

## Experiences in Integrated Therapy

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**Abstract:** This study investigates the provision of integrated therapy in a special education preschool environment. Integrated therapy involves the provision of therapeutic intervention in the context of a naturalistic classroom environment and is in contrast to the more traditional model of therapeutic intervention commonly called pull-out therapy. While research shows that integrated therapy leads to enhanced educational and therapeutic intervention provided to children with special needs, it requires increased organizational capacity to generate and perpetuate collaboration amongst providers. Results indicated that the skills of team members dominate the characteristics of staff as they are engaged in collaboration and integrated therapy. These skills include what one might call “good team member skills” as well as those attributes more reflective of a person’s ability to interact well with others. The study concludes with the perspective that the presence of a collaborative ethic within an organization brings about significant enculturation of collaboration into the team work process.

**Key words:** collaboration, integrated therapy, early childhood special education

### 1. Introduction

Integrated therapy involves the provision of therapeutic intervention in the context of a naturalistic classroom environment (Cross, Traub, Hutter-Pishgahi, & Shelton, 2004). The integrated therapy model is in contrast to the more traditional model of intervention commonly called pull-out therapy. While research shows that integrated therapy leads to enhanced educational and therapeutic intervention provided to children with special needs (Barnes & Turner, 2001; Ritzman, Sanger, & Coufal, 2006), it requires increased organizational capacity to generate and perpetuate collaboration amongst providers. This can include heightened levels of communication, planning and coordination (Elksnin & Capilouto, 1994). Even though collaboration and integrated therapy relates to a variety of related services, speech therapy, in concert with special education, has a longer and more prolific history of service in the schools (Harn, Bradshaw, & Ogletree, 1999). These professions will be the focus of the research in an attempt to determine whether collaboration and the provision of push-in speech therapy benefits from heightened levels of individual or interpersonal capacity such as interpersonal relatedness skills as well as professional and personal confidence.

#### 1.1 Purpose and Problem Statement

This study grew out of a quantitative evaluation conducted by this researcher (Hernandez, 2012) that used a set of criteria to determine whether a student is to receive speech therapy on a integrated or pull-out basis. Secondary components of the evaluation included determining the ability of the criteria assessment process to

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facilitate collaboration between staff as well as determining the overall level of collaboration that resulted from use of the criteria.

Results of the prior study noted that 62.9% of the participants supported the criteria as well as the collaborative process that occurred. Participant commentary also indicated that in order to successfully participate in collaborative relationships one needs to work well with others and have confidence in oneself. The identification and understanding of these qualities is the rationale for this follow-up research.

## **2. Literature Review**

The literature has produced a number of studies over the years, many utilizing qualitative methodology in order to gather data and provide insight into the subtle aspects of collaboration and push-in therapy. The following review will provide an overview of research regarding the key characteristics of successful collaboration. These characteristics focus on the individual capacity of a person to collaborate (willingness to learn, interpersonal skills), along with the organizational capacity to develop and nurture a collaborative environment.

### **2.1 Characteristics of Successful Collaborative Push-in Therapy**

#### **2.1.1 Individual Capacity**

These researches findings noted here provide an understanding of the nature of individuals who adopted strategies learned in collaborative professional engagements. Several characteristics that consistently stood out were the ability to readily accept and integrate information learned from others (Brownell, Adams, Sindlar, Waldron, & Vanhover, 2006), providing evidence of the role professional confidence plays in the establishment of collaborative relationships and integrated therapy provision. Many researchers (Butera, 2005; Elksnin & Capilouto, 1994; Harn, Bradshaw & Ogletree, 1999; Kurjan, 2000; Prelock, Miller, & Reed, 1995) identified the role of perceived professional competency and confidence in the development of collaborative relationships and the ability to successfully engage in push-in therapy.

Butera (2005) emphasized the transactional nature of relationships as a key to understanding how multidisciplinary service systems work. As noted by Bronfenbrenner's ecological model, relationships have a quality about themselves that benefit from the continual exchange of ideas and actions between individuals interacting with each other. Recognizing the reciprocal role interpersonal interactions have is critical to understanding how a collaborative environment should work. Results provided insight into the critical factors that contribute to effectiveness, including the role of status barriers as influenced by perceptions of professional competence and interpersonal skill capability.

Kurjan (2000) discussed the role of speech-language pathologists when serving preschool children with dysphagia, a feeding disorder. Trans disciplinary teaming and an integrated service delivery model were identified as critical to the successful service of a child with an eating disorder. The study went on to reiterate the need to establish open communication, mutual trust and professional confidence amongst team members in a situation that can produce significant obstacles to the integration of services into the classroom environment.

The need for professional efficacy and competency was also evident in Prelock, Miller, and Reed (1995). This study centered on the task of role release, or the elimination of professional barriers to engagement, in order to achieve successful service integration. In a similar study, Spann-Hite, Picklesimer, and Hamilton (1999) studied the willingness of teachers to allow speech language pathologists to participate in classroom activities. They found that the participants' willingness was highly dependent on their sense of efficacy and self-confidence. The above

studies highlight that successful collaboration, including the provision of integrated therapy, relates strongly to an individual's sense of competence and confidence. This aspect of individual capacity is but one of the several ingredients necessary to facilitate collaboration and push-in therapy.

#### 2.1.2 Interpersonal Skills

Successful interpersonal relationships, one's attitudinal perspective and how they influence team cohesion and collaborative engagement is the subject of inquiry by a number of researchers (Butera, 2005; Harn et al., 1999; Kurjan, 2000; Ritzman et al., 2006; Lim & Adelman, 1997; Niles & Marcellino, 2004; Pena & Quinn, 2003; and Wiggins & Damore, 2006). Butera (2005) applied an ecological model of development to how interpersonal skills play a major role in the perspective one has towards other staff and administration. Conversely, Harn et al. (1999) discussed how characteristics such as trust and open communication aid in developing a collaborative climate within an organization. Ritzman et al. (2006) concluded this portion of the discussion by reiterating the critical nature of trust in any collaborative process.

Lim and Adelman (1997), Niles and Marcellino (2004), Pena and Quinn (2003), and Wiggins and Damore (2006) all touched upon the need for teams to develop relationships amongst individuals, commit to collaboration and engage in a psychology of collaboration or role release. Niles and Marcellino (2004) discussed the issues surrounding team work and collaboration while noting the need for the establishment and maintenance of trust, respect and communication. The study provides insight into the concept of needs based negotiation as a means of creating and sustaining relationships and an effective collaborative environment.

#### 2.1.3 Organizational Culture

Individual attitudes, beliefs and values, groups within organizations and organizations as a whole may substantially influence collaborative development through several variables, including the general culture of the organization and its ability to foster open dialogue and thinking (Wade, Welch, & Jensen, 1994). Others, including Butera (2005), Fleming & Monda-Amaya (2001) and Wade et al. (1994), also make reference to the cultural and contextual setting as well as the need to respect each participant and acquire a sense of problem ownership by each team member. Welch and Tulbert (2000) added to the discussion with a study that conveyed the need for organizations to bring together many of the previously cited characteristics into what the authors call a "collaborative ethic" (p. 357), or the development of an organizational culture with emphasis on collaboration. This process leads to the enculturation of collaboration so it becomes an expected characteristic of the workplace.

#### 2.1.4 Time, Training and Professional Development

Several of the previously noted researchers cited other factors that influence the success of push-in therapy, including the need for sufficient time and space to collaborate and plan for the work in the classroom setting (Harn et al., 1999). Others noted the critical need to train and offer professional development for individuals expected to engage in collaborative endeavors and participate in integrated therapy (Pena & Quinn, 2003; Sanger, Hux & Griess, 1995; Wiggins & Danmore, 2006).

### 3. Methodology

#### 3.1 Theoretical Design

A case study design was used for this research. As noted by Creswell (2007), "conducting a qualitative study means that researchers try to get as close as possible to the participants being studied" (p. 18). In this study, understanding what motivates staff to participate and collaborate is essential. This kind of knowledge is critical to

understand how staff works together in the schools (Anderson, Herr, & Nihlen, 1994). Recognizing the interpersonal and inter-professional relationships of the staff will give greater insight into the adaptations that must occur in order to effectuate and maintain change.

### **3.2 Conceptual Framework**

In order to more fully illustrate the concepts being studied here, the characteristics identified earlier have been incorporated into a conceptual map (Appendix A). Human qualities such as good communication skills (Harn et al., 1999), social emotional intelligence, and good interpersonal interaction skills such as mutual trust and respect (Elksnin, 1994; Kurjan, 2000) make up the individual capacity for collaboration. Other characteristics, such as sufficient planning time (Harn et al., 1999), successful service implementation, the enculturation of a discipline specific persona comfortable with push-in therapy (Welch & Tulbert, 2000) and overall team cohesion (Fleming & Monda-Amaya, 2001) must be incorporated into the list of ingredients that is the recipe for push-in therapy. When viewed through a wider lens, these characteristics can be seen as the organizations capacity for collaboration.

Appendix A also highlights the intricate relationships each of the above factors has with each other. An example is the existence of a collaborative ethic within an organization which most likely leads to a greater degree of collaboration by staff members. On the other hand, limited availability of time and professional development opportunities may negatively impact on the intensity of collaboration and integrated therapy engagements.

### **3.3 Research Question**

With the above conceptual model in mind, this case study sought to answer the simple question, what are the experiences of teachers and speech therapists as they attempt to collaborate and engage in a integrated therapy model? Finding an answer to this question would hopefully lead to a greater understanding of the collaborative process and either reinforce the research found in the literature search or lead to a different understanding of how collaboration works.

### **3.4 Field Setting**

The case study took place at a state approved and publicly supported early childhood special education school with an enrollment of slightly over 350 children located in a suburban county within the metropolitan area of a major city in the northeastern region of the United States. In addition to serving preschoolers with special needs, the school also provided service and care to infants, toddlers and typically developing preschool age children.

#### **3.4.1 Student and Staff Profile**

Preschool children with special needs attended the school via a referral process from their school district of residence. The school's enrollment catchment area included the entire suburban county of location as well as one of the counties of its neighboring urban center. Specific educational and therapeutic services are determined in response to the student's level of developmental delay or disability and approved by a committee of individuals appointed by the child's school district of residence.

The preschoolers with special needs attended one of the school's 22 classrooms on a full-time basis. The delays or disabilities presented in the children ranged from those with severe, multiple disabilities with medical fragility in need of intensive therapeutic intervention to those with relatively mild to moderate delay who were functioning at levels close to that of a typically developing child. Of the 200 preschool age children deemed

eligible to receive classroom based special education services, 171 received speech-language pathology as a component of their individualized education plan. The children received services due to delays or disabilities related to communication, articulation, pragmatics, or oral motor or swallowing issues. 9 of the 200 children cited above and enrolled to receive classroom based special education services were served by the participants in their classroom. All 9 children in the classroom received speech therapy and were entitled to 23 speech therapy sessions per week. The children in the classroom had a range of developmental skills and capabilities in the main three developmental domains.

The special education teacher and speech therapist assigned to the classroom were the participants in the case study. The school already had a high degree of collaboration incorporated into its service provision. Teams were required to have at least two team meetings per month, with advance agendas, meeting notes and follow-up documentation required from each team. Integrated therapy was a valuable method of service delivery and was expected from all disciplines. Collaboration at the school became an integral aspect of the organization's culture. It was not uncommon to see staff engaged in collaborative dialogue well past their allowed departure time. Integrated therapy sessions took on elaborate dimensions, engaging 6–7 members of the team and spilling over into the hallway in order to maximize space. Even with this high degree of collaboration school administration undertook an effort to more actively promote the use of Integrated therapy as one alternative in a continuum of options (Ritzman et al., 2006) available to speech therapists and other service providers.

#### **3.4.2 Participants**

The participants/unit of study for this case study consisted of a special educator and a speech language pathologist. The special educator worked at the school for seven years, initially as a teacher aide and then three years prior to the study as a special educator. SLP had worked at the school for three years prior to the study. Both at the time had a master's degree in their respective fields and were fully licensed and or certified to practice their profession. This was their first professional position. They were at the time of the study, respectively, twenty nine and twenty seven years of age. The two staff members had worked on the same team for the past three years. Their initial team assignment was at first random but subsequent assignments were by their request.

This team was identified through an informal process where the teacher and speech therapist exhibited a general willingness and capability to collaborate and provide push-in therapy with members of the other discipline. Evidence in support of this claim included informal observations of the two collaboratively at work, commentary from direct supervisors, as well as an expressed desire by both individuals to work with each other over the course of several school years. This team was identified for participation in the study through an extreme case sampling method (Creswell, 2007).

#### **3.5 Data Collection Methods**

As previously noted, this was a case study of a special educator and speech therapist engaged in integrated therapy. The case study took place in a bounded system and is an instrumental case study for its illustrative purposes (Creswell, 2007). The case study employed four sources of information, approximating Yin's recommendation for number of types of data information collected for a case study as noted in Creswell (2007). Specifically, interviews, observations, documents/archival records, and physical artifacts, or in this case, class photos were used. A data collection matrix of this type is noted by Creswell (2007) to be "especially applicable in an information-rich case study" (p. 132). In addition, the incorporation of several data collection methods "reduces the risk that your conclusions will reflect only the systematic biases or limitations of a specific source or

method” (Maxwell 2005, p. 93) and allows for a triangulation of data (Fielding & Fielding, 1986 in Maxwell, 2005).

#### 3.5.1 Interview Plan

Participants engaged in interviews and asked questions as noted in Appendix B. Participants were asked thirteen questions over the course of three interviews. Two of the interviews were private sessions while the third was a joint exercise involving both participants. See appendix B for a list of the questions asked of the participants.

The interviews served several purposes, including;

- Determining the participants’ experience, training and knowledge with regard to collaboration and push-in therapy.
  - Understanding the role collaboration played in the provision of push-in therapy.
  - Identifying the process involved in the assignment of the participants to each other’s team.
  - Identification of the decision making process involved in determining how a student received speech therapy.
  - Identifying the means of communication and dispute resolution that occurred between the participants.
- Identifying the perspectives and self-reported experiences of the special educator and speech therapist as they prepared to and engaged in push-in therapy.

#### 3.5.2 Observation Plan

A total of five observations took place. All observations were joint in nature and consisted of two classroom observations, two team meeting observations and at least one observation outside of the classroom setting (e.g., faculty meeting). This researcher took the role of “participant as observer” as described by Merriam (1998). The observations occurred during the work day.

Data was collected regarding any and all interactions (or lack thereof) between the two participants. This included observations of the participants during various activities such as team meetings, co-treatment sessions and other interactions between the participants. Attention to interactions that included discussion, planning and implementation of student goals and/or general program planning as well as interpersonal exchanges were recognized.

#### 3.5.3 Record Review/Archival Records

Record reviews included analysis of team meeting notes and analysis of class photos. The team meeting notes are a record of who attended, what was said and the when of the team meetings. Specifically, meeting notes listed who attended the meeting, what transpired, as well as who and when issues will be resolved. Meeting notes were analyzed to identify consistency amongst answers to the interview questions, in-class observations and the contents of the meeting notes. Examined class photos containing the participants from the previous three years were used to prompt dialogue from the participants regarding their thoughts and impressions related to collaboration. As noted by Creswell (2007), “photo elicitation” allows the researcher to ask the participant to convey the content and meaning of the photo without much possibility of undue influence by outside factors.

### 3.6 Data Analysis

Data analysis employed several different processes depending on the type of collection method used. Six in-depth interviews, including two initial interviews, two joint interviews, two follow-up interviews and the observation of one team meeting and one group instructional/therapy session with the participants occurred over a four month period. The data was transcribed verbatim and then read through to understand the general meaning of

what the participants are expressing and describing. Codes were assigned to the text of the interviews and observational data, describing the main idea associated with the information. These codes resulted in the establishment of seven distinct characteristics of effective collaboration. These characteristics included Organizational Culture; Interdisciplinary Collaboration; Training and Development; Time Availability along with Professional Competence; Self Confidence and Interpersonal Skills. Continual analysis of these seven ingredients eventually led the codes to be grouped into two distinct categories of collaborative capacity, identified in this proposal's Conceptual Framework (Figure 1) as Organizational Capacity and Interpersonal Capacity.

In addition to interviews and observation, document/archival record review and physical artifacts/photo elicitation was employed. Codes from this data set were compared with those from the interview and observational data and subsequently grouped into the same set of ingredients and capacities contained in the conceptual map.

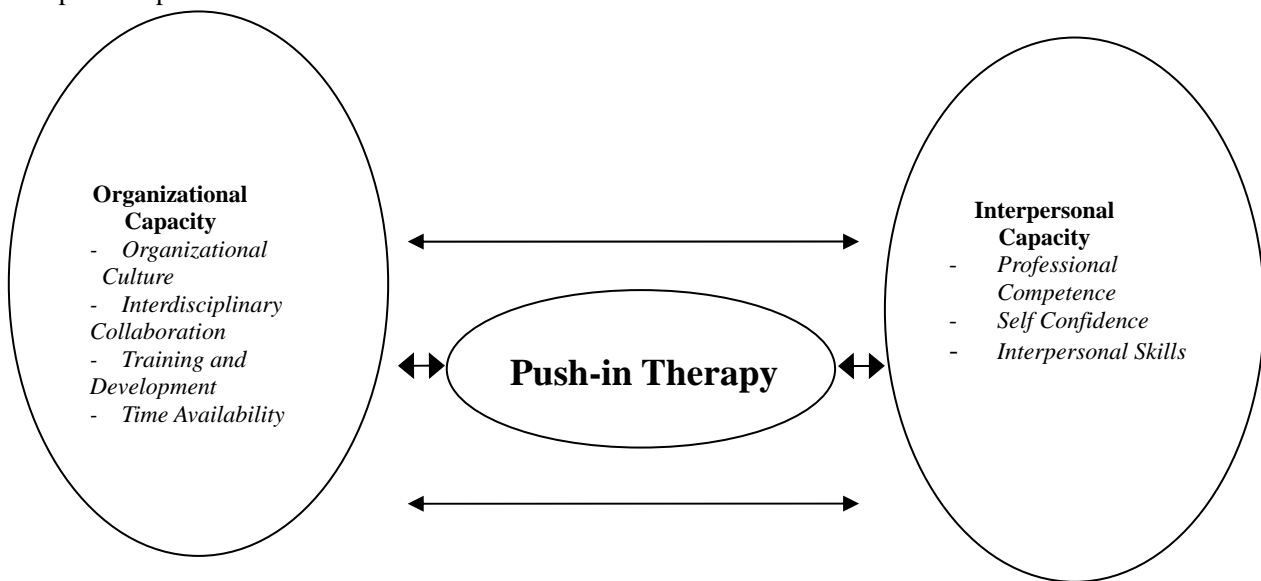


Figure 1 Concept Map

## 4. Findings

Findings of this study looked to provide relevant information to the question posed earlier by the author, namely, what are the experiences of teachers and speech therapists as they collaborate and engage in a push-in therapy model? The data presented below describes the results of the case study including the document review, interview analysis and photo elicitation.

### 4.1 Capacities and Characteristics

As noted above, a review of the literature indicated that the experiences relevant to the individuals engaged in collaboration and push-in therapy fit into two distinct categories. The first of these categories is dependent on the organization's ability or capacity to foster collaboration and push-in therapy whereas the second category is dependent on the individual's capabilities to engage in collaborative efforts. For this reason the author calls these categories: (1) Organizational Capacity and, (2) Interpersonal Capacity. Contrary though to expectations, data from the study does not clearly distinguish between these two capacities, seeing significant applicability of many of the subcategories to both capacities.

## 4.2 Organizational Capacity

Contained within Organizational Capacity exists the subcategories of Organizational Culture, Interdisciplinary Collaboration, Training and Development and Time Availability. The case study noted a total of 287 references to organizational capacity, seemingly indicating that this capacity was relevant for participants and contributed to their experiences when collaborating and engaging in push-in therapy. The relevance of Time Availability did not emerge in the data. See comments pertaining to this finding in the Discussion section later in this proposal.

Further analysis showed that within the three subcategories of Organizational Culture, (26 references); Interdisciplinary Collaboration (286 references) and Training and Development (20 references), the study identified several components and findings as noted below.

### 4.2.1 Organizational Culture

Student based orientation (the practice of team members individualizing their intervention towards student specific needs — 20 references) and Institutional Collaborative Effects (organizationally mandated aspects of collaboration — 6 references).

### 4.2.2 Interdisciplinary Collaboration

Collaborative team synchronicity or the relatedness of team members to each other and team goals/objectives — 250 references. This component incorporated several factors including the access or the availability of team members to each other, a balanced work load amongst team members; the ability of team members to commonly plan and implement instruction as well as the nature of communication amongst team members. Communication, or the written and/or verbal exchanges of team members with each other — 36 references.

### 4.2.3 Training and Development

Experiential learning, or learning how to collaborate and provide push-in with other team members resulted in only 20 references by the participants.

The special educator, made note of one aspect of the collaborative culture already existent within the school, namely that of established and scheduled team meetings. The special educator stated during Interview # 1, “We’ll have our team meeting and discuss the theme and all do the research .... and then all get together again for the push-in session”. In the joint interview both staff members stated that “team meetings are very important for collaboration and push-ins”. In the follow-up interview, the speech therapist summarized the schools’ emphasis on collaboration and how it facilitates integrated therapy when she stated “The school has definitely pushed collaboration more over the years and now that I know more about it I am comfortable with push-in and more comfortable doing it.”

The participants placed emphasis on another aspect of the school’s collaborative culture with their reference to common ownership of student needs and intervention. The special educator regularly referred to “us”, “we”, and “our” during interview #1. The speech therapist also used “we” during her first interview. The special educator went on to reference this sense of commonality when she stated “it’s based on the whole team”. The speech therapists added to this perspective when she noted during her first interview, “I would just go into the classroom... and if I saw that a child was having difficulty... I would probably start helping”.

The participants noted the collaborative ethic of their team. In particular, the special educator noted her team members “are really willing to get in there and help and collaborate”. The Speech therapists reiterated the teacher’s sentiments with comments made during her follow-up interview when she stated, “you need to be able to



share the duties” as well as when she noted “everyone needs to provide ideas”.

These archival records in and of themselves illustrated the institutionalization of collaboration within the school. Scheduled team meetings occurred at least every other week and documentation was maintained on file for each meeting. These forms were official school documents used by all teams, shared with all members of school administration, submitted at the end of every month for administrative review and maintained on file for future reference. Team meeting memoranda delineate processes while the team meeting schedule was established and communicated through a monthly team meeting calendar issued by administration.

The push-in lesson observation gave insight into the workings of an actual push-in session with the participants. Both participants were present along with the two teacher assistants and the occupational therapist. 19 references to interdisciplinary collaboration were recorded with 14 of them related to Team Synchronicity or team member relatedness with the other 5 assigned to team member communication. One observation in particular stood out amongst the others. It occurred when the special educator was instructing the class and came to a point where she could not recall what the next step was in the process. Without hesitation, the speech therapist interjected and completed the instructions, showing how knowledgeable she was of the lesson as well as how comfortable she was with providing that kind of support to her colleague. The special educator hardly reacted to the speech therapist’s assistance, except with a nod of the head, seemingly showing her appreciation.

#### 4.2.4 Interpersonal Capacity

The case study indicated that interpersonal capacities play a significant role in shaping the participants perspectives on collaboration and push-in therapy. This is particularly true with the interpersonal skills of the other team members, inclusive of their ability to effectively communicate, create a welcoming environment inclusive of other team members as well as the overall sense of collegiality and conviviality that existed amongst the team’s members. Not incorporating the data noted earlier as a component of Organizational Capacity, the coded data noted 200 references to Interpersonal Capacities. The data representative of interpersonal skills comprised the largest subcategory, accounting for 69 references. The other subcategories included, in frequency order, “Inclusiveness”, or establishing an atmosphere within the team where others feel integral to the team’s functioning — 27 mentions of “Respect” accounting for 10 references; “A Welcoming Attitude” with 9 references; having a sense of “Belongingness” with 5 references.

Examining the first initial interview with the special educator illustrated the role interpersonal skills play in her collaborative experiences. In the very first reference to interpersonal skills, the special educator cited “being patient” and “going that extra step” as “conducive” to collaboration. When further questioned and asked “What else leads to teachers and therapists to have push-in provided in the classroom?”, the special educator cited “it’s based on the individual”. The speech therapist reiterated this perspective in her first interview when she answered the question, “What characteristics of the teacher lend itself to you wanting to push-in with them?” She responded by stating, “it is easier when you are getting along”. In addition to working well with each other, the special educator communicated that she and the speech therapist are friendly with each other, both in and outside of work. The speech therapist confirmed this during the first interview when she stated that they “have a friendly relationship”. When asked how the special educator and the speech therapist resolved disagreements, she responded with “We don’t have disagreements. We’ll have suggestions.” SLP added to this perspective when in her follow-up interview she notes, “If you are not getting along with your team mate you’re not going to collaborate at all.”

The team photo itself was an excellent source of data, especially when one recognized that two of the three

people hugging each other are the participants of this study along with the fact that the team agreed to wear the same color clothing. This aspect of team cohesiveness is exemplified when the special educator states “it is like having a little family at school” (Joint Interview). The speech therapist added to this by stating, “It just feels like we go together”.

## **5. Discussion**

When this case study was proposed and its conceptual map created, this researcher believed organizational capacity and interpersonal capacity would equally share in influence when it came to the experiences of professionals engaged in collaboration and integrated therapy. Upon analysis, that assumption was confirmed. On the other hand, it was believed the characteristics and capacities of collaboration would be clearly distinguishable from each other. This assumption though was unsupported by the findings. Instead, the research indicated that while organizational capacities provided a foundation from which collaboration grows out of, the experiences of the participants were much more heavily influenced by how the other team members related to and communicated with each other.

The findings also indicate that the blending of collaborative culture, interdisciplinary collaboration and interpersonal capacity is significant and is indicative of a deeply ingrained collaborative ethic. This collaborative ethic had seemingly led to participants to behave in a manner that has created an atmosphere within the organization that fosters collaboration to an extent that limits the ability to distinguish between the organizational capacities of the school and the interpersonal capacities of the individuals.

What is not evident is whether the participants would have been as receptive to collaboration and participating in integrated therapy if the organizational supports had not been in place. In other words, would interpersonal and communicative capacities alone influence the participants to the point where they would collaborate and engage in push-in therapy? In some respects, it is a question of which comes first. Does collaboration emerge from people getting along with each other or from cultural expectations? These questions warrant further research.

## **6. Conclusion**

Understanding the experiences of individuals as they engaged in integrated therapy provided many insights into the nature, characteristics and efficacy of integrated therapy. Individuals may have a different interest in the research, from a parent who is anxious about his child’s progress, a teacher concerned about her ability to successfully engage in a team environment or the education department’s goal to identify best practices in special education. Regardless as to the specific reason, enhanced development of the push-in model can aid in improved relationships amongst teachers and therapists enhance service provision for students with special needs and, most notably, improve student outcomes.

The study indicated that the skills of team members dominated the characteristics of staff as they are engaged in collaboration and push-in therapy. These skills included what one might call “good team member skills” as well as those attributes more reflective of a person’s ability to interact well with others. That conclusion confirms the conceptual map’s perspective on the subject with the understanding that the collaborative ethic of the organization has brought about significant enculturation of collaboration into the team work process. What is still to be determined is what matters most. Is it the creation of a collaborative structure within an organization or the hiring of personnel who have the kind of interpersonal attributes necessary for successful collaboration?

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## Appendix: Interview Questions

### Introductory Questions:

1. *What is your training and experiential background?*

### Transition Questions:

2. *How do you define collaboration?*
3. *How do you describe push-in therapy?*

### Key Questions:

4. *How are speech services provided to your students?*
5. *What is involved in the decision to provide push-in speech therapy?*
6. *How do team member characteristics influence the decision to provide push-in therapy?*
7. *How does collaboration influence the decision to provide push-in therapy?*
8. *How did you come to work with \_\_\_\_\_ (Sp Ed/SLP)?*
9. *What is the nature of your communications with \_\_\_\_\_ (SpEd? SLP)?*
10. *How do you resolve disagreements with \_\_\_\_\_ (SpEd?SLP)?*

### Ending Questions:

11. *How do you view your role in the relationship with the \_\_\_\_\_ (SpEd/SLP)?*

### Summary Question:

12. I review the comments made during the group and ask, *"Have I accurately summarized your thoughts?"*

### Final Question:

13. I ask, *"Is there anything else you would like to add?"*