims down, producing a document which was distributed to the pupils' parents).

**Table 4.1: Aims of Mediating Centre when established and as defined during the process of the research**

<b>Aims of the MC when it was established</b>	<b>Aims as defined at the time of the research</b>
The room is intended for children in need of 'time off' from their classroom and their group	The MC takes in children who drop out of class, when the subject is not suited to them at the time or vice versa
The room is meant for children unable to participate in the (individual or group) work of the class, owing to their temporary emotional state, children who disrupt the proper work process	The MC takes in pupils at the time of a serious outburst, to enable the class to continue in its routine and prevent other children from being over-stimulated by the incident
The room is meant for a short, flexible period for children for whom solutions cannot be found in their classroom (not meaning pedagogic solutions)	The MC is an absorption and adjustment centre for new pupils admitted to the school

In addition to the above modifications of the aims of the MC, the following aims were added while this study was in progress:

- The Centre will constitute an integral part of the scheme of behavioural modification, by serving as a 'bonus' or 'deterrent'.
- The Centre will take in pupils with social problems, unable to function freely and independently during breaks.
- The Centre will map out and report to the classrooms, the staff and the administration on 'the situation in school', in view of the requests for assistance.

#### Reasons for choosing the school

According to Stake (1995), the first criterion for the choice of the subject of research should be a case from which the maximum amount can be learnt. Which case can provide in-depth knowledge and may even lead to generalisations?

Migdalim can teach us a great deal, since it includes the whole range of specialisations found in Israel in interdisciplinary teams working in special education: an educational, therapeutic and medical staff (see detailed description of the research population).

Secondly, the school is considered a good school, both by those working in it and those in close contact with it, such as the school inspector, the municipal officials and various professionals. Moreover, the school staff has the reputation of being open-minded and professionally on a high level. A self-confident, receptive team enables the researcher to study both overt and covert phenomena related to its work.

The headteacher was also willing to participate in the research, she considered it valuable and believed it could make a unique contribution. It is

important that the person at the head of the organisation has such a positive view of the research, since the headteacher projects her attitude onto the staff.

### The research population

The interdisciplinary team of the school comprises 65 members, divided according to their sphere of expertise in the following way:

#### *The educational team:*

Ten class teachers, ten assistant teachers and two more for specific children. Subject teachers of the following subjects: handicrafts, physical education, agriculture, drawing, home economics, woodwork and music.

#### *The paramedical team:*

Therapists: art, movement, music, drawing, puppet theatre, communication therapist, occupational therapist. All these will be referred to as the therapists.

#### *The medical team:*

Two psychiatrists and one psychologist.

#### *The administrative team:*

The headteacher, the deputy head, who is also the coordinator of the long school day (LSD), and the vacation staff. The administrative team includes representatives from every field: the heads of the junior and senior departments and of the social education department, the heads of the rehabilitation and therapy departments, and a representative of the assistant teachers.

In addition there are professionals who work at the school as needed:

a counsellor, a teacher guide, a learning environment instructor, the head of the computer department and of the security office.

In ethnographic research, a researcher wishing to describe a given population does not presume to be able to get to know every individual. The ethnographer focuses on a relatively few people, selected as representative and typical in various ways, and draws conclusions about the others from what can be deduced



from them. Therefore the focus in this study was mainly on three groups, the educators, therapists and medical staff, and on their interactions within the interdisciplinary team, for the following reasons:

The extent of their commitment to the work of the interdisciplinary team; their specific role is clearly defined and obvious to the team; they are perceived as wishing to acquire a dominant leadership status. On the formal level there is an overlap in the way their status and role in the interdisciplinary team are perceived by others, and their views tend to create instability and conflicts within the team. I viewed these conflicts as focal points, important for the study of interaction in an interdisciplinary team.

#### **4.2 Models for data analysis**

Arsenault and Anderson (1998) and Stake (1995) point out that interpretation is a major part of all research. Analysing qualitative data is a systematic process that organises the data into manageable units, combines and synthesises ideas, develops constructs, themes, patterns or theories and illuminates the important discoveries of the research. It is a monumental task that begins as soon as data are obtained.

##### **Interpretive analysis**

Interpretive analysis can be carried out in various ways. Essentially its aim is to elucidate and formulate interpretive principles and cognitive, emotional and behavioural mechanisms, both overt and covert, existing in this case in the interactions within the interdisciplinary team. As they surface, they are interpreted and explained against the background of the specific culture (Geertz, 1973; Hazan, 1992; Sabar Ben Yehoshua, 1999).

Interpretive analysis moves between the following activities:

- a) Impressionistic interpretive processing, expressed most clearly in documentation of the observations. At this stage the interpretation focuses on

the main events of the interaction, and it is inevitably affected by the researcher's subjective point of view, in this study by the extent of the researcher's ability and sensitivity in perceiving overt and hidden processes that occur during the observed interaction.

- b) Quantitative analysis, In this case the counting of certain units, such as specific words, statements, topics and phenomena, occurring during the observations and interviews. This type of analysis is similar to scientific quantitative research and is also partially in line with interpretive analysis - for instance, in this study, when I examined the frequency of key concepts in the discourse of members of the interdisciplinary team, while seeking to pinpoint the patterns recurring in that culture.
- c) Content analysis, a half-way process. The interpretation is carried out in two stages. First, the researcher analyses the overt content of the data collected, formulates categories, chooses units of analysis, and places the ethnographic data in these categories - in this study, words, statements, ideas, explanations, thoughts and patterns. This procedure leads to certain conclusions at the first level of analysis. At this stage the researcher relies on intuition and points to possible conclusions inferred from both overt and covert content. At the second stage, that of the second level of analysis, all the main patterns typical of the interactions in the social-cultural context of the subjects are again analysed. A researcher interpreting interactions should not only expose the text, but also clarify the processes underlying it, and interpret them in their social-cultural context. Accordingly, the following units of analysis were chosen:

#### Units of analysis

Swanson (1990) proposes the use of flexible units of analysis, since they facilitate categorisation. In this study flexible units were used in most of the content analysis, for instance the units: concept, concept and metaphor. In

analysing patterns of communication, a flexible approach was adopted, entire dialogues and events being used as units of analysis.

**Statement → concept → concept and metaphor → dialogue → event**

Level of the single statement – analysis of the actors' main statements, especially during the interviews, and their analysis in relation to the research questions, such as: how do the professionals perceive their role and the pupils?

Level of the single concept – identifying the concepts recurring frequently (in the notebooks documenting the observations) in the professionals' discourse. The subsequent analysis was carried out within the general context of the professionals' definition and use of the concept.

Level of the single concept and/or single metaphor – the analysis was carried out in the same way as above.

Level of the dialogue – analysis of the main features typifying the dialogues, in their social-cultural context.

Level of the event – comprehensive analysis of the communication patterns in their social-cultural context.

Thus two sources were combined for the purpose of building a system of units and of data analysis: the model of the research questions, presented in the research design, from which external categories of analysis were deduced, and the researched phenomenon itself, from which the internal categories/units were derived (Donmoyer, 1997; Goetz & Le Compte, 1984; Sabar Ben-Yehoshua, 1999).

The order in which the analysis was carried out and the presentation of the findings from the level of the statement up to the level of event reflects my development as a researcher: At first I analysed single units, such as statements and concepts, using an existing model. Later, when I felt more skilled in the analysis of data, I ventured to analyse dialogues and events, a far more complicated procedure. No suitable model was found for this type of analysis, so

I created my own model, triggered by existing theories. The chapters describing the findings reflect this development (see Chapters 6-10).

### **4.3 Presentation of models**

The work of an interdisciplinary team brings together a number of spheres of specialisation - education, medicine and therapies. It is also a meeting place of various content worlds, organisational, social, professional and emotional, expressed in role perception, language, and patterns of communication. All these processes come together in the events taking place, the field of research. Only the use of a variety of existing types of analysis or the creation of new, unique ones make it possible to examine the ethnographic web of interactions in an interdisciplinary team. In fact, every research question called for a different type of analysis. The methods of analysis used will be presented according to the order of the research questions (identical to the order of the presentation of the findings). This order also reflects my progress and development as a researcher: first I implemented an existing model, finally I created my own model for analysis of the findings.

Why did I use existing models or construct new models for data analysis? The advantage of using existing models of analysis is that they are coherent and easily comprehensible, while the field researcher may add any relevant information, since the simplicity of the model is not a limiting factor, it actually stimulates further thought. A model is only a scaffolding, the complete content of the structure is presented in each chapter describing the findings. Presenting the models in this chapter is intended to enable the reader to identify the cognitive, conceptual and theoretical frameworks underlying this study. The advantage of the model for the reader is that it sums up systematically the way this research was carried out, presenting, clarifying and justifying the means by which I derived the first and second levels of knowledge from the data collected in the field. The

disadvantage of the model lies in that it never presents reality in full, since reality is far more complex than its portrayal by the model. Presented below are the models I used in analysing the findings.

### **Model for the analysis of role perception and pupil perception**

A statement is an ethnographic quotation; the quotations were selected in response to specific research questions. I shall describe the process of analysis of the findings relating to the first research question.

#### Pupil perception

During the interviews of all the members of the interdisciplinary team – the educational, medical and therapeutic staffs – each professional was asked the following question: How do you define/perceive the pupils? (See question 6 in Appendix B).

The analysis was carried out in the following stages:

1. Transcription of the text of the interviews
2. Reading all the answers
3. Reading according to the critical key (as presented in the research design): Which definition is shared by a group of professionals? All the answers were reread in separate groups according to the speakers' professional specialisation, in search of an ethnographic definition typical of each professional group.
4. Formulation of ethnographic definitions using the professionals' statements. For example, the doctors said: "The pupils are emotionally disturbed", the therapists said: "The pupils are emotionally disturbed", the educators said: "the pupils are special education pupils".
5. Explanation of all ethnographic definitions, for instance – the doctors perceive the pupils as belonging in school; the therapists refer to

adjustment; the educators give heterogeneous definitions of the pupils' state.

6. Provision of ethnographic examples, quoting the professionals' statements and explanations of the way they perceive the pupils.
7. First level analysis (presented as part of the data collection process) – relating to relevant theories.
8. Second level analysis – what is the significance of the different pupil perceptions of each specific group of professionals within the culture of the interdisciplinary team? (see Chapter 11).

### Role perception

The stages of analysis were as follows:

Stages 1-3 were identical to stages 1-3 above. They focused on question 2 in the interviews (see Appendix B): How do you define your role in the school?

Stages 4 and 5 were as follows:

4. Presentation of the pattern: use of the professionals' statements/definitions.  
For instance, the educators defined supportive therapeutic patterns, educational and study patterns and management-organisational patterns differently from the therapists and the medical staff. (For details see Chapter 6).
5. First level analysis: the analysis related to relevant theories, mainly Goffman's theory.

The analysis of the findings relating to pupil and role perception can be presented in the following concise way:

- Perception of pupil:
- i) Professional's perception of pupil  
– ethnographic definition
  - ii) Ethnographic examples
  - iii) First and second order analysis

<b>Perception of role:</b>	
i)	<b>Presentation of pattern – Ethnographic definition</b>
ii)	<b>Ethnographic statement</b>
iii)	<b>First and second order analysis</b>



**Model for analysis of the language used in relating to the work with the pupils (see Chapter 7)**

The findings pertaining to the second research question were analysed in the following process:

1. Reading of all the observations, interviews and documents collected, while attempting to reveal the issues discussed during the work of the interdisciplinary team. The examination of the data yielded the issues to be explored: recurring expressions or concepts, metaphors, slang expressions and words with different meanings within the discourse of the interdisciplinary team.
2. Additional mapping of the issues to be researched, produced by repeated rereading of all the observations, interviews and documents. The mapping revealed 77 concepts.
3. The large number of concepts found had to be sorted into categories, which were derived from the data. The following ten categories were formulated, presented according to the number of concepts found in each category, in descending order:
  - a) 25 concepts relating to the work with pupils, used by a specific professional group
  - b) 16 concepts relating to the work in the interdisciplinary team
  - c) 10 concepts relating to the subject's own sphere of work
  - d) 6 concepts expressing their attitude to the pupils
  - e) 4 concepts belonging to slang

- f) 4 concepts, each belonging to several spheres of content
  - g) 4 concepts relating to the administrative team
  - h) 4 statements about the word language
  - i) 3 concepts relating to place: to the room, to the school
  - j) 1 shared concept relating to school administration
4. The units/categories with the largest number of concepts were a) and b). They became the focus of the study.
  5. Rereading the research findings, while using the critical key (as presented in Chapter 2), I searched for what I defined at that point as sub-categories – concepts generated by one type of professionals. I found sub-categories originating with the therapists; for example, the statement ‘prizes’, sub-categories originating with the educational staff, for instance, ‘the experience of success’, sub-categories used by the doctors, such as ‘narrative’, ‘getting nowhere fast’. There were also concepts shared by all the members of the interdisciplinary team, such as ‘independence skills’. For a comprehensive presentation of sub-categories of concepts and their analysis, see Chapter 7.
  6. In order to present, understand and analyse a concept as it is perceived by the team members, I defined an additional unit of analysis as a cluster, meaning a group of words or semantic sentences with interconnected meanings affecting each other, as perceived by the actors. Clustering is an analytical tool, facilitating insights into the essence of the concept.
  7. The attempt to analyse the concepts led me to content analysis on an interdisciplinary level, or as termed by Linell (1998), ‘discourse across boundaries’. Linell points out that this area of study focuses on three main phenomena: intra-professional discourse (among professionals with the same expertise); inter-professional discourse (among professionals with different types of expertise); discourse between professionals and non-professionals.



Intra-professional and inter-professional discourse was found relevant to this study, therefore the concepts were analysed by means of the Hurford and Heasley (1993) model of communication analysis of discourse, which was adapted for this research, as presented below:

The first model, as stated, was based on a model by Hurford and Heasley (1983), which is commonly used in communication studies.

1. Who communicates to whom? (Sources and Receivers) In this study it was modified to 'Who owns the concept?'
2. Why does s/he communicate? (Functions & Purposes).
3. How does the communication take place? (Channel, Languages, Codes) In this study the context will be mentioned – whether it occurred at a meeting, in an interview or in a school document.
4. What is it about? (Content objects or Reference types of information) In this study, this refers to mapping of the concepts focusing on work with the pupils and those related to work as an interdisciplinary team.
5. What are the consequences of the communication? In this study, the results of the communication will be analysed in relation to the reactions to the concept by professionals from another group.

The model led to the formation of guidelines for the analysis of each concept:

- Who is the owner of the concept? (and what is its significance as perceived by the speaker from a specific group of professionals?).
- The significance of the concept for the professional; examples of its use.
- Purpose of the communication (Functions & Purposes).
- Consequences of the communication.

A table showing the frequency of occurrence of the concept will also be presented.

The process of analysis of the findings pertaining to the concepts relating to work with the pupils can be presented in the following way:

By classification into categories and clusters  
 Adaptation of Hurford and Heasley's model  
 i) Presenting the professionals using the **concept** – its ethnographic definition  
 ii) Purpose – role of communication  
 iii) Results of communication  
 iv) Frequency of use of concept

8. The consequences of the communication were analysed at the first level of knowledge.
9. Second level knowledge appears in Chapter 11.

#### **Model for analysis of the language used In relating to the team**

The analysis of the findings pertaining to Question 3 followed the same process as that dealing with Question 2. The distinctive feature was the large number of metaphors used by the professionals, and these were analysed (7 metaphors out of 16 concepts). In analysing the concepts relating to the interdisciplinary team itself, it was not possible to use the critical key according to the type of specialisation, therefore the sub-categories of concepts were divided in a different way. For instance, sub-categories were taken from one context of discourse and transferred to another context, the sub-category presenting the difficulties of the interdisciplinary team.

The process of analysis of the findings relating to the work of the interdisciplinary team can be presented in the following way:

Categories and clusters:  
 Adaptation of Hurford and Heasley's model:  
 i) Presenting the professionals using the **concept or metaphor**, ethnographic definition  
 ii) Purpose – role of communication  
 iii) Results of communication

### **Model for analysis of patterns of communication with the pupils**

The process of analysis of the findings relating to the fourth research question was as follows:

1. Reading the documentation of all the observations of meetings; 8 different types of meetings were observed: IEP (individual education plan) meetings, pedagogic sessions, administrative team meetings, meetings of the LSD team, in-service courses, supervision, meetings of experts and meetings to prepare specific events (for details see Chapter 9).
2. Selection of meetings for clarification and analysis. The contexts chosen were the IEP interdisciplinary team and the administrative team, for the following reasons. First, the IEP meetings are attended by all the members of the interdisciplinary team (educational, therapeutic and medical), and representatives of each of these specialisations attend the administrative team meetings. Second, these meetings take place twice a week. In order to identify patterns of interaction, it is important to observe meetings held frequently.
3. Decision to focus on interdisciplinary dialogues occurring between the participants at the meetings.
4. Re-reading of the documentation of the observations revealed that the dialogues at the IEP meetings focus on pupils.
5. Analysis of the problems and main issues recurring during the observations pointed to the unit of analysis – information.
6. Analysis of information within the dialogues according to the critical key of groups of professionals proved impossible.
7. Search for a theoretical model of categories of information. No suitable model was found.

8. Repeated re-reading of the documentation of the observations revealed certain patterns recurring in the discourse of the interdisciplinary team. These constituted the information categories. The following categories were found:

- i) the professional's information acquired through personal experience;
- ii) Information stemming from professional experience;
- iii) learning from this experience and expanding it towards a theory.

It is worth noting that that this model is the special contribution of this research. It is not found in the theoretical literature.

9. Ethnographical explanation of all the patterns.

10. Constructing a model for the analysis of dialogues: presentation of the pattern of communication and its outstanding characteristics.

The team members participating in the interaction are designated by their role, not by their name. First level analysis is mainly based on Goffman's theory. The process of analysis of the findings pertaining to the categories of information in the interdisciplinary team may be presented in the following way:

**Model of information categories:**  
**Patterns in each category, each pattern analysed**  
 i) Ethnographic explanation of pattern  
 ii) Ethnographic **dialogue** as example  
 iii) First and second order analysis

### **Model for analysis of the communication patterns within the team**

The analysis of the findings pertaining to the fifth research question followed the following process:

1. Reading of all the ethnographic events.
2. Identification of the levels of interaction – the individual and the group level.

3. Identification and analysis of organisational processes occurring during the interaction, by means of events taking place between the administration and the administrative team.
4. Identification and clarification of covert interactions, the analysis was based on the theory of family therapy and that of Goffman.
5. Leading questions to facilitate analysis: why was this situation chosen? What took place, what are the characteristics of the team's work? What is the arena - the stage? What are its components? What play was being enacted? What were its boundaries? Which theories explain the situation and provide a basis for analysis? What are the unique features of the findings?

The analysis of the findings relating to the communication patterns in the administrative team can be presented as follows:

Patterns of each interaction, each one analysed:

- i) Ethnographic explanation of pattern
- ii) Ethnographic event
- iii) First and second order analysis.

I found analysing an event very complex, and as I could not find a model in the literature to assist me, I created the model presented here, inspired by existing theories of family therapy. Minuchin's (1982) approach was particularly useful.

The family therapy theories were helpful, since the therapist in that situation observes a family with its organisation, inclusiveness, boundaries, coalitions and other structural features. Only models dealing with such dynamic processes make it possible to integrate several theories, and to present and elucidate a number of simultaneous interactions occurring during that event in the environment. Such analysis is complex, demanding an understanding of both

overt and covert processes. Minuchin's (1982) structural approach proved stimulating and useful for the following reasons:

1. The therapeutic framework in this case is to view the individual within the social context, since the theory of family therapy is based on the idea that a person is not an isolated entity, but an acting and reacting constituent of a social group. What the individual experiences depends on both internal and external components. Thus people's experiences are determined by their dynamic interaction with their environment.
2. Structural treatment of the family is rooted in action. The approach in such treatment is to focus on the present, not probing into the past and its significance, since the past was the means by which the present organisation and functioning of the family was created.
3. A family is a system, operating according to certain patterns which constitute its foundations. These patterns regulate the behaviour of the family members and they are preserved by two networks of constraints: a general one, comprising universal laws controlling family relationships, and an idiosyncratic one, containing the mutual expectations of the family members. The source of the expectations lies in overt and covert negotiations.
4. The structure of a family is not an entity immediately accessible to the observer. The therapist must observe the family over a long period in order to obtain the necessary data and be able to assess them, just like a researcher studying an interdisciplinary team.

#### **4.4 Rationale for the choice of Goffman's dramaturgical approach (1959)**

Erwin Goffman's (1959) dramaturgical theory served as a basis for my understanding of observed situations in the field, and later assisted me greatly in organising the findings, frequently serving as a key to comprehending them. It was helpful for the following reasons:

1. The focal point of Goffman's (1959) approach is the team. His definition of a team is appropriate to the team in this study. Goffman (1959) defines a team as a group of individuals collaborating in the performance of a routine. He adds that their collaboration is required if they wish to preserve the given definition of the situation. According to Goffman (1959), the definition of a team entails mutual interaction or a sequence of interactions, during which the relevant definition is preserved. Goffman's (1959) theory facilitates focusing on interaction taking place during teamwork, by clarifying and defining components such as: team member, roles of the actors in the team, the individual in the team, agreements or conflicting opinions in the team, taking up a uniform position, updating the knowledge in the team, error of a team member, and also the leader of the team. Such an approach to interaction enabled me, as an observer, to understand what was happening at the overt level during a particular interaction.
2. In presenting his approach, Goffman (1959) makes use of many concepts that enabled me to understand, and sometimes also to interpret, interaction on the covert level, such as the following concepts: the front, the social front, the sign-equipment, and the scenery behind the individual's actions. Goffman's (1959) perspective is that of a theatrical performance. He discusses the way in which individuals present themselves and their actions to others during the usual work situations, the way they shape the impression others receive of them and check it, the things they do or refrain from doing while acting in front of the team. The discrepancy between appearance and reality, or between the existing shared definition of the situation and that of a particular person, differing from it, creates cognitive dissonance in the observer. Goffman (1959) maintains that, as researchers, we must be ready to examine the essence of the dissonance that has emerged in us. The starting point of the investigation is what he calls 'the definition of the

situation', since it serves as a basis for collaboration between professionals in an interdisciplinary team. The definition of the situation also leads to action.

3. Goffman (1959) presents and clarifies important characteristics of teams, and distinguishes between them. This distinction provides a basis for the understanding of overt and covert processes occurring between different groups of professionals. The following elements are mentioned: a front of consensus, regional front, the back region or behind the scenes, impression management, closeness, destructive information, secrets in the team, types of secrets – dark secrets, strategic secrets, inside secrets, secrets stemming from knowledge from another team, such as entrusted secret, open secret; contradictory roles in a team, such as service expert, mediator; incidents, techniques to preserve an impression, dramaturgical significance, prudence and dramaturgical alertness and tact. These concepts enabled me to understand the interactions and organise them on the first level of analysis, and they also often assisted me on the second level of analysis.

Finally, I wish to quote Goddard & Wierzbicka (1997), who state that interpretation and explanation are never finished and authoritative; they are dynamic and open to new contexts and new information.



## **Chapter Five: Theoretical and research review - the interdisciplinary team in special education**

In order to find a background on which to understand interdisciplinary teamwork in special schools and place my own research in the context of previous work, I spent some time searching out the opinions and findings of other writers and researchers who had explored the topic from a variety of different angles.

The phenomenon of teamwork is currently being addressed in many different spheres. The business world is prolific in its writings concerning the efficacy of teamwork. It is a central issue in the building of efficient companies in the modern world. Medicine, mental health and social services are replete with books and articles on the topic (Stroul 1996; Sullivan 1998). Even a cursory look at current trends and issues in education illustrates that this discipline also embraces teamwork (Friend, 2000).

It became necessary to look further than the literature specifically surrounding special education, particularly because there has been so little actual research in this area (Youngson Reilly, Tobin & Fielder, 1995).

This chapter focuses on three aims: presentation of the existing studies on the work of interdisciplinary teams in special education, a critical review of the theoretical discussion existing on the subject and exposition of the theoretical framework that emphasises the importance of researching this topic – all these in relation to special education. (A review of the literature that supports the methodology used in this study appears in Chapter 3; in addition, throughout all the chapters relevant theories, or concepts taken from theories, are presented for the purpose of theoretical validation.)

This review will begin with a description of the scene in special education in Israel today, focusing on interdisciplinary teams in order to provide understanding

of the context in which such teams function in Israel. The second part of the review examines theoretical approaches to the concept 'interdisciplinary team' and existing directions of research on such teams in special education. This will be followed by a discussion of the existing research directions on the topics dealt with in this study: role perceptions, language and patterns of communication in an interdisciplinary team.

### **5.1 Special education in Israel**

Although there does not exist any theoretical basis or systematic rationale for the establishment of the interdisciplinary team 'method', work in interdisciplinary teams in Israel grew out of the practice and was formulated in one binding clause in the Special Education Law. Support for this can be found in the words of Gumpel:

The discussion of special education indicates an attempt on the part of the legislature to establish a law based on accepted practices in special education in the world, without these being based in a broad social and educational conception. The custom of routinely passing on important decision making processes to bureaucratic mechanisms also characterises other aspects of life in Israel during this period (Gumpel, 1999, p. 79).

The law was not examined and reviewed anew in the various frameworks where interdisciplinary teams operate. Furthermore, apart from one MA thesis (Aviezer, 1995), which focuses on interactions between the educational and therapeutic team and pupils with severe retardation, no research has been conducted on interdisciplinary teams in Israel. The review presented here is based largely on the monthly bulletins to all schools issued by the Director-General of the Ministry of Education. These bulletins constitute a system of operative instructions to the schools. In the light of this situation, the present study is a pioneer work on the topic.

'In special education today there is a tendency to describe the situation using two main terms: reform and crisis' (Reiter, 1997). Reform, because since the

middle of the twentieth century changes have taken place in the educational system, both in definitions of concepts and organisational changes. Crisis, because the reform is characterised by two outstanding features: fragmentation and lack of clarity of concepts. The fragmentation stems from the fact the implementation does not always keep up with the pace of changes in the theory and in the concepts. New laws are often well in advance of the events on the ground, both in the organisational and professional aspects. The clause in the Special Education Law that determines the work of an interdisciplinary team in special schools is a good example of this. There is no clear, crystallised philosophy on which to base the reform. The lack of clarity is related to lack of distinction between old and new conceptions, and to concepts whose definition is not always clear and uniform. Many experts: politicians, professionals, parents, administrators and legislators, are involved today in the development of special education. What, in fact, is special education and how is it defined in Israel?

*Special Education Law, part 1, clause 1.*

Special education – systematic teaching, instruction and care given according to this law to an exceptional child, including paramedical treatment and therapy in other professional spheres, which will be determined, including ancillary services, all according to the needs of the exceptional child.

The law expanded the framework of eligibility for special education to pupils aged 3-21 (Director-General's bulletin 6, 1999). This is a diverse pupil population. Special education classes are classified according to the characterisation of the dominant disability of most of the pupils in the class. In addition, this category constitutes a basis for characterisation of the disability of the individual pupil. Organisational and administrative needs compelled the system to classify the disabilities into a relatively small number of categories, as follows: mental retardation, behavioural disturbances, psychological disorders, learning disabilities, physical disabilities, deafness/blindness, and developmental or

linguistic retardation (Director-General's bulletin 9, 2000). These categories do not presume to give comprehensive expression to the individual differences between pupils in special education. In many cases the major disability is accompanied by additional functional disorders, which require a therapeutic response and suitable educational treatment. Therefore, the aims of special education as determined by the Special Education Law, part 2, clause 2, are:

To advance and develop the skills and ability of the exceptional child, to correct and improve his physical, mental, psychological and behavioural functioning, to impart to him knowledge, skills and habits and accustom him to accepted behaviour in society, in order to facilitate his integration in it and into the circle of work.

Based on these aims, the legislature decided to require by law the preparation of an individual educational plan for every pupil in schools for special education, to be prepared and implemented by an interdisciplinary team. Hence, the present review focuses on the Individual Education Plan (IEP), which is the main objective of the work in the interdisciplinary team, namely the planning and implementation of an individual programme for each pupil, and on the definition of the roles of the members of the interdisciplinary team in a special school.

For many years it has been the practice in special education frameworks to prepare a programme adapted to the individual needs of every pupil. The Special Education Law of 1988 gives legal validation to this practice. The law requires preparation of an individual syllabus for each pupil attending a special education framework. The idea underlying the IEP is that each child and his specific needs should be viewed individually. The IEP takes into consideration the child's age, skills, difficulties and areas of interest. The IEP sets aims and objectives for work with the pupil and sets guidelines for teaching methods with the child, which will also serve as criteria for follow-up on his process (Director-General's bulletin 7, March, 1998).

It is the interdisciplinary team in the educational setting that prepares the IEP, planning the programme for working with each pupil, both in terms of lessons and

of individual or group therapy. The IEP, as defined by the law, has to include the following components: the pupil's level of functioning at the time of its preparation (functioning in cognitive, learning, behavioural-affective, social, sensory and motor terms, as well as in communication and language skills and life skills. The description of the child's level of functioning is to be based on the diagnosis of the interdisciplinary team); the learning aims and objective, the time set for achieving them, the means required for their accomplishment and the criteria for assessing their achievement. The IEP is to be prepared at the beginning of the school year and no later than mid-November. The programme prepared for each child will be reviewed throughout the school year at IEP meetings. What, then, are the roles of the interdisciplinary team members with regard to the IEP?

Below is the role definition of the team members:

Doctors – a doctor is defined as a paediatrician, a neurologist, a psychiatrist specialising in children and youth.

The Director-General's bulletin only specifies the doctor's role, and does not define the roles of the paramedical and educational team members.

#### Definition of the doctors' role

1. Membership in the school's interdisciplinary team, participating in team meetings.
2. Examination and assessment of the pupils according to need, and follow-up on them as part of their total educational needs.
3. Participation in preparing an IEP for each pupil.
4. Planning the medical programme for the pupil in the school according to need.
5. Referring the pupil's parents to external treatment bodies.
6. Coordinating and liaising between the school and external bodies that treat the child and his family, with the parents' knowledge and consent.

7. Collating medical information about the pupil that is relevant to his/her progress and functioning in the school (from Director-General's bulletin, May 1999, p. 2).

#### Definition of the therapists' role

Therapy through the arts, namely, education and treatment by means of creative work and self expression. Art is the main focus of the therapeutic process and emphasises the special nature of the non-verbal domain. This is the general heading that encompasses a variety of artistic expressions, such as music, drama, painting and puppet theatre.

Art therapy is considered a new profession in Israel, and is currently going through the stages of receiving accreditation. In addition, it is important to emphasise, as Chazut (1998) says, that art therapy has yet to develop a clear theory defining a specific terminology. Most of the approaches that are taught in training colleges come from the realm of psychology (Chazut, 1998, p. 7). The need for official professional recognition and the attempt by the profession to find its own niche among the specialisations existing in schools and treating pupils, coupled with the fact that over the past fifteen years more and more therapists have been integrated in schools, most of them in special schools (Chazut, 1988, p. 10) led the Therapists Association to define the therapists' roles in the educational system in general and in special schools in particular. The definition of the therapist's role in the special school includes instruction, guidance and supervision of the pupils in creative activities for the purpose of self-expression (without instrumental or aesthetic aims per se) as an aid to diagnosis and medical or educational treatment. This aid will be given to diagnosis in preventive education, remedial education and will be applied through group therapy, family therapy, research follow-up and information (from Therapists Association bulletin, 1998).

The training and qualification required of therapists working in special education is a valid license acknowledging their status by the Ministry of Health, and authorising them to engage in the specific therapeutic field (Director-General's bulletin no.7, March 1999).

In the Director-General's bulletins dealing with topics of special education, I found no formal definition of the role of class teacher in a special school. The training and qualifications required of a class teacher in special education are a teaching diploma and a first degree in special education.

## **5.2 Theoretical references to the concept interdisciplinary team and directions of research on the subject**

Leathard (1994) notes that the concept interdisciplinary team is a terminological quagmire. She found 42 terms that were used to describe various significant forms of interdisciplinary teamwork. Leathard, and later Lacey (1997), in her doctoral dissertation, divided these terms into three categories: basic concepts, basic processes in an interdisciplinary team and basic institutions. Although Leathard examines concepts from the realm of medicine, I found this division suitable for the analysis of this part of the review. Below is the classification that reveals the terminology used by those who speak and write of interdisciplinary teams in special education.

### Concept-based terms

**Teamwork** – involves more than two professionals working together at a given time. Wright and Kersner (1998) note that some of the teams may develop by default, for instance due to a number of professionals being involved in specific subjects that are inter-related. More often, teams are formed for the purpose of working together for common aims.

**Collaborative consultation** – the source of the concept is in the work of Johnson et al. (1990), who combined the concepts 'collaboration' and 'consultation' in order to express the equal status of those working together. The purpose of using the two terms combined as one concept is to emphasise the equality among the people working together.

**Collaboration** - Axelrod (1984) was the first to present a theory of cooperation, relating to the ways in which people work together. Later, Loxley (1997) developed the concept of collaboration and related to it as 'general mutual benefit'. The concept 'collaboration' suggests that professionals work alongside each other regardless of differences in status or power struggles in the relationship. Idol and West (1991) even presented an action model for collaboration, based on two or more participants who agree to work together in order to achieve greater success for a joint plan.

The concepts: team work, collaborative consultation and collaboration reflect the character and the type of collaboration that exists among the members of an interdisciplinary team. Another concept that reflects the character and type of collaboration and has become prevalent among researchers and professionals involved in special education in recent years, is 'partnership' (Gains & McNicholas, 1979; Lacey & Ranson, 1994; Langone, 1998).

Other concepts often used in special education are taken from discourse analysis. Linell (1998), speaking of discourse in interdisciplinary teams, refers to intra-professional discourse, inter-professional discourse and professional lay discourse.

Sometimes two different terms are used with the same meaning in different countries; for example, the term transdisciplinary is common in the USA, while in England the same meaning is expressed by the word collaborative (Lacey & Ranson, 1994).



### Process-based terms

Despite the fact that there are other concepts that relate to collaborative work, the most prevalent term used in special education is collaboration. This is what Reid et al. (1996) call an umbrella term. Collaboration is defined by Wallace and Hall (1994) as 'joint work for joint purposes' (p. 69)

A broader definition, which also includes the processes required in collaboration, is presented by Clark:

Collaboration is a method of solving the problems of teaching and learning in partnership with others. The process of collaboration requires shared thinking. A kind of interactive teaming engaged in by those who have knowledge to meet the needs of all students (Clark, 2000, p. 56).

Hornby (1993) uses collaboration as a comprehensive term to describe a relationship based on working together to achieve a common purpose. She also identifies different types of collaboration, such as primary (professional and client), secondary (professionals together) and participatory (client and professionals together) and different levels, routine or functional cooperation, simple and complex, which refer to the multiplicity of people involved.

Collaboration is a major process in the work of an interdisciplinary team. The research presented in this work examines collaboration as a complex process in several aspects: collaboration on the part of the pupils, among the team members themselves, and collaboration between the members of the administrative team and the headteacher.

Hall and Oldroyd (1992) suggest a typology of ways of working based on a study of collaboration. Wallace and Hall (1994, p. 71) offer advice about 'going collaborative'. They give some guidelines for action.

The discussion on collaboration in an interdisciplinary team, the directions of research on this topic and the approaches that emerged in the wake of the research all seek to present overall frames of reference in an attempt to

conceptualise the collaborative process based on a view of its major characteristics.

Hart (1977) describes three different approaches to team cooperation: the multidisciplinary team, according to Hart, was the earliest version of professional cooperation. It was based on the medical model of intervention. The child was seen separately by various professionals, but the recommendations were sent to the teacher to implement. There was little consultation among group members and when opinions were in conflict the teacher had difficulty resolving the differences.

The interdisciplinary team, as Hart defines it, allowed the members to meet together to discuss the results of their findings and then offer recommendations for the teacher to follow. A serious problem was that the team offered little follow-up or feedback once the evaluations and the recommendations had been made.

The transdisciplinary model involves one professional manager, who coordinates the activities of several disciplines and often directly applies the services of those other disciplines. There is more direct help to the child by the professionals themselves, who work to trade skills across their different disciplines.

Although some writers, such as Cooper (in Sims & Sims, 1994), refer to multidisciplinary work as being concerned with sharing and collaboration, other writers seek to differentiate between multi-, inter- and transdisciplinary, seeing only the final term as referring to true collaboration (Stainback & Stainback, 1990; Rainforth, York & MacDonald, 1992; Lacey & Lomas, 1993).

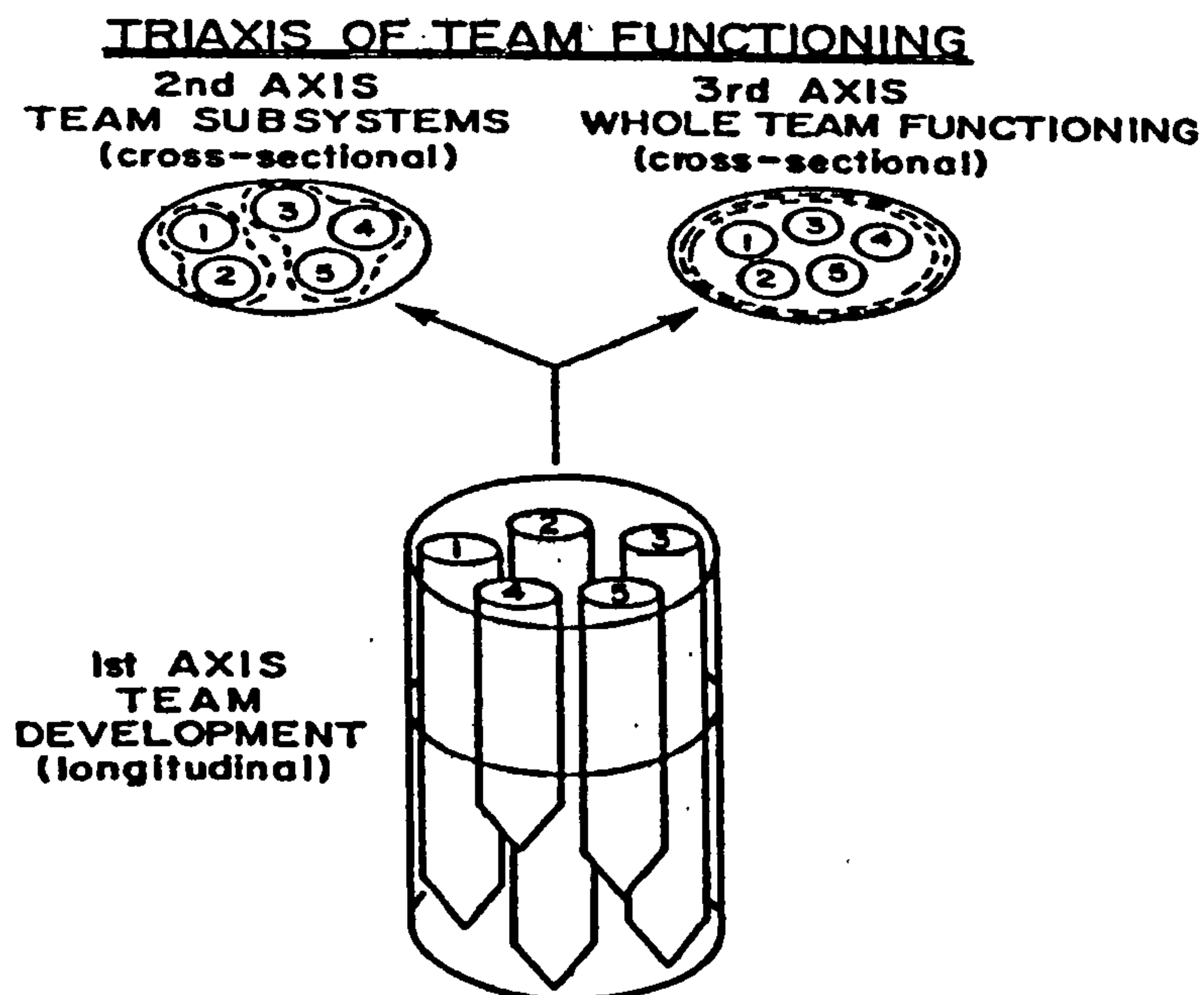
Youngson-Reilly, Tobin and Fielder (1995) suggest that there are three types of multidisciplinary teams identifiable from the literature: practice, assessment and discussion teams. Assessment and discussion teams are made up of professionals from a number of agencies who meet periodically, either for

assessment purposes or merely for case discussion, whereas the practice team is formed in a fixed location such as a school and is concerned with the day to day management of the requirements of children with special needs.

In addition to the general definitions and concepts that examine perceptions of collaboration, the literature contains models that organise the elements of collaboration and give expression to the processes and functions that are involved and to the links between them. For example, Bailey (1984) and Orelove and Sobsey (1991) offered definitions for different types of collaboration and distinguished between them. These distinctions represent three approaches to the work of interdisciplinary teams in special education.

Bailey's Triaxial Model (1984) shows three dimensions for conceptualising problems in the functioning of interdisciplinary teams. The three dimensions are:

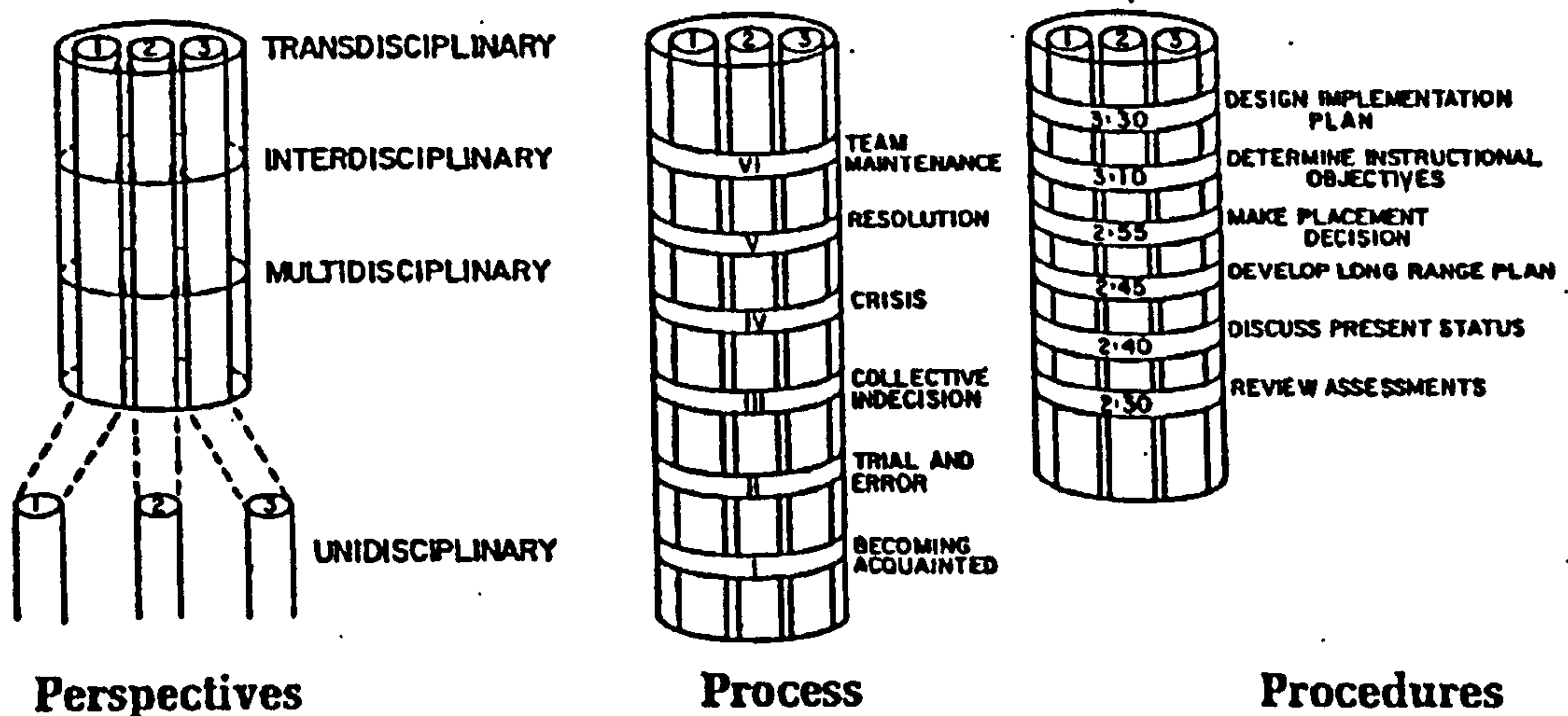
- a. the team as a developing and changing entity
- b. the team as a set of sub-systems.
- c. the team as a functioning unit



**FIGURE 1.** A triaxial model for interdisciplinary teams. Adapted from Tseng & McDermott (1979).

The model is based on three assumptions: the first, which is described in the first axis, is that the growth of a team is a developmental process. The second basic assumption, presented in the second axis, is that the team is composed of individuals, and the third is that the team can also be perceived as functioning as a unit. In each of these axes Bailey focuses on difficulties and dysfunctionality of the team. With the help of this model it is possible to trace the team's difficulties in functioning and evaluate its performance.

Here I will discuss only the first dimension, which focuses on types of interdisciplinary teams and is relevant to this study. Bailey illustrates the first dimension in the following figure, relating to perspectives, process and procedures:



As we see, perspectives shows four levels or types of teams in the process of development. The first level is classified as the beginning of the interdisciplinary team and reflects an environment in which experts confer autonomously with clients. At this level there is, in fact, no team.

The second level is the multidisciplinary team. Here various specialists meet as a group for diagnosis or planning. Each area of specialisation remains independent and is only slightly influenced by the contribution of the other team

members. The third level represents the internal interdisciplinary team. The end result may be a genuinely concerted effort with the contribution of each expert. The fourth level represents the transdisciplinary team, characterised by a joint team approach and joint implementation of various services.

The second model is that of Orelove and Sobsey (1991):

	<b><i>Multidisciplinary</i></b>	<b><i>Interdisciplinary</i></b>	<b><i>Transdisciplinary</i></b>
<b>Assessment</b>	Separate assessment by team members	Separate assessment by team members	Team members and family conduct a comprehensive development assessment together
<b>Parent participation</b>	Parents meet with individual team members	Parents meet with team or team representative	Parents are full, active, and participating members of the team
<b>Service Plan development</b>	Team members develop separate plans for their discipline	Team members share their separate plans with one another	Team members and parents develop a service plan based upon family priorities, needs and resources
<b>Service Plan responsibility</b>	Team members are responsible for implementing their section of the plan	Team members are responsible for sharing information with one another as well as for implementing their section of the plan	Team members are responsible for how the primary service provider implements the plan
<b>Service Plan implementation</b>	Team members implement the part of the service plan related to their discipline	Team members implement their section of the plan and incorporate other sections where possible	A primary service provider is assigned to implement the plan with the family
<b>Lines of Communication</b>	Informal lines	Periodic case-specific team meetings	Regular team meetings where continuous transfer of information, knowledge and skills are shared among team members
<b>Guiding philosophy</b>	Team members recognise the importance of other disciplines	Team members are willing and able to develop, share, and be responsible for providing services that are a part of the total service plan.	Team members make a commitment to teach, learn and work together across discipline boundaries to implement unified service plan
<b>Staff development</b>	Independent and within their discipline	Independent within as well as outside of their discipline	An integral component of team meetings for learning across disciplines and team building.

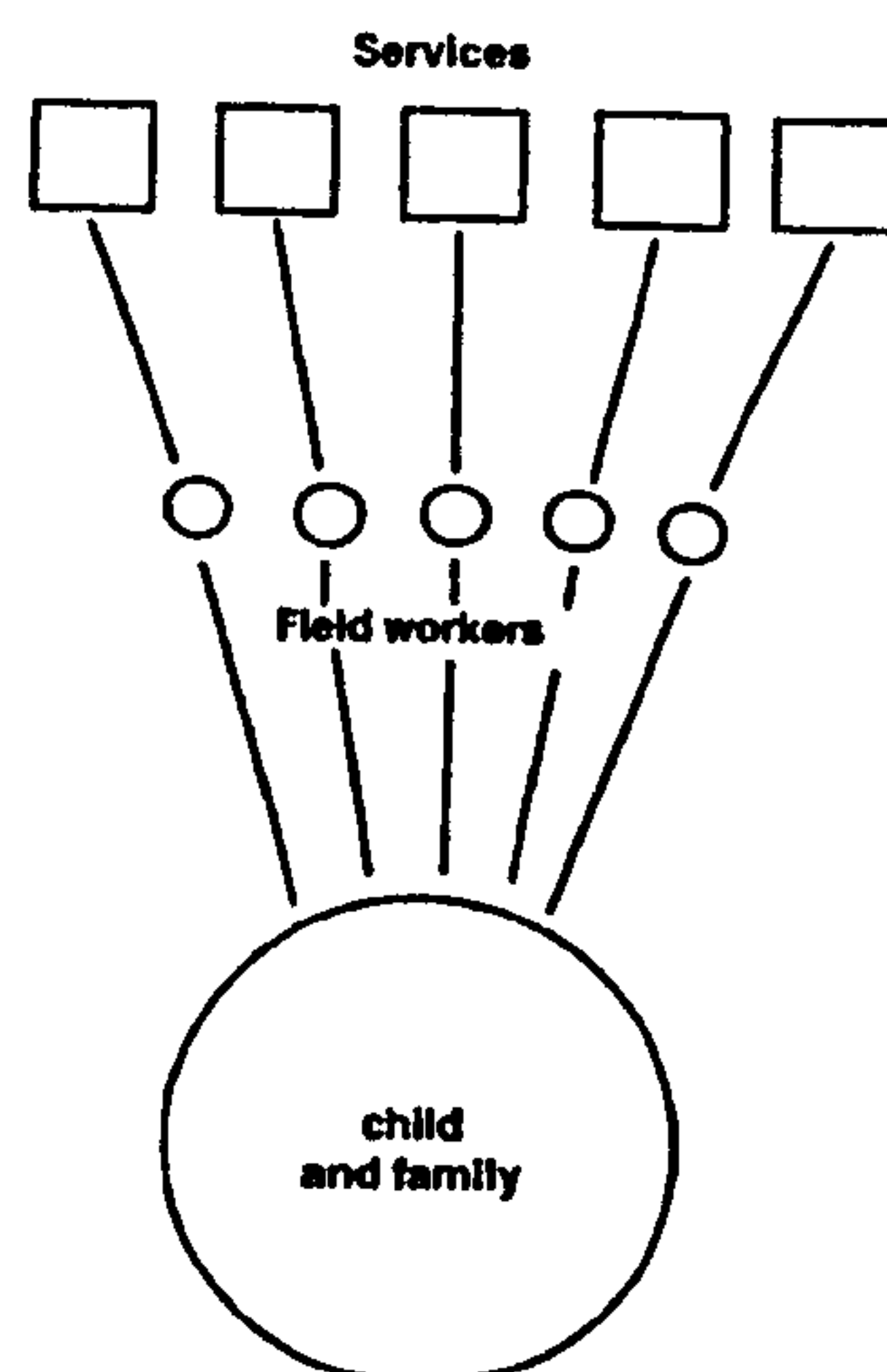
Because the major aspects discussed in the literature relating to collaborative processes in an interdisciplinary team appear in both these models, I chose to take them as a source for definition of the team investigated.

Finding agreement concerning definitions of what constitutes interdisciplinary teamwork does not seem to be an easy task. Different groups of people within the same discipline use it in different ways. For the purpose of this dissertation, the term interdisciplinary is the most appropriate, and therefore I have adopted it as a general term to denote the situation of experts from more than one discipline working together as a team.

### Agency-based terms

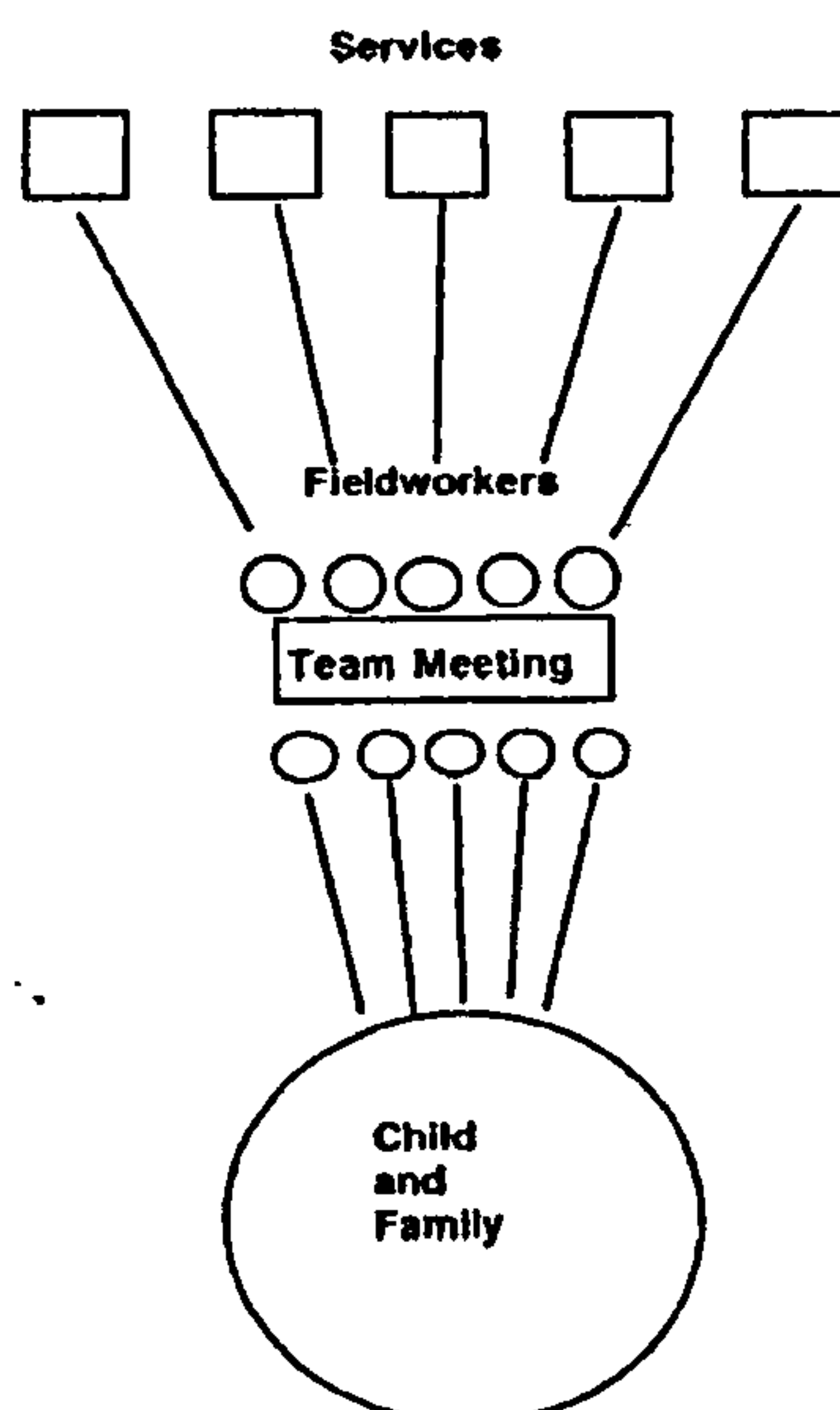
Lacey and Lomas use three diagrams to demonstrate the difference between multi-, inter- and transdisciplinary work (1994, pp.15, 17, 19):

### **Multidisciplinary Approach**



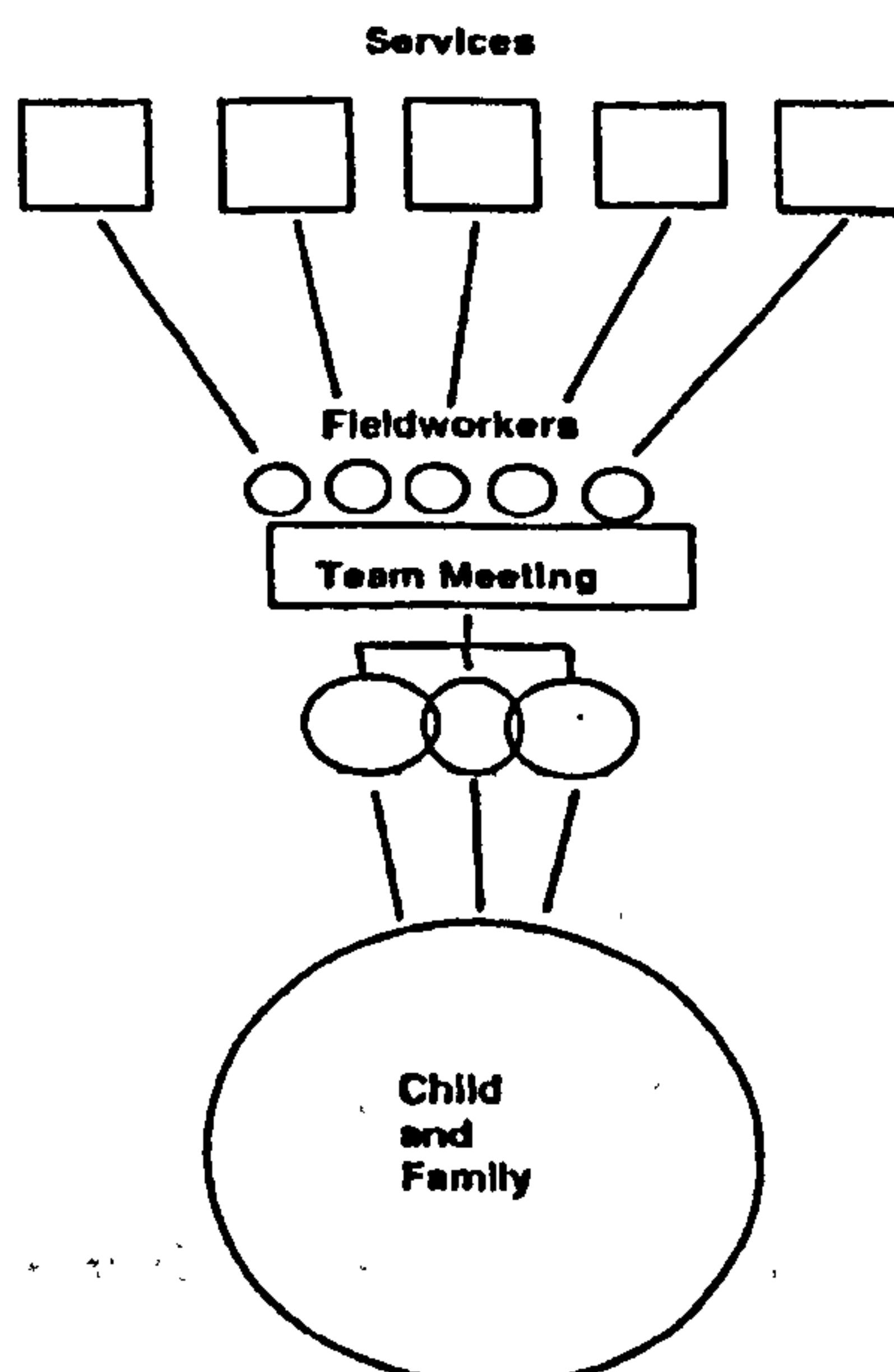
As we can see from the figure, each service works separately with little or no knowledge of each other.

## Interdisciplinary Approach



In this figure, it can be seen that each service still works separately, but they coordinate their work through regular team meetings and report writing. The child and family are serviced by several individuals but they provide different facets of a total package.

## Transdisciplinary (or collaborative) approach



From this figure, we see the importance of keyworkers and small teams in direct contact with children and their families. Most of the contact with the child and family is through the keyworker and small team.

On the basis of these figures, the work of the team in the research reported here may be defined as interdisciplinary.

### **5.3 Research directions relevant to the topic of the present study**

Despite the fact that interest in interdisciplinary teamwork in special education dates back to before the 1960s, remarkably little research has been conducted specifically in this area during the intervening thirty years (Friend, 2000). Hence the theoretical discussion in this review will focus mainly on what has been written on the subject in the area of special education (and will not examine the extensive literature that exists on interdisciplinary teamwork in other areas).

This discussion will cast light on the subject from several aspects: one aspect is the aims of the interdisciplinary teamwork: saving in time and effort leads to more efficient use of time for the purpose of answering the children's needs (Wright & Kersner, 1998), for assessment, decision making and problem solving (Starr & Lacey, 1996). Another aspect is the advantages of interdisciplinary teamwork in professionals sharing their experience with others (Kersner & Wright, 1995), joint planning of the treatment of the children's problems, ensuring comprehensive fulfilment of the pupils' needs, raising the quantity and quality of the therapy time that the children receive. The result exceeds the total of all the work that they would perform if each professional worked alone, due to the holistic view of the children with whom the professionals work (Lacey & Ranson, 1994; Wright & Kersner, 1998), mutual support that helps to reduce stress at work (Wright & Kersner, 1998), and professional development in the sense of the professionals learning from each other (Kersner & Wright, 1995).



Despite the agreement concerning the advantages of interdisciplinary teamwork for the pupils and for the team members themselves, the theoretical literature and the research on the work of interdisciplinary teams refer to many difficulties that arise in this kind of work. These difficulties include: professional mystique and vested interest, confidentiality, lack of awareness and isolation of teams, development of credibility, status issues between disciplines, personal characteristics and qualities, communication skills, lack of training for collaborative work, economic and personal resources (Lacey & Lomas, 1993), the composition of the team as influencing its approach to its task as well as its shared activity, lack of understanding between professionals (Wright & Kersner, 1998), confrontation between people from different professions because of dual loyalty (Reid et al., 1996), inability to develop successful partnership due to lack of training in collaborative work, or due to lack of guidance (Crisler, 1979; Higgins et al., 1992), different levels of participation by professionals from various specialist groups (Bailey et al., 1983) and difficulty in building trust and sharing, which are perceived as central in the work of the team (Rainforth et al., 1992; Rouse, 1994). The difficulty in building trust and sharing is based on other difficulties, such as territorial disputes between agencies and professionals, power struggles (Fish, 1985; Gregory, 1989) and feelings of job insecurity (Maychell & Bradley, 1991).

Other researchers focus on application, namely, on giving recommendations for the development of practical skills in collaboration. In the research literature there is a clear division on this subject between interdisciplinary teams working in inclusive education and recommendations for teams working in special education. For example, with regard to inclusive education, Wadsworth and Knight (1996) examine six suggestions for training professionals in an interdisciplinary team: to provide them with experience before they start working in these teams, to prepare team members for new roles and special

responsibilities, to stress the importance of collaboration in the team, to train professionals to use a variety of techniques, to institutionalise assessment, observation and data gathering skills, and to practise using a suitable model of management behaviour techniques. Hence also Howells' (2000) recommendations, based on experience. With regard to teams working in special education, Wright and Graham (1999), for example, examining collaboration between teacher and communication therapist in a special school, refer to the development of a collaboration scale based on professional description of collaborative activities which fell into three broad categories: planning activities, sharing activities and goal achieving activities. The scale presented was based on Graham's doctoral research.

Another aspect that has been investigated extensively in the realm of special education is that of collaboration. In the research literature there is a distinction in this subject between collaboration existing in special schools and in inclusive schools. The research in special schools focuses on myths and misunderstandings concerning collaboration between professionals (Friend, 2000) and on the preconditions for collaboration (Loxley, 1997; Howells, 2000; Walther-Thomas et al., 2000), and on the first stages of building trust suggested by Loxley (1997), while Laycock (1991) examines the structure for collaboration in the school.

On the other hand, research on mainstream education in inclusive schools focuses on the perception that to ensure successful inclusion, collaboration among all participants is essential (Rieck et al., 2000), namely collaboration around special education and mainstream educators.

The literature deals with several aspects of collaboration. Collaboration is a nebulous concept, and many researchers try to define it. Friend and Cook (1996) refer to it as a style of direct interaction that characterises many types of group processes and projects. Idol, West and Lloyd (1998) define collaboration as an

interactive process that enables a team of people with diverse expertise to generate creative solutions to problems. The outcome produces solutions that are different from those that any individual team member would produce independently (Idol, West & Lloyd, 1998, p 55). People collaborating spend time together exchanging ideas, opinions and information as well as solving problems together (Larson & LaFasto, 1989).

In programmes for students with disabilities and others with significant problems in achievement, collaboration is particularly important (Fishbaugh, 1997; Friend & Bursuck, 1999). As schools become more inclusive learning communities, effective collaboration is crucial for success (NCTAF, 1996; McDonnell et al., 1997; McGregor & Vogelsberg, 1998; Walther-Thomas et al., 2000).

Recognising the importance of collaboration to facilitate pupils' achievements and the support of educators, many professional groups have recommendations for preparation and practice that emphasise the importance of well developed collaborative skills. These include, among others, the Council for Exceptional Children (1995, 1998), Council of Chief State School Officers (1996), National Association of State Boards of Education NASBE (1992), National Leadership Network (1993), National Staff Development Council (1994, 1995).

Most education professionals agree that collaboration is a worthy goal. Collaborative relationships in schools, however, are difficult to develop and even more challenging to maintain because of many factors, such as competing priorities, limited resources and lack of professional development. (Walther-Thomas et al., 1999).

Others focus on the importance of collaboration for pupils with special educational needs. Skrtic, Sailor and Gee (1996) suggest that effective collaboration is a multivocal discourse among participants who have different but equal status as they work together in an interdependent fashion (1996, p.144).

Other researchers try to examine when collaboration is effective (Hudson et al., 1997). Walther-Thomas et al. (2000) argue that effective collaboration emerges out of concern by individuals who are like-minded in some ways and very different in others.

Ultimately, the unique, dynamic, and sometimes problematic differences between team members are what are likely to make collaborative undertaking more effective than efforts of individuals working alone. Sharing different vantage points, knowledge and strategies facilitates development of more creative and comprehensive solutions to complex problems (Walther-Thomas et al., 1999, p.2).

Many other researchers focus on types of collaboration (Bauwens & Hourcade, 1991; Laycock, 1991; Snell & Janney, 2000) and ways in which a mainstream teacher and a special education teacher and the school staff work together to identify and solve the problems relating to pupils with learning disabilities in their classes.

Other researchers who focus on implementation seek guidelines and strategies to help teacher preparation programmes move toward collaboration instruction for all educators (Shea & Wilson, 1996; Hudson & Golomb, 1997).

Other researchers focus on key points for effective collaborative relationships: mutual trust and respect, equity, expertise in one's domain, willingness to share and valuing contributions of participants (Friend & Cook, 1996; Walther-Thomas, 1997; Cramer, 1998).

Another common research direction in this field is research on collaboration between the interdisciplinary team and the parents. The underlying assumption of these studies is that strong bonds of family-school collaboration are critical in order for a child with learning disabilities to succeed (Sileo & Prater, 1998). Sileo and Prater (1998) evaluated ten books discussing work with families of children with learning disabilities, which indicates how much the subject has been investigated. Dinnebeil et al. (1999) sought to discover parents' and service coordinators' perceptions of programme practices that affected collaboration.

The above review indicates the directions of research existing in the literature dealing with collaboration in inclusive schools, directions that illuminate the work of the team from several angles. The research presented in this study does not touch on most of these research directions, such as collaboration between team members and parents. The theoretical literature dealing with collaboration in special education was found to be more relevant to the present study.

Friend (2000) notes that the word collaboration is used so often in schools that it became the educational buzzword of the 90s, yet despite the prevalence and despite the fact that this topic has existed in special education since the 1960s, says Friend, 'Much of what passes for collaboration in schools appears to be guided more by popular belief than by careful inquiry' (Friend, 2000, p.130).

Several theoreticians struggle with this question. For example, Davie (1993) argues that progress towards collaboration is often slower in education than in other social services because this kind of work requires great effort, active support from the headteacher, regular examination and relevant training in collaboration skills. Collaboration is hard to achieve (Lacey & Ranson, 1994; Starr & Lacey, 1996). Perhaps the main reason for the difficulty in exposing findings on the subject lies in Friend's (2000) remark that part of collaboration is formal, but the rich part of it is informal. Friend adds (2000, p. 160): 'We are just ready in education to begin a second generation of attention to the topic'.

Holistic examination of one interdisciplinary team over one year's work, as in this study, may perhaps be the attention required for the topic.

Another research direction, different from its predecessors, is the study of headteachers as leading collaboration. As some researchers claim, educators in leadership position, especially headteachers, are critical members of the support collaboration (Fullan & Hargreaves, 1996; McDonnell et al., 1997). Several studies have been done on the subject in recent years. For example, Blair (2000) attempted in her doctoral dissertation to 'explore factors associated with special

education leadership'. This attempt was based on a review of 133 headteachers in special education.

Foley and Lewis (1999) investigated the self perception of school principals, their ability to serve as leaders in the secondary school on a collaborative basis and to identify factors that contribute to their management skills. In their study 500 headteachers were surveyed and the main research results were that principals perceive themselves as being of average ability for collaborative leadership and they understand the importance of collaborative work. According to Foley and Lewis, this perception may reflect the principals' lack of involvement in developing a collaborative framework.

This review reveals that most of the research dealing with interdisciplinary teams focuses mainly on the subject of collaboration. Despite the burgeoning research literature in this field, the salient fact is that there is still no clear conception regarding the nature of collaboration in teams working in special education. The holistic viewpoint is lacking. The present study will attempt to address this point.

### 5.3.1 Interdisciplinary team members' role perception and perception of the pupils

Role perception is defined as the conscious and deliberate part of the person filling the role, or of someone else who prepares that person to fill the role, with regard to the way in which the role should be filled (Popper & Ronen, 1997).

Role perception comprises two aspects: the view of the role as it is in reality and the view of the role as an ideal to aim for. Thomas and Feldman (1964) define some concepts related to role perception: 'role expectations' – an idea held by a relevant person regarding the character of the behaviour, rights and responsibilities of the role-bearer. Desirable behaviour can include actions or behavioural traits. 'Role ambiguity' – lack of clarity concerning role expectations

with regard to rights and responsibilities in the position in question; the conflict arises out of conflicting expectations regarding what the role-bearer has to do.

The question of a professional's role definition becomes more intense when s/he functions in an area where there is a meeting of different professions. This entwinement of professions calls for reorganisation of the various professionals' self concept and their perception of others. The question of the teacher's role perception has been studied in recent years, mainly in research on mainstream teachers and their role perception in relation to their responsibility for inclusion of children with special needs in their classes (Soodak-Leslie et al., 1998).

In addition, the divergence in role perception between mainstream teachers and special education teachers has been examined in relation to their role in including pupils (Gersten, 1998; Jackson et al., 2000). An interesting study dealing entirely with the subject of role perception was conducted by Darrow-Alice (1999). The purpose of the study was to examine music educators' perception regarding the practice of full inclusion. The data collection technique used was personal interviewing. The participants were music educators. 35 interviews were analysed in a mid-western school with full inclusion. The music educators identified 13 critical issues related to the inclusion of students with disabilities. The most critical issues mentioned by nearly all of the participants was the need for collaboration or consultation with special educators.

Darrow-Alice's study deals with a mainstream school and focuses on teachers' role perception with regard to inclusion. It does not focus on the professionals' perception of their roles in relation to the interdisciplinary team.

In Israel considerable research has been done on the role perception of the counsellor, due to the lack of a clear uniform definition of counselling in the educational system. For example, the study by Magen et al. (1990) compares the perceptions of the counsellor held by teachers in special education with those of teachers in mainstream education. Gavish and Friedman (2000) examined

differences between teachers in mainstream education and teachers in special education with regard to the experience of stress at work. As they show, these differences are linked to different perceptions of the teacher's role in each of the two groups.

In the theoretical and research literature on special education I found no study examining the role perception of each of the experts who participate in the interdisciplinary team. Chapter 6 in this study will present the role perceptions of the various professionals in the team.

As regards perception of the pupils, in Israel one study has been conducted on this subject. Aviezer (1995) examined the nature of the interactions between the educational and therapeutic staff and pupils with moderate, severe and profound retardation. The research population included three special classes from three special schools. Observations were conducted in the classrooms and interviews were held with the staff. The main findings: negative attitudes were found towards pupils with certain characteristics which were divided into three categories: characteristics of communication disabilities, characteristics resulting from the body and body image, characteristics causing disturbance in the team's functioning. Although the team generally expressed a positive ethos towards their work with the retarded pupils and even showed an attitude of acceptance towards most of the pupils, unconscious survival strategies on the team's part were observed, expressed in physical separation and social or psychological avoidance of the pupils whom they considered to have negative characteristics.

Unlike Aviezer's study, the present research examines how the different team members - teachers, therapists and doctors - perceive and define the pupils.



### 5.3.2 Language in an interdisciplinary team

The review of the literature dealing with language and its analysis indicates various directions and foci in research on this subject. In the past 20 years there have been revolutionary changes in linguistics. In quantitative terms the research horizon has broadened beyond the single word, to the sentence, the paragraph, the chapter and the entire text. The emphasis has shifted from morphology to semantics. Some scholars have examined language from the perspective of the syntax of the discourse, particularly in two key concepts: cohesion and coherence (Van Dijk, 1980; Bloom et al., 1982; Folman, 2000). Other researchers focus on types of discourse: expository, argumentative, narrative, descriptive. In recent years the main attention has been on processing. This is a new approach to the understanding of texts, shifting the emphasis from the product to the process. The dialogic researchers, who represent modern approaches in discourse analysis, deal mainly with the concept 'context'. According to them, it is impossible to construct meaning outside a context (Nystrand, 1986; Sinclair, 1993; Folman, 2000). Discourse analysis is a young research branch, therefore its research method is still evolving; it examines the ways in which language is used for communication. In the present study, in-depth learning of the above research directions permitted investigation and analysis of the concepts used in the discourse and how they are perceived by the professionals. This research direction constitutes the core of the present study in the chapters dealing with language. The importance of studying this research field stems from the fact that researchers in special education do indeed emphasise the importance of language in the work of an interdisciplinary team. Researchers such as Wright and Kersner (1998) note that language is generally the preferred tool for social communication. Reid et al. (1996) emphasise that misunderstandings among professionals can arise from the use of language itself, for instance, due to different interpretations of a certain word. Two professionals should ensure that

they are not using professional jargon and that all the terms are clear, since misunderstandings may arise inadvertently. Miller too, in her research (1996), points to the importance of professionals from different disciplines sharing a language and understanding each other's point of view. Her study on the outcomes of training speech and language therapists and teachers in the same course shows that both sets of professionals felt that they could communicate more effectively, plan and work together more closely, and generally experience a better professional working relationship after being on the course. She does, however point to some negative results which suggest that some participants felt threatened by sharing knowledge.

Beyond this, I found no studies dealing with discourse analysis in an interdisciplinary team in special education.

### 5.3.3 Patterns of communication in an interdisciplinary team

Communication is an everyday experience which we all claim to know something about but, in fact, is a quite complex activity (Riches, 1997). Communication has been studied extensively, particularly in industrial and business organisations, but also in educational organisations. The actual definition of communication has been studied, and communication in organisations has been variously defined as activity which takes place when a message is transferred satisfactorily from one part to another so that it can be understood and acted upon if necessary (Riches, 1997).

Sorting, selecting, forming and transmitting symbols between people to create meaning (Rasberry & Lemoine, 1986, p. 23).

Modern thinking about the subject has moved away somewhat from thinking about a linear model of communication as a movement from a source-sender-

message-channel-receiver model to the notion of communication as shared experience.

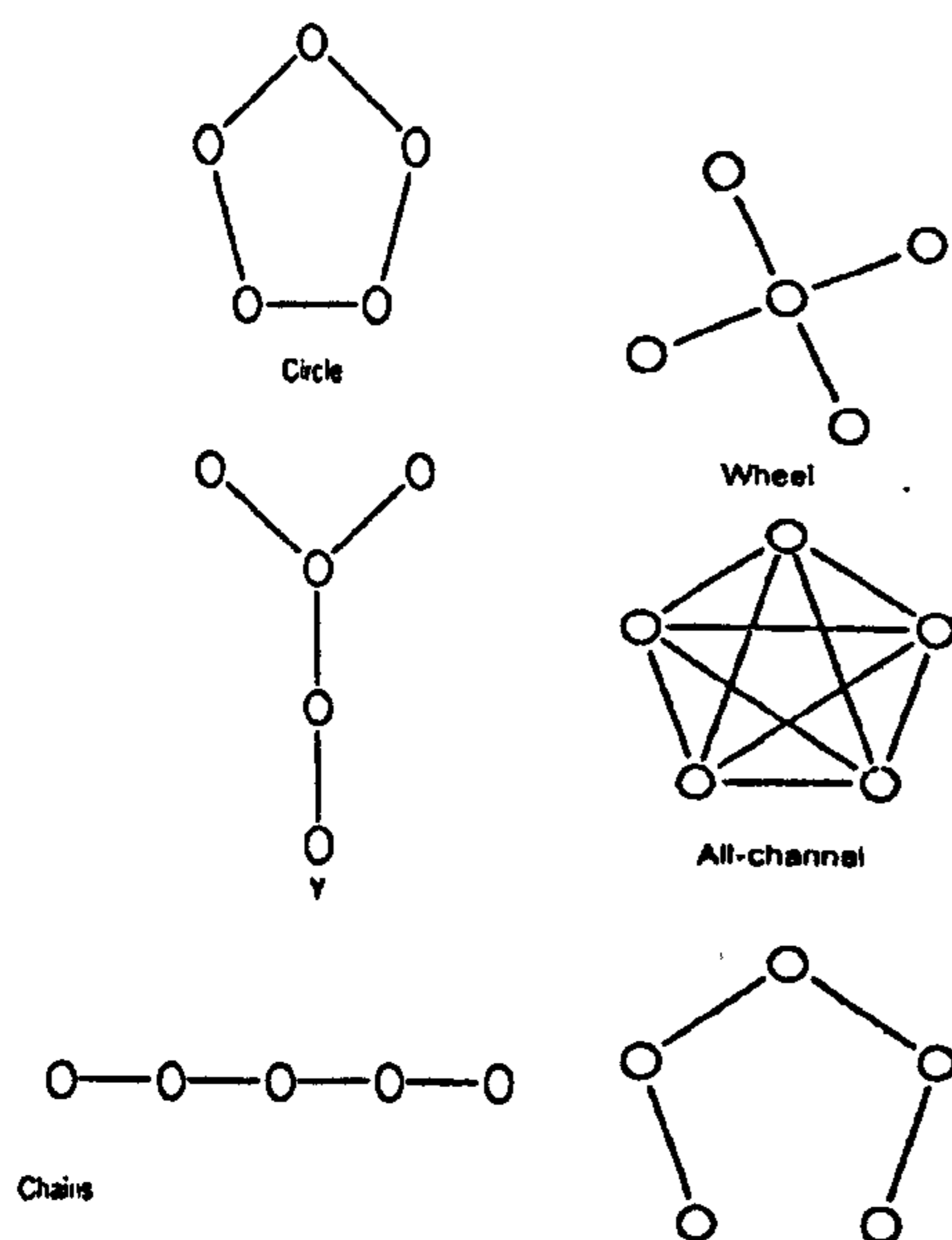
The purposes of communication are to inform, explain, persuade, reprimand, encourage, thank, appraise, propose, consult.

Obstacles to communication: researchers discuss a variety of obstacles to communication, which can be divided into several categories:

Language or semantic problems, attitudinal problems, different perceptions of the problem, undue emphasis on status, excessive selective perception, selective retention/rejection, withholding of information, premature evaluation of what is being said, poor choice of communication channels (Riches, 1997, p.170).

Other obstacles may be inadequate communication skills such as effective listening (Rogers & Roethlisberger, 1952; Hunt, 1980).

Some scholars have investigated communication content; for example, Mullins (1993, p. 203) examined patterns of networking.



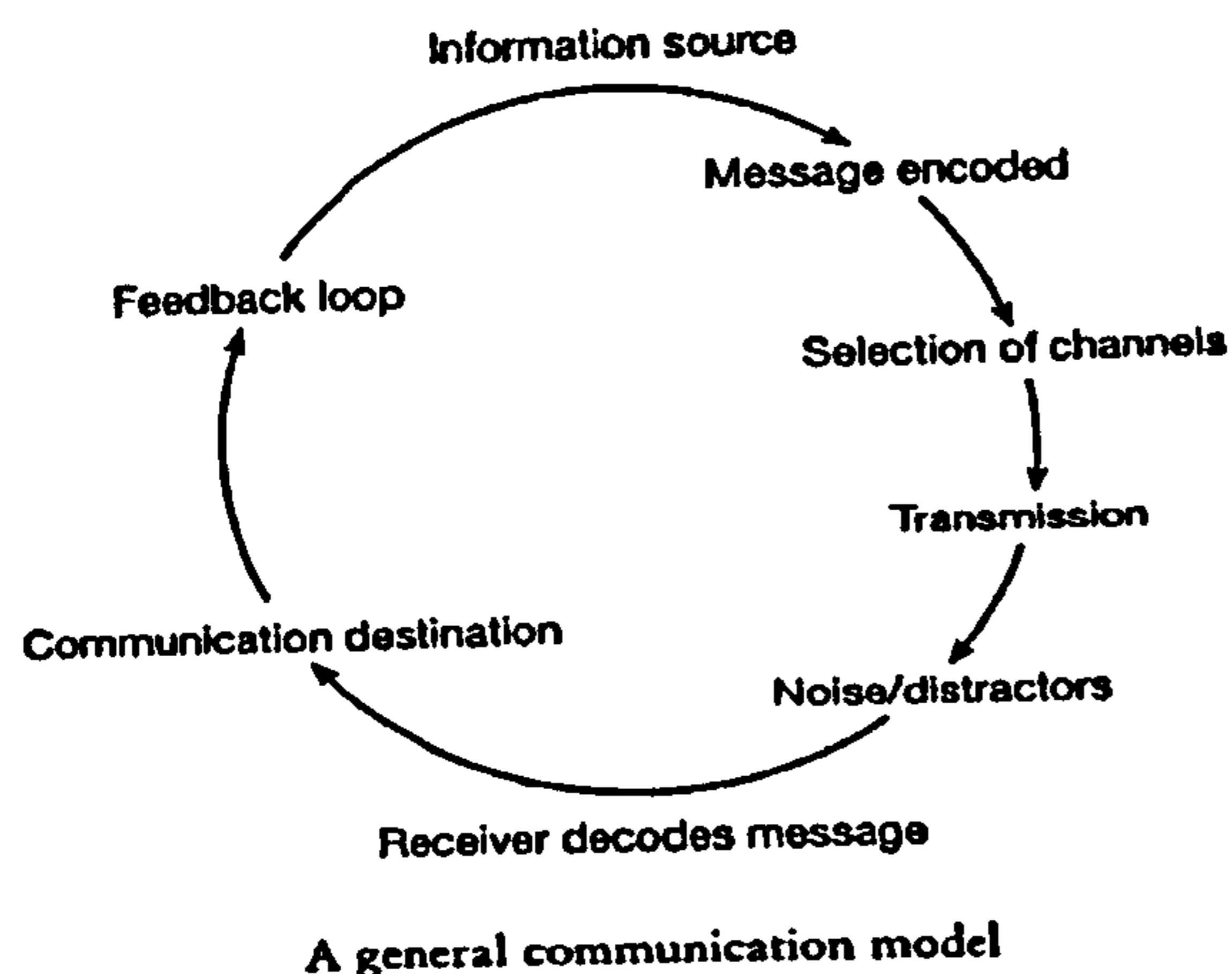
Many models of communication have been constructed. Some common models in educational practice are simple ones such as:



There are also more complex models, such as that of Laswell (1984), which focuses on five Ws:

*Who says, what, to whom, in which channel, with what effect?*

A model constructed by Lopez (1965) focuses on the fact that the communication destination is reached when there is a shared understanding between the sender and the receiver.



Rasberry and Lemoine (1986) produced a diagram which introduces other variables influencing the communication process and adding to its complexity.

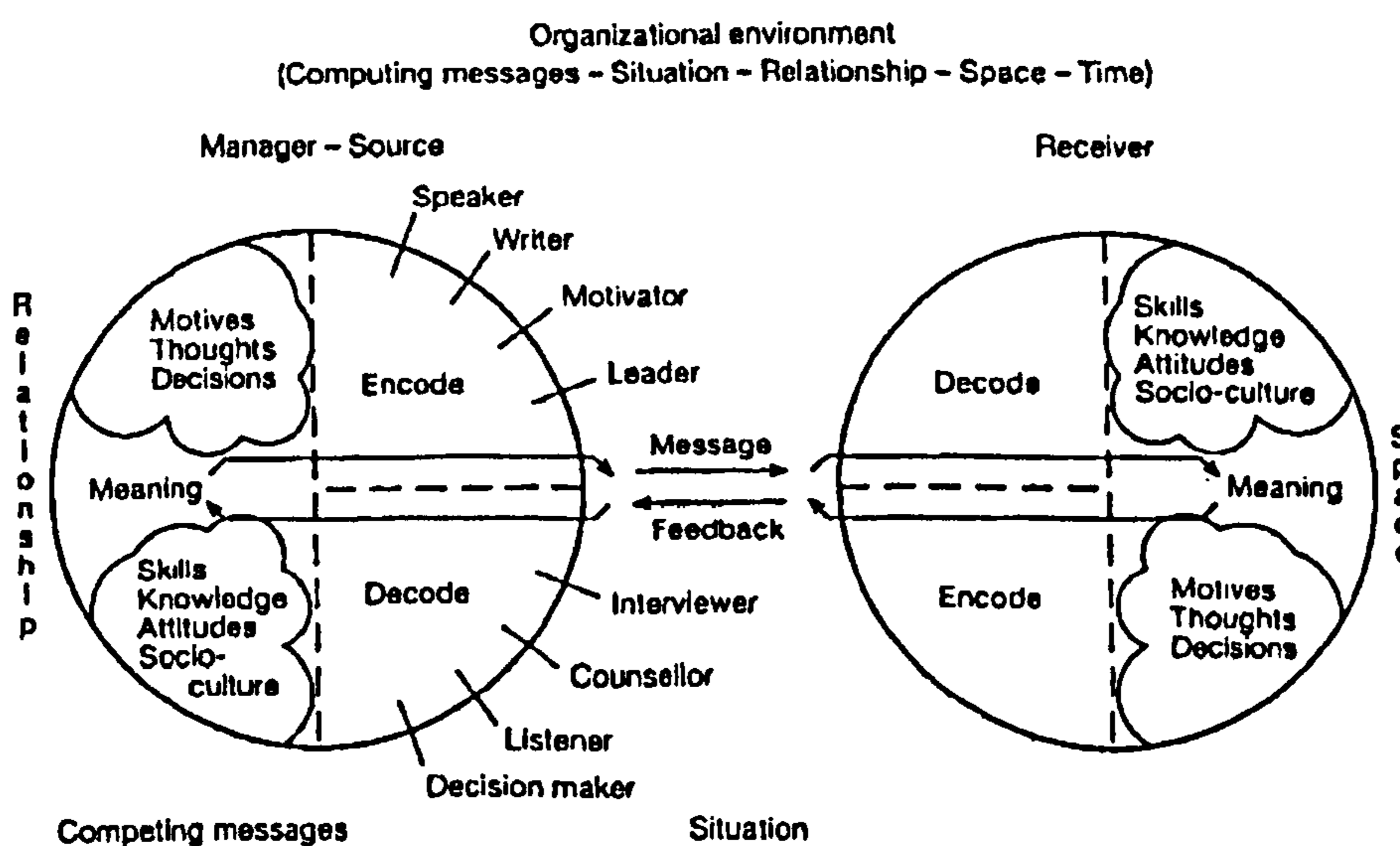


Figure 13.3 A model for effective managerial communication (Rasberry and Lemoine 1962)

The models presented above form a sequence from a simple to a complex one that takes into consideration a large number of components, such as organisational climate, situation, relationships, space and time. Because this last model is complex and takes many factors into consideration, it is more suitable for interdisciplinary teams, because it is not possible to investigate such teams without relating to factors such as organisational context, situation, relations between various experts, place and time.

In the present research, in dealing with the research question on patterns of communication in an event we related to all the factors presented in the said model.

There is general agreement on the importance of communication in special education. In the USA the PSPSC (Professional Standards and Practice Standing Committee) adopted the CEC common core of knowledge and skills essential for all beginning special education. The whole of Clause 7 refers to the knowledge and skills required for communication in this work, particularly with parents. Regarding the importance of communication as a key to the work of an interdisciplinary team (Lacey, 1993), Lacey & Lomas (1993, pp. 154-155) remark that: effective communication is the key to success in any situation where two or more human beings are interacting. Young and Post (1993) also refer to communication as a factor that has great influence on the ability of the organisation to achieve its aims.

Probably the only study on communication relating directly to special education is that of Wall (2000), whose doctoral research set out to discover and describe the process and the inter-professional dynamics involved in IEP meetings. Wall sought to identify patterns in meetings, seeking keys to the success of the meetings. The research focused on the interaction between the interdisciplinary team and the parents, and the aim of the research was to create a model for parental involvement that would serve psychologists as a practical

guide in interactions with parents. The study was conducted against the background of research literature describing problems in the process of IEP meetings. Five teams defined as successful ones were examined. This was an ethnographic case study based on observations and interviews. Despite the fact that each team was found to have its own distinctive work pattern, the researcher identified regular patterns of communication behaviour common to all the teams and a regular structure in all the IEP meetings. The structure of the meeting takes a formal course which includes reporting assessment data, identifying the child's strengths and needs, discussing whether a disability exists, and if one does then completing the goals, objectives and methods of service delivery. The meeting is concluded as the parent signs the completed IEP.

The regular structure described resembles the structure of the IEP meetings of the team investigated in the present study. Wall's research, which illustrates the work of the team from the angle of interaction with the parents, is the study I found in the research literature closest to the subject of my study. However, my study, although it deals with interactions around categories of knowledge between members of an interdisciplinary team in IEP meetings, does not deal with interactions between team members and parents.

#### **5.4 The special contribution of this research**

In the light of the above review, which reveals the ramified research existing in the area, it is important to me to note a number of points that distinguish my research from what has been done hitherto.

With the exception of Wall's (2000) study, which focuses on patterns of interaction between the team and the parents, the research literature developed on the subject, part of which is presented in the review above, contains very few qualitative ethnographic studies, although many researchers have used qualitative methods to observe and interview in the field of special education.

Such research makes it possible to present the world of the interdisciplinary team members as they perceive, understand and interpret it.

Most of the existing studies on the subject focus on aspects of collaboration and do not deal with patterns of verbal interaction in an interdisciplinary team in the contexts of role perception and communication. Similarly, I found no studies focusing on analysis of key words in the team. From this point of view, the contribution of the present study lies in its ability to reveal patterns of verbal interaction between specialists from various disciplines.

The few existing articles relating to this subject, some of them theoretical and some empirical, deal mainly with just a small number of characteristics or aspects of the work of the interdisciplinary team, or, as Bailey put it (1984, p. 17): 'Typically, the literature has tended to focus on isolated problems'. The contribution of the present research is to examine the work of an interdisciplinary team with its various aspects in a complete holistic study, in other words, to say, to learn about all the manifestations relating to the interdisciplinary team as these are expressed in everyday life.

It is important to note that in Israel research on interdisciplinary teams is in its infancy. Thus, this study may be seen as the groundwork for the construction of knowledge on the work of an interdisciplinary team.

## **Chapter Six: How do the team members perceive the pupils and their own roles?**

This chapter presents and analyses how the members of the interdisciplinary team perceive the pupils and examines how they perceive their role. That is to say, the study sought to understand the nature of the roles in the team and the essence of the relationships existing between role bearers and the 'meanings' that participants in the situation ascribe to actions.

The various professionals in the interdisciplinary team differ considerably in many of their 'definitions of situation', where the definition of situation reflects the team members' understanding of the nature of the situation in which they function. On the basis of this understanding their perception of the pupil and of their role are formed, and out of this perception they choose their line of action<sup>1</sup> – medical, therapeutic or educational.

Goffman refers to the line of action as one of the ways through which action is connected, formed and adapted to the understanding of the society in which it is performed.

In emphasising the fact that the initial definition of situation created by the individual may serve as a basis for future cooperation, in emphasising the point of view of the action, we must not ignore the critical fact that every definition of situation also has a moral character. Consequently, when someone hints that he is a certain type of person, he automatically presents a moral demand to others, forces them to evaluate him and treat him in the way that people of his type are entitled to expect (Goffman, p. 24).

Below are the perceptions of the pupils as defined and understood by the members of the interdisciplinary team.

---

<sup>1</sup> Line of action – the descriptions that will be presented describe the special front of the same routine. A given routine that is repeated leads team members to form a line of action.



## 6.1 The various professionals' perceptions of the pupils

### 6.1.1 Medical team

The medical team perceive the children as pupils with psychological problems appertaining to the school.

For example, Psychiatrist A said in an interview:

*I define them as a population of children with psychological problems.*

Psychiatrist B said at a staff meeting:

*The nature of the work with these children is a physically complicated business. They hit, they are violent. The thing is that the children who come to Migdalim are very difficult... I agree that some of these children should not be admitted and some should be sent away.*

Psychiatrist A said in a conversation with the staff:

*One of the problems that arose this year as a result of changing their medication was a group of violent children.*

The medical team's perception of the pupils as belonging to the school framework is related to the medical model. The concept of belonging matches the term that serves to define the 'different'. Belonging in this sense equals deviant.

Ronen (1975) clarifies the three terms that serve to define the 'different': disability, handicap and deviation. Disability means that the person suffers from some disease or impairment, handicap is the concrete expression of the disability in the sense of functional difficulties and behavioural disturbances. Deviance indicates abnormality, different from the accepted standard, behaviour that does not conform to the rules. Hence, in the medical view a pupil who meets the definition of deviant belongs to the special school framework. What is the behavioural-emotional referent that meets the medical team's definition of deviant? An answer to this question was given at an evening meeting of the interdisciplinary team with psychiatrist A. At these meetings the psychiatrist reviews the children's characteristics and the medication they receive. The

---

characteristics she presents in her review are based on the classification of mental disorders in the DSM III<sup>2</sup>.

**Psychiatrist A:**

*Teachers have said that they have many children in their classrooms who are on medication and they don't know what the medication is and what condition it is supposed to treat. The largest group are those who are taking anti-psychotic drugs. This group includes the autistic and schizophrenic children. There are other children who are not psychotic who receive the same medication because of behavioural disturbances, such as attention problems and anti-social and delinquent behaviour. Another type of medication is the group of stabilising drugs, to enable children with a range of emotional problems to function in a more stable manner. These problems include communication difficulties, separation anxiety, various other anxieties, phobias, depression, obsessive thoughts and compulsive behaviours, as well as psycho-physiological disturbances such as eating disorders.*

The psychiatric diagnosis presented by the psychiatrist defines behaviour and thus determines the child's therapeutic framework. In other words, the psychiatrist determines whether the pupil belongs to the special school framework.

Observation of a school staff meeting with the medical team reveals the criteria for removing a child from the school, in other words, deciding that the child no longer belongs to the school framework.

**Psychiatrist B said at a meeting of the interdisciplinary team:**

*There were children this year who got into such difficult states that they endangered themselves and their surroundings for a very long period. [emphatically] All the attempts to treat them were futile, they were removed from the school. These were just a few children.*

According to the medical model, three criteria determine whether a child stops belonging to the special school:

- a. Duration – a violent behaviour pattern that persists over a long period.
- b. Intensity – a behaviour pattern that is consistent rather than sporadic.

---

<sup>2</sup> DSM: Diagnostic and Statistical Manual of Mental Disorders, 3<sup>rd</sup>. ed., published in 1980 by the American Psychiatric Association to classify and diagnose emotional disturbances in adults and children. In this manual behavioural problems are classified according to four social and personal dimensions: clinical syndromes, developmental disturbance, physical problems and psycho-social stress.

c. The force of the violence – the child endangers himself and his environment.

All the pupils who meet the definition of deviant yet do not meet the criteria for not belonging, do belong – their place is in the school.

### 6.1.2 Therapists' team

The therapists perceive the children similarly to the doctors, as children with psychological problems, but unlike the former, they consider that children who do not adjust to the school belong in a hospital ward.

An occupational therapist said in an interview:

*I am fond of them but I say that they are 'mad'.*

A communication therapist said in an interview:

*I define them as children with severe behaviour disturbances and mental disorders.*

A therapist said in an interview:

*By definition this is a population with severe mental illness, the retardation is secondary. When you open the files you see schizophrenia, P.D.D, autism, and you see borderline cases as well as retardation. Behaviour disturbance is the least of it. This is a real mental health population, there's no doubt about it.*

Another therapist said in an interview:

*Retardation with severe mental disturbances, moderate retardation with autism.*

The remarks of the therapists who were observed during meetings support this view. For example, an occupational therapist remarked in an IEP (individual education plan) meeting:

*Her place is in hospital, not here.*

A communication therapist said in a meeting with the psychiatrists:

*We have examples here of children who are unaffected by any law, they don't internalise laws.*

A therapist said in a meeting with psychiatrist A:

*This is a hospital population that is not in hospital.*

Therapist A said at an IEP meeting:

*His inner parts flood him all the time, he cannot control them.*

Therapist B confirmed:

*He wants to very much but he can't. He is aware but helpless against what comes over him.*

A communication therapist said during in-service training:

*I don't know how much they grasp the facial expressions and how much is intuition. Intuition is one of the first things that are affected among the mentally sick. These children do not reveal healthy development.*

The therapists are very much concerned with the question of the pupils' adjustment to the school. Adjustment as they perceive it according to Ronen's (1975) definition, means handicap. Handicap is the true expression of impairment in the sense of functional difficulties and behavioural disturbances. The therapists accept the medical definition – that the child is deviant, but unlike the medical team they stress that the child's deviance, namely the fact that he has severe behavioural disturbances, also defines the appropriate therapeutic framework for him - the hospital. Why is the hospital framework preferable? The answer to this is found in the words of one of the therapists in an interview:

*I think a real problem was created by bringing this population here from the hospital, where they have the conditions for treatment and a purely therapeutic approach, unlike the Ministry of Education with its educational approach.*

In observation conducted at staff meetings the members of the therapists mention three main characteristics that define pupils' adjustment to the school setting. It is important to emphasise that this refers to different levels of adjustment.

- a. Children who need medication but do not receive it. The failure to receive medication does not permit them to adjust to the school framework. For example, therapist A said in discussing a pupil with psychiatrists:

*The general feeling is that children who need drug therapy and don't receive it because the parents don't agree to it should not be here at this time, that's what we are asking.*

An occupational therapist said during supervision to the administrative team:

*I am speaking of red lines. For example, on the subject of medication, what are the guidelines for deciding as to whether a child is not adjusting to the system and we need to look for another framework?*

- b. Severe deviation in the sense of extreme violence: one meeting out of many in which the subject was discussed was chosen as a representative example. At a meeting of the administrative team with psychiatrist A, the team reported on the outburst of a child that morning.

The head of MC (Mediating Centre) said:

*Something happened to him, something broke in him during the meal.*

Psychiatrist A asked:

*What did he do?*

The headteacher and head of MC answered:

*He hit, he punched, he screamed.*

The team members said they were not prepared to accept this and refused to see a child hitting a team member that way.

Headteacher:

*He beat her up.*

Psychiatrist:

*How was he injured?*

An assistant teacher and the class team replied:

*He was drumming on things. He broke pencils, began to cry and bang his head against the wall. I went over to him and he hit me. He asked to go to the toilet and the assistant teacher took him. On the way he tried to hit her, she ducked and he smashed the window of the teachers' staff-room.*

The psychiatrist stated

*Obviously we can't let a staff member be beaten up.*

The assistant teacher asked:

*Can the school take responsibility for a child getting concussion by beating his head against the wall or beating up a staff member to the point of concussion?*

A therapist said:

*It's more serious than that. We can't take responsibility for situations we can't deal with, life-threatening situations.*

The headteacher said to the psychiatrist:

*This is a terrible thing to say, but until there is a disaster nothing will be done.*

- c. Children in a state of regression

A therapist said in a team meeting:

*Children who are deteriorating, withdrawing or not advancing.*

A psychiatrist asked:  
*Deteriorating?*

A therapist commented:  
*You can't do anything with them, they don't adjust to the system and its rules.*

A class teacher reported at an IEP meeting:  
*He needs psychiatric treatment outside and he's not getting it. His condition is deteriorating. His parents understand the gravity of the situation. The parents don't mind if he stays at home. They hint to him that he only goes to school because the law demands it.*

### 6.1.3 Educational team

The members of the educational staff are not homogeneous in their views. They reflect a variety of definitions which convey a sense of confusion to the interviewer and the observer. What stands out in their statements is that the definition is always accompanied by an explanation or an emotional expression.

A class teacher said in an interview:  
*These are pupils with psychological problems and severe behavioural disorders, but at the same time we know that working with them is like working with a normal population. I pay no attention to the definition.*

A long school day (LSD) teacher said in an interview:  
*A very loveable population, very sensitive.*

A school instructor remarked in an interview:  
*Retarded. The school population gave me a new kind of dimension to look at life. I definitely don't see the deviation, I see the child.*

An assistant teacher said in an interview:  
*Behavioural problems and serious emotional problems, some more severe than others.*

A junior class teacher stated in an interview:  
*Pupils with behavioural problems, it's in my mind, I understand them when they do these things because they are sick.*

A class teacher said:  
*With me they are ordinary, good children, you can talk to them.*

A subject teacher said in an interview:

*A school for autistic children where they do a lot for them.*

The Head of the LSD department, an administrator, said:

*First of all they are children, children are the same all over the world. If I compare children in Russia that I had in my regular classrooms with children here, they are all children except that these are more unfortunate because they are sick and I define them as children with psychological or behavioural problems. They need warmth and patience from us.*

The headteacher said:

*A difficult population of retarded children, difficult but interesting, fascinating.*

The remarks of the educational team at meetings add to the diversity of opinions.

A subject teacher said:

*She is retarded, but she has a Ph.D. in the art of living.*

Another subject teacher:

*She is really, really retarded, there's no transfer to another area.*

## **6.2 The various professionals' perceptions of their roles**

All the professionals in the interdisciplinary team manage their own actions and shape their relationships with the pupils and with their colleagues according to their definitions of situation with regard to the nature of the pupils and the appropriate therapeutic methods and ways of relating to them.

### **6.2.1 Medical team**

The members of the medical team emphasise different patterns, as follows:

Counselling patterns - Including counselling the interdisciplinary team, parents and pupils, according to the needs of the system. For example:  
Psychiatrist A said in an interview:

*I define myself as a psychiatrist or a school counsellor, depending on the circumstances.*

Psychiatrist A, observed in a team meeting, said:

*This year we spent a lot of time putting out fires, problems that came up suddenly and others that had existed before. Gradually we built something up. In the coming years we will build a system that will not spend its time putting out fires, but will give us a planned framework... Migdalim has many needs as regards psychiatry, work with the parents, with the staff that can include me, and if it's possible we'll find solutions.*

The doctors' emphasis on the counselling pattern is based on the role that they take in the interdisciplinary team, a role that Goffman (1959, p. 148) defines as the 'go-between' or mediator in the team. This role-bearer learns the secrets of each side, his main task is to transmit suggestions and hints from one side to the other.

Medical-psychiatric patterns - characterised by emphasising their reference groups, giving examples from the world of the hospital and projecting it onto the school. Psychiatrists, in Goffman's terms (p. 32), bring the scenery of the hospital to the school, or rather, act in the school on the background of the hospital scenery. The scenery constitutes the stage and the stage properties, on, in front of, or inside of which the individual's acts take place. Through the scenery they emphasise their 'personal contract'. For example, Psychiatrist A gives the staff a lecture on types of medication given to the pupils, their function and when they are given.

Psychiatrist B, observed at staff meeting, said:

*We come from a profession that says, first of all don't do any harm, and if possible, help. When I came to psychiatry, I treated a young man who was an engineer, a clever young man. He had been hospitalised five times and always came to his therapy and spoke about nothing. It took me a long time to understand how much I give him just by holding him, something I hadn't learned to do. When I left and he went into crisis I understood the meaning of the 'tools' I had given him. I help where I can. I had stopped him deteriorating. I had given him a normal meeting with the world.*

Psychiatrist A, observed at a staff meeting:

*In psychiatry concepts of time are longer. Progress may be disrupted by periods of regression.*

Psychiatrist A, observed at a meeting of the administrative team:



*I don't think they [the parents] are incapable. We see the same parents in the hospital ward and they do succeed in separating their pain over the child from the professional aspect of the therapy.*

### Therapeutic patterns in work with parents

Psychiatrist A, observed at a meeting with the administrative staff, explained to the staff why she would supervise the work with the parents:

*This answers the need for someone who will be more objective, someone who can provide reassurance, someone who can defuse the situation.*

Sometimes we find actors who foster the impression that they themselves have the ideal skills to fill this role (Goffman, 1959, p. 54).

The patterns emphasised by the members of the medical team in Migdalim reflect the bodies of knowledge and the models studied today in medical schools in Israel. As noted by Eshet and Margalit (1997, p. 22), the major areas in doctors' training are systemic and individual counselling, individual and family therapy, and counselling and support for the team members. As Goffman says, we sometimes find that the personal front of a given performer serves not necessarily to present himself but to add something to the broader scenery.

#### 6.2.2 Therapists' team

The members of the paramedical team emphasise the following patterns.

The dynamic treatment pattern – focuses on the child's inner emotional world and personal identity and is based on rehabilitative patterns that focus on his functioning and behaviour.

An occupational therapist said in an interview:

*We need to exploit the child's positive potential. I do touch the pathology but, unlike the doctors, I direct the pathology into positive channels. That does not mean ignoring it. If anything happens that I need to deal with, I do so. But it doesn't help to stay there, it's better to steer to a place from where something can grow and the pupil will get feedback and a good feeling.*

A movement therapist said in an interview:

*First of all movement therapy, which explains itself, going with the body and seeing through the body in a non-verbal way, working with the subconscious.*

Analysis of the observation conducted at IEP meetings reveals a predominant characteristic in the statements of the paramedical team: the use of general terms.

For example, a therapist said at an IEP meeting:

*I have been working with him for two years and my goals with him are to encourage personal development and give him the ability to process emotional contents.*

A movement therapist said:

*The aims of my work with him are to develop active initiative, build confidence and reduce anxiety.*

An occupational therapist said:

*My aims are basic independence in everyday life and at home, so that he can look after himself, and knowledge of the fundamental rules of safety.*

They distinguish between therapy designed to achieve an aim and regular follow-up of the child's development together with everyday help.

Unlike the stated aims presented by the therapists in the dynamic treatment pattern, in this pattern the therapists perceive their role as accompanying the pupils' development and helping them in their everyday life.

For example, a therapist observed at a meeting said:

*I treated the girl for a year. When they asked me what I had done I said, 'At last'. That was enough for me.*

A therapist, observed at an IEP meeting said:

*K comes to me although she will achieve nothing more in therapy. But just coming to me is meaningful for her.*

Therapist A said at an IEP meeting:

*For K, my treatment focuses on the fact that I am a source of emotional release for her and just by coming to me she gets a feeling of satisfaction.*

Therapist B said:

*I treat him like an adult. Empathy.*

What the therapists do is therapeutic accompaniment. As defined by Rosenheim (1990), this accompaniment is dual: 'accompanying to' and 'accompanying through'. The purpose of the accompaniment is to reach the inner depths of the pupil. Such accompaniment, stresses Rosenheim (p. 103), does not necessarily relate to a particular content with which the pupil is struggling at a given moment but is designed to provide a feeling of togetherness, of human closeness. The therapist accompanies the pupil by walking alongside him, neither pulling him forward or pushing him from behind. Being attentive and focusing on the pupil is a positive act of human presence, with or without speaking, all depending on the needs of the moment (p. 107).

#### Individual work pattern and group work pattern

Analysis of a document issued by the school: *Role Definitions – April 1997*, together with the observation conducted, indicates a distinction made by the therapists team members between individual work patterns, where a therapist works with one pupil, and group work patterns, where the therapist works with a group and sometimes with one pupil in a group in order to help him/her acquire social skills and habits. Following are some extracts from the document:

At Migdalim art therapy is vital and valuable for both individual and group work (from two pupils upward) and suitable for all ages. The group work grapples with the problematic subject of interpersonal and social communication, which is typical of the school population. The art therapist's guidance of the group supports normative social behaviour and provides emotional reinforcement to the individual as part of a group.

From the communication therapist's role definition:

Special emphasis on using a programme to improve communication skills in a group, according to the group's linguistic, communication and social level.

From the role definition of the puppet show therapist:

The puppet show is used in the school in several areas... as a tool for solving social problems, as an alternative way of bringing up problems and an arena to offer solutions to these problems.

The individual work deals with the individual's inner world and personal identity, which are the basis of his attitude to society.

The music therapist's role definition:

Eclectic treatment according to the needs of the child. Dynamic-emotional behaviour, free expression, also learning to play the piano, singing, drumming.

The group therapy is a combination of individual and group work. The art therapist at Migdalim, who combines individual and group work, serves as an important bridge between the individual's separate existence and his/her being part of a group. The art therapist's work is based on understanding of the interaction between the individual and society.

The movement therapist's role definition:

Relating to rhythmic group activity... participation in shared experiences... attachment to various children with different styles and various needs... sharing emotions and experience... development of awareness.

### 6.2.3 Educational team

The class teachers emphasise diverse patterns of functioning

Supportive therapeutic patterns: creating a warm, secure, protected, inclusive place, giving the pupil attention and support.

A class teacher said in an interview:

*I see myself more as a therapist than a teacher. I think the aim is more to teach them rules of behaviour. It's not the lessons that will help them to get on in life. As far as I'm concerned the classes are a kind of tool to help me get through to them. They are a tool I can use to give them therapy.*

Another class teacher said in an interview:

*I perceive my role as that of a little mother, making sure they have the basic things, fighting (her emphasis) for something good, looking after*

*them and giving them freedom like a mother. They can rely on me, come to me for advice or to rest at my place.*

A class teacher observed during supervision said:

*I see many trees that stand like a wall and guard the flowers from the wind and the rain. I am a cypress or a pine tree standing tall and strong, I protect the flower from the wind, from anything that might trample on it, I really have the task of protecting them.*

Perhaps the emphasis on this pattern has its roots in Goffman's (1959) definition (p. 47):

Perhaps because of the orientation upward found in major societies today, we tend to assume that the expressive stresses in a performance necessarily claim for the performer a higher class status than might otherwise be accorded him.

Educational patterns: preparing the older pupils for life in the community, so that they can be independent in their basic everyday activities. This involves teaching them rules of behaviour as well as occupational training and social skills, including behaviour towards others and the group.

Class teacher A said in an interview:

*I see myself as an educator. By this I mean teaching them rules of behaviour and helping them to be as grown up as possible, to be as little as possible a burden on society.*

Class teacher B said in an interview:

*I want to see my pupils ready for life outside, but the school does not help the pupils to become independent.*

A class teacher observed at a staff meeting said:

*Since we decided to work with them in a different way they have been doing a lot of basic things right.*

The aim of the educational pattern is to help the pupils acquire social norms, awareness of reality and the ability to integrate in society. The concept of education that sprang from the school of Dewey has a very positive connotation. It advocates the making of a whole person, emphasising both the social and the personal aspect (Dewey, 1969, p. 196). This approach had a great deal of influence on all those involved with education in Israel. It is perceived by the teachers as the most important part of the teacher's work.

**Teaching patterns:** this involves the preparation of a individual syllabus for every pupil according to his/her needs in reading, writing, arithmetic and general knowledge, such as familiarisation with newspapers, money, the news, and so forth.

A teacher trainer said in an interview:

*The aim is to help each child to advance according to his learning ability. Every year we try to get the child to do a little more. We look for his strong points, look for something that will appeal to him, children's songs, newspapers and so on. We try to connect with some kind of knowledge that we believe exists passively in the child.*

To a question regarding aspirations and thoughts of changes in the school, she replied:

*Cooperation with the therapists in curriculum planning.*

A subject teacher said in an interview:

*To get the children to do the best they can in studies.*

An assistant teacher said in an interview:

*To teach them basic skills, for example, to be able to read the writing on a packet, to read the date to check if it's fresh.*

The class teachers emphasise adaptation to the pupils' abilities and skills:

Class teacher A said in an interview:

*I would like us to do a special syllabus. We have one, but we could improve it, adapt it to the children's skills and abilities.*

Class teacher B said in an interview:

*I want people to know the reality here. These pupils are not academics. We needn't throw away the ready-made curriculum, but we should adapt it to suit the children.*

One of the major conflicts that concern the teachers is the definition of teaching at Migdalim. That is why the class teachers do not emphasise this aspect of their work in the interviews, although observation reveals that it occupies them a great deal.

At the syllabus planning meetings the class teachers give an overall review of the pupil. This review includes the setting of teaching goals.

A junior class teacher said during in-service training:

*We keep returning to the definition of learning. Is cleaning teeth learning?*

The headteacher said in response:

*For example, M wanders around outside. When he comes back to the classroom, is that learning?*

A class teacher said at a meeting with the mental health team:

*What emerges here is how we define learning at Migdalim. That's the key question.*

Teaching at Migdalim is perceived by the teachers as action that includes transmitting knowledge and basic skills. The emphasis is on skills because they are a necessary condition for the pupil to be able to function independently in the community. The class teachers see teaching as part of the general work of education and not as synonymous with education. The role of education, in their view, is 'better' and more highly esteemed. But this pattern is not defined precisely. The positive connotation of teaching remains but its meaning has expanded to action that deviates from the scope of the teacher's everyday work. The class teachers attribute a much higher status to the educational pattern and refer to it as the most important element in their work as teachers.

The emphasis on the educational pattern leads to what is described by Goffman as follows (1959): 'Performers can stop giving expressions but cannot stop giving them off' (p. 111). What the class teachers stopped saying aloud but which finds powerful expression in observations is that teaching in its conventional sense is hard to perform and apply with the population of pupils at Migdalim.

The class teachers emphasise the educational pattern 'on the regional front', but my extended presence in the field, listening to informal conversations during breaks in the teachers' staff-room or at special events as well as on the way to and from the school gave me an opportunity to look behind the scenes and see the 'suppressed' facts. In Goffman's words:

*A back region or backstage may be defined as a place, relative to a given performance, where the impression fostered by the performance*

is knowingly contradicted as a matter of course... It is here that the capacity of a performance to express something beyond itself may be painstakingly fabricated; it is here that illusions and impressions are openly constructed. Here stage props and items of personal front can be stored in a kind of compact collapsing of whole repertoires of actions and characters. Here grades of ceremonial equipment... can be hidden so that the audience will not be able to see the treatment accorded them in comparison with the treatment that could have been accorded them (p. 114).

The inability to perform the role - to teach – and the consequent frustration sometimes comes to the fore when the actor moves between the back region and the open stage, where the audience sees him. This is the moment when the observer can witness the amazing act of assuming or hiding a character, or as Goffman calls it, 'impression management' (p. 123). At Migdalim the impression management takes place on the path between the school and the adjacent car park.

The concept of teaching in its simple sense at Migdalim constitutes 'destructive information'. Goffman defines destructive information as secrets that the staff tries to hide. The nature of these secrets is that they are liable to disrupt performance in various ways. There are 'dark secrets' – facts that the team members know and hide, because they do not match the image of the 'self' that the team endeavours to preserve. In this case the team hides the knowledge that it is not possible or extremely difficult to teach the school population. This is the reason why the importance of the teaching pattern is minimised although they do not openly admit the fact of the children's cognitive and affective inability to learn.

This is a 'safe secret', meaning that the other team members guard it because of their link with the team whose secret it is, the class teachers. The inability to implement the teaching role leads the class teachers to focus on and strengthen certain patterns and play down others.

For example, a teacher at a meeting with the medical team said:

*Because this is a school it has a curriculum issued by the Ministry of Education. That means classes built into groups. I acted as babysitter with those classes, these are the constraints of the school. That's the annoying part of our work.*



Another class teacher said at the same meeting:

*I think the school has changed. In the past we used to hear people saying this is a school and they have to learn. Now the school has undergone a process of adapting the work to the child.*

The educational and teaching work patterns thus indicate two different aspects of the teacher's work. The first pattern indicates complex general action marked by a value perception that ascribes great importance to the pupil as a person. The second pattern reveals objective specific action that measures pupils by one single criterion (reads/can't read, writes/can't write, etc.). The contradiction between these two patterns reflects a conflict expressed by the gap between treating the pupil as a complete person and examining the amount of knowledge s/he reveals, and the gap between active and passive behaviour of the class teachers.

Administrative-organisational patterns: The class teachers perceive themselves as managers of the class. In their view this role includes gathering all the information about the pupil, maintaining contact with the administration (headteacher, administrative staff, head of MC), running the class staff and responsibility for the overall care of the pupil. Gathering the information about the pupil includes contact with other caregivers who work with the pupil and with the parents (phone calls, parents' days). What type of information do the teachers choose to collect and according to what criteria?

Observation at meetings of the IEP team and meetings in the teachers' staff room and in the schoolyard where the class teachers talk with other professionals shows a clear sharp picture divided according to the pupils' age groups. The junior class teachers choose to collect medical, therapeutic and teaching data and examine the possibility of placing pupils in special classes in regular schools. The guiding principle is normalisation. The senior class teachers choose to gather data on rehabilitation and behaviour and in particular they examine the

pupils' chances of integrating as adults in the community. The guiding principle is quality of life.

Contact between the administration and the class is two-way: from the class to the administration - reporting and updating, and from the administration to the class giving administrative and professional instructions. There is also contact with the head of the Mediating Centre in case the pupil is in the Centre or wants to be there.

Managing the class team includes being in charge of the assistant teacher and tutor, if the class has a tutor. Responsibility for the overall care of the child includes the child's physical, psychological and social care. The class teacher does not carry out all the care directly but ensures that all the pupils' needs are met.

A class teacher, observed at an IEP meeting, said:

*If you don't expect too much but go with them slowly step by step, they're a good class. You have to see things in proportion and it brings results. You are all invited to come and see.*

Another class teacher who was observed said:

*It requires the ability to relate to things simultaneously.*

A class teacher said at a staff meeting:

*It's really hard for me when they decide what will happen in the classroom (for the Independence Day celebrations) without the class teachers.*

A class teacher, observed at an IEP meeting, said referring to a pupil's parents:

*They should understand that we have very close internal supervision over what happens, we have endless meetings about what we do.*

A class teacher said at an IEP meeting:

*Everything that is done in the class, such as ignoring a pupil as a method of treatment, has to go beyond the borders of the classroom to the other members of the team who look after that pupil.*

The words of the class teachers emphasise the fact that when somebody appears in front of others his/her actions influence their definitions of the situation. Sometimes individuals will act in a calculating manner and express

themselves in a given way simply to make the impression that they feel will elicit the response they seek (Goffman, 1959, p.17).

A salient characteristic that emerges in observations is that class teachers often present their role definition through the great endeavours they make for the child. For example: a class teacher, observed at an IEP meeting, in discussing her struggle to enable a pupil to participate in the work, said:

*The pupil does not come from this area, so her parents are asked to pay NIS 180 for bussing. They refuse. I tried to get the money from their local Municipality. I spoke with the mother several times, and she won't budge.*

The mother in question has a Ph.D. in musicology. The father is not involved and doesn't want to be. Goffman (1959, p. 26) notes in this context that when a person appears in front of others he will have many motives to control the impression they receive. This is a technique used by people to maintain the impression.

The class teachers' emphasis on the administrative-organisational pattern has its source in those cases described by Goffman (1959, p. 42), where dramatisation of a person's work involves a problem and in order to accentuate the nature of his work he has to devote a great deal of energy - which is what these teachers do.

Another reason for the class teachers' emphasis on the administrative-organisational pattern is the general feeling among the public that control of the scenery provides an advantage in interaction. In broader terms, Goffman (p. 98) suggests that controlling the setting may give confidence to those who control it. Control of the setting and the confidence that class teachers lack in their professional field – teaching – led them to seek another area in which they could feel confident, and they found it in the administrative-organisational pattern. The class teachers have developed a survival strategy that enables them to acquire

status and expertise in the interdisciplinary team despite the fact that this 'expertise' is not in the field for which they were trained.

## **Chapter Seven: What concepts do the team members use when relating to their work with the pupils?**

This chapter will deal with the key words of the language as used by the interdisciplinary team and the significance of these words in their world. Attempting to present and analyse the foundations of this language is no easy matter since, in actual fact, three different languages are involved: that of the therapists, the teaching staff and the doctors. Discourse analysis has proved to be a suitable method for analysing the data, for several reasons. First of all, discourse analysis is a field with an interdisciplinary analytical basis or, as Linnel puts it (1998, p.143), 'discourse across boundaries' and, focusing as it does on the analysis of social interaction and communication between groups of experts, it provides relevant intra-professional and inter-professional discourse. Secondly, researchers in the field give great weight to the context in which the communication takes place. In his discussion of discourse analysis, Linnel refers to an interdisciplinary team dealing with a client. In this case, the client is the pupil.

Various qualitative researchers of discourse analysis deal with key words. For example, Goddard and Wierzbicka (1997, p. 231) define it as 'semantic analysis of cultural key words'. Hatch (1997) enlarges upon this definition by pointing out that '...meaning, however, is more than syntactic form and semantics. Pragmatic meaning is that which comes from the context rather than from syntax and semantics' (p.260).

In this chapter, an attempt will be made to present and understand the conceptual, rather than the dictionary, meanings of these key words and to investigate the use of the concepts and the meanings that the members of the interdisciplinary team attach to them. Researchers in discourse analysis stress

that much can be learnt from it about the special character of the interdisciplinary team and about the messages that arise from this communication. Considerable importance and significance are to be found in the way members of one profession present a concept according to their interpretation, and the way members of other professions react to it and comment upon it, since their language reflects and expresses the different educational, therapeutic or medical perceptions of the various specialists on the team. Kainan (1996) stresses that the practical approach interprets the meaning attached to the word or term in the process of its use. This meaning is not necessarily identical with the normative meaning, and is reached not through an external explanation but by listening to the way in which a certain group of speakers use the word and gathering their meaning from that. Moreover, there are times when the term merely constitutes a code by which to identify the meaning of what is being said, while at other times the same meaning will appear without this code at all, that is to say the speakers will refer to the concept without naming it explicitly. Nevertheless, by listening carefully to the conversation, it is possible to identify and understand the significance being given to the terms. Discourse, as Momby and Clair point out (1997, p.181), is the principal means by which organisation members create a coherent social reality that frames their sense of who they are.

In this study, we sought the set of concepts that serves the members of the interdisciplinary team in their conversations about their work. Drew and Sorjonen point out (1997) that the members of the team speak, communicate and interact in the organisational context. The dialogues from which the concepts are taken are characterised as 'institutional dialogues'. According to Drew and Sorjonen (1997):

Analysing institutional dialogue involves investigating how their orientation to and engagement in their institutional roles and identities is manifest in the details of participants' language and their use of language to pursue institutional goals (pp. 92,93).

An institutional dialogue that occurs in an organisational, interdisciplinary context is pluralistic in character, with many points of departure for discussion and great potential for conflict and misunderstanding. As Linnel (1998) emphasises (p.148):

The intertextual and interdiscursive processes and practices cross professional boundaries in many ways. Interprofessional contacts .... involve different kinds of professional knowledge and ideologies, different perspectives on, and different ideological and culture-and profession-specific approaches to, the same or similar phenomena.

In discussion of the pupil, Linnel (1998) says:

We can observe, in the chains of professional discourses and communicative activities, that labellings, problem definitions and biographical fragments are being recontextualised (p.149).

Linnel goes on:

In countless instances, in public debate as well as in everyday interactions, we observe encounters between representatives of different subcultures and interest groups within the postmodern, diversified society...all with their different commitments, understandings and premises for communication. In such cases, views collide and coalesce. What is being exchanged is not only words and discourses but the worlds that make discourse.

Hence the research importance of this topic in the work of an interdisciplinary team.

An analysis of the language used by the various members of the interdisciplinary team is an essential part of the research on this subject, since the language they use reflects their thoughts and creates its own social reality. Hence the great interest that qualitative researchers take in this subject. A theoretical study shows that researchers engaged in qualitative research take an interest in this aspect of language from several orientations, as follows:

1. The action: the researcher tries to understand what the actors do, seeking to understand their behaviour through their language. 'We suggest that a sensitive examination of such aspects of language use can illuminate how individuals and groups organise and express their experiences' (Coffey & Atkinson, 1996). Mills (in Coffey & Atkinson, 1996) argues that the various professionals can use a vocabulary that enables them to create, from the world of their experience, a reasonably logical and coherent communication that is comprehensible to other professionals.
2. The actor's inner world: the researcher attempts, through language, to understand and learn about the participants' inner world: their emotions, expectations, hopes, disappointments, successes, fears, frustrations, thoughts, outlook on life and view of reality, that is to say their attitude to the reality in which they function.
3. Understanding the interaction in the actor's social communication: interaction in social communication can facilitate the creation of symbols and images for: personal status, territory, strength, authority, professional status and power. By means of language, the researcher attempts to learn about and understand the communicative interaction that exists in a social group, in our case the interdisciplinary team.

What does language make possible for the actors in the interaction and what does it prevent? Achievement of their goals? Construction of the social reality in which they live and work? This is an attempt to understand what language is and what it serves in the social world of the interdisciplinary team. This chapter will deal with points 2 and 3 above, the actors' inner world and the interactions in their communication.

In this context it is appropriate to consider Linell's (1998) words on discourse across boundaries: Linell stresses that recontextualising a meaning from the



discourse of the interdisciplinary team is conditional upon cracking the formula of the contextualisation that exists in the given communicative situation (context here refers to reality as it is constructed in the concepts and similes of this or that professional). Accordingly, my discussion of communicative interaction in a social context will consist of two parts: the first, presented in this and the next chapter, is an analysis of key words that serve the interdisciplinary team in relation to the pupils; the second, in Chapters 8 and 9, will deal with the analysis of communication patterns.

The first stage of the data processing was to find the subjects discussed in the work of the interdisciplinary team (see Methodology). Examining the research data in this way revealed that the language of the interdisciplinary team can be classified as follows:

1. Frequently repeated concepts or expressions
2. Specific metaphors or similes
3. Use of slang.
4. Expressions with a particular significance in the interdisciplinary context.

The second stage in processing the data was the further mapping of these terms. This was done by a rereading of everything that had been observed in discourse and in the interviews and documents that were collected in the course of the research.

77 concepts were found and this large number raised numerous questions that became a guideline for me and enabled me to find my way through the maze in which I found myself. These questions were used as a guideline in analysing the concepts. The questions follow, together with the theoretical answers that I found.

The first question is: how can the concepts be classified?

The concepts were divided into **categories** (see Methodology) and 10 categories were defined. The category with the most concepts was the one in which the concepts referred to the team members' work with the pupils. There are a number of reasons for the importance of concepts relating to work with the pupils.

First of all, most of what occurs in the school on the level of discourse observed in this study revolves around the pupils. A person coming into a special school has the feeling that the various team members are constantly (whether at meetings, in the corridors, or in the playground during break) talking about various pupils and their work with them. Secondly, the considerable amount of discourse going on around the pupils offers the researcher a reflection or understanding of how the different specialists perceive their own professional experience (see Chapter 5) and that of the other team members with the pupils. Finally, the team members' way of thinking about the pupils is reflected in their language. On this subject it is important to stress that all the professionals refer to their clients indiscriminately sometimes as pupils and sometimes as children. This disproves the possible assumption that the various professionals would use the names customary in their field of specialisation, with the therapists, for example, using the word client, the doctors, patient and the teachers, pupil. In actual fact, no distinction was found according to professional specialisation and all the members of the interdisciplinary team call their clients children and pupils. In order to present the qualitative and objective analysis required in research, the word pupil will be used throughout this analysis.

The second question revolves around the issue: do the practitioners of the different professions use specific concepts?

The discourse analysis in this research suggests a positive answer. In this chapter, the concepts used by each speciality are referred to as a **class**.

Concepts will be presented originating with the therapists, the teachers and the doctors. Each class contains **clusters**. A cluster is defined as a group of words or sentences with related meanings that reflect each other in the view of the team. In the research, the cluster is a tool that helps the researcher to grasp the meaning of the concept. Repeated readings of the research literature reveal that when relating to a certain concept the members of the interdisciplinary team frequently use the term itself in their discourse. However, in other cases, when relating to the same concept, they may use a complementary term. Sometimes the concept itself is not actually mentioned in the conversation but can be understood from the context and from the examples given. This is true also when the concept is absent but its meaning is implied in the sentence spoken.

The organisation of the findings in this chapter can be presented schematically as follows:

**Category** -concepts relating to work with the pupil

**Class** - concepts originating with the team of specialists

**Cluster** - group of words or sentences defining each of the concepts found in the classes.

The following further questions arose and will be answered in the course of the discussion on the contents of this chapter and the analysis of the concepts:

Do all the members of the interdisciplinary team have concepts in common?

What can be learnt from the concepts used by the team members?

What theories explain the situation and provide a basis for analysis?

What is the meaning of the concepts used by the members of the various professions when they use them in their social world?

What is the contribution of language to the work of an interdisciplinary team?

What are the special characteristics of the findings?

These questions led to the construction of a model for the analysis of classes of concepts. This model is based on an existing model originating in discourse analysis (Hurford & Heasley, 1983). The model and its adaptation to this study are presented below: (for a more detailed description of the model and method of analysis see Methodology chapter).

The foundations for the model, which are accepted today by scholars dealing with communication, were laid by Roman and Jakobson, and it was simplified by the linguists Hurford and Heasley (1983):

1. Who communicates to whom (sources and receivers)? In this study this is interpreted as who uses the concept.
2. Why does s/he communicate (functions and purposes)? Here this is interpreted as the purpose of the communication.
3. How does communication take place (channels, languages, codes)? This will be noted as: what is the source of the concept? Was it observed at meetings or heard in interviews or did it originate in school documents?
4. What about content, objects of reference, types of information? In this study, at the beginning of the process, the subjects of discussion were identified (see Methodology chapter). Of all the subjects identified, terms relating to work with the pupils and to the work of the interdisciplinary team will be presented on the topic of language.
5. What are the consequences of the communication? In this research the consequences of the communication will focus on the attitudes of the different specialists to the concept presented.

The model and our adaptation of it to this research led to the development of a guiding model for the analysis of every concept, as follows:

The professional or group of professionals who use each concept will be indicated.

The meaning of the concept for the professional: examples of the use of the concept will be given.

Purpose of the communication

Results of the communication

Frequency of use of the concept (to be given in the concluding table)

The following are the classes of concepts found in the interdisciplinary team - therapists, teachers and doctors. These will be followed by those concepts in the language of the interdisciplinary team that are common to all members.

## **7.1 Classes of concepts originating with different specialists**

### **7.1.1 Class of concepts originating with the therapists**

**'Statement'** and related terms: this concept, as used by the therapists, means a uniform decision. It relates to work with the pupils, who need a framework with clear limitations. The therapists ask the other team members to cooperate, to decide on one form of action that will be agreed upon and strictly adhered to by all team members who work with the pupils. For example, an occupational therapist, in an interview on a pupil's functioning, said:

*Efforts are being made in the work with R. but it's not... He needs a framework, limits and a clear statement.*

Another therapist, addressing the team, also used the term *'statement'*, again in the sense of a uniform decision to be agreed upon by all team members. At a meeting of the team with representatives of the psychiatric hospital the team asked the hospital psychiatrist for authorisation to visit a hospitalised pupil. Reacting to this, the therapist turned to the team and said:

*Let's leave this meeting with a statement that there is nothing against any team member going to visit a pupil in a hospital ward.*

Purpose of the communication: to ask for the cooperation of the other team members in laying down a uniform framework for work with the pupils.

Results of the communication: the concept constitutes a concrete act, that is the taking of a decision that is accepted by all team members.

Behind the desire for a joint decision lies the need to form a declared policy that clarifies operative principles and uniform work strategies, or at least provides signposts to indicate the direction to be taken in work with the pupils. The wish to do this is partly motivated by the feeling of discontent felt by the therapists in their work with the pupils.

Results of the communication: the same meaning is expressed differently by the teaching staff. They use the concept:

**'A clear line':** for example, a senior class teacher said at a meeting with the staff of the psychiatric hospital:

*I don't think there is always a clear line with regard to the pupils. The basic team of the teacher and teaching assistant, who are really close to the child, are familiar with the line, but when it comes to 60 staff members, it is hard to ensure they all stick to the line.*

A junior class teacher said in an interview about work patterns:

*I try to see to it that a certain line that has been decided upon is made known to all the professionals who work with the class.*

Another class teacher said:

*As a school we have to set a common aim, a clear line.*

The purpose behind the use of this term is similar to but not identical with that of the previous one. Here the class teachers are trying to make the rest of the team understand why it is difficult to achieve a general consensus. They point out the operative difficulty that stems from a clear statement.

The communication has no results.

When there is a clear line of action with the pupils and they try successfully to cope with the work plan prepared for them by one of the therapists, the following concepts are used:

**'Prize' or 'reward':** sometimes the word '*prize*' will appear and sometimes '*reward*'. For the therapists who use it, this term signifies reinforcing the pupils' endeavours. The term '*prize*' comes from behaviourist theory. According to this theory a prize constitutes positive reinforcement for the pupil. This is repetition or reinforcement since the prize rewards. The speakers use both terms.

For example, a music therapist said at an IEP (individual education plan) meeting:

*For him to appear in a concert is a prize. We mustn't take it from him, it's the only reward that means anything to him.*

A speech therapist said:

*As a prize I allow her to play with the games in the room.*

The purpose of using this concept is to state a method of working. It is an operative working tool.

Result of the communication: some of the teachers adopt the term when presenting their work plan with the pupil. They stress what prizes and reinforcements they use.

For example, a junior class teacher said at an IEP meeting:

*We have a work plan with L. He reacts well to the behaviour table. The prize he loves is to have tea with the headteacher on Friday mornings.*

The prize is one of the practical working tools of the therapists and teachers, and both groups use the same tool.

It is important to mention that the teachers make a great deal of use of the concept reinforcement, also taken from behaviourist theory. In *The Ways of Special Education* (p. 31) it is recommended: 'Reinforcement must be extensively used in classroom work'. A reinforcement is defined as 'a stimulation that increases the probability of the appearance of the reaction'

(Open University 1990, Unit 1. p. 20). This is 'a reward for the correct performance of an instruction'. Furthermore, it enables the professional to choose between concrete reinforcement, social reinforcement, tokens and rewards. Reinforcement is a specific, functional concept while prize is a more constricting and problematic term, since a prize has to be constantly increased.

**'To process an experience with a pupil'** - This is an expression used frequently by the therapists. As they see it, their aim in working with the pupils is to process the experiences they present. The source of the experiences is to be found in the pupils' world, their feelings, thoughts and outlook. The contents that arise or are presented by the pupils may appear in conversation, drawing, music or drama. The therapy serves as a means for revealing this material and learning about it psychologically. This sort of psychological learning does not take place in a single meeting. The therapists perceive psychological learning as a process that needs time. A good example of this is the description of processing an experience with L. presented by a therapist at an IEP meeting:

*Week after week he draws the same monster and tells a very interesting story about it with the same continuous dialogue. In the beginning he would draw the monster and then tear up the page and throw it into the waste paper basket. When I asked him why he threw it away he said: 'It has to die. It's a monster'. In the next stage he stopped tearing up the page and began to tell how the monster felt. It was a really frightening monster. He said it was burning with anger. At the present stage he draws it in livelier colours, there's a feeling that the monster has calmed down, is gentler. Now he uses yellow, red, green. At the beginning it was just black, nothing but black. In yesterday's drawing a smile appeared on the monster's face. Through it, L. tells his feelings; he speaks about it in the third person and projects his feelings onto it. He has undergone a deep psychological process. I think we will soon part from the monster. We keep all the drawings. From time to time he asks to have another look at his previous drawings. He looks at them and smiles. Sometimes he looks at me and says: 'You know the monster isn't angry any more?' .*

Rosenheim (1990) points out that:

Dynamic therapy deals with motivations that tend to be long-lasting, ramified and emotionally charged. Generally the road to a durable change is not breached by a dramatic act, but paved with the



accumulated weight of the new understandings and experiences that emerge from different angles and in different contexts. Internalisation of psychological learning is called 'processing the experience'. This is not a short or easy process, since the client needs repeated and varied opportunities to 'document' what is new to him/her and to become convinced that it is both possible and useful to adopt the alternative approaches and reactions that are revealed during treatment.

Rosenheim also says:

Usually insight is an essential condition for allowing real renewal in the patient's psychological and motivational make up.

Results of the communication: from the interviews it emerges that, in the teachers' view, the therapists are in the school for the express purpose of processing experiences with the pupils. The teachers do not use the term processing experiences. They use different terms that express the same idea.

For example, a teacher in an interview stated:

*Their most important task here in the school is to 'reach the child'.*

A senior class teacher said in an interview:

*The purpose of their presence in the school, as I see it, is to reach places that I as a teacher cannot reach and do not have the tools for. They work with the children on the emotional-psychological side, on contents that trouble them and prevent them from learning.*

A junior class teacher said:

*They have a very important role, because they can reach places in the children, work on what is inside them, on the contents that the children present, so as to organise them.*

**'Paradoxical treatment'.** The meaning of the concept, for the therapists who use it, is the pupil's progress and regression.

For example, a therapist said at an IEP meeting:

*The work with A. is very frustrating; treating him is a very paradoxical affair; he progressed greatly over the past half year but this last week we are back where we started from with him.*

Another therapist said at the same meeting:

*I agree with you. Lately he has gone back to scribbling, he doesn't draw at all.*

Purpose of the communication: the therapists want to make the other team members understand the process and complexity of their work with the pupils.

Result of the communication: the doctors agree with the therapists' definition of the situation. The psychiatrists relate to this concept even though they do not actually use it. Thus, for example, a psychiatrist said at a team meeting:

*There will still be more ups and downs with R. It isn't finished yet.*

The therapists and doctors understand the meaning of the term and accept it as a common phenomenon. They know that there are ups and downs in all therapy. This portrays the children differently from the way the teachers portray them. It legitimises a different sort of learning process, a process of psychological learning, which, as they understand it, is complex. As professionals, they are aware that tolerance is called for. The educators are not partners to this concept because they do not see learning in this way. From the teacher's point of view, the pupil is supposed to know the material that has been learnt. Rosenheim (1990) states:

While walking according to a map tends to be linear (the way it is done by teachers), that is to say from one point to the next and from there to the following one, therapeutic walking is often circular. The client and the therapist, walking together, are likely to return to the same point many times, either willingly (in order to observe further details that they did not notice the previous time) or for lack of alternative, being stuck because of a temporary confusion with regard to other directions.

'To contain'. the meaning of the concept as used by the therapists is to constitute a place where pupils can organise themselves in order to preserve their existing state. As the therapists understand it, their role, in a state of containment, is to listen with the utmost attention. Careful observation by the researcher revealed that the therapists define total listening as absolute focusing by the listeners on the words of their interlocutors - pupils or parents, -

in order to absorb the pupils' inner world, their thoughts, emotions, desires, doubts, worries, joys and distresses.

For example, a therapist at a meeting of the team remarked:

*One has to find ideas for how to contain him. I suggest that we only contain him.*

An occupational therapist said in an interview:

*This means to take the pupil when the teacher cannot contain him.*

A therapist at an IEP meeting described the aims of the work with the pupil as:

*... a place for emotional containment.*

A speech therapist, in an interview, did not use the actual term 'containment'.

But that was what she meant when she said:

*First of all one must signal acceptance and empathy to the child.*

A therapist at a staff meeting said:

*As far as I am concerned as a professional, containment demands total attention. It demands far more of me than real listening.*

The term '*to contain*', as understood by the therapists, applies also to their work with the pupils' parents.

Thus a therapist at a meeting of the team said about an encounter with parents:

*Even sitting opposite them is not right; they sit there and attack us and we just go on containing.*

The purpose of the communication is to involve other members of the team.

Containment is one of the therapists' work tools. Rosenheim (1990) argues that:

The therapist can, sometimes even must, leave questions open for a prolonged period... The greater the patient's fear that he will drown if he immerses himself in the stormy waters of his emotions, the more important is the knowledge that he has at his side a person who is capable of containing pain, anger, anxiety and all other tempestuous emotions... The therapist accompanies the patient by staying at his side, neither pulling him forward nor pushing him from behind. Even if the person accompanying the patient does not say or do anything special, just concentrating attentively on him constitutes a positive act of human presence (p.107).

This 'act of human presence' is what the therapists call 'containment' or total listening.

Results of the communication: other team members use the term but remove it from its context as an operative-therapeutic tool to a different, more confining context with the meaning of containment of place and space.

For example, the headteacher said at a meeting:

*A school in a period of transition has to contain the pupils.*

And the head of the MC, in an interview on the role of the therapists asked:

*Is it true that dynamic therapies will be contained in the school's framework?*

When the pupil cannot be contained, the therapists use the concepts 'disintegrating' and 'flooding'.

**The child is 'disintegrating' and 'flooding'.** Both these terms belong to the same class of concepts. The therapists use them synonymously, and they will therefore be presented and analysed together. To the therapists the meaning of the concepts 'disintegrating' and 'flooding' is collapse or implosion, the pupils' inability to control their actions. They disintegrated, that is to say collapsed psychologically. The term flooding is taken from a system for lessening anxiety. Elitzur and associates (1994) point out that this system is based on abolishing avoidance behaviour by preventing a withdrawal reaction. In clinical conditions, this is done by making the patients face the cause of their anxiety in all its acuteness and strength for a prolonged period, resulting in their being overwhelmed by anxiety. However, in this study the therapists' use of the term differs from the professional terminology. They do not refer to a method of treatment. In their view, the concept 'flooding' is identical to implosion, meaning inner collapse (Reber, 1992, p. 618).

For example, a therapist stated at an IEP meeting:

*His inner feelings flood him all the time, he does not control them.*

And another therapist, in reaction, said:

*He would like to; he can't. He is aware of what is happening to him but he is helpless. That is the great sorrow.*

A therapist at an IEP meeting said

*It sometimes happens that a child has worked well with me and then comes to class and disintegrates.*

A therapist remarked in an interview:

*We are talking about children who have disintegrated psychologically. It is impossible to work with them.*

At an IEP meeting, in response to a class teacher's question on what to do with a pupil who wandered around all day out of class, a therapist said:

*There's nothing to be done. He's disintegrated completely. In a state like that there are no solutions. I can't treat him either.*

The purpose of the communication is to involve the other professionals in the therapists' helplessness and inability to carry out their professional-therapeutic aims with the pupil under discussion. Rosenheim (1990) argues that a therapist is meant to come to therapy as a complete, full, living, thinking, creative person. If the child is in a state defined by the therapists as flooding or if s/he has disintegrated, the therapists cannot carry out their role as described by Rosenheim. In this case, the professional feels a great degree of dissatisfaction. Results of the communication: the doctors see the condition of flooding or disintegration of pupils as an illness. The teachers, on the other hand, have adopted the concepts. They use them when pupils are in distress and they do not know what is happening to them and do not succeed in communicating with them.

A senior class teacher said:

*Today, in the middle of a lesson, L. disintegrated. I don't know what happened beforehand, what had caused it, but all of a sudden he disintegrated. It was impossible to go near him, and one certainly couldn't teach him.*

The class of concepts: 'prizes' or 'rewards'; 'to process an experience with a pupil'; 'paradoxical treatment'; 'to contain'; 'the child is disintegrating', 'flooding' - all these terms reveal the distress that therapists feel - distress and dissatisfaction that stem from the pupil's lack of cooperation. Rosenheim says:

In principle there exists only one legitimate motive for all therapeutic work: to serve the needs of the patient. Treatment is characterised by an asymmetrical dimension that distinguishes it from many other interpersonal processes: the two sides meet in order to deal with the personal growth of only one of them - the patient... A well-known motto of dynamic therapy says that the therapists can 'help the patients to help themselves'. That is to say, the main actor is, and has always been, the patient, with the therapist serving as an assistant; but what happens when patients do not help themselves from the professionals' point of view and the latter cannot carry out their mission and assist?

The concepts discussed above, as interpreted by the therapists, indicate how they cope and try to fulfil their mission of assisting despite the dissatisfaction they feel.

#### 7.1.2 Class of concepts originating with the teachers

**'Success experience'**. The meaning of the concept for the teachers who use it is: to create a situation in which the pupils can succeed in coping with the syllabus prepared for them. In the teachers' opinion, an important part of their work is to create a situation or syllabus that will allow the pupils to cope, even if this means lowering the standard to below the pupils' abilities. The aim is to give them the motivation to continue learning.

Purpose of the communication: to share their method of working with the other team members and try and persuade them to work in the same way. The method is an operative tool that helps the teachers in their work and they want to receive some sort of consent for it.

Result of the communication: this solution is not accepted or recognised by the other team members, who do not agree with the teachers' method of solving the problem. In the therapists' and doctors' opinion, only the pupils' psychological health and their achieving the goals set for them in the work plan can constitute a success experience.

For example, a psychiatrist (at a meeting of the team) said:

*We can't know if R's. therapy has succeeded because it is still going on. Only at the end will we be able to say that we have achieved our aims, that we have succeeded.*

A therapist stated in an IEP meeting:

*If R. is hospitalised again, we will not have achieved the therapeutic goals we set for him; this is certainly not a success experience. The process was correct, it was appropriate, but we cannot define this as a success since we did not complete it. He'll come back here after his hospitalisation but it's by no means sure that we will be able to carry on from where we left off.*

The words of the doctor and therapist indicate that their understanding of the concept 'success experience' is different or is defined differently from the term as used by the teachers. It seems that they do not accept the rationale of the success experience.

**'To advance every child according to his ability'**. The meaning of this concept is to help the children go as far as they can, meaning to educate and strengthen the children according to their talents and inclinations. For example, a child who is talented in music will be given many hours of music. The class teachers use the term differently. As they understand it, the children should be advanced only up to the point they can reach without extra effort. If they cannot get any further, it is the teachers' understanding that, after a number of efforts, no more attempts should be made to teach them.

Thus, for example, a senior class teacher said at an IEP meeting:

*We have been working with her for a long time on the numbers from ten to twenty; she has no grasp of quantity for numbers above ten. It's sad, but she can't learn numbers higher than ten. If she can't, we won't teach her. How long should one go on trying? She's already in the fifth year.*

A junior class teacher at an IEP meeting said of a pupil being discussed:

*L. will never learn to read, it's a waste of time, he hasn't the ability for it. His deficiency of visual grasp is too severe. I have never seen such a combination before of physical optical problems and defective*

*eye-brain coordination. This combination, together with his poor visual memory, will not let him read even in another twenty years. He just hasn't got the ability. The question is whether to persist or to stop trying. I have decided to stop.*

Purpose of the communication: to share the speaker's dissatisfaction with the other members of the interdisciplinary team and receive their consent to stop teaching the subject under discussion.

Results of the communication: the therapists and medical staff do not use the term but they relate to it with understanding.

For example, a therapist, responding to the first teacher's words said:

*Today there are pocket calculators; if she can't do sums above ten, teach her to use a calculator.*

The psychiatrist's response to the teacher about the pupil's inability to read:

*If he can't, he can't. You're not going to force him, are you?*

Another concept belonging to this class of terms is '*bear fruit*'.

'**Bear fruit**'. The meaning of the concept as perceived by the teachers who use it is to lower the educational demands and expectations made on pupils so that they will succeed in learning. This is a situation that the class teacher creates consciously and deliberately. This concept appeared several times but only in one meeting with the whole team. The meeting concerned two classes of autistic children. These classes are considered the hardest to work with. The team members complained of the distress they felt in the classes. The two class teachers explained to the other team members how they managed to work in the class, what solutions they had found or, in Woods' definition (in Arieli, 1995), how they survived in the class. Although the term appeared only in one meeting, it is important because it exposes and focuses on the distress with which the class teachers have to cope in their work with the pupils.

A class teacher at a meeting of the team with staff of the psychiatric hospital:



*If you lower the demands and go step by step, it bears fruit, it succeeds.*

.Another class teacher said:

*For it to bear fruit, we have to scale down, change and adapt our demands of the children, meet them halfway.*

Purpose of the communication: the class teachers share and reflect the dissatisfaction they feel. The source of the dissatisfaction expressed here is the professionals' inability to make practical use of their professional knowledge, experience and understanding. For their work to bear fruit they are obliged to lower or give up some of their professional demands and expectations in their work with the pupils. In using this concept, they stress the experience they have gained in their work with the pupils and give great weight to their experiences as class teachers. They stress that '*bearing fruit*' is the code for success or at least the answer to working with this school population.

Results of the communication: whenever the term '*bear fruit*' appeared, the team was silent. The observer felt that the concept was strange to the experience of the therapists and doctors. For the therapists and doctors, when treatment bears fruit, it is no longer needed.

Thus, the psychiatrist said to one of the educators:

*You have given up the fantasy that you are a teacher in a class.*

Another concept used by the teachers in this context is '*babysitter*'.

'**Babysitter**'. The teachers use this term taken from everyday life and the meaning they give it is: to look after the pupil without carrying out any professional work, that is to say without teaching or educating.

A junior class teacher (observed at an IEP meeting) said:

*... was a babysitter for those children this year.*

Another class teacher, talking about the goals of the schools, said:

*At one time I was not happy about being a babysitter, that is to say, just marking time with pupils who have been here for years.*

A class teacher at an IEP meeting, referring to a pupil, said: .

*As I see it, I have just been babysitting him this year. It is very hard to do anything else with him.*

Another class teacher in an interview about her role perception stated:

*My role depends on the psychological ability of each child, on what state he is in psychologically. I don't have great expectations. Sometimes it's like babysitting; we do things to calm them.*

Purpose of the communication: the teachers reflect their state of deep dissatisfaction to the other team members. They have, to all intents and purposes, renounced professional work with the pupils. They make no attempt to advance the pupils according to their abilities, nor do they endeavour to make their work with the pupils bear fruit. The role of the class teachers is to be present in the class and that is what they do.

Results of the communication: Both the doctors and the therapists have adopted the concept and the meaning that the teachers give it.

For example, a therapist said at an IEP meeting:

*Another major cause of burnout is the children. I sometimes have the feeling that I'm a babysitter.*

A psychiatrist said at a meeting of the team:

*We are sometimes paid to be babysitters.*

Another concept that belongs to this semantic class is '*a broken basin*'.

'**A broken basin**'. This term originates in a universal legend, of which there is a well-known Jewish version, about the fisherman and the goldfish. The legend tells about the many wonders and riches that the goldfish gave the poor fisherman. But in the end the wealth disappears and the fisherman finds himself back with his broken basin. The broken basin therefore signifies a return to one's former state after a temporary success. For the teachers who use it, the term expresses a state of failure, a loss of direction and method of working with the pupil.

A teacher at an IEP meeting concerning a pupil said:

*I have a feeling of helplessness, of a broken basin .There is nothing further to be done with the child. Nothing we do has worked.*

Another teacher about a different pupil, also at an IEP meeting, said:

*It's just like the broken basin. Do you know what it feels like to stand facing a broken basin? I made such great efforts, so many attempts with him over the last two years. I imagined we were progressing. I feel so frustrated and helpless, I have no idea where or how we are going on now.*

Purpose of the communication: to share the feelings of helplessness with the other professionals and consult them about further work with the pupils.

Results of the communication: the term is not clear, it is vague and appears to make the other professionals feel uncomfortable. When the word was mentioned, the team members fidgeted in their seats and looked at each other. At the same time, they tried to understand the pupils' condition, to get further information from other team members who worked with those pupils and to seek answers.

Class of concepts: the concepts '*success experience*', '*to advance each child according to his ability*', '*bear fruit*', '*babysitter*' and '*broken basin*' reveal the teachers' distress - a distress stemming from the pupils' lack of cooperation. Pollard (1982) and Hargreaves (1978) argue that getting the pupils' cooperation is the teachers' prime aim and they have to struggle to achieve it. Arieli (1995) defines this situation as discontent and points out that the class teachers experience this discontent at its strongest when they feel that the world in which they carry out their profession is collapsing. They have to prevent or at least minimise this painful experience as best they can.

The concepts '*success experience*', '*to advance the child according to his ability*' and '*bear fruit*', as interpreted by the teachers, indicate the way they cope and how they try to minimise the discontent they feel.

### 7.1.3 Class of concepts originating with the doctors

**'Story'**. The meaning of this concept as understood by the doctors who use it is equivalent to the medical term '*anamnesis*'. In medicine, the anamnesis includes identifying details, family background, past history, physical and mental illnesses, character traits, development of present illness, evaluation of adaptation level and healthy areas (Elitzur et al., 1994).

For example, the psychiatrist at a team meeting concerning the pupil G. said:  
*G's story can be told with many variations: One can describe an animal-like, caged-in child, or one can tell of a frustrating child in the school and he will have many sympathisers. It is also possible to tell the story differently. All the stories are true. We have here a story that can be seen from many angles...all the children here have their own story....The children who come to Migdalim are very problematic and difficult. We can't always explain to the authorities. These are stories with a price.*

A psychiatrist at an IEP meeting stated:

*His story is known, it includes repeated hospitalisation in our department. Recently we also changed the dosages of his medicines, his parents are aware of it.*

The purpose of the communication is an attempt to replace a professional term with a term common to the whole interdisciplinary team as well as an attempt to convince the interdisciplinary team to perceive the child as the doctors do. As Billig argues (1993), words and psychological concepts are translated when they pass from the technical language of the profession and become the common property of daily reality. Or, as Van-Dijk defines it (1997), there are two voices in interaction between doctor and patient, 'the voice of medicine and the voice of the life-world'.

The psychiatrists translate the voice of medicine into the voice of the life-world so that it will constitute a common linguistic denominator for the

multidisciplinary team. Van-Dijk adds that each of the voices indicates a different way of understanding the patients' problems and constructing methods of working with them. The concept '*story*', like other concepts that will be presented below, reflects the doctors' understanding of the pupil's anamnesis.

Results of the communication: the teachers and therapists understand the meaning of the concept '*story*' but do not accept it and do not use it. Teachers use the term 'didactical and IEP diagnosis' while the therapists use the terms 'dynamic diagnosis' and 'therapy plan'.

Another everyday term adopted by the doctors is '*getting nowhere fast*'.

**'Getting nowhere fast'**. The meaning of this concept for the doctors is the exertion of great effort on the part of the pupils to no effect for, in spite of their great effort, they stay in the same place - 'get nowhere' - as far as their psychological state is concerned. This concept is identical to the term *regression*. In cognitive theory it describes a temporary return to an earlier thought pattern in order to begin to learn how to cope with a new complexity, as an intermediate stage in an advanced process of cognitive adaptation (Reber, 1992, p. 692). In this, it is unlike the concept 'fixation', which expresses an arrest in development at a certain stage.

For example, a psychiatrist at a team meeting, referring to work with a child said:  
*Sometimes we feel it's a case of getting nowhere fast.*

In another case the team in an IEP meeting were discussing A, who is defined as a pyromaniac. Recently, in a town in the centre of the country, trees had been deliberately set alight.

The psychiatrist referred to this:

*We know he did it; it is not the only fire he has set lately but the others were not publicised. Working with him means getting nowhere fast. It's very frustrating, but that's part of the work with him.*

Purpose of the communication: to reflect a pupil's grasp of reality and to share

with the team working methods and the understanding of an amorphous reality containing contrasting types of knowledge together with the feelings of dissatisfaction that accompany it and the acknowledgement that they are part of the work.

Rosenheim (1990) claims that the vagueness is a perception of reality and stems from the fact that the observer holds conflicting types of knowledge, which sometimes generate a tension known as 'contrast tension'. The doctors try to act from within this reality in order to arrive at suitable answers.

Results of the communication: the therapists, as reflected in the term '*paradoxical treatment*', know and experience the meaning of '*getting nowhere fast*', but continue to use the professional term and do not adopt the doctors' expression. The teachers, in their attempt to have their work '*bear fruit*', also know the meaning of the expression but, like the therapists, have not adopted it. '**Holding**'. - The meaning of this concept as perceived by the doctors is to keep patients in their current psychological state in an attempt to prevent further deterioration.

For example, at a meeting of the team, a psychiatrist explained the concept:

*I want to go back and talk about expectations: when I started as a psychiatrist, I treated a clever young engineer who, after five hospitalisations, made a point of coming to his therapy but spoke about nothing. After a year I went to my supervisor, Professor Munitz, and said: 'I am achieving nothing with this chap. I want him to have a girl, I gave him a normal encounter with the world. I want him to function and I'm making no progress. He answered me: 'I wanted to speak about the patient's expectations, not yours'. That is the moral of the tale. It took me a long time to realise how much I gave him by holding. Things I did not learn to do. When I left and the patient went into crisis, I understood the meaning of the 'tools' I gave him, how much I gave him. I help where I can. I stopped his deterioration. We belong to profession that says: first of all do no harm. If possible, you also help.*

Purpose of the communication. For the doctors, '*holding*' is an operative work

tool. They would like this term, as well as the term 'story', to become professional concepts and working tools common to the whole team.

Results of the communication. There is no agreement, acceptance or use of this concept by the other professionals. The therapists and class teachers do not accept the concept and do not see holding as a method of work.

For example, a class teacher, in reaction to the words of the psychiatrist, said:  
*What does that mean 'I help where I can'? Either I teach or I don't teach. The holding process may be suitable in a hospital. In that case a pupil who needs it belongs in hospital. The role of a school is different.*

A therapist at the same meeting stated:

*We also hold children but only in certain cases. It's not a method of therapy. It's not what the children are here for.*

**'Dangerous to themselves, their surroundings and their families'.** The doctors use this term in cases where they perceive the pupils as constituting a danger to the people around them and to themselves. This is an emergency situation. According to Elizur et al. (1994):

Emergency situations in psychiatry, as in general medicine, are situations that demand immediate intervention by the doctor in order to prevent loss of life. Beyond preventing loss of a patient's life, emergency intervention is also meant to deal with dangers stemming from the patients' lack of control over their impulses or their behaviour. In such situations, they are liable to be dangerous to themselves and their surroundings. In these situations there can be long or short term harm to the patients, their families or their surroundings.

In this situation the psychiatrist acts by recommending that the pupil be sent home, or sometimes hospitalised.

A psychiatrist, observed at a meeting of the team, said:

*The child does not constitute a danger to his surroundings, therefore the school has to cope with him.*

Another psychiatrist observed at a meeting of the team said:

*R. was hospitalised this morning because he went wild yesterday in class. He physically attacked staff members and other children.*

Purpose of the communication: The psychiatrists clarify their professional reasoning to the other team members and involve them in it. This is an operative diagnostic tool.

Results of the communication: Other team members have adopted the concept.

They use it when they think a pupil does not belong in the school.

The headteacher, talking about a pupil at an IEP meeting, said:

*This pupil is dangerous to himself and his surroundings. If he stays at the school it will end in a catastrophe.*

At a meeting with a psychiatrist about a pupil who had gone wild during the day,

a therapist said:

*The child is a danger to himself and his surroundings, that is the main criterion.*

When pupils become dangerous to themselves and their surroundings, the psychiatrists are called in urgently to intervene and then they feel as though their job is to 'put out fires'.

'Putting out fires'. The meaning of the concept as perceived by the psychiatrists who use it is dealing with situations in which pupils endanger themselves and their surroundings. This is a situation that calls for diagnosis, gathering information and taking a decision as to what to do with the pupils: send them home or hospitalise them, and for how long?.

A psychiatrist at a meeting of the team stated:

*This year we dealt a lot with putting out fires, coping both with problems that arose this year and with some that developed beforehand. Two children left school. I hope that in the coming years we will have to do less in the way of putting out fires.*

A psychiatrist at a team meeting said:

*The last thing we want to deal with is putting out fires. We have to do everything possible so that there should be a minimum of such cases. They are a kind of failure.*

Purpose of the communication: to share their dissatisfaction with the other team members. This is a situation in which the entire therapeutic process is stopped.



Results of the communication: the other professionals do not agree with the doctors about the meaning of this term.

For example, a therapist said to a doctor at a team meeting:

*In a situation where the children endanger staff members or other children, they have to leave or be sent away from the school. Things shouldn't reach a point of putting out fires. We come into the school every day and actually put ourselves in danger. There is no male nurse at the school like there is in a hospital. That is the main criterion.*

A class teacher stated at a meeting of the team:

*There are other children who should have been sent away this year and weren't. We are actually in danger of our lives. We mustn't wait endlessly until everything explodes.*

Another class teacher said at a meeting of the team:

*We are in a school not a closed ward. We can't work constantly on the brink of danger and wait until the last minute.*

These concepts can be summed up in a table which also gives the frequency with which they are used.

**Table 7.1: Frequency of use of key words by members of the interdisciplinary team in relating to their work with the pupils**

Concept	Origin of concept	Frequency of use
Statement	Therapists, headteacher	14
Prizes/rewards	Therapists	15
To process an experience with a pupil	Therapists	22
Paradoxical treatment	Therapists	22
To contain	Therapists	30
The child disintegrates.	Therapists	24
Flooding	Therapists	20
A clear line	Educators	12
Success experience	Educators	26
To advance the pupil according to his ability	Educators	28
Bears fruit	Educators	15
Babysitter	Educators	10
A broken basin	Educators	8
Story	Doctors	16
Getting nowhere fast	Doctors	11
Holding	Doctors	28
Dangerous to themselves, their surroundings and their families	Doctors	14
Putting out fires	Doctors	6
	Doctors	7

The frequent experience of being on the verge of a state of crisis has an adverse effect on the professional work in the school. The members of the interdisciplinary team experience a feeling that Arieli (1995) calls 'discontent'.

The above analysis relates to the concepts of each group of experts. The research data also reveal concepts that are common to the entire interdisciplinary team. These are given and analysed below.

## **7.2 Class of concepts used by all team members**

The concepts used by all the members of the team appear over and over in discourse by all the team members, and the meaning given to them by the various team members is also identical (and therefore the part of the model referring to the results of the communication will not be given here). The cluster of common concepts given here originates in the discipline of rehabilitation, with the single exception of the term '*answer*'. Why is it just this cluster of concepts that is common to the whole interdisciplinary team? What is so important and special about these concepts?

Reiter (1997) gives the answer in regard to the importance of these concepts:

The term quality of life and the interpretation given it in the educational system have led to the establishment's revealing a broader interest in the general issue of integration into the community, hence there is also an increasing interest in my field. Finding work and integrating into the community are beginning to be perceived by professionals as matters of importance that the educational system has to deal with. Schools are being called upon to prepare their pupils for a life of quality, which means, among other things, satisfying work.

The cluster of concepts is given and analysed below.

**'Employable pupils'**. The meaning of the concept, as used by the interdisciplinary team, is that the pupils are suited for work in a sheltered

workshop. From the point of view of the therapists, including rehabilitation personnel, this term is both defining and diagnostic. The aim of rehabilitative work in a special school is 'to prepare the pupils for work in a sheltered workshop in the community' (from a role-defining document issued by the school). The importance of this employment in a sheltered framework is that it is an important step towards independence and an essential means for the pupils' future integration into the community as people who contribute and therefore gain in self-respect.

Various members of the team relate to this criterion when they try to examine abilities and work possibilities with the pupils, mainly the senior pupils.

The headteacher stated at an IEP meeting:

*If he were fully employable we would refer him to the vocational field.*

A psychiatrist referred in an interview to the role of rehabilitation as:

*To prepare the child for sheltered work.*

A junior class teacher said in an interview:

*Rehabilitation work is very important here in the school. Its role is to enable the pupils, in the future, to adapt themselves to life.*

Purpose of the communication: to find work plans for the pupils. To the extent that pupils are defined as employable, the result of the communication is to prepare a work plan for them. Reiter (1997) claims that 'from a psychological point of view there is no doubt that work is a most important dimension for quality of life'. She also says that the term 'quality of life' indicates an existence that has meaning to the extent that the individual can develop his/her own special potential. In order to achieve this, it is necessary to ensure that the environment suits the individual's needs and provides him/her with a range of welfare services, social frameworks and employment.

Another concept taken from the world of the rehabilitation personnel and closely connected to the previous concept and to this semantic cluster is the following:

**'Preparation for life, independence in the community'**. According to the perception of the interdisciplinary team, who use this expression at team meetings and in interviews, the role of the school is to prepare the pupil for life. This term is common to all members of the team. The educators and doctors agree that one of the aims of the school is to prepare the pupils for an independent life in the community and they see this role as belonging to the rehabilitation personnel. For example, a class teacher said in an interview:

*Our most important role is to enable the pupils to adapt to the outside world, to prepare them for life, so that they become as independent as possible and are able to integrate into the community in which they live. These facts are important for constructing a work plan for the senior pupils with whom our main work is to prepare them for life and teach them independence.*

A psychiatrist at a meeting turned to an occupational therapist:

*It is important for us to see if the pupils can integrate into the community, if they are capable of working, of becoming independent.*

Purpose of the communication: to discover whether or not the pupils are capable of integrating and living independent lives. This leads to the construction of a work plan with them and the result is operative.

Result of the communication: it contains a clear definition of the role of the occupational therapists.

Reiter (1997) argues that:

From the theoretical point of view, there is indeed agreement between the special education people and the social welfare people that the school has to reinforce the pupils' independence.

Another concept belonging to this cluster is:

**'Independence'**. The meaning of the concept as used by the interdisciplinary team is to give the pupil the ability to be independent at work and in society.

For example, a junior class teacher in an interview about the school's goals said:  
*I want to see the school moving towards making the pupils independent.*

A class teacher at an IEP meeting said:  
*She is on the way to becoming Independent.*

A therapist at a meeting said:  
*From the social point of view, he is very independent. He will adapt to whatever society he is in.*

Purpose of the communication: construction and testing of a work plan, examining the pupils' ability to be independent, and reaching agreement about the direction of the work. This purpose is reinforced by the following extract from an Open University publication (unit 11, p.54):

All types of educational experience, curricula, teaching and counselling must include the subjects of preparation for economic independence and the dignity of work. One must strive to have every pupil completing his studies in the special education framework leave with some set of skills needed in the workplace.

Another concept belonging to this group is 'everyday skills'.

'Everyday skills'. The meaning of this concept for the rehabilitation personnel is the meaning that appears in the pamphlet on role definition in the school, namely preparing the pupils for an independent life. In the rehabilitation programme, the pupils have to learn practical, everyday skills and motor-technical skills, and also to internalise the values and learn the behaviour patterns demanded in society and in the workplace.

An occupational therapist said at an IEP meeting:  
*We are working with her on everyday skills. At the moment we are making progress in travelling by bus. She travels to work and back on her own, waits for the bus, gets on, pays; she knows how much the journey costs and how to reckon the change; she chooses a seat - at the beginning she used to walk about the bus the whole time. She already knows where to get off.*

A junior class teacher in an interview on the role of rehabilitation said:  
*They have to be taught to eat in a restaurant, to wash themselves, tidy a wardrobe, make a bed. These are very important skills.*

Purpose of the communication: to share information about the work plan and the pupils' progress.

Results of the communication: this concept is common to all members of the interdisciplinary team; they use it and perceive it as one of the school's important goals.

The reason for the importance and acceptance of the concept as a goal is that it expresses the result that the school wishes to reach, which is the pupils' independence or, to put it more accurately, their non-dependence on society. In interviews about the school's aims, all the team members mentioned this one. This purpose is reinforced in the following quotation from the Open University publication (Unit 11, p.49):

An additional important field in special education is education for social functioning; social competence can be defined as the ability to cope with the demands of the social and physical environment.

The importance of this concept can be learnt from: *Guidelines for the work of paramedical therapists in the special education framework* (Director-General's monthly bulletin to schools, no.15, March 1<sup>st</sup> 1999):

The aim of special education is... to impart to them (the pupils) knowledge, skills and habits and help them acquire the behaviour accepted in society with the aim of easing their integration into it and into the work force.

In addition to their being common to all, the extensive use of the above group of concepts reveals the way the members of the interdisciplinary team perceive the aim or goal of the school. In their perception, the role of the school is to prepare the pupils for life. This indicates a perception with a normative, value-based orientation. This orientation is emphasised by Brown (1988,1992) and Schalock (1996) in saying that the new ideological basis of the system of support services has changed, from the principle of normalisation as an ideology

guiding the services for people with disabilities to a stand that stresses the importance of their quality of life.

A concept common to all the members of the interdisciplinary team that does not belong to the group of concepts given here is the concept 'answer'.

'Answer'. This concept is used by all members of the team; it is not unique to any one group of speakers.

For example, a class teacher observed at an IEP meeting said:

*I have no solutions, I may have a temporary answer.*

A therapist at a meeting of the team said:

*The only answer to this problem is...*

A psychiatrist at a meeting of the team said:

*We do not have all the solutions, we have answers to some situations.*

Purpose of the communication: 'answer' has a practical nature. The use of the term 'answer' rather than 'solution' is not fortuitous, since problematic situations do not have decisive solutions but only answers. Answers are never perfect, only temporary. The answer to a problematic situation is judged by one criterion only - its ability to permit a state of adjustment, functioning and development that is an improvement on the pupils' former condition, an answer appropriate to a complex situation in which a different organisational approach is needed. This approach is, by its very nature, temporary and not perfect. It is precisely these characteristics that make it attainable. What differentiates the answer from the solution in the view of the team members is the fact of its being realistic, temporary and facilitating continuity in the here and now. In the words of De Shazer (1985), the members of the interdisciplinary team use 'the dice on the table' in a different way, that is to say they define the environment differently. This definition makes it possible to get a suitable answer to the situation. The description of the situation is always from the point of view of the team member

who is describing it. An additional description, from a different angle, makes it possible to obtain a dimension of depth and in this way to fill out the picture. A fuller picture gives a better possibility of finding answers.



## **Chapter Eight: What concepts do the team members use when relating to their work as an interdisciplinary team?**

This chapter deals with the concepts prevalent in the discourse related to the interdisciplinary nature of the work of the team. As in the previous chapter, the focus here is on discourse analysis and on the significance of the concepts within the institutional environments in which they are used. The main topics dealt with pertain to collaboration. Several aspects of collaboration will be discussed: sharing information and professional knowledge, sharing on the affective level, and dealing with the interpersonal relationships and problems existing between the team members as professionals. Problems such as the following are raised: the interpersonal relationships among the members of the team; the need to respect and recognise the professional role of the partner; the search for ways of improving collaborative work.

The concepts presented here, revealing the way the members of the team perceive the interdisciplinary nature of their work, have their source in the observations carried out during the research. Most of these utterances occurred spontaneously. Those marked + were uttered by the participants during the interviews. The utterances presented in this chapter reinforce or clarify specific concepts or deal in greater depth with the professional's perception of a state or situation. This chapter again focuses on the participants' inner world and the social interactions between them.

The discourse presented in this chapter is particularly interesting due to the participants' widespread use of metaphors in relating to the interdisciplinary nature of their teamwork. Seven out of the sixteen concepts included in the categories presented here are metaphors, and four additional concepts are taken from a different world of discourse.

This chapter deals with questions such as: What is the purpose of the metaphors? What is their advantage over the usual form of discourse? Why do they occur particularly within the context of the work of the interdisciplinary team? Another no less important question arises regarding the way metaphors should be analysed.

The processing of the data presented here made it possible to understand and analyse the significance of the metaphors and of the other concepts relating to the work of the interdisciplinary team. The data were processed in the following way.

The first stage of identifying the categories was identical to that presented in Chapter 7 (see also Methodology). It is important to emphasise that this chapter presents an additional category of concepts, dealing with the interdisciplinary nature of the team. The same organisational structure is used, including categories and clusters, which are defined here in the following way:

**Categories** – groups of concepts sharing the same significance, appearing spontaneously during the interactions and interviews.

The following categories were found:

1. Concepts taken from a different world, for example, *healthy* and *unhealthy*, *paranoia*, *echolalia*.
2. Concepts related to the difficulties encountered by an interdisciplinary team, for example, *hourglass*, *disconnected parts*, *a spiral connection*, *collaboration* and *coordination*.
3. Concepts suggesting possible solutions to problems encountered by an interdisciplinary team, for example, *cogwheel*, *linking*, *key*, *integration* - *harmony*.

4. An additional group of concepts presented is metaphors taken from nature. It is different in that the metaphors were 'implanted' into the discourse during supervision, by way of guided imagery, they did not occur spontaneously like the others.

**Clusters** – groups of words or phrases defining each of the concepts within the categories. The same model, adapted from Hurford & Heasley (1983, p.60) is used here as in the previous chapter (see also Methodology). Thus, each concept is analysed and presented in the following way:

1. The professional or group of professionals using the concept, or whether it is a shared concept
2. Purpose of the communication
3. Result of the communication.

### **8.1 Class of concepts taken from one sphere of discourse to another**

The concepts included in this category are *healthy* and *unhealthy*, *paranoia* and *echolalia*. They are included, because in each case a reconstitulation (Linell, 1998, pp.144,145) has taken place, namely a dynamic transfer and conversion from one type of discourse, text or context and adaptation to a different one. In this case the concepts were taken from the domain of medicine, as used by doctors when relating to the pupils, and adapted to discourse regarding the interdisciplinary team.

*Healthy and unhealthy* are discussed together, since this is the way they were used. The cluster relating to *unhealthy* includes both the situation and the team; it also comprises expressions such as a problem, a bad state. The cluster relating to *healthy* includes a healthy process, a very healthy place, a healthy person and healthy development.

**Healthy, unhealthy.** These concepts appeared in connection with an event, which occurred in school and created a storm. The interdisciplinary team discussed these concepts for three whole months after they were first used.

The event and its effects on daily discourse:

First I shall describe the meeting when these concepts appeared for the first time, in order to clarify the significance accorded to them by the team. Some thirty professionals participated in the interdisciplinary team: class teachers, therapists, assistant teachers and subject teachers, and on the medical side, a psychiatrist and a psychologist. The discussion was held on the initiative of the headteacher and was moderated by the psychiatrist. It focused on the violent pupils, particularly on L., considered by the team to be exceptionally violent. A week prior to the meeting he had gone wild during the break, throwing stones, hitting pupils and also the members of the team who were trying to calm him. On the day before the meeting the pupil was hospitalised. The team described the events of that day and their efforts to cope with L. The psychiatrist listened and then said:

*I understand there is a problem with violent pupils. I sense something more behind your words – that we have a conflict within ourselves. Are we convinced that what we are doing here is the right thing to do? We must be sure of that.*

The psychiatrist focused on the covert problem, which the team had been reluctant to raise for discussion. When he finished speaking, there was silence in the room. Gradually, tentatively, the participants began to react. They started clarifying the situation for themselves. Following are some extracts taken from what they said:

Head of seniors:

*I think we are going around in circles. We have to examine what is happening in our team. Issues such as authority, responsibility. As*

*long as each one of us works entirely in his or her separate province, we'll never solve any problems.*

**Psychiatrist:**

*I don't understand what you are talking about.*

**Another class teacher:**

*I spend six hours a day with L. I am burnt out, and when I ask for help, I don't get any. No one accepts responsibility, there is no cooperation, it makes me very angry; people are afraid to come closer, there is a sense of danger. That's the first thing to solve, before we talk about studies at Migdalim.*

**Psychiatrist:**

*That's a bombshell.*

**A communication therapist said:**

*You are right. When a child goes berserk outside and I go up to him, there is no one in charge in the schoolyard. No one helps out, I have to cope with him on my own. Let's first deal with ourselves.*

**Psychiatrist:**

*Why does it happen? Six hours with a child – that's unreasonable.*

**The head therapist commented:**

*It's not a normal life here, I've been working here for eight years, there is something unhealthy in this team, people are quite exhausted, they have bad experiences, every day I feel I don't know what state I'll be in when I leave. I barely survive. And yet I love the work. Our own personal lives are threatened. We've realised that the situation here is unhealthy – unhealthy norms have developed here, and there are no proper arrangements for coping with them, it's a population that should be hospitalised, one can't function normally under these circumstances.*

The above discourse comprises two levels - the overt and the covert levels.

On the overt level, the team is discussing the problem of coping with the pupils' violence, various professionals relating to the incident from different angles. The head of the seniors focuses on roles and functions, the distribution of responsibility and the hierarchy. The other class teacher emphasises lack of cooperation and the communication therapist the need for assistance, while the head therapist for the first time brings up the idea that something is unhealthy

within the team, and explains her perception of the concept '*an unhealthy situation*'.

On the covert level, the interdisciplinary team reveals what Ayalon and Lahav (1990) call 'a high-risk situation'. A high-risk situation, described by the therapist as an unhealthy situation, is a state of being under stress, experienced by the team, a state of emergency, when all the physical and emotional systems are called upon to make an all-out effort in order to confront an immediate danger. It rings the alarm, activating all survival strategies (Aylon & Lahav, 1990). The stress is accompanied by a sense of isolation, fear, anxiety, anger, and sometimes also guilt, in the face of situations perceived by the team as dangerous, constituting a real existential threat. Control of the dangerous situation is a decisive factor in remaining immune to stress. A professional who confronts such an 'unhealthy situation' alone, sensing a lack of backing and physical and emotional support, is unable to feel in control of the situation. A professional team, enabling the members to feel the strength it projects, enables the individual to feel in control of the situation. A team has greater power and is better able to cope than a single person. Thus it became clear that on the covert level, the interdisciplinary team lacked the stamina that would enable the members to cope with high-risk situations as a team. In order to achieve it, there must first be awareness of the high-risk situation. The therapist's words in an interview point to such awareness:

*+ We've had some very hard years here, we could barely survive, there was turmoil below the surface, conflicts, very unpleasant acting out. In my opinion, a healthy process has been initiated today, enabling things to come up to the surface, so we can begin to confront the problems together as a team. This school is special, it has a wonderful interdisciplinary team, which is quite unusual.*

The concepts *unhealthy* and *healthy* preoccupied the team for a long time after that meeting; they talked about it during other meetings, in the halls, during

breaks, almost everywhere, the discussion taking a different form in each group. The administrative team sought to clarify the significance of the metaphor while analysing the situation to which it related. The ambiguity in the use of the concepts is interesting. The same concept, *unhealthy*, was used to describe the situation as well as the team. For instance, the day after the first meeting, at an administrative team meeting, the headteacher said to the therapist:

*People came to me during the day and said – I am a healthy person, I am not sick.*

The head therapist said:

*People didn't understand me and I don't feel I have to explain. If, for years, we have had to cope with pupils who should be hospitalised, without the necessary means at our disposal, there is a problem.*

Headteacher:

*You should have said that the situation is unhealthy, not the team. You had the situation in mind, you are all talking about the same thing, just using different words. You should have said 'You have a problem'; a problem is not a disease.*

The head of LSD said:

*Not everything is unhealthy here. I think it depends on the character of the person.*

Head of MC:

*I think people found it particularly hard to accept what you said, because you are in the administrative team.*

Head therapist:

*Whenever I say anything, I am quite ready for such reactions, I take full responsibility for what I say.*

Head of rehabilitation:

*As someone who has also been misunderstood, I want to tell you that we must take into consideration who we are talking to.*

Head therapist:

*Let's think why that word made them so angry.*

Head of rehabilitation:

*Let it go.*

Head therapist:

*There was a reason why it upset people, it's the beginning of a very long and difficult probe. I ask myself why that word became the main problem of that evening.*

Headteacher:

*I didn't find it suitable. Last year I found a team that was not in a good state. There is a basic problem here, otherwise I wouldn't have brought all these people here; there are healthy elements here that we have to work with.*

Head therapist:

*I am ready to suffer for it. Let's use it to open up the discussion.*

Class teacher:

*The group is too large.*

At this point, a therapist came in with a problem about transport and the team dealt with it. The discussion ended.

The above discussion shows that an effort was made by the headteacher and some of the members of the administrative team to erase the concept *unhealthy* from the agenda. They related to that concept very defensively.

Purpose of the communication: The discourse revealed two different perceptions of the reality:

The situation is unhealthy————the team is unhealthy

One perception focuses on the event, the situation, and asks questions about the organisation - the school. The organisation is in an unhealthy state, the environment is not healthy, it is a hopeless situation and we are endangering our lives. Is it possible to work with a violent population within a school framework? If it is possible, what role should the members of the team play? And what happens when they feel they are in danger? Behind this perception there lies a fundamental question: What are we professionals doing here?

This finds expression in the words of the psychologist:

*I wanted to connect from a different area, from my acquaintance with the team. The term unhealthy is unsuitable, but the school population somehow affects our team. For instance, adolescents sometimes get too lively. For instance, M. can be wonderful - and terrible. From what*



*I've heard and what I am told during guidance sessions there are extremes, as though there were two different schools here. One of them is great and the other unhealthy. I feel that it doesn't go to such extremes. The point is how one connects and how we get swept along emotionally. I think it is due to the kind of school population with its extremes, and it is impossible to distance ourselves, and so things appear even more extreme. It's very important to do some sifting.*

The other perception involves an effort to cope and to define reality through focusing on the interdisciplinary team, and not on the school organisation. This perception leads to concern with the team itself and to the question as to whether it might be the team, and not the organisation, that is unhealthy. For instance, during the meeting of the interdisciplinary team, the topic came up again. It is important to mention that the head therapist who had used the term unhealthy was not present at this meeting.

The drama therapist remarked:

*What I liked about the last meeting was that people spoke up. It didn't always happen last year. Some of what was said made me angry, I don't agree with what N. said about the team being unhealthy. I think we've got a wonderful team here, in a very healthy place. But if people feel bitter, something must be done about it.*

Communication therapist:

*I came out of that meeting feeling as if we had been reprimanded about the way we behaved. Everyone talks about how they feel, and so do I.*

Assistant teacher:

*It annoyed me – saying that the team was unhealthy. It really annoyed me and I don't agree. That point annoyed me very much. The person who said that should have treatment. It's not true.*

The words quoted raise some fundamental questions, although not stated explicitly, questions such as: Is the team unhealthy? Is the team part of the unhealthy situation? And pursuing the matter further – what is the significance of this ill health? Does it entail inability to work with a violent pupil population? Is it connected to feelings of being ineffective, inefficient? Does it mean that all the

efforts are futile? That we are incapable of working in this school? None of these questions was actually raised for discussion.

Result of the communication: The following words of the head therapist, spoken at the meeting of the administrative team, appear relevant:

*I am ready to suffer for it. Let's use it to open up the discussion.*

The therapist's words call for the beginning of a process of analysis and a search for ways of confronting the high risk situations, or what she calls the unhealthy state of the team; it is a call to action. It can begin with a clarification of the concept '*paranoia*', as it appears in the discourse.

**Paranoia.** Reber (1992, p.203) defines paranoia as 'a mental disorder, characterised by fixed delusions of persecution, grandeur or jealousy, turning into a lucid, rationalised and consistent system of beliefs'. This concept is taken from psychiatry and used in this discourse in a different domain. It is the psychiatrists who use it, but in its specific meaning.

For example, the therapist speaking to the class teacher in the staff-room said:  
*The overload of incidents and amount of teamwork here causes the professionals to become paranoid.*

The movement therapist said to me in the schoolyard:

*Sometimes I have the feeling that the people here have become paranoid.*

Purpose of the communication: The purpose was to confront the high-risk situations, the feeling that the team lacked stamina. The workload, and the large professional team lead to many different definitions of the reality and entail an ongoing burden for some of the team members.

Result of the communication: Members of the therapeutic staff were the only ones to use this concept, the educational staff did not adopt it, and the doctors used it only when relating to the pupils.

**Echolalia.** Sapir defines the concept according to the Dictionary of Psychology (Reber, 1992, p. 194): 'Compulsive repetition, apparently meaningless, of words and sentences another person has just spoken. Generally a symptom of a functional disorder, but also common in autism'. In addition, a process of reconstitutionalisation takes place.

Therapists use this concept in its dictionary definition. The context in which they use it gives it a positive or a negative meaning.

*Positive echolalia:* Every echolalia adds an additional component to a whole, it makes the picture more dense. Thus, when the team of therapists planned to supply the interdisciplinary team with information regarding a new pupil about to enter the school, the head therapist said:

*Let's decide that each one will speak and provide the specific point of view resulting from the diagnostic test given to the pupil. There may be echolalia, but it will be authentic.*

On the other hand, echolalia may be perceived as negative, when a professional feels that such repetition would contribute nothing and prefers to avoid it.

Thus the movement therapist, when asked for her opinion, said:

*I have nothing to add, it's all been said, it would be echolalia; there is an overlap between our professional spheres.*

Purpose of the communication: The positive or negative use of *echolalia* reflects the therapists' perceptions of their particular contributions to the interdisciplinary discourse, whether they consider them valuable or not.

Result of the communication: Only the therapists use this concept. Educators do not relate to it at all, it may be extraneous to their terminology or experience. The doctors use this concept only in a professional context, when relating to the pupils.

## 8.2 Class of concepts that reflect the difficulties encountered by the interdisciplinary team

**Hourglass.** This device determines the time in a precise way, as the sand runs out of one globe into the other. The class teachers use it with regard to tasks that must be carried out within a specific time, mostly together with other team members.

The head of the juniors listed these tasks at a meeting:

*I am constantly aware of the time limits, we meet to talk about IEP, class programmes, preparations for parents' day and various events, and my feeling is that we can't get it all done in time. We also have to meet as a team, most of my work is done in collaboration with other team members. So I seem to spend the whole week at meetings.*

The multiplicity of tasks creates the feeling expressed by a class teacher at a meeting of the team:

*My hourglass is always running out and I never finish what I've planned. We spend a lot of time meeting as a team, and it's still not enough, I feel I need more time.*

Purpose of the communication: This is what Lakof and Johnson (1980) call a metaphor of orientation. The role of such a metaphor is to reinforce what is being said, in this case to point to a problem, perceived as fundamental, in the work of the interdisciplinary team. Wright and Kersner (1995) and Dunham (1992) found that the problem of lack of time constitutes one of the main problems mentioned by teachers. Dunham claims that this problem raises the usual level of stress experienced by teachers. The problem arising from the statements made by the educational staff appears to be that the many tasks do not point systematically in a definite direction, towards clearly defined goals. There is no hierarchy of priorities in time or importance. Tasks to be completed within a definite time usually have aims that must be achieved. If the tasks are many, as described by the class teacher, but lack a definite direction, the

professionals feel frustrated and are unable to define how far they have been successful in fulfilling their role, and the level of their inner tension rises.

Result of the communication: The therapists have adopted this concept in the way it is perceived by the teachers, they share their feelings.

For instance, at the meeting of the team the therapist said:

*I am on the run all the time, I work and work and never get it all done, I take the work home with me and even then I don't always manage to do it all. Maybe there are too many tasks to be done in the time allotted for them.*

The therapist, at a team meeting discussing the Remembrance Day ceremony:  
*I've got to organise my time. How can I get it all done?*

Besides the concept of the hourglass hovering in the background, the therapists mention another problem connected to their perception of the work of the interdisciplinary team, conceptualised as '*disconnected parts*'.

**Disconnected parts.** This expression is almost a metaphor. The significance that the therapists ascribe to the concept is that the large number of professionals and their distinct fields of competence make the daily transmission of information about a pupil essential; yet sharing dilemmas with an expert in another field is possible only with some of the team members, and sometimes not possible at all. The therapists feel that the experts are working on their own, they have no contact with other professionals working in different fields. For instance, a therapist said during an interview about the role of subject teachers:

*+ There is a problem here. The school is not successful, because there are so many roles and subjects of study. It is very difficult for everyone to be aware of everything that goes on. And there are many disconnected parts, we are talking about confused, disoriented children and, in fact, we are unable to deal with the connections between ourselves.*

In the second part of her remark, the therapist pointed to an additional distinctive meaning of the expression; she presented two ways of interpreting the significance of the concept *disconnected parts*.

Disoriented children	—————	Fragmented interdisciplinary team
Population treated		Lack of connections among us
Emotional state		

Levy (2000) depicts the layers of an organisation as an iceberg, with its base immersed in water and only its upper part visible - its physical reality. According to Lakof and Johnson (1980), metaphors provide a link with the hidden structures, thus making it possible to expose the base of the iceberg. During interactions of the team members the most significant part is hidden. It can be exposed through prolonged observation and listening-in. In the process the disconnected parts are revealed, the two poles reflecting different perceptions and definitions of the situation. One perception is based on the professional outlook of the neutral expert, working with pupils with special needs. This is exemplified by the doctors' approach. Their observation entails distancing. This is the attitude of a professional who defines the situation accordingly.

The other perception involves questioning and perplexity in seeking to determine the role and contribution of the professional to those disconnected parts. It entails a closer look at the definition of the situation. It leads to the following type of questions: what is happening here? What is the role of the professional? What does she/he contribute to the events, to the situation? Does he/she share in it? It involves a willingness to observe and to try to understand genuinely and in depth what is happening. Are the parts disconnected because the pupils are at a school instead of in some other institution, for instance in a hospital? (In this connection we may recall that in Chapter 6 – on role perception - the therapists say that the pupils should be hospitalised.) Is the system inadequate or is the professional incompetent?

The discourse among the members of the interdisciplinary team moves between these two poles, at times the discourse is ambiguous, at some points the polarisation is blurred. The observer has the feeling of being buffeted from side to side. At times the two aspects overlap and it is difficult to distinguish between them. Here the term 'ambiguity' portrays a situation where two opposite aspects of reality co-exist and it is difficult to separate them. In this case the ambiguity is of the type defined as social by Frankenstein (1987). It entails conflicting values, a lack of consensus and the tension thus generated. The ambiguity results from the different meanings ascribed to the situation. The two opposing poles figure in the negotiation. Two different interpretations of reality are involved, generating certain attitudes. For example, tension arises between the intrinsic and the administrative interpretation.

The intrinsic interpretation comprises expressions describing a fundamental social rift, while the administrative interpretation attempts to portray the problem as an administrative one that can be solved.

Thus the drama therapist said to a class teacher in the staff-room:

*I feel uncomfortable all the time, I come to school only a few days a week and I don't know what some of the members of the team do, and that's a pity. I feel I have no connection with some of the people.*

At a meeting of the team with the hospital staff, the music therapist said to the psychiatrists:

*You are always here on Tuesdays and I don't work on that day. We must arrange a meeting.*

Purpose of the communication: This is an attempt to cover up the problem with the help of administrative means. The essential problem is obscured, concealed within the organisational interpretation.

Result of the communication: The psychiatrists do not use or relate to this concept. But the analysis of their perception of their role, as presented in Chapter 6, shows that they are at the pole focusing on the children. The educational staff relate to the disconnected parts from the point of view of learning, and use the concept '*spiral connection*' for that purpose.

**Spiral connection:** A spiral curriculum means that the same subject matter is studied at increasingly deeper levels. The teachers use this concept during staff meetings and especially during interviews. The source of the concept is the terminology used in university departments of education and teacher training colleges. In its wider meaning it is defined as a comprehensive curriculum, embracing the whole school, including an ideological underpinning underlying the educational goals, defined on the basis of specific needs. The whole process of planning and its implementation is accompanied by feedback and evaluation. The curriculum is implemented by the staff, and parents and outside experts can also participate (Kashti et al., 1997). In the interviews, the teachers define their perception of the concept in the following way:

A senior class teacher (during an interview dealing with thoughts about the school) seemed to be speaking about the curriculum:

*+ ...working more spirally. We should know what the pupils are learning in each class, to avoid repetition, and also to ensure that we work together. I learn a lot from the other members of the team, for instance the therapists.*

In an interview, the head of the junior department explained the key to the school curriculum:

*+ All of us should speak the same language, but not do the same thing.*

At a staff meeting, a class teacher linked this idea to the work of the interdisciplinary team:



*We must develop a model for the interdisciplinary team, based on a spiral connection between the educational and the therapeutic aspects. The focal point is the child, but the work to be done must involve all the members of our team.*

A class teacher, speaking in the staff-room, said:

*I would like a spiral connection between the members of the team.*

Purpose of the communication: on the overt level, a call for spiral collaboration in the work with classes and individual pupils - ongoing work involving all the team members. The teachers wish for a collaborative programme. The organisational discussion about such a programme is an attempt to ease the stress felt by the teachers, stemming from their feeling that there is a lack of communication, of a close supportive relationship. They try to create a programme that will involve all the professionals, ease their burden, their tension and alienation. They endeavour to use the tools familiar to them from the pedagogical field, in order to find a solution for their distress.

However, on the hidden level, the idea of a spiral programme does not provide a solution. The proposed spiral connection is an attempt to solve the problem of collaboration within the system, turning the therapist into a type of teacher, as if the therapists' role was to teach. It does not give them room to apply their professional competence. The connection described by the teachers is more like a jigsaw puzzle, with each part occupying a permanent place in the space. It could be presented schematically as a complete circle, with all the functions merging within it, while the therapists prefer to distinguish clearly between the roles. Schematically this could be portrayed as overlapping circles.

The key words – *to speak the same language, but not to do the same thing* – reveal a lack of understanding of the therapeutic process. The spiral presented by the teachers involves the risk of remaining at a standstill, inability to advance

and lack of flexibility to make adjustments, since each part plays a fixed role within the system.

Result of the communication: The concept of the spiral curriculum is not within the experience of the therapists and is therefore unsuitable for them. Nor is it relevant to the medical team. A thorough study of all the data gathered from the interviews, observations and documents did not reveal any mention of the subject by the medical team.

In order to achieve a spiral connection, collaboration is needed. This concept recurs constantly, especially during the interviews. The concept *collaboration* will now be presented and analysed.

**Collaboration:** When the professionals were asked during the interviews about procedures employed in working with other team members, words referring to collaboration were repeated constantly. All of them used this concept in the way Reid et al. (1996) used it in their report on the work of teachers and psychologists in Scotland – as an ‘umbrella’ covering all types of situations where the work of two professionals is connected. This concept is therefore used in several ways and with a number of different meanings. The most common use is in the sense of sharing information, as the following words of a class teacher and a therapist indicate:

Junior class teacher:

*+ I'd like there to be more collaboration – to receive more information from other professionals.*

Movement therapist:

*+...I collaborate a great deal with others, even the assistant teacher has a general idea about my line of thinking and sometimes I explain while we are working, I make them feel free to ask...*

Another meaning ascribed to the concept is collaboration in decision-making, as expressed, for instance, by the occupational therapist and a class teacher during the interviews:

Occupational therapist:

*+ I collaborate with other professionals, even when making decisions.*

The third meaning ascribed to the concept of collaboration as sharing information is perceived as the ongoing transmission of information in real time, meaning immediately after the lesson or treatment. This consists mainly of reporting what happened during the lesson or treatment. Its purpose is to sensitise the partner to the pupil's learning and other experiences, to enable the other professional to use this information while working with the pupil, as we can see in the following examples:

A communication therapist said in an interview:

*+ Collaboration by sharing information must be mutual. It's important that the class teacher and others working with the children, should know what happens during my sessions and that I should know what happens during theirs.*

A supervisor said in a supervision session:

*I don't call it working in isolation, but the collaboration is inadequate, because there is a lack of information about where each one is at.*

The concept *collaboration*, in each of the meanings ascribed to it by the professionals, has several levels. Its structuring is clarified by the head of the MC and the teacher instructor during the interviews:

Head of MC:

*+ I have to be loyal to everyone, sharing a great deal, consulting, collaborating with most of the people.*

Collaboration on the first level is between two professionals, and mostly by transmitting information.

Collaboration on the second level is consultation, which is a two-way process occurring between two professionals, involving information and interpretation of the definition of the situation.

Collaboration on the third level is sharing, a two-way process, occurring between two people with different professional knowledge, involving

interpretation both of information and of affective elements. Collaboration can function on all three levels simultaneously, as explained by the supervisor:

*+ Collaboration can take the form of lesson observation, analysis and structuring...*

Even on the operative level there is a hierarchy of collaboration:

Observation – a professional observes another professional.

Analysis – clarification of the definition of the situation by the partners sharing their thoughts, a discussion arising from the professionals' different points of view.

Structuring – an attempt to process and integrate the knowledge from the different spheres into a plan of action to be implemented.

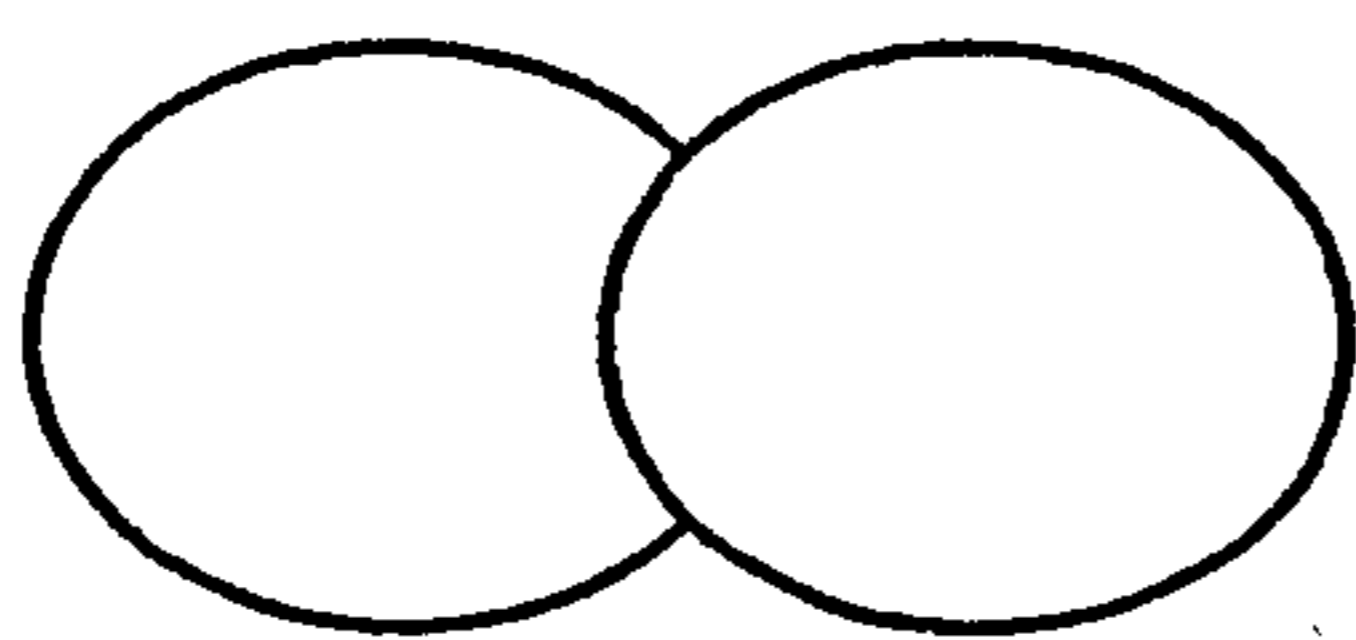
The class teacher and the supervisor thus presented a key to the concept collaboration, which can be used on the operative level in the work of the interdisciplinary team.

The use of the concept collaboration often entails an additional, hidden meaning, which is fundamental in the work of the interdisciplinary team. This becomes clear through the remarks of the therapist during the interview dealing with work procedures. L. explained the concept collaboration and used it to raise a problem it entailed for a therapist:

*+...to provide information – I do so far more than others do to me, I have very intensive contact with others. Collaboration, which is based on transmission of information, is very problematic in this school, because professional work with a child involves a contract that what is said in my room is totally confidential. It is quite clear that in a school this is impossible, the team is supposed to know. But the problem is that the material is too charged, and sometimes it is a problem, at a meeting of 20 people, for some of whom it is irrelevant, for instance assistant teachers, subject teachers and tutors. But they all sit there, and I have to reveal to the whole large team things that the child asked me not to tell anyone. It's a problem for me and so far there is no operative solution.*

An analysis of the therapist's statement during the interview reveals that the image of the therapist's role within the interdisciplinary team has become blurred. Her remarks reflect the therapists' struggle to preserve the definition of the significance of their role and its unique contribution to the professional team. The therapist is committed to intimacy in her work with pupils, her role makes the preservation of their privacy mandatory. It makes the collaboration demanded by the teachers impossible. The therapist feels that the teachers' attempt to reduce her function to that of a subject teacher is contrary to her perception of her role and detrimental to her professional competence. Confidentiality as a code of behaviour is an aspect of her work through which the therapist requests recognition of her status and unique professional competence, as compared to that of teachers. She is interested in more intimate collaboration, which she considers important, such as collaboration with the class teacher, entailing recognition of her own specific competence, different from that of the teacher. Therapists have a different image of the work of an interdisciplinary team.

**Figure 8.1: Therapists' perception of the work of an interdisciplinary team.**



On the basis of their own specific competence, the professionals together decide on the aspects in which they are to collaborate. This image is different from that envisaged by the teachers.

Purpose of the communication: Wright and Kersner (1998) relate to this issue, maintaining that when professionals use certain concepts in order to describe

their methods of working, we may say that they are expressing their perception of their work, and this affects their expectations of themselves and those of others, how they will relate to them in their role. They thus convey certain messages with regard to their expectations of how they hope to work. This also provides a basis for their partners' understanding of what type of collaboration can be expected from them. In this case, the different meanings assumed by the team members, as well as the mapping of the concept, indeed reflect the professionals' expectations with regard to the issue of collaboration.

Result of the communication: The teachers use the concept in a different sense from that ascribed to it by the therapists. The medical staff does not participate in the discourse. The doctors do not use the concept collaboration, they speak of coordination. The Hebrew word they use also means matchmaking, a match.

**Coordination:** This concept is defined by Sapir (1998) in the following way: 'The creation of a connection between people having a common interest; a contract, an agreement between different bodies'.

At the meeting of the team, the doctor referred to their collaboration, saying:  
*I felt good about it, that I had a solution. I thought this co-ordination was a good thing.*

During the interview, in answer to a question about the work of the interdisciplinary team, the psychiatrist said:

*It's like a 'match' made between the hospital and the school staff. They work together for common goals.*

The psychiatrist's words clarify her perception and emphasise that the coordination is between two institutions, a hospital and a school, not between teams or professionals.

### 8.3 Class of concepts presenting possible solutions to problems of work in the interdisciplinary team

This category includes expressions used by the team members during the discourse, aimed at solving their problems as a team. It includes the following concepts: *cogwheel, linking, key, integration - harmony.*

**Cogwheels:** The first person to use this metaphor was the therapist, in the administrative team in relating to what was happening at the meeting. All the team members adopted it immediately and used it, played with it and developed it. The following interaction took place during a supervision session:

Headteacher:

*The head of the Mediating Centre said that we all work within our own circles. I feel as though we were pieces of a puzzle; the pieces are there, but something is missing to put them together, the glue. Something is not clear, not connected, some way of putting together the puzzle – we must work on that.*

Head therapist:

*It looks more like cogwheels that are connected, and as they turn, it affects all the others; they propel each other, and the smallest slip up upsets the works.*

Headteacher:

*And there's no time to oil them, to stop for a while, the wheels keep on turning.*

Head of MC.

*Such a machine doesn't exist. We have to build it, it's made up of many wheels, touching each other.*

Headteacher:

*What you've brought up must be...you mentioned oil...I want to give the wheel a rest each time, let it oil itself, and I also have the feeling that in this case I am the mechanic.*

Supervisor:

*Let's work out a contract about what we have to work on.*

Head therapist:

*Let's build such a machine.*

Supervisor:

*We'll have to work on the links.*

Purpose of the communication: The cog-wheels don't work, the team members want to start them moving, namely to initiate collaboration on all levels of the team. Loxley (1997) analyses motivation for inter-professional collaboration. He describes it as a process: 'Bridging limitations stemming from differences between the professions. It is a tool for the management and organisation of resources and a technique for the provision of services'. Other researchers emphasise the nature of the work relationships developing between the professionals. There is an expectation for give and take, for mutuality and support, and for a two-way flow of information, advice and assistance. Lacey and Lomas (1993) state that collaboration entails willingness of the partners to share, to work side by side and support each other totally.

Result of the communication: The medical team again does not take part in the discourse. The teachers and the therapists adopt the concept. The therapists wish to get the cogwheels moving and this leads them to use the concept '*linking*'.

**Linking.** The concept used in Hebrew is derived from the word 'tangent'. It is defined by Sapir (1998) as two things clicking where they meet, a connection is established. The concept is used by the therapists.

During a meeting of the administrative team, the members clarified and developed the idea of tangents between cog-wheels. They discussed the programmes and the spheres of activity existing in the school. The following dialogue took place:

**Headteacher:**

*Let's make an adaptation to our school - where is the bridging, the connection? The child gets this and this and this. It's very important to make the connections, as you mentioned during supervision.*

**Head of MC:**

*The idea is that we complement each other, to create a whole. I think that the sphere that can provide the link is music.*



Head of rehabilitation:

*Why music?*

Head of MC:

*I have dealt with music, I saw how it is connected with lots of subjects, especially English. It provides exposure to different styles, to love songs.*

Therapist:

*It's very suitable for our school population. I agree with R. and I think we should develop it. But let's be innovative and break up the age-groups and create a centre where the children can come in during the day. Let's discuss the general idea. It's kind of Jungian. We must do something new, break up the organisational framework of the classroom. It should be like this: [she draws two circles joined together] combining our work. [She turns to a class teacher] I am dying to give a session with you, integrating our work, also through teamwork. Let's sit down and plan such a session.*

Purpose of the communication: Finding the areas in which the professionals can

work together. The therapists explain that the collaboration does not focus on a specific topic, they see it as a combination of specialisations. Together they have to find the point at which they can connect. This is possible, according to Reid et al. (1996), on the everyday practical level, which fosters the development of a close relationship and enables professionals to work together in a natural way.

Result of the communication: The teachers use the concept 'key' with the same meaning.

**Key.** The teachers ascribe to the concept the following meaning: searching for a model, making the work of an interdisciplinary team possible. For instance:

Head of seniors (during an interview):

*+ I am looking for a key, even though I am in a different situation. I feel that it works sometimes but not always, we need one particular key for all of us.*

A teacher at an IEP meeting, referring to teamwork with a pupil:

*The main thing is missing here, the key lies in the work of the interdisciplinary team, in a very intensive way on a daily basis. Otherwise things can go wrong, not to mention my feelings as a teacher. I need the overall picture.*

Purpose of the communication: Searching for the key - a model, which would make effective daily collaboration of all the team members possible.

Result of the communication: The concept 'key' has a similar meaning to the concept 'linking', used by the therapists.

For several weeks after the concept *cogwheels* was brought up, all the team members shared in the attempt to create a model that could be implemented. They did so at formal meetings and also informally, talking about it in the staff room, during breaks in the schoolyard, on their way to and from school. Gradually the model took shape. It will be presented and analysed by means of the following concept:

**Integration – harmony.** This concept was first proposed by the teachers and was immediately adopted by all the members of the interdisciplinary team. In the course of the many discussions on the subject, they succeeded in forging their perception and definition of the concept. The head of the MC and the therapists guided the process. This was the definition arrived at: Integration – harmony between the educational and therapeutic spheres. The new model for their school proposes the idea of integration as the axis around which the school should be organised, leading to a significant change in the organisation of the learning environment, the ideas, resources, subject matter and timing. The focal point is the child, his/her emotional needs and ways of coping and functioning – the child as an individual and as a member of a society, who acts and creates in collaboration. (The model is presented in Appendix C).

The following innovation was proposed regarding the work of the interdisciplinary team: interdisciplinary work would take place during one daily session, and members of the team coming from different disciplines would direct the activities together. It should be noted that the medical team was not mentioned in this context.

Purpose of the communication: A new concept emerged, shared by the teachers and the therapists, proposed as a solution to the problems raised previously (the unhealthy atmosphere, paranoia, the hourglass, the disconnected parts) leading to collaboration. The team members tried to define the links that would enable the cogwheels to turn. The integration–harmony model entails re-organisation prior to interdisciplinary work. The collaboration was to take the form of two professionals from different fields working together. The model can be presented in the following way:

#### **8.4 Metaphors taken from nature**

Unlike the metaphors emerging spontaneously in the professionals' discourse, these metaphors were brought up during supervision, in sessions of structured therapeutic guidance, and were produced on request. They are in a sense artificial, since professionals can produce certain metaphors spontaneously, but the guidance compels them to abandon them and adapt themselves to instructions.

The head of juniors explained:

*Then when you spoke about a garden, I had to fit what I experienced into a guided metaphor.*

**Garden.** All the members of the interdisciplinary team share the concept. It was noted for the first time during observations of the supervised sessions of the administrative team, and since then it has served all the members of the team. The supervisor used the concept as a synonym for teamwork. The participants were asked to envision the team as a garden. What is happening in the garden? Where are you in the garden? Their replies reveal that the therapists and the teachers perceive the work of the interdisciplinary team in a different way:

The head of the junior department said:

*I saw a circle when you spoke about a garden and I had to organise the image, I saw myself as a bench. The benches are scattered all over the garden, I didn't put mine in any particular place.*

Supervisor:

*Can you say it in gestalt terms?*

Head – juniors:

*I am a bench, the kind with rungs, a garden seat, my colour is light brown, I am placed in various comers.*

Supervisor:

*What are you made of?*

Head – juniors:

*Natural wood, with iron legs. I am next to very colourful flowers, many butterflies, a warm day, it's pleasant.*

Head of rehabilitation [reacting]:

*I saw something else – a jungle, trees all over the place, everything was mixed up, the trees, paths, benches, everything.*

Head of therapy:

*Mine is like that too, terrible chaos all round and nasty weather.*

At the end of the session the headteacher described her garden:

*I want to cultivate a lovely garden, without couch-grass and weeds that don't belong there.*

Purpose of the communication: The metaphors used enabled the team members to detect what perceptions each professional had of the team's work. The descriptions of the weather related to the atmosphere. The teachers mentioned a pleasant, sunny climate, while the therapists spoke of inclement weather.

Result of the communication: It is important to note that the medical team did not participate. Many more meetings of this type would facilitate more effective teamwork, but if they are few, obstacles will appear, called *thorns* by the therapists.

**Thorns.** The therapists using this concept ascribe the following significance to it: feelings of dissatisfaction, frustration and malaise, stemming from the teachers'

misunderstanding of their role, their expertise and way of working. They feel that they have to struggle constantly to define their situation. For instance, at a meeting of the team, the occupational therapist answered the psychiatrist's question – what are thorns – in the following way:

*If there are weeds, there won't be a garden. I want to mention all the difficulties. I feel frustrated, a lack of satisfaction, a lack of understanding of the situations that occur. Whenever there is a problem with a pupil, people call me, they know I am always ready to help, but when I need assistance, no one gives me a helping hand.*

Movement therapist at the same meeting:

*I saw flashes of the picture from our previous meeting, I was stuck in what the therapist said and I couldn't get rid of the thorns, they are like weeds that must be pulled out from within us, we can't work when there are thorns among us.*

Another therapist, reacting:

*I felt the actual thorns, how am I going to get out of here? And then there was a cloud, floating above, bigger than me. I don't want to stay among the thorns, be stuck with them or they stuck inside me, that's why I had to rise very high, very high above...[Then she explained]: I chose not to become preoccupied with the pain, I chose to rise up high.*

At another meeting the latter related to the metaphor that had cropped up spontaneously and slipped into the discussion. She explained the metaphor and through it her way of coping with the thorns:

*The cloud enables me to cope, it helps a lot. I can't be explaining myself and fighting for my place all the time, in addition to my emotionally exhausting work with the children.*

Purpose of the communication: This cryptic metaphor makes it possible to relate to difficulties, which would be impossible in a formal discussion. It is linked to the therapists' feeling that the other team members misunderstand their role.

Result of the communication: The teachers use a different concept, that of a *bunch of flowers*. The meaning they ascribe to it shows that they do not understand the therapists' role.

**Bunch of flowers.** The educational staff perceive the interdisciplinary team as a bunch of flowers, a collection of flowers bound together, the thorns being part of the bunch. For example, a class teacher referred to a team member who didn't collaborate with the others in the following way:

*We are all a bunch of flowers and we bloom together. There are thorns in every bunch.*

Another class teacher, relating to the team members' enthusiastic appreciation of the Independence Day celebration she had prepared with her pupils, said:

*Do you think I could have done it on my own? All the team members helped. I received a bunch of flowers from the parents, but the most beautiful bunch of flowers I got was the endless help from you. You are a bunch of flowers, and it's beautiful, in spite of the thorns in it.*

Purpose of the communication: To emphasise and reinforce the work of the interdisciplinary team, while accepting the reality with all its difficulties.

Result of the communication: The medical team did not participate in the discussion; they do not share the perplexity and difficulties expressed by the educational staff and the therapists.

In addition to the professional perceptions, expectations and difficulties presented and analysed, the scheme presents another aspect – the person, not as a professional, but as an individual. Each member of the team perceives and interprets the situation within the team differently. Even though the research findings did not enable me to detect differences in the personal interpretations that could be ascribed to the professional's specific competence, I found two poles or pivots of interpretations, around which they revolve, whatever the member's profession:

The situation is unhealthy—————The team is unhealthy

The parts are disconnected  
within the pupil

The parts are disconnected  
within the team

These basic differences in attitude constitute another significant difficulty or pitfall on the way to the implementation of the *integrative – harmonious* model. They emphasise that the metaphor functions as an alternative way of expression and in this chapter it has been shown to serve as default, when the speakers do not succeed in expressing directly what they wish to say. Dealing directly with the two poles is somehow threatening, frightening and painful for the team members, also having to speak about themselves openly. The way the metaphors are used attests to a great emotional burden, which does not find expression during the regular daily activities, but is occasionally exposed, touched upon and discussed. Sometimes, as in the case of the concept *unhealthy*, direct expression by means of a metaphor arouses a storm.

## **Chapter Nine: What patterns of communication are prevalent during the meetings of the interdisciplinary team?**

All the world's a stage  
 And all the men and women merely players  
 They have their exits and their entrances  
 And one man in his time plays many parts.

(William Shakespeare, As You Like It, Act 2)

Goffman (1959) states that a scene takes place on the stage; a scene includes communication events. A communication event is:

A process through which information is transmitted between people, that is, a process through which people influence each other and create a basis of social convention and a social reality that guides them in their work (Sharan & Shachar, 1990, p. 107).

Following Goffman's approach, this chapter will analyse what happens on the 'stage': the entrances, the exits, the curtain lowered between scenes, the actors and their roles in the various plays and scenes.

The analysis will examine patterns of communication and expressions at the personal, inter-personal and group level and their meaning in the work of the interdisciplinary team at the school. Communication, a vital component in the life of every individual, is one of the most important factors in the functioning of an organisation. The communication process is complicated and hard to define. there are differences of opinion among scholars over the nature and definition of communication. It may be characterised as transmitting messages from one person to another or from an individual to a group. The professional literature distinguishes between two components of communication: verbal and non-verbal (Becvar & Becvar, 1993). This analysis of communication processes will not deal with the non-verbal component. Patterns of verbal communication will be dealt with mainly in the formal context.



Hall's (1974) and Wilansky's (1967) definitions, like many others, emphasise the importance of communication in an organisation. Stoner and Freeman (1992) refer to the great importance of such communication: in their view it is analogous to the circulation of blood in the human body.

Lacey and Lomas (1993, discussing the work of interdisciplinary teams in special education, emphasise that communication is vital for the effective work of the teams, adding that a good communication network is the key to collaboration in an interdisciplinary team. In other words, collaborative work is based on methods of verbal and non-verbal communication developed by the team members. Interdisciplinary teams that work together over a period of time develop shared communication patterns through a continuous social process involving learning and experience. The analysis in this study will focus on shared patterns of communication formed during the work of the interdisciplinary team. The attempt to examine these shared patterns is even more complex than the definition of communication. To cope with the complexity of the description and analysis, the process of defining a pattern will first be presented, followed by the questions that arise during this process, and finally a model for organising and analysing the data.

Communication events that recur become a pattern. This chapter will attempt to clarify some aspects of this forming of patterns that appear in the work of an interdisciplinary team. Before describing and analysing the pattern of communication we first need to ask: what are the patterns of communication that characterise the play? In order to understand the patterns, namely the play, we need to relate to the entire environment and to examine what are the backstage motivations that guide the actors and what interests find expression in the discourse. The description presented in this chapter illuminates the issue from a different angle, distinct from those prevalent in the theoretical literature.

The subject of analysis is communication that takes place in meetings. The meeting is an organisational concept symbolising the context in which formal communication takes place. Context appears to be a more suitable concept because the analysis focuses on interaction, and interactions mostly take place within a given context. Van Dijk (1997) argues that social interactions are generally analysed in a context. Context is a broad concept that includes single utterances, concepts, dialogues and events. The context is the social-cultural context in which a given interaction takes place. In Migdalim there are many varied contexts in terms of type, aims, the composition of their participants and the frequency of their occurrence.

The patterns of communication will be analysed by the type of meeting, subject of the discussion and salient characteristics of the communication. The analysis will be conducted according to the following model:

- Pattern of communication and its salient characteristics.
- Team members participating in the discussion (class teacher – therapist; doctor – therapist).
- Short description of the event.
- Analysis – based on first order knowledge: initial explanation and interpretation of the pattern in the eyes of the team member (see first order knowledge in the schema of research development in Chapter 4 - Methodology).

The table below presents the meetings that took place in the school during the period of the research.

**Table 9.1: Meetings of the interdisciplinary team**

Type of meeting In Goffman's terms 'type of play'	Major aim	Participants	Frequency of meetings
IEP meetings	To discuss treatment of pupil	All members of team working with the pupil	Every Tuesday for juniors. Every Thursday for seniors.
Pedagogic	To determine the composition of classes. To construct IEPs for class	Every team member who works with the class	At the beginning and end of the school year
Administrative team	To solve organisational and administrative problems	Representatives of every professional field	Every week on Tuesday evenings and Thursday midday
LSD	To discuss the work	All LSD staff	Once every two months and whenever needed
In-service training	To learn theoretical contents and practical tools for work with the pupils	All members of the interdisciplinary team	Weekly
Supervision	To process emotional material	Administrative staff Junior classes team. Senior classes team	As needed
Experts team	To discuss issues in principle	Experts from all areas	As needed
Events planning	To organise events	Every staff member connected with event	Regular events such as religious festivals, as well as special events

As stated above, the concept 'context' was found to be most suitable for the clarification and analysis of patterns of communication. My observations revealed a number of contexts, differing in role and essence, that call for differential clarification methodologies, because they are interpreted in different ways. By way of analogy one might say that there is one diamond which is always the same but reflects the light differently in each context. Of all these contexts, I chose to examine and analyse two: the work context of the interdisciplinary team at meetings to discuss the IEP, and the work context of the administrative team. The two principal reasons for my choice were as follows. First, these contexts include all the members of the interdisciplinary team: medical, educational and

therapeutic (at the meeting of the administrative team the medical staff are not actually present in person, but their presence is palpable in the context and has significance which will be discussed below). The second reason relates to the frequency of the work in the context. The meetings of these teams take place twice-weekly. The main methodology used in this study to describe and present phenomena that recur weekly in different contexts was observation of the contexts, supplemented by corridor conversations (see explanation in Methodology chapter) with the team members to complete the missing information and gain full understanding of the subject discussed. The reason for this is that the data to be presented have their source in meetings between team members in which they discuss their work with the pupils.

In each context the major problems and issues that emerged from the observations were investigated. The first to be presented is the IEP context. The subject of the discussion in this context is the pupil; thus the discussion is organised around the pupil's functioning. The problem around which the interaction takes place is the transmitting of information in an interdisciplinary team. In this part of the chapter the model of categories of information that was developed from the material will be presented and its rationale will be explained.

The second context to be presented is the administrative team meeting; the subject of discussion is practical, the problems discussed in this team are administrative problems. In this context complex processes take place that can be analogously compared to a pie with several layers, levels of analysis. At the top layer are the organisational processes. In these processes the work of the interdisciplinary team appears to be neutralised. However, deeper analysis permits us to expose the inner layer of the pie – the hidden layer that involves social interactions in the interdisciplinary team.

### **9.1 Analysis of context in IEP meetings**

Every Tuesday from 13.00 to 15.00 the professionals at various levels have a staff meeting devoted to a discussion on the junior pupils, and on Thursdays at the same time they meet to discuss the senior pupils. All the IEP meetings take place in the teachers' staff-room. Following Goffman we can see the staff-room as a kind of stage on which various actors appear and its boundaries are the boundaries of the play – the discussion on the pupil (Goffman, 1959).

The interior space and the physical organisation of the room are the scenery on whose background the play unfolds. The 'stage' (the staff-room) is situated in the centre of the school, and is shaped in the form of a long rectangle. Along one wall of the rectangle there are large windows covered with curtains. The wall facing the windows is fitted as a kitchenette, with a sink, a tea-urn, dishwasher, cups, tea, coffee. On the left side of the sink along the wall there is a built-in cupboard with drawers holding the teachers' personal belongings, and on it stand three plants. The adjacent wall is entirely a notice board on which hang printed announcements, a time-table and various notices. The staff-room contains standard furniture, some large tables arranged in two rows along the length of the room, with metal chairs around them. The room is painted white and on one of the walls there is a framed picture – a reproduction of Van Gogh's sunflowers. This is the scenery in which the actors perform, presenting their play and moving from one scene to the next by the simple formal procedure of announcing the name of the next pupil. When the new scene starts the spectator sometimes has the feeling that it has begun before the previous scene on the stage has been emotionally completed. Those responsible for the shift to the new scene are the headteacher or the class teacher conducting the discussion. This play is performed by regular actors, the members of the interdisciplinary team who work with the pupil: therapist, communication therapists, occupational therapists, class teachers, subject teachers, assistant teachers, psychologist, headteacher, doctor.

All of these appear with different degrees of dominance. They are, in fact, both actors and audience. The events on the stage occur through patterns of communication, which have two aspects – public and private, intimate. According to Arieli (1995) the public definition of situation is expressed directly and indirectly, verbally and non-verbally, in front of the others, the partners to the interaction, in this case the team members. It is presented with the intention of persuading or forcing the others to adopt it as their definition of the situation and thus ensuring their collaboration. The private, intimate definition of the situation takes place, as it were, hidden from sight, between the individuals and themselves, but the partners to the interaction and external spectators may discover it, fully or partly, while decoding the actor's speech and body language during the event and interpreting them, that is, giving them meaning (Arieli 1995).

At the IEP meetings the subject of the discussion is the pupil; the discourse is organised around the pupil and his/her treatment. These meetings are the main forum for planning the work with the pupils, reviewing the practice and discussing difficulties that arise in their treatment. The outstanding feature in these meetings is the use of information in the communication among the members of the interdisciplinary team. The communication both reflects and is based on the initial information possessed by each of the participants. Goffman notes that the initial information is the basis on which the individual begins to construct his/her own definition of the situation (1959, p. 20). Knowledge is the use that individuals make of the information they possess, by which they negotiate with other actors over their objectives, the objectives of the others, and over their perception of the situation concerning the social reality developing among them. The one who controls the representation of knowledge controls the definition of the situation (Arieli, 1995). Every social reality is largely a reflection of agreements between people, which are often temporary or changing and are reached through communication in interaction.

In order to construct the patterns of communication and understand their meaning in the eyes of the actors in the interdisciplinary team, I will use a model of categories of information. The model, which was developed from the material, presents features that were revealed as recurrent patterns among the members of the interdisciplinary team. It relates to most of the features that characterise the members of the interdisciplinary team beyond their classification into professional sub-groups. The patterns of communication will be analysed according to these categories of information. The distinctions between the categories of information were accompanied by distinguishing features and special characteristics of the information and sometimes of its motives. These patterns will be referred to as information sharing patterns.

#### 9.1.1 Categories of information and information sharing patterns

**A - information from personal experience:** the story of events from the professional's personal experience with the child, a kind of collection of ideas, pictures and relevant modes of action from situations wherein the professional struggled with the pupil. This information is what enables the professional to work with the pupil again and again and control situations that arise in this work. In this context it is hard for professionals to make effective use of their professional culture, their teaching/therapeutic/medical goals and their knowledge of teaching/psychology and/or medicine. Their line of action, more than it is derived from their training and professional beliefs, is influenced by the circumstances of their work with the specific child. Sometimes the information accumulated in the course of their work in the field takes precedence over the knowledge acquired by the professional in his/her studies.

This is a situation of linkage to the operation of teaching/therapy-rehabilitation/medicine.

**B – Information based on professional experience:** the information shared is the professionals' practical information, which stems from their professional experience and what they learned from it. This information does not focus on the specific child being discussed by the team members. The professional shares the experience and the conceptualisation arising from it with the group. In this context the professional looks at the entire range of his/her experience with all the pupils and draws from it a definition of situation and a structured line of action.

**C - Expansion of information to theory:** using professional concepts and a theory or elements of one. In this context professionals look at their experience and have the time to give it shape and order and combine it with their professional beliefs and with professional and ideological messages that were mediated to them in the course of their training. Here they use the concepts and language of their professional culture, hoping to derive guidance concerning what awaits them in their work with the pupil or to examine their professional experience (educational-therapeutic-rehabilitational -medical) in the light of these concepts. The professional becomes his/her own theoretician.

The members of the interdisciplinary team act and use information in these three categories of communication. Following is the analysis of the information sharing patterns.

**9.1.1.1 Information sharing pattern A.** All those present add their share to the discussion about the pupil: what they do with the pupil, how the pupil behaves with them, whether there has been progress, what problems exist and what they recommend. Each team member refers to his/her area of expertise. This pattern is characterised by the fact that there are guiding principles, recurrent practices, a clear map and a sense of orientation, and a clear direction with regard to the way of working with the pupils, although there is not always agreement among all the



professionals with regard to definition of the situation or the appropriate treatment.

### Examples of pattern A

#### 1. A clear map.

Dialogue: class teacher – therapist

The class teacher describes the situation in the school and the class, emphasises the work methods with the pupil – using a 'behaviour table' (listing details of the pupil's behaviour and rewards).

Therapist:

*The way she bends her head is something we need to relate to, there's something about her that is very passive-aggressive... [turning to the class teacher] The family is very problematic, perhaps you should make a home visit and then we can invite a welfare officer.*

Class teacher:

*There is a social worker, she can report to us. The pupil's situation has deteriorated lately, she pulled another child's trousers down. We discussed the matter. I was very angry with her. [taking a letter out of her briefcase] She wrote me a letter [reads out the letter].*

Therapist:

*This letter provides a wonderful opportunity for you to work with her.*

Class teacher [hesitantly]:

*I... I'll think about it.*

Therapist:

*I think this girl is making a strong statement about your relationship...*

Analysis: through the discourse about the pupil's situation and about coping with her, or through the information-sharing pattern, the therapist gains control of the discussion and growing recognition of her professionalism. What she says is offered as a suggestion, but the tone of her speech shows authority.

Sometimes team meetings do not reflect mutual support but differences of opinion and lack of agreement regarding the information, and then the following patterns will emerge.

## 2. Lack of agreement regarding information

This form of *pattern A* emphasises various professional perspectives among the interdisciplinary team regarding the information:

Dialogue: class teacher, headteacher, therapists

Class teacher:

*The pupil has made very good progress lately.*

Headteacher:

*He has advanced enormously compared with himself, not compared with his age group. He is 17, he sees the weak children and doesn't understand what he is doing here. If he was very industrious we would refer him to a vocational field.*

Occupational therapist:

*He isn't.*

Communication therapist [to the headteacher]:

*You said he has come a long way, but there has been some regression lately. He makes noises, keeps food in his mouth, has become more introverted.*

Social activities coordinator:

*He leads in social activities.*

Occupational therapist:

*His work has deteriorated...*

**Analysis:** This pattern often reflects different pictures of the same pupil. Various team members see the pupil in different activities and situations. This pattern brings to the surface differences of opinion that stem from different professional perspectives that do not find a common interpretation in the meeting. Each participant comes from a different professional background. In this situation they do not begin to agree and each one views the subject from his/her professional perspective and attitude. Each of them adheres to his customary 'social trademark' and remains with his/her original definition of the situation (Goffman, 1959). There is no integration here, in fact there is no communication between them. As noted in the analysis of role perceptions (Chapter 6), the members of the interdisciplinary team differ very much in many of their definitions of situation – and it is this definition that determines each professional's line of action.

### 3. Lack of agreement regarding treatment

This form of *pattem A* generally focuses on the treatment of the problem, while there is agreement as to the situation.

#### Example 1

Dialogue: class teacher, subject teacher and therapist

Class teacher:

*Yesterday A's mother called to report on an indecent assault in the factory. It is our duty to report, not to investigate. She won't go back to the factory.*

Therapist:

*Does she know that she's not going back to the factory because of that?*

Physical education teacher:

*She told the other pupils in the PE class that she's not going to the factory because she behaved badly.*

Another class teacher:

*The reason should be explained to her.*

Occupational therapist:

*She knows, she is being manipulative.*

Therapist:

*There's no need to explain to her, we need to let time take its course.*

Another therapist:

*It would be good to work on the experience with her.*

Class teacher:

*I'm not so sure.*

Analysis: the convergence over the definition of the situation together with the divergence concerning treatment that appears here allow each professional to present his/her personal front and line of action. The educational line of action, represented by the class teacher, focuses on explaining a given situation. The therapeutic line of action, represented by the therapist, entails therapeutic processing of action. Each of the professionals knows the pupil from the individual work with her, and based on this experience they present the method of working that they think will help the pupil to cope with the difficulties that arise.

Example 2

In some cases, agreement on treatment is reached only by manipulating the information. This pattern may occur when a complex problem arises that the team finds difficult to solve. After a long discussion, agreement on a solution only becomes possible through a change in the information on the pupil. In order to achieve an educational goal the team plans a change of the information at its disposal, as in the following example of an IEP meeting:

Dialogue: Counsellor and interdisciplinary team.

The team discusses a senior pupil who is due to leave the school this year.

Class teacher [reviews the pupil's learning, emotional and behavioural situation].

Headteacher:

*What is the recommendation for next year?*

Class teacher:

*You should see what the parents want. They want to marry her off.*

Another class teacher:

*She'll be a battered wife.*

Counsellor:

*Sheltered accommodation is the best for her.*

Class teacher:

*The parents will only let her leave home to marry.*

Counsellor:

*We have a reserve plan for her. I have an excellent place with a continuation programme. The thing is that it is for moderate retardation. For mild retardation like hers there are less places available, but if she is defined as moderately retarded the state has to provide sheltered accommodation.*

Therapist:

*We need to begin the process of having her assessed as retarded.*

Analysis: this pattern of changing the information enables the team to solve a complex emotional and professional problem concerning the pupil's future.

Through attempting to solve a professional problem the counsellor wins the team members' agreement to change the information.

*Pattern A* may also include a pattern of not sharing information, as seen in the following example.

#### 5. Not sharing information.

Dialogue: class teacher and therapist

Class teacher [reporting on a pupil]:

*The father was sentenced to five years for indecent assault.*

Therapist:

*Next time, as soon as you have that kind of information, tell me at once. This is a request to all the class teachers, give me the information. As the therapist I have to know this and please don't forget.*

Class teacher:

*I thought I had told you, because I told the team members.*

Analysis: this pattern permits the class teacher to accumulate power by controlling the information she possesses. Through presenting the information she wins applause. The therapist is angry and in a dramatic tone she uses this special case where the information did not reach her to rebuke all the class teachers. At the same time she reveals her distress to the team. This contains the seeds of a dramatic scene, which did not develop in practice, perhaps because the team tried to preserve the existing definition of situation.

9.1.1.2 *Information sharing pattern B* reveals harmony, expressing full agreement about the pupil on the part of all the team members from each discipline.

Dialogue: educational, administrative and therapists team:

Class teacher [describes a new pupil]:

*He attended an ordinary school, completed a regular class with excellent grades. In 1996 he fell ill with schizophrenia, was treated in a mental hospital for two years. One of his brothers is hospitalised, another committed suicide a week ago, the brother who was a father figure for him got married not long ago, two brothers are in the army, another brother became very religious. He has learning habits and motivation to learn. There has been a visible cognitive decline due to his illness.*

Headteacher:

*Our school is his step out of the hospital ward.*

**Class teacher:**

*He feels very good here, he enjoys it. He has a sense of humour.*

**Assistant teacher:**

*He knows how to fit in with A. He just slid right in.*

**Headteacher:**

*Our goal is to give him an experience of success after two failures. Today he smiles, he's happy, for the first time he believes in his strength. We mustn't smother him with therapy.*

**Social activities coordinator:**

*He joins in the singing group. He's a great kid, charming, cooperative.*

**Communication therapist:**

*His speech is coherent, he's fine.*

**Occupational therapist:**

*With me he works very well, but he's shy and doesn't dare.*

**Assistant teacher:**

*We need to give him time*

**Music therapist:**

*Do you know how hard it is to come from a closed ward to a school?*

**Analysis:** the members of the interdisciplinary team present what Goffman calls a 'front of agreement'. Each of them expresses a reflection of the situation that s/he feels the others will be prepared to accept, at least temporarily. Preserving this front of agreement, of so-called unity, becomes easier because all the participants hide their private needs behind sentences that express general values towards which all those present feel bound to pay lip service. There is a feeling that this front has become what Goffman calls 'collective representation'.

**9.1.1.3 Information sharing pattern C.** This pattern appears in the case of expansion of information to theory.

**Dialogue: doctor – class teacher**

**Class teacher [presents a review of T's abilities and difficulties]**

**Headteacher:**

*The pupil was admitted this year.*

**Class teacher:**

*It says in her file that she is defined as borderline with hallucinations.  
[turning to the doctor] Can you expand on that?*

The doctor explains the concepts hallucinations and borderline to those present, giving the medical definition with examples of how it is manifested in this pupil.

**Analysis:** through this information-sharing pattern the class teacher strengthens the doctor's accumulation of professional power. In addition, the class teacher's role concept as managing and organising the work with the pupil rises (see Chapter 6). In other words, by controlling the setting the class teacher appropriates part of the power, gains a share of the power. The dialogue indicates a search for a psychiatric definition, which will give the team a better understanding of the child's behaviour and provide a map for orientation and a direction for working with her. If there are many such meetings, they block the possibility of developing collaborative working patterns.

**9.1.1.4 Combined sharing pattern: A and C.** The team members complement each other's information about the pupil's functioning in a given area. Similar impressions of various professionals strengthen the attitude with regard to the pupil's behaviour.

Following is an example of a typical dialogue:

**Dialogue: class teacher and therapists**

**Class teacher:**

*[gives a review of the pupil, including information about the child's family, studies, abilities, behaviour and social situation. She describes the problem with the pupil and asks the team to advise her. Looking round at the team]:*

*This girl undresses other pupils – boys. She teases them and stirs up trouble among the boys in the school. In our work with her we had a big success: she goes straight home from work by bus [referring to the twice-weekly job that some of the senior pupils have]. This week a bus driver phoned us and told us that she takes her clothes off in the bus. We have tried every possible way of treating her, no reward works with*

*her. I want your advice. What should we do with her at school and should we go on letting her travel home by bus?*

**Therapist:**

*Therapy with her is paradoxical all the time.*

**Class teacher:**

*I agree, but the situation is deteriorating from one day to the next.*

**Therapist:**

*What is her psychiatric diagnosis?*

**Class teacher:**

*There isn't one.*

**Occupational therapist:**

*At the beginning of the year there was progress. She would come to classes, sit down and work. Now the feeling is that other things occupy her, she is mainly occupied with provoking others. She can turn the whole lesson upside down in one second. It has happened a few times.*

**Therapist:**

*We can't get through to her. Just as we don't understand her, she doesn't understand us. She is very frustrated.*

**Headteacher:**

*How old is she?*

**Class teacher:**

*She's 19. What shall we do with her?*

**Headteacher [turns to the occupational therapist]:**

*How is she in individual work, in rehabilitation? How are things going with her?*

**Occupational therapist:**

*I think she will be hospitalised.*

There is agreement among the team members that the outlook for this pupil is not good. The headteacher, as observed, seeks a solution for the girl.

Analysis: this pattern enables one team member to give support to another. This support becomes more important when more team members work with the same pupil and when the problem is more severe. Sometimes, says Goffman (1959) there are moments behind the scenes when team members need moral support, mutual encouragement of the feeling that the performance ahead of them will go well, or that the performance just over did not go badly. This support strengthens the team members emotionally. Also, in this pattern the team members share an



experience of agreement, which helps to relieve stress resulting from confusion, hesitation, lack of a solution, search for a definition and an appeal for help. This is a situation of trying to find the way without a map. Meetings of this kind, if there are many of them, open the way for collaborative working patterns.

To sum up, I wish to stress two clear and distinct patterns of communication (that can be placed at two extremes of one continuum) between which the work of the interdisciplinary team ranges.

1. The interdisciplinary team has a clear orientation map, guiding work principles, shared concepts, a sense of direction and knowledge of how to work with the pupil. Emotionally the team members feel secure, contented and satisfied with their work with the pupil.
2. The interdisciplinary team hesitates, seeks a way of working, a thread that will enable them to work with the pupil. The team members feel at a loss to find a solution. They feel frustrated, helpless, dissatisfied. In their doubts and confusion they sometimes suggest solutions that are not part of the shared social status in the interdisciplinary discourse and are alien to the discourse and action in the school context. There is use of survival strategies. An example of this is the occupational therapist's suggesting the possibility that the pupil would be hospitalised as a way to avoid working with her.

These two patterns will be analysed at length in the context of the discussion and analysis of second order knowledge.

## **Chapter Ten: What patterns of communication are prevalent during the meetings of the administrative team?**

The representatives of the interdisciplinary team meet regularly one evening a week for an administrative meeting and again the next day at noon for another two hours. The participants in this meeting are: the heads of the junior and senior levels, the head of the long school day (LSD) team, who is also the deputy head of the school, the head of the Mediating Centre (MC), the head of the therapy department, chief assistant teacher, the occupational therapist, who is also in charge of rehabilitation and represents this specialisation at both levels of the school, and the headteacher (for the description of the role-bearers see Methodology). The context of the meetings of the administrative team is the headteacher's room.

The discussion in these meetings is practical and deals with administrative issues such as preparation of a questionnaire for feedback from the team; mapping work hours; planning and preparing an application to be recognised as an experimental school; difficulties with pupils or with staff members; preparation of an 'identity card' for the school. The team also discusses organisational issues such as constructing a work plan for a new pupil and the work load in the school. These meetings are the core of everything that happens in the school. As the headteacher said to me in an informal conversation, "This is a microcosm of life in the school, everything that happens in concentrated form in these meetings is paralleled by processes occurring among the entire staff of the school". The salient characteristic of these contexts is the happening, in the sense of action or motivation for action. The tone of the discussion is vigorous. The observer receives the impression that the words and the reports cover action, that the team members bring up concrete problems from their shared life in the organisation, propose an agenda for negotiations and decide on actions to be

taken. Decisions made in the administrative team are implemented in the organisation. This part of the communication patterns will be analysed through the description of events, reflecting the professional reality from the point of view of the narrators. Unlike the previous analyses, which also related to events, here the events are the focus of the analysis. The events discussed here occurred elsewhere in the school and were described by an informant. These events are very important because they bring the 'outside' into the meeting of the administrative team and provide team members, through a pattern of cooperation, with a means of clarifying questions that occupy them on such subjects as role definition, authority, territory, conflict status and definition of role. These questions are discussed at the hidden level of the team work - the social level. Furthermore, the details of the events may not always be completely accurate: the way the professional chooses to relate the event is significant. This is what was described in the Methodology chapter as first order knowledge. Similarly, the way in which the team chooses to view the event, the way the administrative team analyses the event and the patterns of communication formed in the dialogue, all these are significant.

Two theatre stages are presented here: the stage on which the plot unfolds, this is a distant stage where the professional struggles alone without competition or cooperation with the other team members. The other stage, where discussion takes place, is the headteacher's room. There the professionals sit, a team member tells his/her story and discussions take place on two levels: the level of the group and the level of the individual. The team member has the opportunity to review his/her behaviour, rethink his/her actions, evaluate them and learn from them. Because the information is given at second hand the reader may at times get the impression that the events are fragmentary and disconnected. However, the events are described here as they were presented in the meetings of the

administrative team. In some cases the team members apparently had prior information of the event.

Each dialogue presented below will be preceded by a summary of the main points of the event as I managed to draw them out of the participants. The background to the events was obtained in several ways: sometimes offered by the team of its own volition, before, during or after the meeting. In other cases the information was supplied in response to a request from me in an endeavour to understand the context in which the things were said, obtain a complete picture and understand how the professionals involved perceived and interpreted what happened. Another way of obtaining information was by listening to the conversations of team members in the staff-room and the schoolyard. The events described reveal characteristic patterns of communication in the work of the administrative team. It is important to note that sometimes purely organisational processes occur in the administrative team context. These processes take place at the overt level; metaphorically speaking they can be described as the top layer of the pie. In these situations the participants, as members of an administrative team and not as an interdisciplinary team, join forces against the headteacher. I was able to identify, describe and clarify a more hidden level: the second layer of the pie, where the social interactions take place in the administrative team parallel with the organisational processes. At this level the administrative team functions as an interdisciplinary team.

In seeking to describe and analyse this complex context, the questions that guided me were as follows:

Why was this situation chosen?

What takes place in this situation? What are the characteristics of the team work?

What is the stage? What is it composed of? What is the play being enacted?

What are its boundaries?

What theories explain the situation and provide a basis for analysis?

What is the special character of the findings?

### Analysis

In asking what happened and why I attempted to take a holistic multifaceted view, focusing on the processes or the context that give meaning to the events, rather than on the individual. This may, perhaps, be described as meta-analysis (in an analogy with meta-cognition). What was needed was a complex model capable of presenting and explaining the complex character of this context and sensitive enough to cast light on the different levels: the overt level visible to the observer, the level of organisational processes; and the hidden level at which the social interactions take place that are revealed by deep analysis. The inspiration for the model that was constructed came from a model that describes human interactions, Minuchin's (1982) structural approach to family therapy. In this approach the therapist looks at the family, at the way the people in it are organised, the rules, the boundaries, the coalitions and other characteristics of structure. Only models that deal with dynamic processes like those occurring in family therapy, that permit the integration of several theories, and the presentation of a number of events occurring simultaneously, enable us to describe and analyse an interdisciplinary administrative team. In other words, we look at an administrative team as one system, but it also contains sub-systems, and the people who influence the entire basic structure belong to these sub-systems. Like a family, the structure of this team comprises two systems: an administrative system and a professional one. The basis for the processes that take place in these systems is collaboration.

The events presented reveal typical patterns of communication in the work of the administrative team. All these patterns are characterised by collaboration, manifested in different ways, as we will see below.

### 10.1 Event A: Self defence during danger of injury by pupil

1. Problem solving pattern: this pattern shows the problems that the members of the administrative team contend with. Of the two dialogues below, the first focuses on solving a problem dealing with a pupil, and the second on the work with other team members.

The first dialogue concerns the issue of self defence when there is danger of injury from a pupil. The events related below were described to me in the staff room on the day they happened by the head of the Mediating Centre. Her account was confirmed by other team members. On Tuesday during the break in the schoolyard, R, a senior pupil, was seen hitting another pupil. The team member on duty in the schoolyard told him to stop. R went on hitting the child. The team member told him to go into the Mediating Centre. R refused. Two more team members approached the scene and, after again telling R to stop, they took him into an adjacent room and locked the door so that he could not get out. R became violent, hit and threw objects at the team members. The team members remained with him and tried to calm him down in various ways until the headteacher came. That same afternoon R was admitted to a psychiatric hospital. Concurrently, the mother of one of the pupils reported that R had threatened to kill her two days earlier.

Interaction: headteacher, head of MC, head of senior department, head of therapy

Head - seniors:

*As the administrative team we should be informed, there was an unpleasant incident with R.*

Headteacher:

*R has been hospitalised for the third time this month and it will be for a long period this time. He was taken to a psychiatric hospital in the town. This situation can't go on. M's (another pupil) mother called the hotline [an open line run by the Ministry of Education for parents' and pupils' complaints about the system] and complained that he had threatened to kill her. He was outside her house on Sunday. That's*

*why Dr. R (the psychiatrist on the school team) advised her to complain to the police, so that there would be documentation.*

Head - seniors:

*We have to get the mother to sign something. He went wild, he could kill us.*

Head of MC [stands up, puts her foot on the chair, pulls up her trousers to reveal a large purple bruise on her leg]:

*Look what he did to me, it still hurts.*

Head therapist:

*Why did you all stay in the room when he went wild? What if he had killed you? [to the headteacher]: This has to be decided legally.*

Headteacher:

*We have to have authorisation from the psychiatric authorities.*

Head of MC:

*We are out on the front line.*

Head therapist:

*I am talking about extreme cases. When he goes berserk, let him destroy the room but you stay alive. There's no way for the team to stay with him when he's in a psychotic state.*

Head of MC:

*We live with the idea that we should stay to look after the child. I want to tell you that my daughter is really frightened about my coming here.*

Head therapist:

*Use your judgement again, it's irrational to stay in the room with him, any professional you ask will tell you so.*

Headteacher:

*He had a very severe outburst, he was very dangerous to himself.*

Head - seniors:

*The problem is that everyone around is hurt.*

Head of MC:

*We need to think carefully.*

Head - seniors:

*Perhaps we need to think again about an orderly [see glossary], although I am usually very much against it.*

Headteacher:

*Today we have an immediate response from the psychiatric hospital. We have an emergency arrangement with them, we have legal backing. When someone is alone in the classroom we are allowed to shut the door and call for help. There's a legal term for this – it's called a 'semi-parent'.*

Head therapist:

*We can call for help from the psychiatric hospital.*

Headteacher:

*As regards the Ministry of Education, the inspector said we should call the police. Do you want to call the police?*

Head - seniors:

*That's a terrible message.*

Head of MC:

*We are so exposed and we didn't think clearly. It didn't occur to us to leave him alone.*

Headteacher [to the writer of the minutes]:

*Write it down and emphasise that we will bring it up for discussion. We'll have a meeting of the administrative team with the psychiatrist from the psychiatric hospital in such cases.*

The discussion moves on to another subject.

Analysis: this situation can be analysed at the organisational level and at the level of social interaction. At the organisational level, one of the points that arises in this discussion is the request to be included in receiving information about the pupil. This is related to the team members' perception of their dependence on information possessed by the headteacher, whom they see as controlling a resource that they need for performing their roles. The more they perceive the headteacher as controlling information, the more they are dependent on her and the more they are prepared to accept her influence and authority.

The event described underlines the fact that there are no formal procedures for transmitting information between the administrative team and the headteacher. This is illustrated by the fact that the team members declare what they know and ask for information. At the end of the event the headteacher tried to diminish its importance by restricting the information and giving it only to the administrative team.

The above analysis dealt with the overt organisational level. In this environment we can also distinguish social interactions taking place at the covert level. The initial interpretation does not demonstrate the work of the



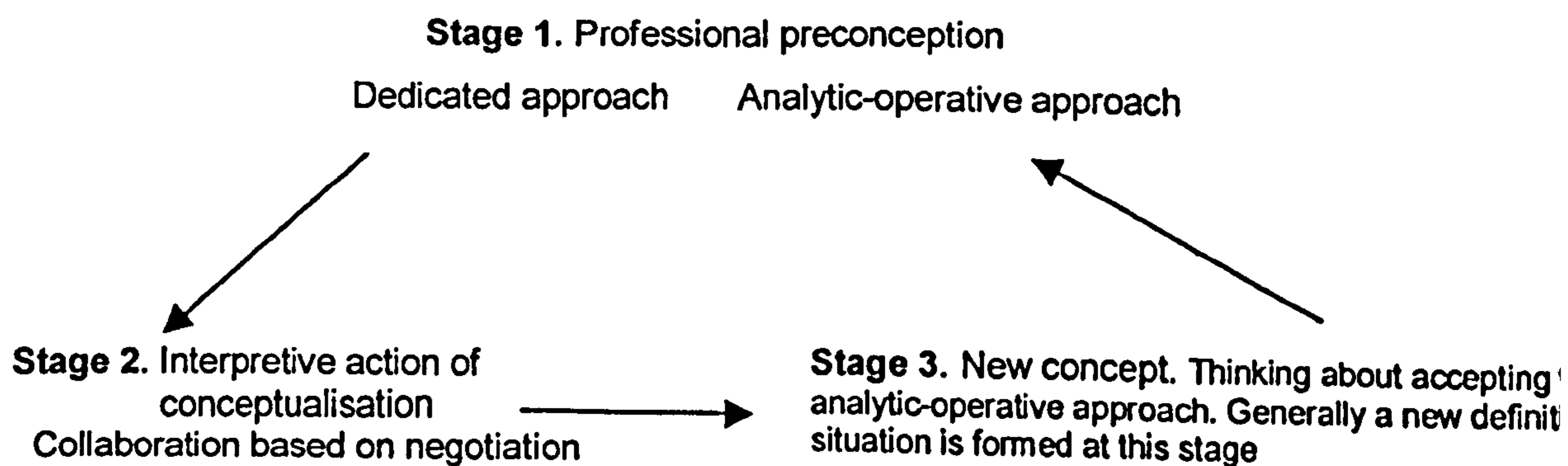
interdisciplinary team. A closer and deeper analysis shows the working of this team, as will be shown below.

This situation was chosen because it presents a recurrent pattern of collaboration based on negotiations for the purpose of forming a new definition of the situation. The team members negotiate, but they do not arrive at a new definition of the situation (or in our terms, a new conceptualisation), and therefore they feel the need to continue negotiating until they reach a new conceptualisation that will help them to stop going round in circles and move forward. The new conceptualisation is part of an overall definition of the situation.

In addition, the situation chosen helps us to reach new insights with regard to other situations and to trace the development of social reality in an administrative team.

In developing an approach towards the analysis of interaction which was originally proposed by Hargreaves (1972), a model was constructed to demonstrate the development of social consciousness towards partners in interactions in an administrative team. According to this model, the participants' actions may be divided into three stages.

**Figure 10.1: Construction of a shared concept in the administrative team.**



Stage 1: (stereotypical) professional preconception whose source is the professional's training and experience. In the situation discussed here the members of the interdisciplinary team differ in terms of the professional preconception with which they came to the meeting. The educators' view is represented by the head of the Mediating Centre. *"We live with the idea that we should stay to look after the child"*. Her words represent a vocational approach. Vocation according to this view means that it is important to stay with a pupil who is in a state of emotional turmoil. To the educators this is a vital act; it expresses their professional commitment to stay with a child who is emotionally distressed, to support him, to try to calm him down, even at the cost of physical injury to themselves (which actually happened. The head of the MC was hit by a chair thrown at her; she showed the blue mark on her leg during a meeting of the administrative team). Kainan (1996) calls this commitment vocation and emphasises that vocation is the cardinal value in the teachers' work, requiring of them great sacrifice for the profession and particularly for the problematic children (p. 157). The therapeutic and rehabilitative professionals, represented by the head therapist, do not share this approach. The therapeutic-rehabilitative approach stresses analytic-operative aspects, whereby the professional consideration is the salient value in their work. In situations such as those described in the meeting of the administrative team it is possible to use professional consideration by distancing from oneself. As Guttman (1999) states:

The major resource available to every mental therapist is known in logotherapy as 'distancing from ourselves'. This refers to the human ability to cut ourselves off from external situations as well as from internal ones... or to adopt a stand in face of those conditions... (p. 91).

All the members of the interdisciplinary team come to the interaction with concepts formed in the course of their training and professional experience, or professional preconceptions such as those suggested here. Thus the interaction described here, like other interactions, takes place on the background of diverse

conceptualisations or definitions. Exposure of these professional preconceptions leads the way to interdisciplinary conflict. In this situation, as in many others, the differences between the various approaches become more extreme, revealing how deeply they are entrenched when the discussion turns on an event that left the team feeling confused and threatened and for which they need to find a practical solution.

Stage 2: at this stage conceptualisation takes place in the course of the meeting as a shared interpretive action of all the members of the interdisciplinary team. The professional comes face to face with the other partners to the interaction and in collaboration with them seeks a shared definition of the situation and engages in other interpretive actions. Following is an example: definition of the situation as insane – the basis of this definition is rehabilitative; definition of the situation as severe is based on a therapeutic approach; description of the situation as dangerous to the child and remarking that all around are injured is based on an educational approach. The educators' conceptualisation was not accepted by the rehabilitation and therapy team.

In the negotiations that are conducted in collaboration with the various teams of experts, the professionals consolidate their professional and social status. Each professional attempts to persuade the others to accept his/her definition of the situation. It is reasonable to assume that the professional whose definition of situation is accepted will grow in social and professional status.

Stage 3: delineation of the new names/concepts. At this stage all the team members accept the definition of situation that emerges. The outcome of the naming/conceptualisation is that they adopt the new concepts/naming, which are a new version of the previous ones, and attempt to present new or new-old concepts such as orderly, police, emergency procedures, legal backing. Sometimes at this stage of the negotiations the definition of situation of one of the teams of experts is accepted. In this case, which represents many others, the

process did not lead to a shared definition of the situation or to an interdisciplinary concept, because the negotiations were not successful, and the team remained without a new concept or a new definition of the situation. The team needs to go back to stage 1 and begin the negotiation process again in order to construct a professional concept. There were some thoughts of accepting the therapists' definition of the situation, namely the analytic-operative approach, but this thinking did not consolidate into a decision accepted by the educational and rehabilitation teams; hence the need to continue the negotiations until they reach a new definition of situation. This need was expressed by the headteacher when she turned to the writer of the minutes:

*Write it down and emphasise that we will bring it up for discussion. We'll have a meeting of the administrative team with the psychiatrist from the hospital in such cases.*

This model shows that the interdisciplinary differences are not cancelled out. At the end of the negotiations they are ready not to decide, not to accept a new definition of situation or a new concept. The model does not invalidate the work of the interdisciplinary team, but brings us back to the analysis (in Chapter 6) of the various professionals' perceptions of their role and of the roles of other professionals. In reference to role perception, another question that arises in the interaction concerns the role of the psychiatrist: do they need the guidance of a psychiatrist? The psychiatrist is not present during the discussion although he is part of the school staff and although his presence is lacking in the administrative team. The psychiatrist was later asked in an interview why he had not attended the meeting. His answer was, *"I don't work in the school that day"*. My observations revealed that the headteacher wants the medical team to attend and invites them to meetings. The reason for their absence appears to lie with the doctors themselves. A possible explanation for the doctors' absence from meetings of the administrative team is that the doctors have a clear role concept. A doctor is present when a child is sick. When the child is healthy the doctor is

not present (support for this may be found in Chapter 6.), and they wish to guard the status of their role. Doctors do not act on this stage.

## **10.2 Event B. Late arrival of assistant teacher for therapy with a pupil**

The second interaction presents a different problem, resulting from difficulties with other team members. Observations and conversations with members of the interdisciplinary team during the breaks in the schoolyard and in the staff-room with members of the rehabilitation and therapy team reveal the following picture. At the beginning of the school day and at the end of the main break when the bell rings for returning to the classroom, the assistant teachers stand and talk among themselves and walk slowly towards the classroom, some of them carrying a glass of water or a cup of coffee, which they take into the classroom.

Interaction: head therapist, head of rehabilitation, head of MC, deputy headteacher/ head of LSD

Headteacher:

*The assistant teachers are going to begin supervision with the psychologist.*

Head of rehab:

*That will be an hour in the school day.*

Head therapist:

*They should talk about their bringing the pupils late to the therapy sessions. It drives me crazy, has done for a long time.*

Headteacher:

*Why don't you talk to the coordinator of the assistant teachers about it and why didn't you tell me?*

Head therapist:

*Because I tend to look for peaceful solutions to problems. I have a problem with them now because I have to go on working with them and they will feel that they've been reprimanded.*

Head of MC:

*They don't walk into the classroom with a cup of coffee?*

Head therapist:

*I gather them together and I give one of them a hard time. I define it as work for both of us. I don't mind walking into a supervision session and talking about it.*

Head of LSD / deputy:

*It's not just your problem, so we should talk about it.*

Head therapist:

*It's not a personal problem. It's a specific point.*

Headteacher:

*Let's go on [the discussion is terminated].*

Analysis: at the organisational level the problem that the team was discussing remained unsolved. There is criticism of the assistant teachers' inappropriate professional functioning. The social interaction reveals status conflict, generated by the socio-economic status of the profession. The team members who are professional therapists possess higher status and more influence than non-professional staff members (instructors, tutors and assistants), whose status is lower and who have little influence in the system.

Status conflict creates what is described by Arieli (1995) as discordance in the definition of the situation and the role. The head of therapy treats the cup of coffee that the assistant teachers bring into the classroom as a symbol that demonstrates their failure in their role. The cup of coffee is the symbol, not the problem. The therapist's personal-professional interpretation of the cup of coffee testifies to her perception of the assistant teachers as unprofessional. This is part of her role concept, whereby professionals are expected to adhere to work procedures such as arriving in the classroom on time, serving as a model for the child. She says, as it were, I don't allow a child to bring drinks into the classroom, so I have no right to do it myself. The team members see the assistants as responsible partners in their work with the pupil, but the assistants, it emerges, do not conform to the team members' definition of their role. What we see here is a

problem of obscurity in grading the roles, or inability and reluctance to maintain a hierarchical ranking.

### **10.3 Event C. Preparation of an identity card for the school. Bringing in an external advisor**

Another pattern that was revealed in the observation of these team meetings was the reporting pattern, which is mostly one-sided. The headteacher reports, namely, she informs the team about events that occurred with the pupils, events related to outside bodies with which the school works (psychiatric hospital, meetings with parents). The following interaction refers to an outside professional who is about to visit the school to work with the administrative team. What characterises this pattern and stands out in the observations is the fact that the headteacher leads the reporting inside or from inside the discussion taking place in the meeting; that is to say, the headteacher, during the interaction, recruits the members of the administrative team to work with the outside professional. The main points, as reported to the researcher by the headteacher, are as follows: during the week the school inspector had spoken with the headteacher, who had told her that they were working on the subject of an 'identity card' for the school. The inspector recommended that she work under the supervision of A, a counsellor who was responsible for all the school counsellors in the region. The discussion focused on preparing and writing an 'identity card' for the school.

**Headteacher:**

*We have begun thinking about an identity card for the school. I brought the one from my daughter's school. R [head of MC] brought hers as well. The head of the juniors, the Mediating Centre and myself wrote down general points and ideas. The question is how to construct it. Do you think we need to do this?*

**Head of rehab:**

*I think so, everyone who comes to visit should know who we are.*

**Head therapist:**

*First of all we need to know.*

Head of rehab:

*There needs to be a firm base with no cracks. We need something permanent, so that it won't be blown in the wind.*

Headteacher [to head therapist]:

*I think what you said is very important; we need to discuss what we are.*

Head therapist:

*What's missing is an overall conception.*

Headteacher:

*How can we form a conception? How do we do that? Alone? With the whole staff?*

Head therapist:

*Operatively it will be easier if we begin ourselves.*

Headteacher:

*I asked A to come. She works with administrative teams, she is responsible for the counsellors. I asked her so that we can think together and then come to the team. The meeting will be after February. A asked us to come with something prepared.*

Analysis: at the overt organisational level the report came out of the interaction and the conversation, but in fact, the headteacher had already thought about the topic and even invited A to work with the administrative team. This reveals a pattern of indirect reporting. The headteacher channelled the discussion towards the report she wanted to present to the participants. This is a pattern of subtle coercion using concealed force, which reinforces the headteacher's status. At the same time she embraces the therapist, making a partner of her adversary. This discussion focuses on the question: for whom is the identity card designed? The headteacher perceives the identity card as an administrative issue. She stresses the practicalities of how to do it. Unlike the head therapist, who hints at the difficulty of an administrative solution where a pedagogical-ideological solution is lacking, she perceives the identity card as a document for professionals working in the school, while the head of rehabilitation sees the identity card as a document representing the school vis-a-vis the outside.



This meeting was followed by two meetings of the administrative team with A. The purpose of the meetings was to work on a school identity card and come out with a written document. That was the organisational agenda. However, in both meetings the social interaction took over the discussion. Following is an analysis of the meetings, which were observed by the researcher.

#### **10.4 Event D. Preparation of a school identity card**

First meeting: at the beginning of the meeting the headteacher introduces A and her role. She also presents the members of the administrative team and explains the purpose of the meetings with A. A reflects what she has understood and then turns to the team members and explains the work process to them.

A:

*We will work on components of the school map, on the various specialisations. We will use guided imagery as a work tool.*

[She starts. Following her instructions the team members close their eyes, relax and listen to her. She tells them to draw an imaginary picture of the school as a garden full of trees and flowers. After some time the team members are asked to open their eyes, they begin to share their imaginary pictures with the members of the group. The team members' descriptions bring up and deal with the overt level of the social interaction].

Head therapist:

*I saw something one-dimensional, like a placard, and I had to make it two-dimensional, situated in the main schoolyard, the administrative team? [asking them]: Disorder, there were branches, treetops getting in each other's way. I couldn't see any flowers there, it was hard for me to place myself as a tree. I am more of a cypress and the feeling was that it had to be withdrawn, separate from what was going on around and for this role I didn't see a collegial tree.*

A:

*Please use the words of here and now.*

Head therapist:

*I am a tree standing withdrawn and erect. I am standing near the centre but not in the centre. It's very hard for me to be there in that place, it would be easier for me to stay outside, but I'm there...*

Analysis: At the overt organisational level the purpose of this meeting was to work on a school identity card. In practice the social interactions, that are almost

always to be found at the covert level, arose and were discussed at the overt level. The discourse has a cryptic metaphorical character. The use of guided imagery provides an opening for the therapist to describe her place in the administrative team. A guides the team to imagine the school, the head of therapy reveals her position and the difficulties she experiences with the administrative team in the wake of battles over territory and authority. She has withdrawn into herself to protect her special professional status. The head therapist's need to define and guard her territory has its source in her role definition. Guarding territory also means controlling areas of knowledge. Spreading the knowledge too wide, in cases of invasion, may diminish the special expertise of a certain sector and thus detract from its professional status. Therefore, as Sehubert and Landers (1982) note, members of that professional sector take care to protect the exclusivity of the knowledge.

### **10.5 Event E. Preparation of a school identity card. Second meeting**

In the second meeting with A, at the end of the guided imagery the social interaction became the subject of the meeting and was discussed overtly. The team members chose their words carefully.

Head of rehab [turning to head of therapy]:

*I think the solution is that we come out of here with a covenant. I would like a covenant like the Geneva Convention.*

A:

*What will the covenant say?*

Head of rehab [to the team]:

*Don't let me be the only one to speak. I don't know what to choose first, because there are many things. Perhaps I'll take the last topic – boundaries. I want a covenant that specifies who does what and when. Procedures. We can write procedures for the work of the administrative team.*

A:

*I'm not sure that people understand what you are talking about.*

Head of rehab:

*I'll give you an example [to the head of the MC]: It happened to me with you, on Sunday when you asked me to take M. You just dumped it on me, I was not a partner, I felt that you were not considering me, you demanded something rather than asking. You told me that's what was decided and that's all there is to it. Whenever they need someone they always come to me, I felt that they didn't want to see what the other side has to cope with.*

A:

*Can you ask for something?*

Head of rehab:

*We need a covenant for the functioning of the team.*

Head of MC:

*[referring to the question of the covenant]: Commitment and responsibility of the whole team...*

Analysis: the team members express the wish to settle the questions of territory, responsibility and definition of roles. The head of rehabilitation tries assertively to describe what she wants at the level of authority and territory and calls for collaboration. Orelove and Sobsey (1991) describe collaboration according to three models: multidisciplinary, interdisciplinary and transdisciplinary. The first of these represents very little collaboration among the team of experts. In the second model, the experts' collaboration focuses mainly on the findings concerning the child. The third model represents broad collaboration among all the team members who deal with the pupil in the educational setting. This is expressed at every stage of the work and in the steady flow of information among them. In the interaction described here the head of rehabilitation turns to the administrative team and calls for collaboration according to the transdisciplinary model. Some questions arise from this interaction: is her request formulated and presented effectively? Does the call for a 'covenant' really convey the message? In addition, there is a gap between the example quoted by the head of rehabilitation and the desire for a covenant which is an overall arrangement. The wish to define the extent of collaboration in the covenant requires a thorough examination of the allocation of responsibility and territory among the team

members, as these are determined in the daily routine and not necessarily according to professional identity. This is because the boundaries of the profession, as they take shape in the course of the professional's training, are not necessarily congruent with the boundaries actually set in the school. This, perhaps, is the reason why the issue rises to the overt level. Many scholars share the opinion that the boundaries are flexible and specific to each school. According to Pryzwansky (1981), the boundaries depend on the definition of each team member's contribution and on the mutual clarification of role expectations and the consistency between role performance and the expectations of the environment. Kabler and Carlton (1982) add that the boundaries depend on the interpersonal relations, which are based on the personality of each team member and his/her personal biography. Following the head of rehabilitation's call/demand for cooperation, a hidden conflict develops. The administrative team does not respond and does not support the demand. The response of the head of the Mediating Centre brings the discussion back from an examination of content to something amorphous. The head of rehabilitation tries to demonstrate the need for a covenant in principle, using an example at the personal level. In the third part the head of rehabilitation retracts her demand for a covenant, her attempt has failed and her statement remains at the level of a complaint and a request to be stroked. It is important to note that the facilitator of the meeting chose to focus on the psychological direction. She did not stick to her agenda, whose aim was to follow a plan of action, and did not choose to steer the discussion in operative directions.

#### **10.6 Event F. Arrival of a new pupil to the school**

Advice-seeking pattern: this deals with the procedures for admitting a new pupil to the school. D, a pupil who had been diagnosed and gone through intake and found suitable by the school team, was due to begin the admission process. The

procedure described here is derived from a document issued by the school for the community. The process begins at the Mediating Centre. The purpose of the time spent at the Centre is to let the pupil and the staff get to know each other better and adjust to each other. After the adjustment the team decides on the most suitable class in which to place the pupil.

Interaction: therapist and administrative team

The team spoke about the new pupil who was expected to arrive at the school the next day.

Head of MC:

*The pupil is coming to the Mediating Centre before we have decided on his placement, a child characterised as difficult. I was shocked by his file, a very violent child. He has been at home since June. He was hospitalised in a psychiatric ward [in another town in the centre of Israel]. He made progress there, they released him from hospital. How can we get professional help? We need it to find how team members can help.*

Headteacher [to head therapist]:

*N, how can we do it?*

Head therapist:

*We'll do it at the expense of others. Other children won't have therapy this week.*

Head of MC [to head therapist]:

*Can you give us some kind of schedule for everybody to come in?*  
[Head therapist hesitates.]

Head of MC:

*Is it too much trouble for you?*

Head therapist:

*I can't. I'll put notes in people's pigeonholes and they'll arrange it with you.*

Head of MC:

*It means being with the child, not just observing him.*

Head of rehab:

*He'll come to me, I've worked in closed wards and with psychotics. He will come, he knows me from the intake.*

Headteacher:

*He draws well.*

Head therapist:

*I haven't one free hour to give him.*

Analysis: at the overt organisational level the discussion focuses on planning the admission of a new pupil and the request of the head of the Mediating Centre for the cooperation and help of the other team members. The headteacher does not intervene in the discussion. She does not see her role as imposing her administrative authority in this kind of dispute. This discussion conceals within it another discourse in which the head of therapy emphasises a pattern of defining the boundaries of her role and guarding her own territory. She attempts subtly to restrict her tasks to her professional field and not to take part in activities connected with the daily running of the school. This definition of the situation by the head of therapy stems from her wish to act without the intervention of others and without receiving instructions from them, in order to protect her territory and act according to her understanding in an interaction involving two team members with different professional status from different disciplines – a teacher and a therapist. The pattern of guiding the team used by the head of the Mediating Centre brings to the surface and highlights the differences in professional and social status and arouses antagonism stemming from the difficulty of distinguishing between professional and bureaucratic authority. This is because collaboration among the staff members is based on their relating to each other as equal partners and not as experts counselling the less professional team members, despite the professional difference between them (Glatthorn, 1990; Dunlap & Goldman, 1991). In the social reality of this environment such equality appears hard to achieve. The dispute was not resolved and unorganised spaces were left.

#### **10.7 Event G. Administrative team complains of overload - and asks the headteacher to lighten the load**

Negotiation pattern: observations and conversations heard in the staff-room revealed that the members of the administrative team meet regularly twice a

week, they are also members of the interdisciplinary team. As team members they attend the IEP meetings and have to prepare an IEP for each pupil who studies with them, as well as for home visits. They also undertake the preparation of organisational events, work with the parents and with the community, devote many hours to telephone consultations and in-service training in addition to the school hours. This was the background to the following interaction.

Interaction: administrative team – headteacher

The team complained to the headteacher about the heavy work load, focusing particularly on the many meetings.

Head of MC:

*We need to cut down the load, perhaps stop the home visits.*

Headteacher:

*How can we do all the work without meeting? I wish there was a way. The home visits are required by law.*

Head of rehab:

*We are not trained for this. You have to understand that it's new for us.*

Head of MC:

*We have to submit the IEP now.*

Headteacher:

*I agree that there's a heavy load in January, but the year doesn't begin and end in January. I'm against it.*

Head of MC:

*The feeling is that we spend a lot of time in meetings, we need to form an order of priorities.*

Head of juniors:

*Dates have been set for some things.*

Headteacher:

*There are some topics that can be made more flexible. In the IEP and home visits there's no flexibility, I don't accept it. When I took this administrative job I understood that it entails a heavy load of obligations. Perhaps I'm wrong. Convince me that I'm wrong.*

Head of MC:

*It comes from the general load of long meetings, and then we go on working at home over the phone and that's how the IEP gets pushed aside.*

Head of juniors:

*The work doesn't end here.*

Head of MC:

*You feel that the work sucks you in, the pressure is intense.*

Head of juniors:

*Sometimes you don't even have time to go to the toilet.*

Headteacher:

*I think the time is not well organised. Last Sunday we found ourselves planning for next year.*

Head of MC [to headteacher]:

*We need to put time aside for that.*

Headteacher:

*I feel that there are complaints. What do we do about it?*

Head of seniors:

*It's not complaints, it's hard, the work here sucks you in.*

Head of rehab:

*We spend hours working on the phone.*

Head of MC:

*Today awareness has grown concerning what it is to work with this population, all the interactions. Teachers work in a very complex setting, working with people all the time: parents, staff, community, children. It takes a lot of energy, especially with our population.*

Head of juniors:

*How can we solve the problem?*

Head of MC:

*Some things are compulsory.*

Headteacher:

*Teachers ask me, 'Why do we have to give reports?' What, have they just finished teacher training college? Part of professionalism is to think about what I have done and what I haven't. I have people who write me reports on what they do, not class teachers, I really like that. I can be flexible about that, that's the school. But the IEP is compulsory, you committed yourselves to the parents. Do you think I like working 60 hours a week, that I like these impositions? This visit? We live with all kinds of systems and we have parents who look at us under a microscope.*

Head of seniors:

*I want to be involved in this visit [Ms Lea Rabin, widow of the late assassinated Prime Minister Yitzhak Rabin, was coming to visit the school].*



Analysis: at the overt organisational level, the administrative team complains of the work load and seeks relief, while the headteacher tries to preserve the school rules and procedure. This is the context for her requests to adhere to the schedule of home visits and to submit the IEP, namely to follow the procedures. The salient pattern in the negotiations is the demand to observe the rules of the school framework. The headteacher brings her administrative definition of the situation to the negotiations, and there is also a pattern of subtle coercion. The members of the administrative team try to challenge the headteacher's authority, and she in return uses her administrative authority. The analysis could have stopped here, but it is important to analyse the situation in greater depth because this was a singular episode. It was chosen because it casts light on the existence of collaboration and a surface of agreement in the interdisciplinary team.

The administrative team functions as one body vis-a-vis the headteacher. In Goffman's words, the team maintains a 'surface of agreement'. According to Goffman we can define this situation as a *modus vivendi* – a definition reserved for social interactions. It does not necessarily express true agreement with what is happening, but true agreement on the question as to whose demands should be respected temporarily and on what issues. Goffman adds that true agreement prevails among the participants that it is advisable to avoid conflict over the definition of the situation.

This singular episode helps us to answer two questions that are important to the work of the interdisciplinary team. 1) What situations of collaboration are created by a surface of agreement? 2) Why, or in what conditions, does a surface of agreement exist?

According to Arieli (1995), there are six ways of achieving/maintaining collaboration: bargaining, supervision by authority, gentle persuasion, use of charisma, use of professionalism, and administrative measures. In the situation discussed here many kinds of ways may have been used to achieve

collaboration, perhaps even another six ways that are not mentioned here. I chose to focus on the most outstanding ones.

Two ways of achieving collaboration stood out particularly in these meetings: the first one, with which the headteacher opened the meeting, was gentle persuasion. *"I wish there were a way... I agree that there's a heavy load... There are some topics that can be made more flexible... Convince me that I'm wrong"* The headteacher radiates empathy and understanding for the stress expressed in the team members' appeal, but when the members of the team continue to negotiate and the headteacher feels that she has not succeeded in convincing them she shifts to another way of achieving collaboration and tries, in Arieli's words (1995, p. 120), to discipline the team. For this purpose she uses the administrative authority invested in her role. Lacey (1975) suggests a distinction between two types of control: internalised compliance and strategic compliance. In the situation under discussion we see strategic compliance, whereby the team member has to collaborate. A common practice in the attempt to achieve this kind of control is to restrict the team, to state the rule, the professional duty, as in the headteacher's remark, *"... the IEP is compulsory"*. The headteacher's use of this strategy stems from her definition of the situation: *"Part of professionalism is to think about what I have done and what I haven't... you committed yourselves to the parents. Do you think I like ... these impositions? We live with all kinds of systems..."*

Thus, the surface of agreement is formed when the members feel heavily burdened, both emotionally and by the work load. Do the headteacher's ways of achieving collaboration – by persuasion and by an attempt to discipline the staff – succeed in the interdisciplinary team? The answer is to be found in this meeting and in other meetings that took place after this one in the administrative team. In-depth analysis reveals various reactions, which may be divided according to professional affiliation. For example, the educators describe the situation and

some of them accept it. The words of the head of the Mediating Centre in this environment represent the educational approach. This approach is also reinforced in other meetings after the explanation on awareness of working with the population. To the question, "*How can we solve the problem?*" she answers, "*Some things are compulsory*".

The next day, in supervision, the head of the senior department referred to the matter.

*Everybody is running all the time. We are driven by the clock. That's the feeling, that we are all running all the time, and I still go home feeling that we haven't done enough. It's like being in a vortex And we get angry and frustrated because we cannot keep up.*

The members of the therapy team do not agree to cooperate and do not respond to discipline. In the ensuing meetings of the administrative team they continued to raise the subject again and again, emphasising the emotional load and the work load. In supervision the next day the head of rehabilitation said:

*The discussion yesterday was just a beginning, referring to things that crop up during the work. Something here is too big for us. We need air. If we don't want our strength to run out we must think about this problem.*

Chapter 11 will present an in-depth analysis of all the findings. This is what was described in Chapter 3 as second order knowledge (see Figure 3.2).

## **Chapter Eleven: Discussion**

This study deals with the perceptions, the language and the overt and covert communication patterns of the members of an interdisciplinary team, working at a school for pupils with special needs, in order to study their behaviour, their motives and their professional, social and personal relationships. The processes taking place and their significance in the daily life of the team and of the pupils were revealed by the interpretive method. The research is in the form of a case study, carried out during the years 1997-1998 (see Methodology). The encounter of professionals from different spheres of competence generated distinct professional and social behaviours, expressed in the language used, the activities shared, the structuring of ways of treatment and the perception of their roles, reflected in a complex system of overt and covert communication patterns. All these were presented in the five chapters describing the findings, each chapter presenting and analysing the first order knowledge regarding a specific aspect of the findings, in the light of the following research questions:

1. How do the team members perceive the pupils and their own roles?
2. What concepts do the team members use when relating to their work with the pupils?
3. What concepts do the team members use when relating to their work as an interdisciplinary team?
4. What patterns of communication are prevalent during the meetings of the interdisciplinary team?
5. What patterns of communication are prevalent during the meetings of the administrative team?

In this chapter, which discusses the research, I will present and analyse the main issues that arose from the findings, focusing on the research questions relating to the culture of an interdisciplinary team:

### **11.1 The interdisciplinary team members' professional and social perceptions regarding their role and the pupils and what they reveal about the culture of the team**

This study shows that professionals from different fields differ in their perceptions of their role and of the pupils. The way they define the situation and the pupils stems from their thinking, their approach and their work with the pupils, based on their training and their experience of work with this type of school population.

The members of the interdisciplinary team also differ from each other in their role perception. The differences that were found are presented in Chapter 6. Second order analysis of these patterns reveals that:

The doctors define the pupils according to medical criteria. The therapists assist in creating a medical ambience, they represent the medical culture in stressing that a pupil belongs in the hospital. Nevertheless, there is a difference between the doctors' and the therapists' perception of the pupils. The medical staff focuses on where the pupil belongs, on the concept *belonging*, which is dichotomous, and related to categories used by doctors— psychiatrists, such as the definitions *ill/healthy*, while the concept *adjustment* is not dichotomous, it is progressive and taken from school life. Adjustment is defined as getting used to a new situation. It also involves factors outside the pupil, factors connected to the situation and to various components operating within that situation. The educational staff's definitions are also taken from school life, but vary greatly: Some of them avoid specific definitions of the pupils: during the Interviews they defined them as normal pupils, while others used professional definitions such as retarded, or retarded with emotional and/or behavioural problems. Other definitions they used were vague and related to the school population as a whole, using words such as likeable, sensitive, interesting, exciting. The teachers'

perceptions of the pupils are different from those of the doctors and the therapists; they do not use concepts designating belonging or adjustment.

The doctors' and therapists' definitions of the pupils' condition focus on emotional problems, while the definitions used by the educational staff focus on the pupils' ability or inability to learn, calling them normal or retarded pupils.

The therapists and the educational staff share the same field of experience – they work with the pupils in the school. This generates shared expressions and criteria (to be presented later).

The members of the interdisciplinary team also differ in the way they perceive their roles. Various patterns were found, as shown in Chapter 6. A second order analysis of the patterns reveals that:

1. All the professionals use treatment styles, but their significance differs. For instance, the doctors focus on methods of treatment involving parents. The therapists use a dynamic style, while the educators wish to provide support, rather than treatment. The concept *treatment* is perceived differently and this is reflected in different ways of working with the pupils.
2. All the professionals project their personalities by means of their professional styles: the medical, treatment and educational styles.
3. The professionals' perceptions of their roles are exposed in the discourse, reflecting their shared space - dilemmas connected to their dissatisfaction. While apparently focusing on the child, in fact the dilemmas they share are due to the difficulties they experience as professionals within their specific fields in their work with the pupils. They sense an inability to implement their professional knowledge – the teachers cannot teach nor educate, and the therapists cannot provide treatment. In sharing their dilemmas they do not seek solutions, they look for answers. The tool they share for this purpose is language. It does not merely comprise words, it is a sophisticated means of

describing a specific and complex reality. The discussion about the situation makes it possible to express opinions and feelings, describing optional ways of acting. The discourse leads to greater knowledge about the situation, the reality and the environment. This frequently leads to a deeper understanding and may also provide answers to the questions raised by the reality. According to constructivist theory, the system will arrive at answers through discourse-dialogue, and the answers will emerge against the background of new understanding, which is a component of problem solving. Only new understanding within the shared space can generate an educational-therapeutic-medical approach providing a more appropriate response, and make efficient collaboration of interdisciplinary teams possible.

The analysis of the findings on role perception and perception of the pupils demonstrates that the search for and provision of answers can assist in coping with professional work, particularly its emotional aspects.

The styles dictated by the specific roles, as shown in the above figure, reveal what Goffman (1959) defines as 'the suppressed facts, found in the rear area'. It is the feeling of professional dissatisfaction, regarding the work with pupils and the interaction with professionals from other fields. These feelings are shared by the team members and constitute *destructive information* and a *dark secret*, assiduously kept by all. These are the difficulties they find in teaching and providing treatment, in applying their professional knowledge. This *dark secret* leads the educational staff and the therapists, motivated mainly by the aims dictated by their profession and training, to consider questions concerning their own professional identity, such as: What am I to do as a professional? What am I entitled to do as a professional? And then, who am I as an educator or a therapist? Each professional confronts these questions differently during the interaction with other professionals. Thus the class teachers present themselves

through their extensive activity for the pupils' sake. They safeguard their role on the stage by means of the management organisational style, for which they have not been trained. The therapists do so by highlighting treatment and its concepts, while the doctors do so by means of their role as consultants to the team and to parents. These distinctions are in line with the approach of Wright and Kersner (1998), who remark that doctors want the parents to turn to them as though they were advisors on treatment, and that the team members consider them as consultants.

The encounter between the professionals within the interdisciplinary team leads in the course of time to changes in the definition of the situation and the roles of the educational team, the therapists and the doctors. Through the interaction between them, these definitions become more acceptable to all the participants, and in some way more 'cultured'. Thus we may say that the training the professionals receive is mainly intended to enrich their knowledge in their specific sphere of work with the pupils, but does not enrich their knowledge with regard to the emotional and social aspects related to their status as professionals in their interaction with others. In order to understand the professional's emotional experiences, the second and third research questions focused on analysis of the concepts used by the members of the interdisciplinary team.

In order to understand the emotional experiences of the professional, the second and third research questions focused on analysis of the concepts used by the interdisciplinary team.

### **11.2 The concepts used by the members of the interdisciplinary team in relating to their work with the pupils, and what they reveal about the culture of the team**

The frequent experience of being on the verge of a crisis has an adverse effect on the professional work in the school. The members of the



interdisciplinary team experience a feeling that Arieli (1995, p.6) calls 'discontent'. The analysis presented here illuminates the issue from a slightly different angle, since the term discontent is not a common one in the theoretical literature; the prevalent terms used in difficult situations are pressure and burnout. The origin of the term is also why it was chosen for this study. The term originates in Freud's discussion of 'civilisation and its discontents'. In a book written in 1930 bearing this title, Freud presents culture as being simultaneously an enriching and a stress factor in human life. The analysis to be presented here indicates that feelings of discontent occur frequently among members of an interdisciplinary team working in a special school, but at the same time often serve as a motivating factor for survival within this framework and for changing the patterns of treatment. Arieli's definition (1995) relating to teachers seems particularly relevant to this subject. Arieli defines discontent as

...a prolonged frustrating experience, stemming from the feeling that acceptance and regular and dependable cooperation on the part of their pupils are unattainable. The feeling of discontent is likely to paralyse or limit the teachers' [or in this case, the professionals'] functioning or spur them to take steps aimed at reducing the frustrating experience, as far as possible.

An analysis of the clusters of terms used by team members from different specialisations reveals that the professionals' world is realised to a critical extent through reciprocal action. 'I am realised in you', writes Buber (1973), in an ongoing discourse with the 'you' who are significant to him - his pupils.

The main source of the pupils' power is the professionals' dependence on their cooperation. It is necessary to distinguish between the cooperation expected, according to Arieli, by teachers in a normal school, and the educational staff in this study. The teachers' expectations in a normal school focus on the pupils' abilities and willingness to cooperate, with a view to their learning the material the teachers are teaching. This is based on the assumption that the pupils are capable of participating and learning, their cooperation depending on

their willingness to do so and on their interaction with the teachers. However, unlike the situation of the teachers considered by Arieli, the educators in the special school in this study know that cooperation leading to learning frequently does not depend on the pupil's ability or willingness. Nevertheless, in this case, the teachers also expect the pupils to cooperate, to enable them to realise their professional competence (as we have seen, this cooperation is on various levels, see the concepts – *clear line, bears fruit*). When there is a lack of cooperation, according to Arieli it is the pupils who do not realise their potential, while in this study I found that it is the teachers who do not realise their expectations and their own potential.

The significance of this lack of cooperation for the professionals is that it harms their work, even if, as can be discerned from the categories of concepts, the lack of cooperation often stems from the pupils' psychological state. When the pupils cooperate, the professionals can accomplish their work and their mission. If the pupils cannot cooperate, the professionals are helpless and cannot fulfil their potential. Cooperation by their pupils is the professionals' primary goal, and they have to struggle to achieve it.

The struggle for the pupils' willingness to act according to the teachers' goals is often expressed by the teachers' acting to control them. Control, according to the definition by Lambert and associates (1970), means

...activating mechanisms to preserve agreement as to the value orientations, or mechanisms by means of which motivation is preserved at the level and in the direction necessary for the continued operation of the social system in view of its goals.

In the case of the members of the interdisciplinary team and their objectives in the school, control is the sum total of their actions, aimed at making the pupils' behaviour compatible with their (the professionals') goals. Thus control becomes essential for the members of the team. Control sometimes serves professional

(medical, therapeutic or educational) needs, and sometimes the purpose of the control is their own survival as professionals.

In Chapter 7 the key concepts used by the therapists, doctors and educators in relating to their work with the pupils are presented and analysed. These concepts reflect the discontent felt by the members of the interdisciplinary team:

The analysis of the concepts reveals three important points in the world of the interdisciplinary team. The first is that their discontent has two aspects: on the one hand, it reflects a prolonged and frustrating experience, and on the other, simultaneously, an attempt to cope. An analysis of the terms used (presented in chapter 7) reveals ways of coping with the discontent, pertaining to concealed social processes occurring within the interdisciplinary team. The professionals undergo this covert process only after entering the school.

The second point is that all the professionals - teachers, therapists and doctors alike - feel the same degree of dissatisfaction despite their using different terminology to express it. Furthermore, the less the pupils cooperate, in the team members' perceptions, the higher the level of the professionals' discontent.

The third fundamental point is that the professionals use five main methods to achieve the desired cooperation, and these ways reflect different definitions of reality.

The aim of the control can be professional or for the purpose of survival. Professional control is meant to serve the interests of the pupils: to get them to study and achieve and /or experience significant psychological therapy. Control for the purpose of survival, on the other hand, is in the interests of the professionals, namely to 'get through' the lesson or the therapy session. This means, not to let their feelings of dissatisfaction master them, to bear up and not give up in despair owing to the pupils' lack of cooperation. Most of the professionals have developed typical mechanisms for assuaging or denying the

pain as an experience they have personally undergone or are undergoing, such a mechanism serving as a coping strategy.

The distinction between the two aims of control depends on the definition and interpretation of the team members themselves and of those who observe them discussing their work.

A second order analysis reveals that the professionals use five main methods to achieve the desired cooperation. The type of control preferred by them is working from the *story*, that is to say, according to a specific diagnosis from which a clear line or statement about how to work can be drawn for all the team members who work with the pupil. In this case, the basic assumption is that the pupil will cooperate.

The second type of control, in order of preference, is rewarding the pupils - they will cooperate with the professional, because the lesson or therapy is planned so that they will receive a prize for their efforts, or the efforts will be crowned with success.

The third type is control over the pupils' cooperation by working according to their dictates, that is to say, by only doing with them what they are capable of: the pupils lead the work, with the professionals planning it accordingly. Progress in processing an experience or in learning is dependent on the pupils' condition. A great deal of effort is sometimes invested in maintaining the pupil's psychological state.

The fourth type of control over cooperation is by raising the level of professional survival by using a different definition of reality: When the pupils' emotional and cognitive state is appropriate, the team members work with them; when they are incapacitated emotionally, as during an attack, they do not work with them.

The fifth type of control consists of attempting to maintain, ostensibly, the existing working situation. The professionals engage in babysitting, holding or containment.

When the professionals do not succeed in controlling the work with their pupils, their definitions of the pupils' state reflect the inability to work with them. They use the terms *disorientation, flooding, at the end of my tether, putting out fires*. This is a situation in which the professionals have lost the ability to control the work with their pupils. It is hard for them to make effective use of their professional culture and of their professional aims and knowledge. Their line of action is influenced by the circumstances of the pupils' condition rather than stemming from their professional training and beliefs. The professionals feel helpless and their high level of discontent threatens their ability to function and survive.

In all five methods of control the professionals make use of certain aspects of their personality, experience and training. When none of these can be of use, they feel a high level of dissatisfaction. This discontent over a long period is a very powerful and soul-destroying experience for the professionals, it means that the world in which they carry out their work is disintegrating. The progression of terms presented in Chapter 7 demonstrates how the professionals try to prevent or at least alleviate this painful experience to the best of their ability.

The following words of the psychiatrist at a meeting of the team are relevant here:

*There are people here who have learned things that cannot be put into practice, so the questions arise - What is therapy? What is learning? It's a matter of definition.*

Second order analysis of the concepts presented reveals the nature of the transferability of language among the members of the interdisciplinary team.

## Transferability

The concepts used by the members of the interdisciplinary team reveal that three different semantic worlds co-exist within the team. By analogy, this situation can be compared to people from different countries meeting in order to collaborate, while concepts are translated from one language into another by way of mediation. This process of translation involves examining which concept in their own terminology is relevant to the concept being used in the discourse.

The analysis of the findings points to different types of transferability:

- a. Smooth transfer among the team members of terms such as *pupil*, *preparation for life*, *independence within the community*, *everyday skills*, *response*. The expressions *processing an experience with the pupil* and *paradoxical treatment* are clear to the medical team. *Babysitter*, introduced by the educational team, is adopted with the same significance by the doctors and the therapists.
- b. The team member uses a term which corresponds to a different one in the world of the recipient of the message. For instance, *statement*, used by the therapists, is translated as *a clear line* by the educational staff. The therapists' *processing an experience with the pupil* is translated by the educational team as *reaching the child*. The doctors' *getting nowhere fast* is understood by the therapists as *paradoxical treatment*, and the teachers use *bears fruit*.
- c. Reductive translation, meaning that a reduction occurs in the course of the transfer. For instance, *reward* is translated by the educators as *reinforcement*. The therapists' *to contain* is transferred by the teachers into a different context. The therapists' *the disoriented child* and *flooding* are perceived by the doctors as sickness. The educational staff adopt the concept, but use it when they mean that the pupils are in distress and they do not know what is happening to them, and are unable to connect to them. The teachers and the

therapists adopt *dangerous to him/herself and to the surroundings*, but use it only within the context of the pupil's maladjustment to the school.

- d. The professional understands the concept but does not accept it: For instance, the doctors and the therapists reject the teachers' concept *success experience*. The therapists understand the concept *story*, but do not accept it; they use *dynamic diagnosis, treatment programme*, while the teachers speak of *didactic diagnosis, individual educational plan*. The educational staff does not accept the therapists' *holding*. The doctors speak of *putting out fires*, the therapists and educators reject the concept.
- e. The concept is vague for the other professionals. For instance, the educational team uses *to advance the child according to its ability and at the end of my tether*, which is vague for the other professionals.
- f. Untransferable – the concept being alien to the professional's experience, for instance the educators' *bears fruit* is alien to the doctors' experience, they consider the pupil as either healthy or sick. It is also alien to the therapists, for when the treatment bears fruit, there is no longer need for it.

Analysis of the types of transferability indicates that in the transfer from one semantic world to another layers of fundamental importance are revealed, which are that:

1. The transferability of concepts is greater between the medical and the therapeutic staff, since both are oriented towards mental health aspects.
2. There is greater transferability of concepts between the educational and the therapeutic staff than between the educational and the medical staff. The conversion takes place on the borderline between their worlds of discourse, where either a severance or an overlap occurs.
3. The orientation and the focus are crucial to the transferability of concepts from one professional semantic world to another. Thus, on the one hand,

professionals with an orientation towards learning will find it difficult to understand concepts with a mental-emotional orientation, since these are alien to their professional terminology as well as to their training and experience with the pupils. On the other hand, professionals focusing on mental-emotional elements will find it difficult to understand study-oriented concepts.

### **11.3 The concepts used by the members of the interdisciplinary team in relating to their work as a team and what this reveals about the culture of the team**

Second order analysis of the research findings presented in Chapter 8 emphasises a number of important points in the world of the interdisciplinary team:

- a) There is abundant use of metaphors by the team members. Analysis of the metaphors enables us to answer questions raised in this chapter: What is the purpose of the metaphors? Why do they occur particularly within the context of the work of the interdisciplinary team?

The answer to the first question can be based on the definition of a metaphor by Lakof and Johnson (1980): a metaphorical statement reduces two concepts to the characteristics they have in common, so that they can be used interchangeably (as in the case of *cogwheel*). Moreover, metaphors have a cognitive function when they make an unfamiliar sphere accessible by means of a familiar one (Elbitron, 1995), as in the case of *linking* and using a term stemming from *match-making* to exemplify cooperation. Another reason for the use of metaphors is that linguistic structures comprise overt and covert levels. In this sense the metaphor can constitute a link between explicit and tacit knowledge. A metaphor expresses an idea in concrete terms, and thus an abstract idea or a vague feeling can turn into a tangible expression,



frequently acquiring a visible form, for instance thorns or a bunch of flowers. Whether we relate to metaphors as a way of 'seeing' reality or thinking about it, in both cases they reflect the configuration of reality as perceived by those acting within it (Schon, 1979, p.254).

Metaphors express our thought; their use is not accidental. They reflect the speaker's reality at a deep level, including the significance of its social elements. It is important to note that metaphors are not merely a static reflection of reality, but even affect behaviour, as we saw in the case of the image of a garden.

Why are metaphors used so frequently by the members of the interdisciplinary team? Analysis of the findings in this study suggests the following reasons: The use of metaphors is apparently natural and spontaneous, its purpose being to clarify the speaker's intention to the listener. The metaphor is a tool used daily to clarify meanings and facilitate effective communication, in certain cases it becomes similar to a local dialect, understood by a specific community. Moreover, metaphors find similarities between two elements belonging to different spheres, linking them in one linguistic expression, for instance in the case of *cogwheel* and *hourglass*.

In this study we found that metaphors are also used as a substitute for the direct expression of thoughts and feelings, as an illustration or a means of persuasion. Metaphors are thus used by default when the speakers fail to express themselves adequately in a direct way. The use of metaphors attests to an overload of content which does not appear on the everyday agenda. In a special school it is the pupil who is on the agenda, so when the team members speak about themselves as professionals and about their difficulties and the distress their work causes them, they use metaphors.

b) The findings of this study emphasise the importance of collaboration within an interdisciplinary team and reinforce the views of Lacey and Renson (1994, p.80):

The difficulties of working together cannot be underestimated. An effective collaborative working relationship is very difficult to achieve, however, and during the past thirty years there have been many examples of the failure of agencies to move forward.

The findings reveal the complexity of collaboration. In an interdisciplinary team collaboration takes place on several levels. To clarify this point, I shall cite the terminology used by the head of the Mediating Centre during the interview dealing with this topic. She called the first level – informing, the second level – consulting and the third level – sharing.

**Informing:** At this level, the focus is on information, the professional provides the team with information about the pupil, by means of one-way communication. The importance of this stage lies in the need for each member to understand the complexity of the situation and to acquire maximum knowledge (Fell & Pierce, 1995). Collaboration is expressed by observing and listening to each other.

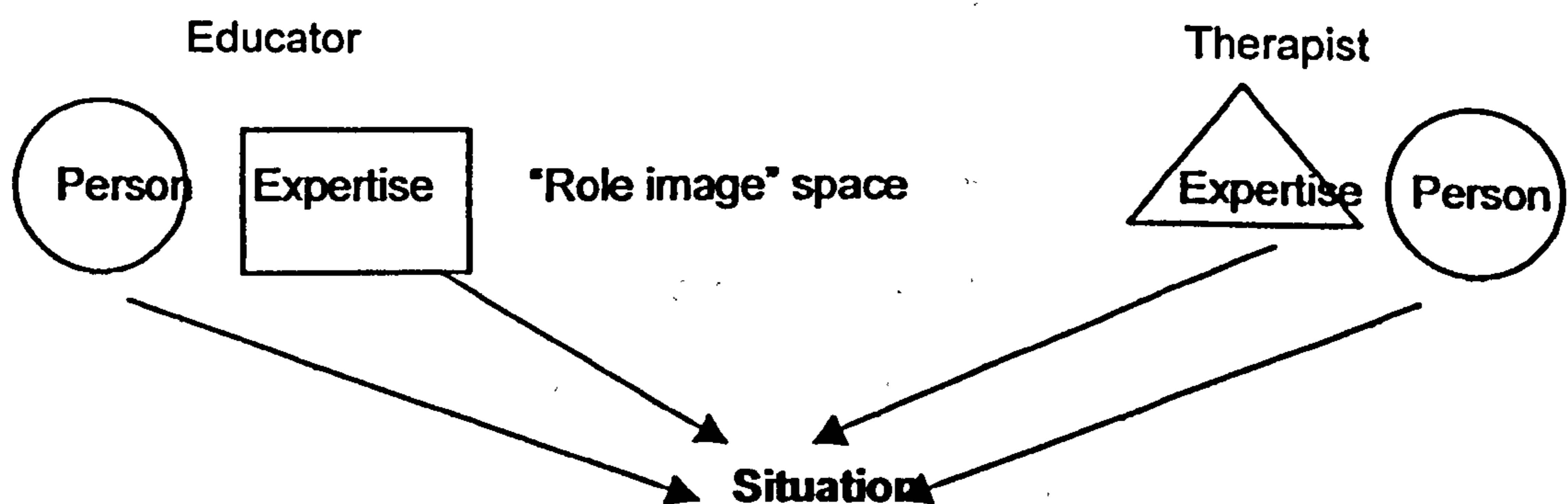
**Consulting:** At this level, collaboration between the team members is more complex. It involves two-way communication. The professionals try to solve problems, the process is based on sharing thoughts (Clark, 2000, p.56). Consultation presupposes that the professional's knowledge is based on personal experience with the pupil (the first category in the model of information categories presented). At this level the team of experts analyses the information about the pupil and tries to arrive at a definition of the situation, of the reality. Collaboration stems from reflection and discussion, the experts' contributions to the discussion originating in their own diverse areas of competence.

**Sharing:** At this level, the collaboration called for is even greater. Communication is not only two-way, it involves all the members of the interdisciplinary team. All the professionals share their own perspectives on the issue, in order to attain a

new level of understanding (Jones & Nimmo, 1999, p.6). On the basis of this understanding, the professionals try to forge new ways of coping and dealing with the pupil in the field, by integrating and processing the knowledge stemming from their diverse spheres of competence. This level of collaboration is reached when the team members are striving to map the situation and are seeking answers. This type of sharing usually takes place when the professionals feel discontent and find it difficult to apply their professional competence. At this level of collaboration, there is also emotional involvement, and both cognitive and affective aspects are brought into play and dealt with.

The concept **integration – harmony** embodies an organisational model, aiming to create cohesiveness among the team members wishing to collaborate. At this preliminary stage the focus is on collaboration between two professionals from different fields. The model can be presented in the following way:

**Figure 11.1: Integration- harmony in the collaborative work of the dyad.**



The above figure shows two team members, an educator and a therapist, wishing to collaborate as an intimate team. In both cases it is the individual's personality, values and worldview that are involved, as well as the expertise in the sphere of education or therapy, defining the professional. These two aspects interact within the 'role image' space. The concept space enables us to

understand the structural components of the role and the activities stemming from it. The space comprises two domains: the perception of the role and the image of the role. Role perception focuses mainly on the tangible structural boundaries of the role, as understood by the team member; it is not surprising that it was mentioned particularly during the interviews. Role image exists mainly within the social context. It is forged through negotiation and is influenced by the situation; it exists on the hidden level of the patterns of communication. Although the two domains are largely connected, with the role perception tending to determine the role image and vice versa, distinguishing between them may help in the analysis of the educators' role as compared to that of the therapists. The more clearly the roles are defined, the more accurate is the assignment of space. It is a precondition for interdisciplinary work, for, as this study reveals, it is difficult to collaborate through interaction when the boundaries of the roles are somewhat blurred. The role space is affected by the role image, the role perception and the situation, as well as by the personality of the individual.

The figure presented above suggests a solution as perceived by the team members, since it comprises their view of their perception and their expectations of themselves, and how they hope to work with other team members. It also helps others to grasp what can be expected of them. Moreover, the figure hints at the difficulties found on the hidden level, which are liable to be a fundamental obstacle to the attainment of the level of collaboration that the team members wish to implement. Other professionals do not usually face such an obstacle. The difference is due to the educators' great need for 'collaboration', which they perceive as 'merging roles', unlike the therapists' perception of and struggle for the differentiation of roles (as we identified in the analysis of the concepts – *echolalia*, *spiral connection* and *collaboration*).

The perceptions and expectations affecting the integrative – holistic work of the team reveal an interesting fact, namely that the work done at the school is

not interdisciplinary. The team comprises many members, cooperating consistently, but tending to work independently without actually interacting, as opposed to interdisciplinary work, which assumes interaction during collaboration. This may be the reason for their sensing that the cogwheels are not moving. It is interdisciplinary work that they desire when they use the concept *Integration – harmony*. Within the intimate framework, their demand is for collaboration, based on an intimate relationship, resulting in integration – harmony.

These concepts emphasise the demand for a merging of roles. They perceive interdisciplinary work as daily collaboration of professionals in different fields, for example, educator and therapist working within a definite situation. Such work, including the joint planning and implementation of activities in line with the needs of both teaching and therapy, is described by Wright and Kersner (1998), who say that the planning and working together of two experts within a shared space on a daily basis fosters the development of a close relationship on the affective level, generates intimacy and promotes mutual emotional support and empathy, creating harmony between them. On the professional level, each is able to acquire some of the other's expertise and a common language is established. Collaboration to ensure a holistic approach to working with pupils is also found in the research by Graham and Wright (1999) on collaboration between educators and communication therapists.

#### **11.4 Patterns of communication in the interdisciplinary team and what they reveal about its culture**

Based on analysis of the findings, it was possible to construct a new model of categories, applicable to daily life and shared by all the team members. This model, which does not exist in the literature, is presented in Chapter 9. It includes the following categories:

### Model of categories of knowledge

- (i) Information based on the professional's personal experience in a particular school and with a specific pupil under discussion. This information is more significant than the training previously acquired by the professional.
- (ii) Information based on professional experience and the knowledge derived from it. The information in this category does not focus on a specific pupil. The professional uses his overall experience with such pupils.
- (iii) Enrichment of the information by referring to theoretical knowledge. The professional uses professional or theoretical concepts, acquired through study.

Distinctive patterns appear in each information category. Second order analysis reveals that distinctive patterns appear in each information category. Most of the patterns belong to the first category, since most of the interaction occurs in this space, where the interdisciplinary team meets and the information is transferred. Their discourse focuses on their experience in school with a specific pupil.

In the second category, no knowledge is transferred, since each professional presents information stemming from his/her overall experience. Some of these experiences have their source outside the school, so there is a surface of agreement among the team members.

The third category is used only when the team members search for a theoretical definition. The fact that this category is rarely used may be due, according to Sehubert and Landers (1982), and Wright and Kersner (1998), to the professionals' desire to keep their expert knowledge to themselves. Spreading their knowledge widely might reduce the rarity of their expertise and lower their professional status. (When professionals work in intimate

pairs, they feel much more confident and are less reluctant to expose the knowledge at their disposal.)

The analysis of the findings within the context of the IEP revealed two different fundamental types of interaction, characterising the work of the team, each type of interaction having its own specific patterns, as presented in Chapter 9.

**Interactions based on clear mapping:** The work with pupils in school compels the members of the interdisciplinary team to deal with unusual situations and experiences. When the educational staff, the therapists and the doctors plan their work with the pupils jointly, the interdisciplinary knowledge is forged through a continual dynamic process, combining theoretical and practical knowledge. Within the shared space, a rare integration develops between the various components. The way in which knowledge from the various disciplines is implemented and adapted to different situations and pupils through constant interaction ensures that the work with this school population is in no way routine and each pupil is seen as a separate individual. The focus on the needs of a specific child in a specific situation ensures effective treatment and fosters new insights into a variety of situations. The interactions between the professionals generate shared principles and insights guiding their work, a clear sense of purpose and confidence in their work with the child, and sometimes coin shared concepts, such as - a working pupil, preparation for life, living independently within the community and skills for daily life. Clear mapping helps the team members to ascertain the lie of the land, the professional knows what to do. When interaction is guided by clear mapping, the team members feel confident and contented in their work with the pupils.

**Unmapped Interaction:** The research findings reveal interactions, based on mapping which is insufficient and ineffective. This compels them to construct a new map, namely to create a new theory for the specific case. This involves a

change in the definition of the situation. When such a map is lacking, the interaction between the team members is hesitant, a search for a clear line of thought is evident. The team members feel that there is no way out of the dilemmas, they feel frustrated, helpless, dissatisfied. This type of interaction can lead to collaboration, to an interdisciplinary dialogue, since the awareness of the need for a new map to enhance orientation calls for a cognitive and affective effort. They are compelled to give up their own definitions of the situation and jointly construct a new one. The joint forging of a new definition brings up different professional opinions, ambiguities, contradictions, conflicts, confusion, challenges to conventional thinking, feelings of maladjustment or intellectual pitfalls. Such situations were described in Chapter 8, when they used terms such as *disorientation*, *flooding*, *at the end of one's tether* and *putting out fires*. This is typical of the state of searching for answers. In my opinion, this state is an essential stage in the work of an interdisciplinary team, for several reasons:

1. It initiates a process of dealing with discrepancies in knowledge.
2. It presents the problem faced by the interdisciplinary team in various ways, from the points of view of various disciplines.
3. It shows the difficulties and presents a challenge to reveal hidden elements; it means moving to an unfamiliar, unknown place.
4. The process demands that each professional should understand his/her experience with the pupil, and facilitates such understanding.
5. It reveals a complex process of synthesis of the new experiences with previous insights, it has the potential of creating new understandings of relations and phenomena in the pupils' worlds and the world of the team.
6. It facilitates transformation, internalization and redesign of information.
7. This type of work calls for 'a change of paradigm', meaning the process people undergo when willing and able to change their terms of reference. This process is undertaken when the prevalent rules and theories no longer



explain the information received or conveyed relating to a task to be performed.

8. It facilitates 'the birth of new knowledge'. Emanuel Kant (1724-1804) distinguishes between two types of knowledge: the notion that logical analysis of actions and objects causes knowledge to increase, and the notion that an individual's personal experience generates new knowledge. In the latter case, the new knowledge is situational, anchored in a specific construct (a specific pupil, problem or conflict).

### **11.5 Patterns of communication in the administrative team and what they reveal about the culture of an interdisciplinary team**

At the overt organisational level the in-depth analysis of the discourse and the communication in the meetings of the administrative team reveals interaction between the headteacher and the administrative team. The importance of analysing this interaction lies in the fact that the headteacher serves as a role model for the interdisciplinary administrative team, and through it, and together with it, for the interdisciplinary staff of the whole school (interviews with the headteacher and the members of the interdisciplinary team reveal congruence in the perception of the headteacher's role as team leader). Observation of the totality called the administrative team and the patterns of communication revealed in their meetings shows that these meetings are a kind of nerve centre – the centre of the school life. Here problems are discussed, decisions are made and the patterns of communication that exist in the everyday life of the school are formed. This analysis reveals a communication pattern of concealed force (sometimes leading to subtle coercion).

The following table shows the interactions in the context of meetings of the administrative team at the overt organisational level.

**Table 11.1: Interactions in meetings of the administrative team at the overt organisational level**

Event	Topic discussed	Response	Further discussion
	Administrative team	Head teacher	Administrative team
Self defence during danger of injury by pupil	Request for information on the pupil	Diminishing the value of the information	Accepting the head teacher's concealed power or subtle coercion
Arrival of assistant teacher for therapy with a pupil	Functioning of the assistant teachers	No response	As above
Preparation of an identity card for the school. Bringing in an external advisor	Attempt to challenge the headteacher's authority	Adoption of the antagonistic team member and indirect reporting	As above
Preparation of a school identity card. First meeting	Perception of the school map	Listening	Hidden agenda on territory, responsibility and authority
Preparation of school identity card. Second meeting	Continuation from previous meeting	Listening	As above
Arrival of a new pupil to the school	Using the help of professionals	No response	Accepting the head teacher's concealed power or subtle coercion
Administrative team complains of overload and asks the headteacher to lighten the load	Attempt to challenge the headteacher's authority	Use of administrative authority	As above

The practical administrative problems that are brought up for discussion at the meetings of the administrative team lead to a communication pattern whereby the team sets problems on the stage and organisational interaction takes place between the administrative team and the headteacher. Surprisingly, at this overt level there is no mention of various points of view that might have been expected to be raised in the interdisciplinary team, or of professional and theoretical distinctions and differences in ways of working and in expertise. According to most of the ethnographic evidence it may be said that the organisational view prevails. The administrative team's definition of the situation does not express the special interdisciplinary nature, or as defined by Sharan and Shachar (1990), disciplinary knowledge is not enough to ensure an excellent product from the work of the team. An administrative team functions as a team and not as an interdisciplinary team. Why does this happen? What is there in the administrative pattern that neutralises professional authority and exchanges it for a uniform formal organisational authority? Why does the administrative team become a work team?

There are a few reasons why these professionals divest themselves of their accumulated knowledge. One reason is that the work team acquires the structural characteristics of a group, such as social composition, thinking together and competition for social status. Furthermore, the atmosphere in the environment of the administrative team is relaxed and reveals a definition of the situation characterised by cooperation. Since the development of open competition is liable to harm the whole team, in cases where the atmosphere is disturbed by an individual, the latter pays the 'price' of great embarrassment and withdraws from the discourse.

In addition, it appears that the positive atmosphere is one of the team's sources of strength that permits it to cope with such 'hard' and varied work. Deeper analysis can expose the hidden processes that often occur concurrently

with the overt processes. As shown, they constitute the inside layer of the pie.

The social interactions are summed up in the following table:

**Table 11.2: Hidden social interactions in meetings of the administrative team**

Event	Pattern	Social interaction
Self defence during danger of injury by pupil	Collaboration based on negotiations	Revolves around the definition of the situation: Vocational versus analytical-operative approach
Late arrival of assistant teacher for therapy with a pupil		Status conflict
Preparation of an identity card for the school. Bringing in an external advisor	Collaboration	Around the definition of territory
Preparation of a school identity card: first meeting	Collaboration. The professional shares her thinking with her colleagues	Guarding territory
Preparation of school identity card: second meeting	Collaboration. Call for collaboration	Definition of situation
Arrival of a new pupil to the school	Asking the team members to collaborate	Role definition. Guarding territory
Administrative team complains of overload and asks the headteacher to lighten the load	Collaboration United front	Various professional reactions to the head teacher's 'request for collaboration'

At the hidden level the administrative team functions as an interdisciplinary team: contentious issues are raised. Each professional attempts to impose her own definition of the situation as well as guarding her own role definition and territory. The analysis of this level emphasises the conflict that is characterised by ambivalence between the member of the administrative team performing an organisational role and the professional, the expert. As members of the administrative team they are individuals in an organisation, part of a collective, and as such they respond to the directions of the school organisation and the expectations of their superiors. As experts, they are guided by their specific professional knowledge. The salient recurrent pattern of social interaction is

collaboration. As Arieli (1995, p. 65) says, and as we saw in Chapter 9, collaboration is not a single clear concept but a generalised term for actions that team members expect to be done or avoided in interactions. It emerges from the ethnographic analysis that the participants in the administrative team environment reveal five main patterns of collaboration. These five patterns reflect the complexity of the patterns of communication in an interdisciplinary team.

## Chapter Twelve: Conclusions

This final chapter, presenting the conclusions emerging from this research, will include suggestions for further research.

1. Interdisciplinary work by professionals working in a team is the responsibility of all the participants and requires collaboration, just like any other relationship. In order to succeed, the participants must be committed to close cooperation and must be aware of the importance of the partnership for each one of them. They must prove they are willing to invest time and effort into developing ways of collaboration by means of discussion, negotiation and guidance. However, commitment, good will and devotion cannot in themselves ensure successful collaboration. Success will depend on the professionals having sufficient knowledge in their own field of expertise and that of their partners, the relevant skills, and a type of personality capable of sharing information, resources and processes facilitating the interpersonal relationships. All these factors are essential. All the participants must be aware of possible differences in their way of working. In addition to the knowledge and skills required, they must ensure that the relationship is stable and consistent over time. The first stages of collaboration can be based on the proposals made by Loxley (1997). During the guided process, it is important to let the professionals themselves identify the elements contributing to the development of positive relations between them. Reid and associates (1996) and Wright (1994), in their study of collaboration between teachers and communication therapists, mention factors such as mutual respect, motivation, common goals, regular contact and identification of ways of improving collaboration.

It is important to point out that the aptitudes required for interdisciplinary teamwork are not an integral part of the studies and training of educators,

therapists and doctors. Therefore, we may not presume that they know how best to work together, what difficulties they are likely to encounter, and the advantages of such work. It is imperative that they receive the necessary guidance for work in an interdisciplinary team. This should include the study of existing theories and experiential learning in a variety of spheres of education, therapy and medical treatment. Without such preparation, some of the professionals will not consider themselves 'players in the team' (Higgins et al., 1992).

Thus I reached the conclusion that there is a need to provide professionals with ongoing guidance in the skills necessary for collaborative work in interdisciplinary teams. Friend (2000, p.132) stresses that, just as professionals receive initial training in their particular field, followed by in-service guidance throughout their years of work, so should the teams be guided on a permanent basis.

2. The findings of this study emphasise that misunderstandings among team members can arise not only due to differences in their training and professional knowledge, but also due to the language they use, for example, when certain terms are interpreted differently. It is important that the two professionals collaborating should work on the transferability of the concepts they use. In an interdisciplinary team, the team members should know how to formulate shared concepts. The implementation of the model presented in Chapter 10 (on patterns of communication in the administrative team) can facilitate such a process.

The study of such a sensitive and complex subject led to the conclusion that, today, in addition to in-depth ethnographic research, researchers also bear social responsibility. Like modern anthropology, ethnography also has a creative, applicable aspect, aimed at the wellbeing of the people studied. The

researcher becomes committed to developing recommendations based on the study. These recommendations for improved functioning of teams in special schools are included in Appendix D.

### **Personal postscript**

In conclusion, I wish to make certain comments regarding my research.

I now believe that I have come to understand that the study of processes occurring in interdisciplinary teams should be undertaken simultaneously with experiential learning of the process.

Secondly, this study does not claim to include all the information about interdisciplinary teams. Certain aspects were not treated in depth. The topic is too extensive and complex to be encompassed in a single study; it is therefore important to continue analysing additional data not dealt with, found in my field notes. The following topics call for further analysis:

In the sphere of language, the additional categories found should be analysed: slang expressions, terms related to school management, the concepts used by team members when relating to their work, single concepts used for several aspects of content, concepts relating to place, to the administrative team and statements about the term 'language'.

To further the study of patterns of communication, it is worthwhile investigating additional types of meetings, such as pedagogic sessions, meetings of the LSD team, in-school in-service training and planning of social events. Additional data to be studied are those regarding the aims of the school.

The findings of this research emphasise the importance of language in the work of interdisciplinary teams. It would be interesting to study the language of such teams in regular schools and the language used by intimate interdisciplinary teams, such as when a teacher and a therapist work together.



When analysing patterns of communication, it is important to deal with both the overt organisational level and the covert social level.

Kunda (2000) describes and analyses the organisational culture of an American hi-tech company. He exposes the way in which the organisation succeeds in socialising the individual. It would be interesting to examine this aspect with regard to a special education school team.

The above aspects should be examined in various schools of different sizes from the one studied, relating to the number of team members from each profession, and schools with different populations of pupils, but teams similar in composition.

The starting point of this study was ethnographic. The research opened up new horizons, suggesting further research on the work of interdisciplinary teams in regular schools in order to expose the processes characteristic of their meetings. In recent years the tendency in Israel has been to integrate pupils with special needs within regular classrooms and enable them to receive special treatment from an interdisciplinary team. This organisational change has led to a significant change in the structure of the school and the composition of the student population and the staff. In-depth research of the role of the headteacher at a special school and his/her mutual relationships with the team will therefore prove doubly useful.

In addition to questions that need to be answered in order to enrich ethnographic knowledge about interdisciplinary teams, there are various issues of interest for comparative inter-cultural studies. Such a comparative approach is needed on two levels. Firstly, the usual type of comparative study is needed – focusing on the language, role perceptions and patterns of communication of interdisciplinary teams in special schools in various cultures and societies (are there different cultural paradigms, leading to different procedures?). Secondly, comparative studies are needed in order to examine problems specific to

interdisciplinary teams working with populations on a broad range of disabilities (or defined as learning disabilities, autism and so on). The above-mentioned comparative studies - juxtaposing different societies, special education populations or regular and special schools in various societies, for example, England and Israel - may advance the ethnography of such teams towards an anthropological description.

I am particularly concerned with the need to focus on additional important groups of professionals participating in school life, such as specialist teachers, counsellors, professionals acting as external guides, assistant teachers and tutors, all of whom constitute an essential component in daily school discourse and in the processes taking place between the various teams. Another area not covered here, mentioned in the Methodology chapter, is an analysis of the interaction between parents and team members and that occurring between the teacher or therapist and the pupil in the classroom or during treatment.

### **What have I learnt in the course of the five years devoted to this research?**

I have been able to acquire a great deal of knowledge about a considerable variety of theories and various professional fields; however, the aspect most significant for me was the personal switch from student and practitioner to researcher. This change was brought about by a cognitive process, or more accurately – a meta-cognitive one, and above all an affective process, which may be defined as meta-affective. Since during the five years I often reached a state when no affective mapping was available, I experienced confusion, frustration and helplessness, and frequently also a feeling of loneliness and a lack of understanding. Swartz and Walker (1995, p.126) point out that: 'The emotions involved in doing social research are rarely discussed'. A change in paradigm from student to researcher is significant in producing a type of learning inaccessible through theoretical studies; only through experience can

internalisation occur. I have learnt to observe, listen with total absorption, ask questions, perceive hidden phenomena occurring simultaneously with overt events, and to collect a great deal of data about interaction as systematically as possible, since interaction is multidimensional. And finally, I have been able to discuss and analyse interaction on the basis of the evidence gathered.

I believe that the change of paradigm was greatly facilitated by the university seminars, the observations in Alder Hey children's school, which made me aware of the importance of comparative research, and by my work as lecturer and tutor and my meetings with the supervisors of my research. Thus I was helped to view the process I was undergoing from many different points of view.

#### **Some final words:**

**I wish to share with my readers the most significant aspect of what I learnt through this research. Working in an interdisciplinary team is easy to speak about but very difficult in practice. This case study has given me a clearer and deeper understanding of the difficulty and complexity of such work. The understanding of one particular case creates a framework for the study of additional questions and a basis for the development of tools to be implemented in the work of interdisciplinary teams in the field.**

*We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.*

*T.S. Eliot, Four Quartets*

### Glossary of terms used in this work

The terms below include concepts that were invented specifically for this research, as well as more common terms, listed here because of their specific use in this work.

**Administrative team** - includes representatives of each area of specialisation in the school: the headteacher, deputy head, who is also the head of the Long School Day, head of the Mediating Centre, heads of the junior and senior levels, head of therapy, representative of rehabilitation (who is one of the two occupational therapists in the school), head of assistant teachers.

**Behaviour table** – a therapeutic tool based on a working method used in the treatment of pupils with severe behaviour problems, taken from the behaviourist approach.

**Context** – the social cultural context in which verbal interaction takes place among the members of the interdisciplinary team.

**Individual education plan (IEP)** - every inter-disciplinary team in special education is required by law to construct an IEP for each pupil.

**Intake** – the process of admitting a new pupil to the school, including three meetings of representatives of the various disciplines with the pupil, one with the whole family and two with the pupil alone.

**Interdisciplinary team** - professionals from various fields working together in coordination, each working individually with the children and coming together to discuss each case.

**Key words** – concepts that are most significant and frequently used in the interdisciplinary culture; their importance lies in the fact that they guide action.

**Orderly** – the staff view the orderly as a kind of policeman who is present in case a pupil becomes uncontrollable or violent towards himself and those around him. The orderly has the power to restore calm by forcibly restraining the pupil.

**Primary definition and secondary definition** – the special education population in Israeli is divided according to a primary division, which is the major characteristic of the problem. For example, in Migdalim School the primary definition of the population is developmental or psychological disturbance. The secondary definition includes various mental and physical disabilities.

**Role model** – a leader whose pattern of behaviour serves as an example to be imitated by the members of the organisation.

**Therapists** – this term as used here includes all the paramedical staff: music and art therapists, communication therapists and occupational therapists.

**Transferability** - the ability of a professional from one field of expertise to translate into his/her world a concept from another world of content.

# Best Copy Available

Variable Print Quality

4. *The principal in her work with the pupils*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Pays attention to the pupils' problems       | 5 | 4 | 3 | 2 | 1 |
| b. Helps to deal with pupils' outbursts         | 5 | 4 | 3 | 2 | 1 |
| c. Establishes personal contact with the pupils | 5 | 4 | 3 | 2 | 1 |
| d. Leads decision making relating to the pupils | 5 | 4 | 3 | 2 | 1 |
| e. Maintains constant contact with the pupils   | 5 | 4 | 3 | 2 | 1 |
| f. Regularly follows the pupils' progress       | 5 | 4 | 3 | 2 | 1 |

5. *The principal as a professional figure in the school*

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| a. Is expert in the educational sphere   | 5 | 4 | 3 | 2 | 1 |
| b. Is expert in the paramedical sphere   | 5 | 4 | 3 | 2 | 1 |
| c. Develops and promotes curricula and work plans                                  | 5 | 4 | 3 | 2 | 1 |
| d. Is an educational-therapeutic figure  | 5 | 4 | 3 | 2 | 1 |
| e. Bridges between different approaches (educational, therapeutic, rehabilitative) | 5 | 4 | 3 | 2 | 1 |
| f. Serves as a guide and mentor in the school                                      | 5 | 4 | 3 | 2 | 1 |

6. *The principal as fostering and promoting work with the parents*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Maintains regular contact with the parents                               | 5 | 4 | 3 | 2 | 1 |
| b. Is aware of the families' problems and needs                             | 5 | 4 | 3 | 2 | 1 |
| c. Encourages parents' participation in work programmes with their children | 5 | 4 | 3 | 2 | 1 |
| d. Encourages staff-parent meetings   | 5 | 4 | 3 | 2 | 1 |

7. *The principal as developing outreach*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Contact with local municipality                        | 5 | 4 | 3 | 2 | 1 |
| b. Contact with education ministry supervision dept.      | 5 | 4 | 3 | 2 | 1 |
| c. Contact with local mental hospital                     | 5 | 4 | 3 | 2 | 1 |
| d. Contact with the community (e.g. coaching programme)   | 5 | 4 | 3 | 2 | 1 |
| e. Contact with other schools                             | 5 | 4 | 3 | 2 | 1 |
| f. Contact with universities and educational institutions | 5 | 4 | 3 | 2 | 1 |

Please read each sentence and mark to what extent it characterises the school principal's functioning on a scale of 1 to 5 according to the following definitions:

Very much indeed – 5, Very much – 4, Somewhat – 3, A little – 2, Not at all – 1

**1. The principal as developing the staff members and promoting cohesiveness**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Leads the staff  | 5 | 4 | 3 | 2 | 1 |
| b. Links and bridges between staff members                              | 5 | 4 | 3 | 2 | 1 |
| c. Is attentive to problems raised by staff members                     | 5 | 4 | 3 | 2 | 1 |
| d. Develops and gives expression to staff members' skills               | 5 | 4 | 3 | 2 | 1 |
| e. Gives backing to staff members                                       | 5 | 4 | 3 | 2 | 1 |
| f. Delegates authority and responsibility to staff members              | 5 | 4 | 3 | 2 | 1 |
| g. Encourages initiatives of staff members                              | 5 | 4 | 3 | 2 | 1 |
| h. Creates opportunities for leadership development among staff members | 5 | 4 | 3 | 2 | 1 |

**2. The principal as helping the progress of the school**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Has an overall systems view            | 5 | 4 | 3 | 2 | 1 |
| b. Has a clear and fully formed vision    | 5 | 4 | 3 | 2 | 1 |
| c. Is focused on tasks                    | 5 | 4 | 3 | 2 | 1 |
| d. Initiates and leads changes            | 5 | 4 | 3 | 2 | 1 |
| e. Defines clear goals                    | 5 | 4 | 3 | 2 | 1 |
| f. Attains the defined goals              | 5 | 4 | 3 | 2 | 1 |
| g. Is aware of what happens in the school | 5 | 4 | 3 | 2 | 1 |
| h. Sets priorities                        | 5 | 4 | 3 | 2 | 1 |

**3. The principal as promoting human relations in the school**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| a. Solves personal problems                            | 5 | 4 | 3 | 2 | 1 |
| b. Possesses social skills                             | 5 | 4 | 3 | 2 | 1 |
| c. Is tolerant and understanding                       | 5 | 4 | 3 | 2 | 1 |
| d. Is open and flexible                                | 5 | 4 | 3 | 2 | 1 |
| e. Establishes good communication                      | 5 | 4 | 3 | 2 | 1 |
| f. Accepts criticism                                   | 5 | 4 | 3 | 2 | 1 |
| g. Is attentive to the staff members' wishes and needs | 5 | 4 | 3 | 2 | 1 |



#### 4. *The principal in her work with the pupils*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Pays attention to the pupils' problems       | 5 | 4 | 3 | 2 | 1 |
| b. Helps to deal with pupils' outbursts         | 5 | 4 | 3 | 2 | 1 |
| c. Establishes personal contact with the pupils | 5 | 4 | 3 | 2 | 1 |
| d. Leads decision making relating to the pupils | 5 | 4 | 3 | 2 | 1 |
| e. Maintains constant contact with the pupils   | 5 | 4 | 3 | 2 | 1 |
| f. Regularly follows the pupils' progress       | 5 | 4 | 3 | 2 | 1 |

#### 5. *The principal as a professional figure in the school*

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| a. Is expert in the educational sphere   | 5 | 4 | 3 | 2 | 1 |
| b. Is expert in the paramedical sphere   | 5 | 4 | 3 | 2 | 1 |
| c. Develops and promotes curricula and work plans                                  | 5 | 4 | 3 | 2 | 1 |
| d. Is an educational-therapeutic figure  | 5 | 4 | 3 | 2 | 1 |
| e. Bridges between different approaches (educational, therapeutic, rehabilitative) | 5 | 4 | 3 | 2 | 1 |
| f. Serves as a guide and mentor in the school                                      | 5 | 4 | 3 | 2 | 1 |

#### 6. *The principal as fostering and promoting work with the parents*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Maintains regular contact with the parents                               | 5 | 4 | 3 | 2 | 1 |
| b. Is aware of the families' problems and needs                             | 5 | 4 | 3 | 2 | 1 |
| c. Encourages parents' participation in work programmes with their children | 5 | 4 | 3 | 2 | 1 |
| d. Encourages staff-parent meetings   | 5 | 4 | 3 | 2 | 1 |

#### 7. *The principal as developing outreach*

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Contact with local municipality                        | 5 | 4 | 3 | 2 | 1 |
| b. Contact with education ministry supervision dept.      | 5 | 4 | 3 | 2 | 1 |
| c. Contact with local mental hospital                     | 5 | 4 | 3 | 2 | 1 |
| d. Contact with the community (e.g. coaching programme)   | 5 | 4 | 3 | 2 | 1 |
| e. Contact with other schools                             | 5 | 4 | 3 | 2 | 1 |
| f. Contact with universities and educational institutions | 5 | 4 | 3 | 2 | 1 |

8. Among the seven areas listed above, choose the three that you consider to be most important to the principal's functioning. Please state your choice here:

a.

b.

c.

If you wish to relate to an area not mentioned above, please describe it here and comment on the principal's level of functioning

a.

b.

c.

*Open-ended questions*

1. Choose an area in which you think there is room for improvement or change. Please explain \_\_\_\_\_

\_\_\_\_\_

2. Do you think there have been improvements in the functioning of the school in the past two years. Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Remarks:

\_\_\_\_\_

\_\_\_\_\_

My role in the school is:

- Class teacher
- Assistant
- Therapist
- Subject teacher
- Tutor
- Other

Questions for the interview

Date of interview: \_\_\_\_\_

Role of interviewee: \_\_\_\_\_

How many years have you been working in the school? \_\_\_\_\_

How many days a week are you in the school? \_\_\_\_\_

1. What do you see as the goals of the school?

- Is there a connection between the goals and the means? What kind of connection?
- Why? What is the school striving for?
- How does the school see itself?

---



---



---



---



---

Do you have any thoughts or hopes concerning changes in the school?

---



---

2. How do you define your role in the school?

---



---



---

Do you sometimes experience conflicts between the goals of the school and your personal professional goals?

---



---

3. What do you think are the roles of the following professionals?

Homeroom teacher: \_\_\_\_\_  
\_\_\_\_\_

Therapist: \_\_\_\_\_  
\_\_\_\_\_

Subject teacher: \_\_\_\_\_  
\_\_\_\_\_

Auxiliary teacher: \_\_\_\_\_  
\_\_\_\_\_

Counsellor: \_\_\_\_\_

Rehabilitation team: \_\_\_\_\_

Long school day staff: \_\_\_\_\_

Principal: \_\_\_\_\_

To which of the above professional groups do you feel you belong?  
Whom do you consult when faced with a problem? When you have a professional problem, to whom do you go for advice?

What are your working patterns with other staff members?

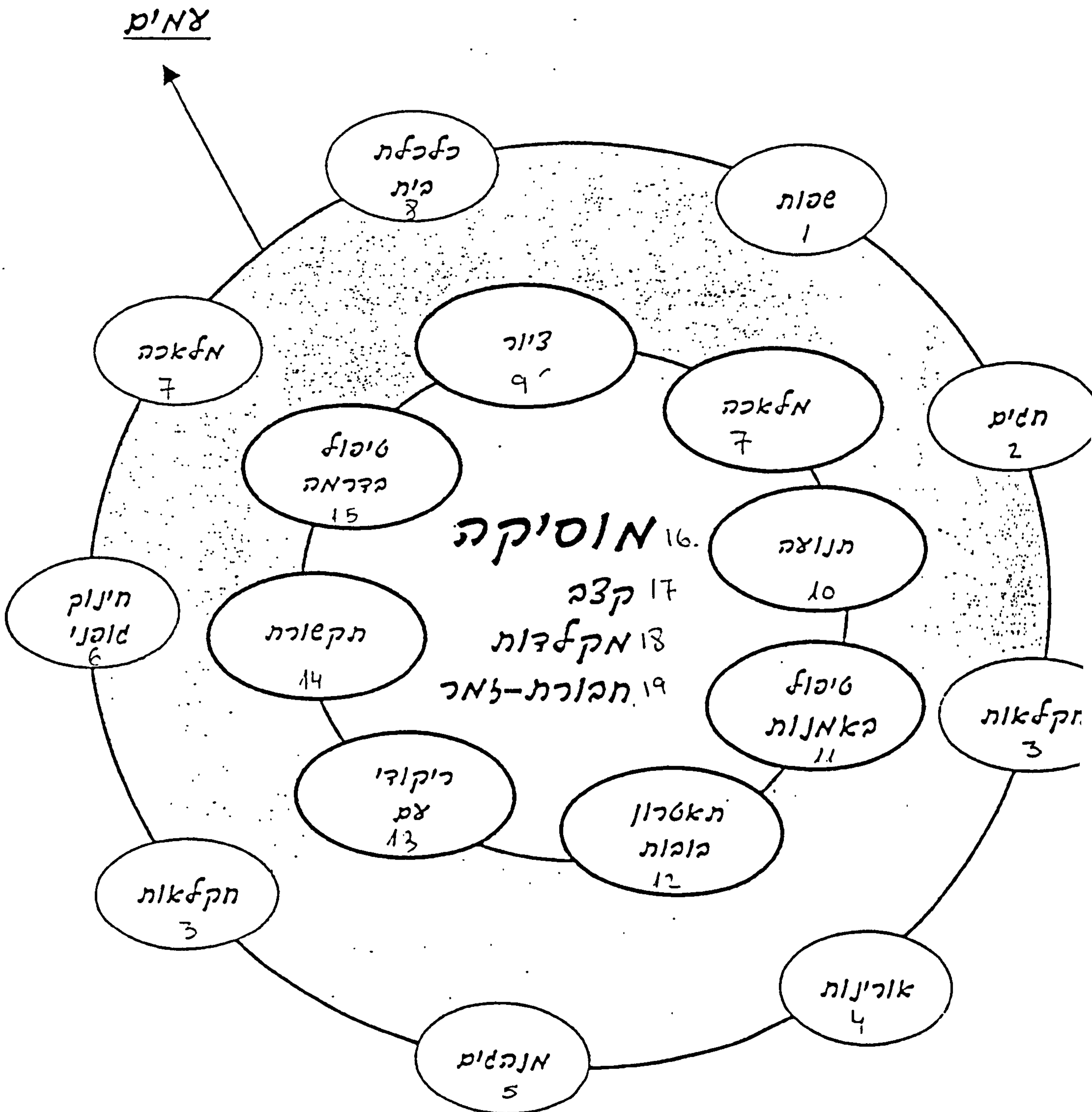
5. Are you satisfied with your job, with your achievements, your timetable at school?

3. How do you define/perceive the pupils - as pupils in the school, as pupils you work with?

Would you like to add something?

• I have begun to classify and organise the field data in computer files according to subject

# ה מ נ ו ך



## Appendix C: Integration- harmony

1. Languages
2. Festivals
3. Agriculture
4. Literacy
5. Customs
6. Physical education
7. Handicrafts
8. Home economics
9. Drawing
10. Movement
11. Art therapy
12. Puppet theatre therapy
13. Folk dancing
14. Communications
15. Drama therapy
16. Music
17. Rhythm
18. Keyboard
19. Choir

### ***Appendix D - Recommendations to be implemented***

The survey of the relevant literature and the case study undertaken led to the formulation of recommendations to be implemented during the training and guidance of interdisciplinary teams in special schools. Suggestions for further research will also be included.

#### **Recommendations pertaining to the work of interdisciplinary teams**

The recommendations relate to the knowledge and the experiential learning necessary for interdisciplinary teamwork. In addition to the topics emphasised in the Chapter 11 (Discussion), the professional guidance of the team members should include the following aspects:

1. Organisational – administrative support, involving the timetabling of ongoing guidance of the team.
2. Individual or group guidance aimed at preserving a high level of self-awareness and openness to learning about teamwork. This also enables the professionals to take time off for observation and reflection about their relations with their colleagues and their work with the pupils.
3. There should be a specialist in team guidance in the school. Fullan and Hargreaves (1996), and Goor, Schwenn and Boyer (1997) emphasise the critical role of the headteacher in providing support for the interdisciplinary team. Moreover, in my opinion, this role is particularly important and significant in a special school in the following ways:

As 'leader of the collaboration process', the headteacher, like the researcher (see Discussion, question 1), should have profound understanding of the various contents that the professionals deal with. The headteacher's role is also to lead the discussion at the meetings of the interdisciplinary team. Within that framework, s/he should encourage the professionals to talk about the difficulties they encounter during their collaborative work; to detect ways

in which such work can be of personal and professional benefit to them; together to define the nature of their partnership – the teamwork, consultation and collaboration depending on a variety of factors pertaining to the situation; to suggest additional opportunities for learning, even from the most problematic situations, and to consider new possibilities. It is important that the professionals receive guidance in effective collaboration from the beginning of their professional career and maybe even during their training, so that this process becomes an integral part of their work and professional development.

This research also suggests that the psychiatrists are strangers to such teamwork, and they will need more time to develop adequate ways of collaboration.

4. Supervision of the process is important, in order to preserve good working relationships among the colleagues, since in states of discontent and in high-risk situations, communication channels are the first to suffer.
5. This study suggests that investigation and learning about overt and covert processes (the hidden agenda) occurring in such a team should be concurrent with the actual experience.
6. Several models, constructed for the purpose of this research and constituting its original contribution, may serve as diagnostic tools for the study of the functioning of an interdisciplinary team, for instance, the diagram showing the transferability of key concepts, or the model of construction of a shared concept in the administrative team (Chapter 11). An additional tool, constructed at the request of the team members (not serving the needs of this research), and currently used in the training of headteachers in courses for the development of educational leadership, is the questionnaire for the evaluation of the headteacher's work (see Appendix A).



7. As presented in Chapter 11, it is important that the team members experience situations where no mapping exists and it has to be constructed. In order to do so, they have to collaborate creatively. This requires more than routine teamwork, which generally combines the discussion of routine problems and their immediate solutions. Creative collaboration can occur at a meeting of experts from different backgrounds and disciplines, aimed at forging new understandings between them, leading to new and sometimes dramatic answers for their work with such pupils. Such collaboration enables an interdisciplinary team to confront unmapped situations. In order to initiate creative collaboration, two basic conditions are required: an empowering leadership and creative discussions. Empowering leaders are totally different from supervisors. They should define the aims clearly, choose the participating experts, not lay down limits nor urge the participants on, but give them time to undergo the learning process **together** and then help the team achieve their aim by whatever means required.

To ensure that discussions are creative, the participants must respond to each other and build upon each other's ideas. This is different from the usual type of debate, when participants tend to repudiate opinions different from their own. In creative collaboration, different perspectives are welcomed and considered a source of new ideas. An attempt is made to **understand** different viewpoints in order to attain the common aim. I wish to suggest that the leaders guide the discussion according to the following stages:

**Define the aims**

**Gather different points of view**

**Build up a shared understanding**

**Create new possibilities**

**Guide towards an action plan**

The first two stages precede an unconventional discussion, the other stages occur during the meeting itself. First the participants are asked to define the situation and their own line of approach as they see it. When many different points of view have been presented, and preferably even contradictory ones, at the next stage the participants are required to listen intently, with total absorption, to enable them to formulate a concept shared by the team (see construction of a shared concept by the administrative team, in Chapter 10). The stage of creating new possibilities demands the use of tools for developing divergent thinking (a variety of such tools is available within the sphere of organisational guidance, such as the six hats and the six action-shoes proposed by De Bonno). At the final stage, a new definition of the situation is worked out, or a new paradigm.

The leader must ensure that the following conditions are met: The team must be empowered to make connections, to reformulate ideas and draw specific conclusions. The message to be conveyed is that the world of the team is complex, comprises many points of view and that the truth is frequently a matter of interpretation. The team must realise that learning and treatment are often elusive and confusing, and the path is not a smooth one.

8. Existing qualitative methodologies and the models used in the presentation and analysis of the findings of this study may serve as a basis for further research in this field, for instance, the analysis of statements, concepts and metaphors, dialogues and events. Moreover, the metaphoric image may provide an effective way of thinking about and analysing data.

## Bibliography

- Anderson, G. & Arsenault, N (1998). *Fundamentals of Educational Research*. London: Falmer Press, 2nd Edition.
- Arieli, M. (1989). "The meaning of action in the educational context: on the action approach and its application in educational sociology". In Beltzinsky, A. (Ed) *Articles and Thoughts on Education – Sefer Yitzhak*. Tel Aviv: Ministry of Education and Culture, pp. 154-167 (in Hebrew).
- Arieli, M. (1991). "Cultural transition through total education. Perspectives of pupils and educators". *Studies in Education* 55/56 pp 19-32 (in Hebrew).
- Arieli, M. (1995). *Teaching and its Discontents*. Tel Aviv: Tel Aviv University, Ramot Press (in Hebrew).
- Atkinson, P., Coffey, A., Delamont, S., Lofland, J & Lofland, L. (2001). *Handbook of Ethnography*. London: Sage.
- Atkinson, P. & Hammersley, M. (1998). "Ethnography and participant observation". In Norman, K. & Lincoln, Y. (Eds) *Strategies of Qualitative Inquiry*. London: Sage, 2<sup>nd</sup> Edition.
- Aviezer, D. (1995). *Interactions between Teaching and Therapeutic Staff and Pupils with Retardation and other Disabilities. The Staff's Differential Attitudes towards Certain Pupils*. Tel Aviv University, School of Education, Counselling Dept. (in Hebrew).
- Axelrod, R. (1984) *The Evolution of Co-operation*. New York: Basic Books.
- Ayalon, O. & Lahav, M. (1990). *Life on the Edge - Stress and Coping in High Risk Situations*. Haifa: Nord Publications (in Hebrew).
- Bailey, D. J. (1984). "A triaxial model of the interdisciplinary team and group process". *Exceptional Children*, 51/1, pp.17-25.
- Bailey, D. B., Thiele, J., DeWert, M. J. & Ware, W. B. (1983). "Measuring individual participation in the interdisciplinary team". *American Journal of Mental Deficiency*, 88, pp. 247-254.
- Bauwens, J. & Hourcade, J.J. (1991). "Co-teaching a mainstreaming strategy". *Preventing School Failure*, 35/4, pp.19-24.
- Bassey, M. (1999). *Case Study Research in Educational Settings*. Philadelphia: Open University Press.
- Becvar, D.S. & Becvar, R.J. (1993). *Family Therapy: A Systemic Integration*. London: Allyn and Bacon.

- Behar, R. (1996). *The Vulnerable Observer: Anthropology that Breaks your Heart*. Boston: Beacon Press.
- Belbin, M. (1981). *Management Teams: Why They Succeed or Fail*. London: Heinemann.
- Billig, M. (1993). "Studying the thinking society: social representations, rhetoric, and attitudes". In: Breakwell, G & Canter D. (Eds) *Empirical Approaches to Social Representations*, pp 39-62, Oxford: Clarendon Press.
- Bilu, Y. (1993). *Without Boundaries*. Jerusalem: Magnes Press (in Hebrew).
- Blair, E. A. (2000). *Factors Influencing Interprofessional Collaboration of Special Education Directors in Selected Regions of Texas*. Ph.D dissertation. Texas A & M University.
- Bloom, K., Tobin, Y. & Nir, R. (Eds). (1992). *Studies in Discourse Analysis – Collected Papers*. Jerusalem: Hebrew University, Centre for Applied Linguistic Studies, Akademon (in Hebrew).
- Brown, R.L. (Ed.) (1988). *Quality of Life for Handicapped People*. London: Croom Helm.
- Brown, R.L., Bayer, P. & Brown, P.M. (1992). *Empowerment and Developmental Handicaps: Choices and Quality of Life*. New York: Chapman & Hall.
- Buber, M. (1973). *I and Thou (Besod Siach)*. Jerusalem: Bialik Insitute (in Hebrew).
- Burgess, R. (Ed.). (1989). *The Ethics of Educational Research*. London: Falmer Press.
- Chazut, T. (1998). "Art therapy in Israel towards the year 2000, profile of a profession". *Issues in Special Education and in Rehabilitation*, 13/2, pp. 7-16 (in Hebrew).
- Clark, G.S. (2000). (Council for Exceptional Children). "The IEP process as a tool for collaboration". *Teaching Exceptional Children*, 33/2, pp. 56-57.
- Coffey, A. & Atkinson, P. (1996). *Making Sense of Qualitative Data*. London: Sage.
- Council for Exceptional Children. (1995). *Creating schools for all our children: What twelve schools have to say*. Reston, VA: Council for Exceptional Children.
- Council for Exceptional Children. (1998). *Retention of special education professionals: A practical guide of strategies and activities for educators and*

- administrators*. Reston, VA: National Clearinghouse for Professions in Special Education.
- Council of Chief State School Officers. (1996). *Model standards for beginning teacher licensing and development: A resource for state dialogue*. Washington, DC: Council of Chief State School Officers.
- Cramer, S.F. (1998). *Collaboration: A Success Strategy for Special Educators*. Boston: Allyn & Bacon.
- Crisler, J.R. (1979). "Utilization of a team approach in implementing Public Law 94-142". *Journal of Research and Development in Education*, 12, pp.101-108.
- Darling-Hammond, L. (1997). *Doing what Matters Most: Investing in Quality Teaching*. New York: National Commission on Teaching and America's Future.
- Darrow-Alice, A. (1999). "Music educators' perceptions regarding the inclusion of students with severe disabilities in music classrooms". *The Journal of Music Therapy*, 36/4, pp. 254-273.
- Davie, R. (1993). "Implementing Warnock's multi-professional approach". In Visser, J. and Upton, G. (Eds) *Special Education in Britain after Warnock*. David Fulton: London.
- Denzin, N.K. & Lincoln, Y.S. (Eds). (1994). *Handbook of Qualitative Research*. Thousand Oaks, California: Sage Publications.
- Denzin, N.K. & Lincoln, Y.S. (Eds). (1998) *Collecting and Interpreting Qualitative Materials*. London: Sage.
- De-Shazer, S. (1985). *Keys to Solution in Brief Therapy*. New York: W.W. Norton & Co.
- Deshen, S. (1997). *With a Folding Cane- An Anthropology of Disability*. Tel Aviv: Shocken (in Hebrew).
- Dewey, G. (1969). *Democracy and Education*. Jerusalem: Hebrew University (Hebrew translation). First published 1916.
- Dinnebeil, L.A., Hale, L. M. & Rule, S. (1999). "Early intervention program practices that support collaboration". *Topics in Early Childhood Special Education*, 19/4, pp. 225-235.
- Director-General's monthly bulletin to schools. (1998). March. Jerusalem: Ministry of Education (in Hebrew).

- Director-General's monthly bulletin to schools. (1999). February. Jerusalem: Ministry of Education (in Hebrew).
- Director-General's monthly bulletin to schools. (1999). March. Jerusalem: Ministry of Education (in Hebrew).
- Director-General's monthly bulletin to schools. (1999). May. Jerusalem: Ministry of Education (in Hebrew).
- Director-General's monthly bulletin to schools. (2000). May. Jerusalem: Ministry of Education (in Hebrew).
- Donmoyer, R. (1997). "The Qualitative/quantitative Distinction: Is it Still a Matter of Different Epistemologies?" Paper presented at the annual meeting of the AERA. Chicago, IL.
- Drew, P. & Sorjonen, M. L. (1997). "Institutional Dialogue". In Van Dijk, T.A. (Ed.) *Discourse as Social Interaction. Discourse Studies: A Multidisciplinary Introduction*, 2<sup>nd</sup> Edition. London: Sage.
- Dunham, J. (1992). *Stress in Teaching*. London: Routledge.
- Dunlap, M.D. & Goldman, P. (1991). "Rethinking power in schools". *Educational Administration Quarterly*, 27/1.
- Eisikovits, R.A. (1980). "The cultural scene of a juvenile treatment center for girls. Another look". *Child Care Quarterly*, 9/3, pp.158-174.
- Eisner, E. (1983). "Learning and teaching the ways of knowing". In 84<sup>th</sup> Year *Book of the National Society for the Study of Education*, pp. 97-115. Chicago: University of Chicago Press.
- Elbriton, D. W. (1995). "When metaphors function as schemas: some cognitive effects of conceptual metaphors". *Metaphor and Symbolic Activity*, 10/1, pp. 33-46.
- Elizur, A., Tyano, S., Munitz, H. & Neumann, M. (1994). *Selected Chapters in Psychiatry*. Tel Aviv: Papyrus, 2<sup>nd</sup> edition, revised and amended (in Hebrew).
- Ely, M., Anzul, M., Friedman, T., Garner, D. & Steinmetz, A. (1991). *Doing Qualitative Research: Circles Within Circles*. London: Falmer Press.
- Eshet, Y. & Margalit, A. (1997). "Family medical therapy as a knowledge basis for behavioural science personnel in primary clinical work". *Talks* 12/1 (in Hebrew).
- Fell, B. & Pierce, K. (1995). "Meeting the ADD challenge: A Multimodal plan for parents, students, teachers and physician". *Intervention in School and Clinic*, 30/4, pp.198-202.

- Fish, J. (1985). *Special Education: The Way Ahead*. Milton Keynes: Open University Press.
- Fishbaugh, M.S.E. (1997). *Models of Collaboration*. Boston: Allyn and Bacon.
- Fleming, C.D. & Fleming, R.C. (1983). "Consultation with multidisciplinary teams: a program of development and improvement of team functioning". *Journal of School Psychology*, 21, pp. 367-376.
- Fleming, P., Miller, C. & Wright, J. (1997). *Speech and Language Difficulties in Education: Approaches to Collaborative Practice for Teachers and Speech and Language Therapists*. Bicester: Winslow Press.
- Foley, R. & Lewis, A. (1999). "Self perceived competence of secondary school principals to serve as school leaders in collaborative based educational delivery systems". *Remedial and Special Education*, 29/4, pp.233-243.
- Folman, S. (2000). *Constructing Meaning from Text: Cognitive Communicative Consideration in Coherence Production and Discourse Analysis*. Tel Aviv: Dyonon Press, Tel Aviv University (in Hebrew).
- Frankenstein, K. (1987). *Ambiguity*. Tel Aviv: Sifriat Poalim (in Hebrew).
- Friend, M. (2000). "Myths and misunderstandings about professional collaboration". *Remedial and Special Education*, 21/3, pp.130-132, 160.
- Friend, M. & Bursuck, W. (1999). *Including Students with Special Needs: A Practical Guide for Classroom Teachers* (2d ed). Boston: Allyn & Bacon.
- Friend, M. & Cook, L. (1996). *Interactions: Collaboration Skills for School Professionals* (2d ed). White Plains, NY: Longman.
- Fullan, M. & Hargreaves, A (1996). *What's Worth Fighting for in Your School*. New York: Teachers College Press.
- Gains, C.W. & McNicholas, J.A. (1979). "Summary: Guidelines for the future". In Gains, C. W. & McNicholas (Eds) *Remedial Education: Guidelines for the Future*. London: Longman.
- Gavish, B. & Friedman, Y. (2000). "Gaps in teachers' role perception and the links to the experience of stress in teaching". *Studies in educational administration and organisation* 24, pp. 27-55. (University of Haifa - in Hebrew).
- Geertz, C. (1973). *The Interpretation of Cultures: Selected Essays*. New York: Basic Books.

- Gersten, R., Baker, S. K. & Marks, S.U. (1998). "Reflections on *A view from across the Grand Canyon* and the compatibility of qualitative research". *Learning Disability Quarterly*, 21, pp.102-104.
- Glatthom, A. (1990). "Cooperative professional development. Facilitating the growth of the special education teacher and the classroom teacher". *Remedial and Special Education*, 11/3, May/June.
- Goddard, C. & Wierzbicka, A. (1997). "Discourse and culture". In: Van Dijk, T.E. (Ed) *Discourse as Social Interaction. Discourse Studies; A Multidisciplinary Introduction*. 2<sup>nd</sup> Edition. London: Sage.
- Goetz, J.P. & Le Compte, M.D. (1984). *Ethnography and Qualitative Design in Educational Research*. London: Academic Press.
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Doubleday.
- Goor, M. B., Schwenn, J. O. & Boyer, L. (1997). "Preparing principals for leadership in special education". *Intervention in School and Clinic*, 32, pp.133-141.
- Graham, J. & Wright, A.J. (1999). "What does inter-professional collaboration mean to professionals working with pupils with physical disabilities?" *British Journal of Special Education*, 26/1, pp. 37-40.
- Greene, J.C. (1994). "Qualitative program evaluation: practice and promise". In Denzin, N.K. & Lincoln, Y.S. (Eds) *Handbook of Qualitative Research*. Thousand Oaks, California: Sage Publications.
- Gregory, E. (1989). "Issues of multiprofessional co-operation". In Evans, R. (Ed.) *Special Educational Needs: Policy and Practice*. Oxford: Blackwell.
- Guba, E.G. (1978). *Towards a Methodology of Naturalistic Inquiry in Educational Evaluation*. Center for Study of Evaluation. Los Angeles: University of California.
- Gumpel, T. (1999). "Special Education Law in Israel". *Issues in Special Education and in Rehabilitation* 14/2, pp. 71-82 (in Hebrew).
- Guttman, D. (1999). *Logotherapy for the Therapist – Meaningful Social Work*. Tel Aviv: Dyonon Press, Tel Aviv University (in Hebrew).
- Hall, R.H. (1974). *Organization*. London: Prentice-Hall.
- Hall, V. & Oldroyd, D. (1992). *Development Activities for Manager of Collaboration*. Bristol: University of Bristol.



- Hargreaves, A. (1978). "Toward a theory of classroom coping strategies". In Barton, L. & Meighan, R. (Eds) *Sociological Interpretations of Schooling and Classrooms*. London: Routledge & Kegan Paul.
- Hargreaves, D.H. (1972). "Interaction". In Hargreaves, D.H. *Interpersonal Relations and Education*. London: Routledge and Kegan Paul.
- Hart, V. (1977). "The use of many disciplines with the severely and profoundly handicapped". In Sontag, E., Smith, J. & Certo, N. (Eds) *Educational Programming for the Severely and Profoundly Handicapped*. Reston, Va: Division on Mental Retardation, The Council for Exceptional Children.
- Hatch, E. (1997). *Discourse and Language Education*. 2<sup>nd</sup> Edition. Cambridge: Cambridge University Press.
- Hazan, Ch. (1992). *The Anthropological Discourse*. Tel Aviv: Broadcast University, Ministry of Defence Publications (in Hebrew).
- Higgins, J., Leach, E., Mann, W. & Mortimer, C. (1992). "The advantages of a dual qualification". *Human Communication*, 1/ 4, pp.17-20.
- Homby, S. (1993). *Collaborative Care: Interprofessional, Interagency and Interpersonal*. Oxford: Blackwell Scientific.
- Howells, K, D. (2000). "Boldly going where angels fear to tread". *Intervention in School and Clinic*, 35/ 3, pp.157-160.
- Hudson, P. J. & Glomb, N. K. (1997). "If it takes two to tango, then why not teach both partners to dance? Collaboration instruction for all educators". *Journal of Learning Disabilities* 30, July/August, pp. 442-448.
- Hunt, J. W. (1980). *Managing People at Work: a Managers Guide to Behaviour in Organizations*. London: McGraw-Hill.
- Hurford, J.R. & Heasley, B. (1983). *Semantics: A Coursebook*. Cambridge: Cambridge University Press.
- Idol, L. and West, J.F. (1991). "Educational collaboration: a catalyst for effective schooling". *Intervention in School and Clinic*, 27, pp.70-78.
- Idol, L., West, J.F. & Lloyd, S.R. (1998). "Organizing and implementing specialized reading programs: A collaborative approach involving classroom, remedial, and special education teachers". *Remedial and Special Education* 9/2, pp. 54-61.
- Jackson, L., Ryndak-Diane, L. & Billingsley, F. (2000). "Useful practices in inclusive education: a preliminary view of what experts in moderate to severe

- disabilities are saying". *The Journal of the Association for Persons with Severe Handicaps*, 25/3, pp. 129-141.
- Johnson, L.J., Pugach, M. C. & Devlin, S. (1990). "Professional collaboration". *Teaching Exceptional Children*, Winter, pp. 9-11.
- Jones, E. & Nimmo, J. (1999). "Collaboration conflict and change: Thoughts on education as provocation". *Young Children*, January, pp. 5-10.
- Kabler, L.M. & Carlton, G.R. (1982). "Educating Exceptional Students: A Comprehensive Team Approach". *Theory into Practice*, 12/ 2.
- Kainan, A. (1996). *The Staff Room: Observing the Professional Culture of Teachers*. Beer Sheva, Ben-Gurion University (in Hebrew).
- Kaplan, D. & Manners, R.A. (1972). *Culture Theory*. Englewood Cliffs, N.J: Prentice- Hall.
- Kashti, Y., Arieli, M. & Shlasky, S. (1997). *Teaching and Education - an Israeli Lexicon*. Tel Aviv: Ramot Press, Tel Aviv University (in Hebrew).
- Kashti, Y., Aviram, O., Ben Zvi, H. & Sagi, S. (1991). *Residential Schools: The Daily Realities: Ethnographies*. Tel Aviv: Ramot Press, Tel Aviv University (in Hebrew).
- Katz, D.N. & Kahn, R. L. (1978). *Social Psychology of Organizations*. New York: Wiley & Sons.
- Kenny, W.R. & Rotkluschen, A.D. (1984). "Making the case study". *Journal of Curriculum Studies*, 16, pp. 37-51.
- Kersner, M. & Wright, J. A. (1995). "A survey of collaborative working practices between teachers and speech and language therapists working with children with severe learning disabilities". In Kersner, M. & Peppe, S. (Eds) *Work in Progress V*, pp.13-23. London: University College.
- Kincheloe, J. & Steinberg, S. (1997). *Changing Multiculturalism*. Buckingham: Open University Press.
- Kirk, J. & Miller, M.L. (1986). *Reliability and Validity in Qualitative Research*. Newbury Park, California: Sage Publications.
- Kochavi, R. (1982). *The Staff in a Residential Setting for Children: Patterns of Action and their Meaning*. MA thesis, Tel Aviv University (in Hebrew).
- Kunda, G. (2000). *Engineering Culture - Control and Commitment in a High Tech Corporation*. Tel Aviv: Hargol Press (in Hebrew).
- Lacey, C. (1977). *The Socialization of Teachers*. London: Methuen.

- Lacey, P. (1997). *Multidisciplinary Teamwork; Practice and Training*. Unpublished Ph. D. thesis, University of Birmingham.
- Lacey, P. & Lomas, J. (1993). *Support Services and the Curriculum: a Practical Guide to Collaboration*. London: Fulton Publishers.
- Lacey, P. & Ranson, S. (1994). "Partnership for learning". *Support for Learning* 9/ 2, pp. 79-82.
- Lakof, G. & Johnson, M. (1980). *Metaphors We Live By*. Chicago: University of Chicago Press.
- Lambert, R., Millham, S. & Bullock, R. (1970). *Manual on the Sociology of the School*. London: Weidenfeld & Nicholson.
- Langone, J. (1998). "Managing inclusive instructional settings: technology, cooperative planning, and team-based organization". *Focus on Exceptional Children*, 30/ 8, pp.1-15.
- Larson, C.E. & LaFasto, F.M.J. (1989). *Teamwork: What Must Go Right - What Can Go Wrong*. Newbury Park. CA: Sage.
- Laswell, H. D. (1948). "The structure and function of communication in society". In Bryson, L. (Ed) *The Communication of Ideas*. New York: Harper and Bros.
- Laycock, V.K. (1991). "Alternative structures for collaboration in the delivery of special services". *Preventing School Failure*, 35/ 4, pp.15-18.
- Leathard, A. (ed). (1994). *Going Interprofessional: Working Together for Health and Welfare*. London: Routledge.
- Levy, A. (2000). *Organizational Change, Approaches, Techniques and Processes*. Tel Aviv: Cherikover (in Hebrew).
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills. CA: Sage.
- Linell, P. (1998). "Discourse across boundaries: On recontextualisation and the blending of voices in professional discourse". *Text - An Interdisciplinary Journal for the Study of Discourse*, 18/2, pp.143-157.
- Little, J.W. (1982). "Norms of collegiality and experimentation: workplace conditions of school success". *American Educational Research Journal* 19, pp. 325-340.
- Lopez, F.M. (1965). *Personnel Interviewing, Theory and Practice*. New York: McGraw-Hill.
- Loxley, A. (1997). *Collaboration in Health and Welfare; Working with Difference*. London: Jessica Kingsley Publisher.
- Lukes, S. (1979). *Power*. London: Macmillan.

- Magen, Z., Vigel, A.T. & Anavi, A. (1990). Counselling in special education and in regular education according to teachers' perceptions. *Educational Counselling*, 1/1 (in Hebrew).
- May, T. (1998). *Social Research: Issues, Methods and Process*. 2<sup>nd</sup> edition. Philadelphia: Open University Press.
- Maychell, K. & Bradley, J. (1991). *Preparing for Partnership: Multi-agency Support for Special Needs*. Slougn: NFER.
- McDonnell, L.M., McLaughlin, M.J. & Morison, I. (Eds). (1997). *Educating One and All: Students with Disabilities and Standards-based Reform*. Washington, DC: National Academy Press.
- McGregor, G. & Vogelsberg, R.T. (1998). *Inclusive Schooling Practices: Pedagogical and Research Foundations*. Baltimore: Brookes.
- Mertens, M. D. & Mclaughlin, J. (1995). *Research Methods in Special Education*. London: Sage Publications.
- Merton. R. K. (1957). "The role set: problems in sociological theory. *British Journal of Sociology*, 8, pp. 106-120.
- Miller, C., (1996). "Relationships between teachers and speech and language therapists: influencing practice by distance education". *Child Language Teaching and Therapy*, 12/1, pp. 29-38.
- Minuchin, S. (1982). *Families and Family Therapy*. Tel Aviv: Reshafim Press (Hebrew translation).
- Mullins, L.J. (1993). *Management and Organization Behaviour (3<sup>rd</sup> edn)*. London: Pitman.
- Mumby, D.K. & Clair, R.P. (1997). "Organizational discourse". In Van Dijk, T.A (Ed) *Discourse as Social Interaction. Discourse Studies: A Multidisciplinary Introduction*. 2<sup>nd</sup> Edition. London: Sage.
- Munby, H. (1989). Reflection in Action and Reflection on Action. Paper presented at the annual meeting of the AERA. San Francisco. CA.
- Murphy, E. & Dingwall, R. (2001). "The ethics of ethnography". In Atkinson, P., Coffey, A., Delamont, S., Lofland, J & Lofland L. (Eds) *Handbook of Ethnography*. London: Sage.
- National Commission on Teaching and America's Future (NCTAF). (1996). *What matters most: Teaching for Americas future*. New York.
- National Association of State Boards of Education (NASBE). (1992). *Winners all: A call for inclusive schools*. Alexandria. VA.

- National Leadership Network (1993). "The National Leadership Network study group on restructuring schools. Total quality management: The leaders odyssey". Washington, DC: US. Department of Education, Office of Research and Improvement.
- National Staff Development Council (1994). "Standards for staff development: Middle level edition". Oxford.
- National Staff Development Council (1995). "Standards for staff development: Elementary school edition". Oxford.
- Nystrand, M. (1986). *The Structure of Written Communication: Studies in Reciprocity Between Writers and Readers*. Orlando and London: Academic Press.
- Open University. (1990). *Issues in Special Education: An Introduction to Special Education, Unit 1 & Unit 11*. Tel Aviv: Open University (in Hebrew).
- Orelve, F.P. & Sobsey, D. (1991). *Educating Children with Multiple Disabilities, A Transdisciplinary Approach*. Maryland: Brookes.
- Pollard, A. (1982). "A model of coping strategies". *British Journal of Sociology of Education*, 3/2, pp.19-37.
- Popper, M. & Ronen, A. (1997). *On Leadership – Leadership in Research, Leadership in the IDF, Leadership Development*. Tel Aviv: Ministry of Defence Publications (in Hebrew).
- Pryzwansky, S.W. (1981). "Mandated team participation: implications for psychologists working in the schools". *Psychology in the Schools*, 18, pp. 46-466.
- Rainforth, B., York, J. & MacDonald, C. (1992). *Collaborative Teams for Students with Severe Disabilities*. Baltimore: Paul Brookes.
- Rasberry, R.W. & Lemoine, L. F. (1986). *Effective Managerial Communication*. Boston, MA: Kent Publishing.
- Reber, S. A. (1992). *Dictionary of Psychology*. Tel Aviv: Keter (in Hebrew).
- Reid, J., Millar, S., Tait, L., Donaldson, M.L., Dean, E.C., Thomson, G. & Grieve, R. (1996). *The Role of the Speech and Language Therapist in the Education of Pupils with Special Educational Needs*. Edinburgh Centre for Research in Child Development.
- Reiter, S. (1997). *A Deviant Member - in the Welfare, Health and Education Systems*. Haifa: Gastlit (in Hebrew).

- Riches, C. (1997). "Communication in educational management". In Crawford, M., Kydd, L. & Riches, C. (Eds) *Leadership and Teams in Educational Management*. Buckingham: Open University Press.
- Rieck, W., William, A. & Wadsworth, D. E. (2000). "Inclusion: administrative headache or opportunity?" *NASSP Bulletin*, 84/ 6, pp. 56-62.
- Rogers, C. R. & Roethlisberger, F. J. (1952). "Barriers and gateways to communication". *Harvard Business Review*, 30, pp. 44-49.
- Ronen, H. (1975). *Introduction to Special Education*. Tel Aviv: Otsar Hamoreh (in Hebrew).
- Rosenheim, A. (1990). *Man Meets Himself - Psychotherapy: the Experience and its Processes*. Tel Aviv: Schocken (in Hebrew).
- Rouse, M. (1994). "Linking individual and institutional development for special educational needs". In Bradley, H., Conner, C. & Southworth, G (Eds) *Developing Teachers, Developing Schools*. London: David Fulton.
- Sabar Ben-Yehoshua, N. (1999). *Qualitative Research*. Tel Aviv: Massada (in Hebrew).
- Sapir, A.E. (Ed). (1998). *The Encyclopedic Dictionary*. Tel Aviv: Hed Artzi Publications (in Hebrew).
- Schalock, R. P. (Ed). (1996). *Quality of Life*. (vols. 1 & 2). Washington DC: American Association on Mental Retardation. (AAMR).
- Schon, D. A. (1979). "Generative metaphors: a perspective on problem setting in social policy". In Ortony, A. (Ed) *Metaphor and Thought*. Cambridge: Cambridge University Press.
- Schutz, A. (1970). "Concept and theory formation in the social sciences". In Emmet, D. & Macintyre, A. (Eds) *Sociological Theory and Philosophical Analysis*. London: Macmillan.
- Schutz, A. (1971). "The stranger: an essay in social psychology". In Schutz, A. *School and Society*. London: Open University Press and Routledge & Kegan Paul.
- Scwartz, M. & Walker, R. (1995). *Research as Social Change. New Opportunities for Qualitative Research*. New York: Routledge.
- Sehubert, M. & Landers, F. (1982). "Using the team concept to facilitate mainstreaming in secondary schools". *NASSP Bulletin*, pp. 79-88.
- Sharan, S. & Shachar, H. (1990). *Organization and Staff Management in Schools*. Tel Aviv: Schocken (in Hebrew).

- Shaw, K.E. (1978). "Understanding the curriculum: the approach through case studies". *Journal of Curriculum Studies*, 10/1, pp. 1-15.
- Shea, C. & Wilson, C (1996). "Collaboration: making it happen". *Intervention in School and Clinic*, 31/5, pp. 310-312.
- Shulman, L. (1986). "Those who understand: knowledge growth in teaching". *Educational Researcher*, 15/2, pp. 4-14.
- Sileo, T. W. & Prater, M. A. (1998). "Preparing professionals for partnership with parents of students with disabilities: textbook considerations regarding cultural diversity". *Exceptional Children*, 64/4, pp. 513-528.
- Silverman, D. (1985). *Qualitative Methodology and Sociology*. London: Gover Press.
- Simmel, G. (1950). "The stranger". In. Wolff, K.H. (Ed) *The Sociology of George Simmel*. New York: Free Press, pp. 402-408.
- Sims, A. & Sims, D. (1994). "Top teams". *Health Service Journal*, 24<sup>th</sup> June.
- Sinclair, M. (1993). "Are academic texts really decontextualized and fully explicit? A pragmatic perspective on the role of context in written communication". *Text*, 13/4, pp. 529-558.
- Skrtic, T.M., Sailor, W. & Gee, K. (1996). "Voice, collaboration, and inclusion: Democratic themes in educational and social reform initiatives". *Remedial & Special Education*, 17/3, pp.142-157.
- Slavin, R.E. (1995). *Cooperative Learning: Theory, Research and Practice* (2nd. ed.). Boston: Allyn & Bacon.
- Smith, J.K. (1989). *The Nature of Social and Educational Inquiry: Empiricism versus Interpretation*. Norwood. NJ: Ablex.
- Snell, M. E. & Janney, R.E. (2000). "Teachers problem-solving about children with moderate and severe disabilities in elementary classrooms". *Exceptional Children*, 66/4, pp. 472-490.
- Special Education*, Unit 1 & Unit 11. Tel Aviv: Open University (in Hebrew).
- Soodak-Leslie, C., Podell, D.M. & Lehman, L.R. (1998). "Teacher, student, and school attributes as predictor of teachers' responses to inclusion". *The Journal of Special Education*, 31/ winter, pp. 480-497.
- Spradley, P.J. (1979). *The Ethnographic Interview*. London: Holt, Rinehart and Winston.
- Spradley, P.J. (1980). *Participant Observation*. London: Holt, Rinehart and Winston.

- Stainback, W. & Stainback, S. (1990) *Support Networks for Inclusive Schooling*. Baltimore: Paul Brookes.
- Stake, R. (1978). "The case study method in social inquiry". *Educational Researcher*, 7/2, pp. 5-8.
- Stake, R. (1995). *The Art of Case Study Research*. London: Sage.
- Starr, A. & Lacey, P. (1996). "Multidisciplinary assessment: a case study". *British Journal of Special Education*, 23/2, pp. 57-61.
- Stoner, J. & Freeman, R.E. (1992). *Management*. London: Prentice-Hall.
- Stroul, B. A. (Ed). (1996). *Children's Mental Health: Creating Systems of Care in a Changing Society*. Baltimore: Brookes.
- Sullivan, T.J. (Ed). (1998). *Collaboration: A Health Care Imperative*. New York: Mcgraw Hill.
- Swanson, H.L (1990). "An information processing analysis of expert and novice teachers problem solving". *American Educational Research Journal*, 27/3, pp. 533-556.
- Therapists Association bulletin, vol. 13. (October 1998). Tel Aviv (in Hebrew).
- Thomas, E. J. & Feldman, R.A. (1964). *Concepts of Role Theory: An Introduction Through Programmed Instruction and Programmed Case Analysis*. Michigan: Ann Arbor.
- Van Dijk, T.A. (1980). *Macrostructures: An Interdisciplinary Study of Structures of Discourse, Interaction and Cognition*. Hillsdale, NJ: Lawrence Erlbaum Assoc.
- Van Dijk, T.A. (1997). *Discourse as Social Interaction. Discourse Studies: A Multidisciplinary Introduction. 2<sup>nd</sup> Edition*. London: Sage.
- Wadsworth, D.E. & Knight, D. (1996). "Paraprofessionals: the bridge to successful full inclusion. *Intervention in School and Clinic*, 31/3, pp.166-171.
- Wall, A. D. (2000). *The IEP Staffing. The Road to Collaboration or Litigation: A Qualitative Study of Highly Effective Special Education Staffing Teams*. PhD. Dissertation, University of Denver.
- Wallace, M. & Hall, V. (1994). "Go collaborative! Subvert reform for the sake of the children". *Support for Learning*, 9/2.
- Walling, D.R. (Ed). (1994). "Teachers as Leaders: Perspectives on the Professional Development of Teachers". *Phi Delta Kappa*.



- Walther-Thomas, C.S. (1997). "Co-teaching: benefits and problems that teachers and principals report over time". *Journal for Learning Disabilities*, 30/4, pp. 395-407.
- Walther-Thomas, C.S., Korinek, L.A. & McLaughlin, V.L. (1999). "Collaboration to support students' success". *Focus on Exceptional Children*, 32/3, pp. 1-18.
- Walther-Thomas, C.S., Korinek, L., McLaughlin, V.L. & Williams, B.T. (2000). *Collaboration for Inclusive Education: Developing Successful Programs*. Boston: Allyn & Bacon.
- Wilansky, H.L. (1967). *Organizational Intelligence, Knowledge and Policy in Government and Industry*. New York: Basic Books.
- Wright, J.A. (1994). *Collaboration Between Therapists and Teachers*. Ph. D. Dissertation. University of London.
- Wright, J.A. & Graham, J. (1999). "What does inter-professional collaboration mean to professionals working with pupils with physical disabilities?" *British Journal of Special Education*, 26/1, pp. 37-40.
- Wright, J.A. & Kersner, M. (1998). *Supporting Children with Communication Problems. Sharing the Workload*. London: David Fulton Publishers.
- Yin, R. (1991). *Case Study Research, Design and Methods*. London: Sage (9th edition).
- Young, M. & Post, J. (1993). "Managing to communicate, communicating to manage: how leading companies communicate with employees". *Organizational Dynamics*, 22, pp. 31-43.
- Youngson-Reilly, S., Tobin, M. & Fielder, A. (1995). "Multidisciplinary teams and childhood visual impairment: a study of two teams". *Child Care Health and Development*, 21/1, pp.3-15.