

Conceptualizing Liberatory Roles for Educational and Psychological Consultants: Implications for Transition Planning

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We support role changes for educational and psychological consultants who work with children and youth with disabilities as they make important transitions. Principles derived from critical pedagogy and disability studies could provide the theoretical framework for the proposed shift in roles that change the basis on which consulting services are provided. Rather than needs-based services that focus on helping individuals with disabilities cope with deficits, this article supports an empowering person-centered, strength-based orientation tied to perceptions of the individual as competent and complex. We offer recommendations for transition consultants, researchers, and practitioners that could result in more widespread implementation of the principles of critical pedagogy and disability studies.

Do not see my disability as the problem. Recognize that my disability is an attribute.

Do not see my disability as a deficit. It is you who see me as deviant and helpless.

—Norman Kunc (Kunc & VanDerKliff, 1996), Family Therapist and International Consultant, *Credo for Support*

This plea from Norman Kunc (Kunc & VanDerKliff, 1996) captures the lived experiences of many people with disabilities who receive educational and psychological services. Although educational services for students with disabilities have improved since the Education for All Handicapped Children Act of 1975 was enacted in 1975, poor postsecondary outcomes for students with disabilities continue to be documented by researchers, educators, and families (Field, 1996; Katsiyannis, DeFur, & Conderman, 1998). In addition to minimal participation in postsecondary education, youths and young adults with disabilities continue to experience disproportionately higher dropout rates, lower employment rates, higher underemployment rates, and higher arrest rates compared to their peers without disabilities (Field, 1996; Katsiyannis et al., 1998). In response to concerns about secondary and postsecondary outcomes, legislation now mandates that students with disabilities receive comprehensive transition services beginning at the age of 16 or younger, if deemed necessary (Individuals with Disabilities Education Act [IDEA], 2004). *Transition services* are a coordinated set of activities designed within an outcome-oriented process, which promotes movement from school to postschool activities. Transition plans are based on the individual student's needs, taking into account his or her preferences and interests. This legislation delineates a significant shift in how service delivery systems for students with disabilities are perceived—moving away from a deficit paradigm that focuses on categorical characteristics of individuals' disabilities to a stronger foci on individual abilities, options, and the development of self-determination skills (Malian & Nevin, 2002; Weymeyer, Palmer, Agran, Mithaug, & Martin, 2000).

Despite all the attention the federal government has given to transition, we suggest that the word *disappointing* may be the most appropriate term to characterize the research base for transition outcomes (e.g., Love & Malian, 1997). Love and Malian found that young adults with disabilities frequently experienced significant difficulty in making transitions. Special education students who dropped out of high school in Arizona received poorer quality transition planning for postschool assistance than their special education peers who completed high school. On the other hand, students with disabilities who received transition planning report that it is helpful to adjustment after high school, a result also reported by Colley and Jamison (1998). The demand for transition planning is not going to disappear given that the recently reauthorized IDEA Amendments of 2004 call for new levels of collaboration and cooperation among educators, related service providers, family members, and students with disabilities.

ALTERNATIVE PARADIGMS

Critical psychology has opened the door to changing attitudes by focusing on the social context of mental problems and suggesting that psychology has focused on the clients as causes or sources of their mental problems rather than on the truly distressing situations they are in, which may range from poverty, displacement, torture, racism, and so forth (Fox & Prilleltensky, 1997; Patel, 2003). When disturbing circumstances are observed to be the cause of stress, the stress is treated rather than the causes. Just as critical theory is influencing fields from literature to law, it is a progressive influence in education and special education.

Critical pedagogy, beginning with the work of Paolo Freire (1972), takes into account the social context of education. A *critical pedagogy approach* suggests that education is a process of empowerment that enables citizens to make choices and influence their world. The focus on people with disabilities, once left to special education professionals and charitable organizations, has been changing from a charity model based on medicalization of disability (i.e., disablement as the source of problems) to an empowerment model based on the relationship between disability and society (i.e., society as much or more a source of the problems as particular impairments). The disability rights and self-advocacy movements are outgrowths as well as springboards of the empowerment model (Fleischer & Zames, 2001; Shapiro, 1993). In fact, disabled scholars have carried the new traditions of advocacy and critical theory into the field of disability studies to focus on the social context and construction of disability (Abberley, 1987). Special education practitioners have carried these themes in the movement evolving from behaviorism to positive behavioral support and person-centered planning and from segregated medical models to inclusive classrooms.

We are both professors of education. Both of us have disabilities and bring a professional perspective of teaching and research in special education and personal perspectives in terms of receiving advice on behalf of their own unique needs (i.e., one for binaural hearing support and the other for mobility issues). Both have advocated on behalf of themselves and their special education constituents with a sense of the social history and context of how society deals with disability.

We explore the following question in this article: In what ways might principles from critical pedagogy and disability studies support educational consultants as they seek to empower clients during transition planning? It is our hope that cross-fertilization between critical psychology, critical pedagogy, and disability studies can open doorways to new think-

ing for all concerned. Cultural influences may cause us to inadvertently apply transition practices and interventions that keep clients with disabilities dependent on people, situations, and outcomes while focusing on their deficits rather than on their strengths, desires, and needs. We elaborate on the principles of critical pedagogy and disability studies and provide examples of how these play out in areas related to transition planning, such as self-determination and student-centered individualized education programs (IEPs), positive behavioral support, and person-centered planning.

CRITICAL PEDAGOGY AND DISABILITY STUDIES

Current approaches focusing on individuals with disabilities within the fields of education and mental health are dominated by a deficit orientation (R. M. Smith, 2002a, 2002b; R. M. Smith, Salend, & Ryan, 2001). Deficit-oriented approaches are based on what is lacking in the individual and tend to involve practitioners in ranking, sorting, and diagnosing rather than in strength-based supports such as collaboration and empowerment. In the *Credo for Support*, Norman Kunc (Kunc & VanDerKliff, 1996), family therapist and international consultant, suggested to those who provide educational and psychological services:

Do not see my disability as the problem. Recognize that my disability is an attribute.

Do not see my disability as a deficit. It is you who see me as deviant and helpless ...

Do not hide your uncertainty behind "professional" distance.

Be a person who listens and does not take my struggle away from me by trying to make it all better.

The principles from critical pedagogy and disability studies perspectives (Allan, 1997; Freire, 1998; Kluth, Nevin, Thousand, & Diaz-Greenberg, 2002) can provide an alternative to approaches that focus on the disability rather than on the individual as the source of the problem. These principles support educational and psychological consultants to interact with people with disabilities in such a way as to value their struggle rather than to try to make it go away.

Critical Pedagogy Perspective

Critical pedagogy encourages dialogue, dialectic, voice, praxis, reflection, and conscientization (Thousand, Diaz-Greenberg, Nevin, Cardellete,

Beckett, & Reese, 1999). *Conscientization* refers to the development of an awareness of one's self in the world. Through the process of a dialogical interaction where communicators use empowering language and provide supports for communication, individuals create and communicate a mental awareness of a point of view and its opposite—that is, a *dialectic*. By expressing their *voice*, people often go through a process of *reflection* when they hear themselves in a new way or when they listen to others. This can lead to the experience of *praxis*, or a cycle of action–reflection–new action, such as self-determination, that can transform the individual's experience of the world.

The origins and key concepts of critical pedagogy emerged from the Frankfurt School of philosophy, historically situated post-World War II. Thus, it can be said that reaction against dictatorships set the context for a liberatory education movement. Paulo Freire (1972), in his seminal volume, *Pedagogy of the Oppressed*, challenged the purported neutrality of the school system. He argued that any curriculum that ignores racism, sexism, the exploitation of workers, or other forms of oppression (e.g., exclusion of persons with disabilities from school and community) inhibits the expansion of consciousness, blocks creativity, decreases social action for change, and supports the status quo of continued oppression.

American educators such as McLaren (1994), Darder (1995), Kliever (1998), and Diaz-Greenberg (1997) discussed the characteristics of critical pedagogy that can result in changes in classroom teaching, particularly in classrooms where children and youth share ethnic, linguistic, and individual cognitive diversity. Teachers who embrace a critical pedagogy perspective organize against isolation, make alliances whenever possible, build multiracial and multicultural alliances, actively oppose all “isms,” examine personal practice, commit to social justice and peace, oppose classroom practices that undermine the rights of children who have been marginalized, hold high expectations for all students, and strive to promote a more person-centered curriculum. Similar changes can be observed as a result of the inclusion movement, historically situated in the American Civil Rights movement, which set the context for separate being not-equal educational opportunities. The inclusion movement has led to more liberatory educational opportunities for children and youth with disabilities.

We propose that there are some common goals between critical pedagogy and the work of educational and psychological consultants (i.e., school psychologists, special educators, counselors) involved in transition planning (e.g., vocational, educational, community). Their common goals might form a basis for a shared dialogue. For example, a goal for critical pedagogy could be characterized as transformative education where the

learner can self-reflect and take action to experience a freer self, a freer life. A goal for transition planning, for example, can be characterized as the transformation of schooling itself to welcome, value, and support the learning of all children and youth in shared experiences that lead to increased competence and quality of life. A goal for educational and mental health consultants can be represented as empowering students and young adults with disabilities to be more self-directed and self-determined in the management of their educational and psychological progress throughout the transition process.

There is a similar movement in psychology to implement the concepts posited by Freire. As noted in their overview of their book entitled *Doing Psychology Critically: Making a Difference in Diverse Settings*, Prilleltensky and Nelson (2004) stated

As psychologists, we serve interests; our interests, our clients' interests, and a series of other interests of which we are not even aware, including the desires of those invested in keeping society the way it is, with all its inequities. ... Although critical psychology is a relatively young approach, very useful material has been written on how power becomes part of our daily discourses, and how we may inadvertently perpetuate injustice. (p. iv)

In school settings, professionals such as school psychologists, special educators, and speech/language specialists work within planning teams composed of educators, parents, advocates, and administrators who plan, implement, evaluate, and redesign transition plans on behalf of youth with disabilities. They are involved in decisions to segregate or integrate youth with disabilities in classrooms and community situations (e.g., jobs) with their same-age peers. In their roles as consultants, they provide advice and, in some cases, direct support for teachers, other school personnel, and community agencies who want to learn more about effective transition strategies. For youth with behavioral and/or conduct disorders, consultants may help to conduct functional analyses of behavior as well as to design behavioral intervention plans. Those who can use a critical psychology approach in the conduct of these tasks may in fact be more likely to overcome social injustices and empower youth with disabilities.

Disability Studies Perspective

Disability studies is an interdisciplinary perspective combining contributions from the arts, social science, education, and the humanities. Scholars

in these fields have explored the ways in which disability is socially constructed. Examinations of how people with disabilities are portrayed in our culture include revelations of how disempowering attitudes are embedded in our culture and are invisible to most of us (Linton, 1998; Thomson, 1997; Wendell, 1989). For example, Thompson (1997) explored the marginalization of people with disabilities in literature and identified patterns that also apply to nonfiction and academic narrative (Smith, 2000a, 200b).

In contrast, the study of disability addresses research, policy, or practice that relates to treatment and intervention, categories of disabilities, or discussions of implications within the traditional logical positivist and norm-based frameworks while using language that relies on methods of research in the physical sciences. For example, despite the many uses for comparing performance of groups of individuals against norms, the actual educational career and success of an individual with a disability is more dependent on the perceptions and values of the educators than any inherent characteristics or differences of the person (R. M. Smith, 1999, 2000). In short, the relationship between the presence of a disability and the provision of education or interventions is more than the relationship between learners, tasks, and settings (C. R. Smith, 1998). Equally important are the relationships between the individual, the educators, and the culture that defines the tasks and settings within which the individual is required to perform.

The *social construction model* holds that disability resides in the set of social relationships and outcomes of social practices that tend to disadvantage and marginalize people with impairments (Abberley, 1987; Allan, 1997; Linton, 1998; Paterson & Hughes, 1999). The actual impairment a person experiences is a real and important part of daily life but generally poses considerably less handicap than what the society imposes due to assumptions of deficit and incompetence. For example, Kliewer and Biklen (2001) reported examples of students labeled with severe disabilities that were literate but not allowed to read in school. Such restrictions reside within institutional, cultural, and interpersonal social structures.

Cultural definitions can result in assumptions that are based on lack, deviance, or invisibility and that unconsciously govern practices such as exclusion and isolation. Thus, a goal is to disrupt the privileging of social paradigms and practices that prioritize deficit, inherent failure, deviance, or invisibility of all or part of an individual. Disability may be understood best by listening to “disabled people” tell about their lives and the real-life experience of living with a disability. For example, Thomas (1999) developed the social model of disability in light of the relevance of

women's experiences and medical sociology, exploring both social structure and social relationships. Michalko (2002) challenged us to explore the intricacies of disability identity that includes choosing disability and taking pride in it. Disability identity results in a resistance to societal expectations of "overcoming" disability, a prevailing rehabilitation counseling model where individuals are encouraged to adapt (or use adaptations with the goal of the disability not making a difference) for the disability to disappear entirely. This attempt at normalization is more about the person fitting in to a rigid and predetermined society without consideration of the variety of the human condition, which thus renders the person either invisible or "unfixable," or both. Ferguson (1994) examined the institutionalization of people considered mentally retarded in terms of the outcomes for them that reflect social justice principles of critical pedagogy and disability studies:

Failure became transformed into chronicity through the application of the therapeutic perspective. Chronicity is created by the merger of professional judgment with the other dimensions of failure. The prominence of this judgment is currently enshrined in official policy and in law. However, professional judgment ratifies only; it does not originate success or failure. The problem is that professionalism has some very powerful reasons of self protection to endorse the continued presence of a percentage of failure, poverty, custody, and hiddenness that economic, ethical, and aesthetic dimensions seem to demand. (p. 170)

The shift to a disability studies perspective may have the potential to make significant contributions for educational and psychological consultants to change the impact of professionalism on the way they participate in transition planning with individuals with disabilities.

TOWARD LIBERATORY ROLES FOR EDUCATIONAL AND PSYCHOLOGICAL CONSULTANTS: A SEARCH OF IDENTITY

The principles from critical pedagogy and disability studies can offer educational and psychological consultants perspectives that support and enhance the empowerment of persons with disabilities. The common approach frames the conversation as a dichotomy—needs-based services versus strengths-based services—where the individual is viewed from the perception of a deficit model, albeit moving toward a competency model.

Services are typically characterized as moving from helping the individual to facilitating the individual's goals, but as perceived primarily through the consultant's and consultee's perspectives. Such a deficit model is even reinforced by the language of IDEA (2004). On the one hand, IDEA encourages inclusion and mandates educational and transition plans. On the other hand, IDEA mandates testing and categorizing students to certify their need for supports and services (and the funding of these services). How might professionals work within these seemingly opposing mandates to decrease the focus on problems and struggles and increase the focus on problems as a vehicle for growth and change?

As educational and psychological consultants, one method might be to acknowledge and search for our various professional and personal identities. Such a search could assist in a shift from the current deficit medical type orientation to a more liberatory strength-based, person-centered orientation. As shown in Figure 1, the eye with which consultants see individuals with disabilities can have scotomas (blind spots) that come from their traditions and can, therefore, blind them to see the individuals' strengths, talents, and capabilities. One source of influence is the tradition, or disciplined inquiry, in which consultants have been schooled to view their clients. Disciplined inquiry (Eichelburger, 1989), and the methods for establishing reliability, validity, and generalization, can help identify and

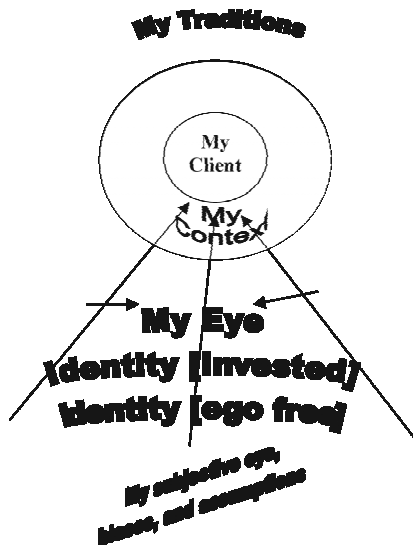


FIGURE 1 How my eye, I, and i influence my interactions with clients.

decrease the impact of individual bias (scotoma, or blind spots) in research as well as in interactions with people with disabilities.

We are aware of the influence of our own educational histories, our unique disciplined inquiry traditions. Logical positivism and reinforcement theory formed the basis of one author's early career in special education, whereas a critical theory and disability studies view formed the basis of the other author's research career. We are well versed in the research paradigms that provide the foundations of the knowledge derived from these apparently diametrically different perspectives. In our own practice of teaching special educators at the graduate and undergraduate levels, we understand that one of our identities can be represented with a capitalized I—Invested Professional Identity—especially with respect to ensuring that teacher candidates learn what we deem to be effective teaching practices. Our other identities, however, include the uncapitalized "i," which means identity without ego (i.e., ego-free identity), and the physical eye with which we see. Each eye/I/i influences what is seen as well as how we choose to interact with the individual client. Table 1 provides a definition

TABLE 1
Watch Your Eyes and "I"s

<i>I/Eye</i>	<i>Definition</i>	<i>Useful Questions for Consultants</i>
Invested professional identity	The eye through which I see; the I that takes the lead	How does my role influence my assumptions about the person and potential? How can I follow?
Compassionate I	Helps and over helps (help the individual "should" want)	What does the individual think, feel, and want?
"There but for the grace of God go I" I	Pity	What is great about the individual's life? What are the joys and dreams?
Curious I	Share inquiring mind	How can I be of service? How can I go on a path with you?
Reciprocal I	Collaborative	How can/will we collaborate? How are both our lives enriched by this relationship?
Empathetic I	Perspective changing	How does the individual perceive his or her life?

for each of these concepts and some questions that educational and psychological consultants might ask to probe their personal understandings.

Several of the "I"s can be viewed as emerging from a deficit model that influences how consultants might unconsciously interact with individuals with disabilities. For example, the Professional "I" is the one who automatically takes the lead, often perceiving/believing that individuals with disabilities are too disabled to be capable. Frequently, those who unconsciously come from the perspective of the Professional "I" assume that an individual with a disability does not know what "I as the Professional" know and that the client needs to or should know it. On the other hand, the Compassionate "I" is the perspective that "I am 'there' for the individual." Some consultants can overhelp by presuming that individuals with disabilities are in predicaments, forgetting that individuals with disabilities may not perceive their situation the same way and can live fully as they are. The "There-but-for-the-grace of God-go I" is a perspective that some consultants or professionals in other roles take when they feel pity for individuals with disabilities.

These "I"s might be replaced with the Curious "I," the Empathetic "I," and the Reciprocal "I" described following and in Table 1. The Curious "I" requires an inquiring mind by asking questions of the individual, such as "How can I be of service to you? How can I go with you for a way on your path?" Related to the Curious "I" is the Empathetic "I" who wants to learn about what life is like for the individual without superimposing assumptions about how "I" might feel in that situation. Rather, the consultant learns to walk in the individual's shoes to understand the feelings and perspectives the individual may be expressing. The Reciprocal "I" asks what are we (individual and consultant) mutually getting out of this relationship. Although the consultant is probably getting paid to work with the individual, the consultant's life is hopefully richer for the time that is spent with the individual, and hopefully that richness is reciprocated by the individual.

Mental flexibility is a key to identifying scotomas or blind spots. Once blind spots are identified and corrected, consultants can be more flexible as they interact and communicate with consultees and clients. Consultants and consultees can perceive the individual with disabilities either as 90% disabled and 10% capable or 90% capable and 10% disabled, a phenomenon Van Der Klift and Kunc (2002) referred to as disability spread. Those who see the client as 90% disabled may tend to provide fewer options and possibilities for independent living. When confronted with the realization that disability spread has occurred within the consultation relationship, consultants can choose to refocus on capabilities. For example, R. M. Smith (2000) observed an 18-year-old girl who was characterized by two differ-

ent professionals. One viewed her as mentally retarded, not understanding much, unable to take care of herself, and having a future requiring complete care. In contrast, the other professional saw her as academically engaged, a "people person" who enjoyed hanging out with her peers and who might thrive in a people-oriented job. Her school performance in the presence of each professional was qualitatively different. She shut down in the presence of the first one and thrived in the presence of the second one.

Another way that consultants and other professionals can change their views through their own eyes is to change their traditions by learning new research paradigms, new therapies, and new interventions, thus potentially changing their professional identities. Disciplined inquiry can range from positivist traditions to postmodernist critical theory, and the methodologies can range from quantitative (e.g., data-based, single-subject research designs that seek to describe and establish experimental control of the participant's actions) to qualitative (e.g., ethnographic and phenomenological approaches that seek to understand the participant's experience). Changing the disciplined inquiry methods (quantitative or qualitative) that are being used by the consultant can either decrease or increase the size of the scotomas, or blind spots. In fact, the particular research tradition ensures that bias or scotomas are decreased so as to increase validity, reliability, and generalizability of results.

For example, Goode (1989) described a group of consultants and professionals who regarded a resident in a group home, Bobby, as a list of faults including retardation, inarticulateness, stubbornness, and general incompetence. Observing him on videotape, they discovered that after repeated listening to his speech, which they slowed down mechanically, an incident that they thought was a stubborn insistence on remaining present at an interview of a fellow resident was in fact a sophisticated act of advocacy. "As we watched the tape we saw how our perception of him, to a degree, determined his competence" (p. 105). Other interactions they observed included Bobby acting like the cook's "pet" were reinterpreted through new eyes and found to be sophisticated survival strategies that enhanced his quality of life. "We had lost the clinical Bobby—the list of faults and hopelessness that constituted his formal identity—and we began to talk to him as a person like ourselves" (p. 207).

Another way to change is to look for one's own scotomas. A tradition for school and clinical psychologists, for example, is to enlist the support of another psychologist via supervision to ensure that one's personal views or issues are not interfering with one's practice. This practice often allows them to be more willing to hear when someone points out that they have a scotoma. The bigger the scotoma, the less they can actually see of the indi-

vidual. Communication patterns change when perspectives shift based on awareness of one's own scotomas. Table 1 displays the new questions that psychological and educational consultants might pose when operating from a liberatory perspective.

One way¹ to let go of one's own perspective and change it to the perspective of the individual with disabilities is to identify one's own assumptions. This can lead to a realization of how one's own perspective might be interfering with the perspective of the client. One method might be to have the client and the consultant both write or speak about their respective perspectives of the client to see if there is a match or mismatch. To ensure reciprocity, the client could also write or speak about his or her perceptions of the consultant. The result can assist in changing power relationships between consultants, consultees, and clients by enlisting clients as collaborators and as empowered individuals who can work toward identifying and accomplishing their own goals during the transition process. Examples of these changes from "consultant centered" to "client centered" are shown in Table 2.

A SEARCH FOR EVIDENCE OF EFFECTIVENESS OF EDUCATIONAL AND PSYCHOLOGICAL SERVICES USING PRINCIPLES FROM CRITICAL PEDAGOGY AND DISABILITY STUDIES

There is a promising literature and research base for using practices that reflect or are derived from critical pedagogy, disabilities studies, and critical psychology. To illustrate the emergence of promising practices that are consistent with these principles, we provide examples of the literature and research on the effectiveness of liberatory education, student-led IEPs, self-determination curricula, positive behavioral support, and person-centered planning.

Liberatory Education

There is an emerging literature on critical pedagogy and teacher education that suggests ways to tap into the struggle for self-awareness

¹This method was suggested by an educational consultant from The Netherlands who attended our session at The Association for Persons With Severe Handicaps conference in Chicago, December 11, 2003.

TABLE 2
Changing Roles of Consultants

<i>Consultant Centered Perspective</i>	<i>Client-Centered Perspective</i>
Leader	Facilitator and follower
Credential validates clinical judgment	Credential used in service of client goals
Diagnoses/identifies problem	Listens to client perceptions of problem(s)
Wisdom located in professional	Wisdom located in client
Isolated problems and solutions	Consider problems and solutions in social context

(conscientization) and self-determination. For example, Kluth, Nevin, Diaz-Greenberg, and Thousand (2002) described two methods many liberatory educators (i.e., those who teach using Freire's, 1972, principles) use to increase awareness of social justice issues and at the same time address the more traditional achievement of course objectives and standards: dialogue teaching and critical literacy.

In dialogue teaching, students themselves help to generate the curriculum, designing their own instructional methods and reporting their progress within a framework of consciousness-raising group dynamics. In critical literacy, students become self-advocates—for example, by watching videos or films of people with disabilities and/or life-situations similar to their own. They may write an autobiography that is then critiqued in terms of the language they use to describe themselves and their situations, comparing and contrasting their own unique problem-solving, life-affirming ways of dealing with difficulties and challenges. Using methods such as these, the liberatory educator eradicates more traditional didactic student-teacher interactions, rejects the often one-way hierarchical model of knower versus learner, and views students as people—as experts in their own lives/experiences. In the process, both teachers and students adopt the “Curious I” along with the “Reciprocal I” and “Empathetic I.”

As an example of the power of the liberatory approach in the classroom, a fourth-grade teacher taught her students to advocate on behalf of their learning styles (Zickel & Arnold, 2001). Using a four-step process, the teacher empowered her students to recognize and capitalize on their stronger learning styles/preferences. The teacher led her students through a problem-solving process to identify their strengths, weaknesses, solutions, and self-advocacy decisions. They learned “to analyze the situation and make good decisions while considering their strengths, needs, and comfort levels” (p. 72). One student informed her teacher that the required

graphic organizer to begin a writing project made her mind “go blank” and she would rather just start writing. With subsequent encouragement and permission from the teacher to do so, the student completed the essay on time. This example encourages professionals to perceive individuals as experts in their lives.

Student-Led IEPs and Self-Determination Curricula

Children and youth with disabilities and their families are familiar with IEPs direct student involvement in the process through self-determination curricula, and student-led IEPs can transform students with disabilities in several ways (Malian & Nevin, 2002; Palmer & Wehmeyer, 2003; Whitney-Thomas & Moloney, 2001). In a special issue of *Remedial and Special Education*, Malian and Nevin featured cutting-edge professional practices in both public school and university classrooms and illustrated how public school teachers and university teacher educators created meaningful instructional opportunities for teaching self-determination to K–12 students with disabilities.

Hapner and Imel (2002) described how they adapted McGahey-Kovacs' (1995) student-led IEP manual. Students with disabilities learned to communicate their needs as well as their strengths more readily with adults in their school settings, at their jobs, and in postsecondary educational settings. Students understood their disabilities and learned to describe the accommodations that were most successful for them. With this knowledge, they were more likely to ask for specific accommodations from adults outside of school. They learned to advocate for themselves in many situations. Students tended to learn more about their own preferences and were better able to select jobs and careers suitable to their individual talents and preferences. For example, Richard, a 16 year old with learning disabilities, asked for driver's education to be included as part of his IEP goals and later explained his reactions to the student-led IEP process: “School changed for me after I led my IEP meeting. My teachers understood me better; they became more helpful, like friends” (Hapner & Imel, 2002, p. 126). The teachers involved clearly operated from the “Empathetic I,” although the “Reciprocal I” was necessary for the process to proceed, as were those in the following example.

Barrie and McDonald (2002) described the step-by-step actions and decision points that they used as school district administrators to support their staff to initiate and implement self-advocacy efforts for students with special needs. In an example of the beginning stages of this process, Mc-

Donald (personal communication, June 6, 2002) explained how a parent apologized for bringing her 5-year-old daughter to a scheduled IEP meeting due to difficulties in arranging child care. McDonald, the district special education administrator, invited the daughter to participate however she could. When she asked the child to introduce the people she knew, she pointed to each person and said, "Mommy" and "You." When asked what she liked to do in school, she replied, "Draw," and was told they would make sure that was in her plan. When asked what she would like to learn in school, she answered, "Colors." This became one of her IEP objectives. At the end of the meeting, she was asked if she would like to sign the plan. She responded that she did not know how, so she was invited to draw (she "signed" her IEP with a smiley face). Although many would argue that she was too young to meaningfully participate, she not only was made a part of the process, but also began a lifelong journey to empowerment where she might, as a teen or preteen, actually chair the meeting.

Positive Behavioral Support and Person-Centered Planning

Another area based on principles of self-determination and the principle of students with disabilities as experts in their own lives is that of supporting people with challenging behaviors. There have been a variety of contemporary approaches to students' challenging or puzzling behaviors in schools, ranging from behaviorist models (e.g., Jackson & Panyan, 2002), to Glasser's (1992) quality school model, to the ecological model (Bronfenbrenner, 1979) and Gardner's Multiple Intelligence model (Armstrong, 2000; Gardner, 1985). As all the models have both important principles and limitations, the benefits have contributed to the field of positive behavioral supports with the basic premise that all behavior is meaningful communication and behavioral interventions have the goal of supporting the student to achieve excellent quality of life, which includes positive relationships with peers and adults.

Originally developed to meet the needs of students with severe cognitive disabilities, the expertise of the student lies in what he or she is trying to express, and the expertise in the professional lies in the ability to be a detective and interpreter of the student's "language." The detective-professional may find out that the challenging behavior might be due to a number of things that are relevant to the disability only in that the person is inarticulate and this is the only way he or she has figured out, as yet, to communicate needs. The problem can range from sensitivity to noise,

touch, or light to frustration with a difficult task or a history of abuse. Janney and Snell (2000) described how a functional behavioral assessment is carried out to determine the function of the behavior (e.g., avoidance, escape, discomfort, wanting something tangible, or entertainment). This consists of describing the behavior, observing occurrences and nonoccurrences of the behavior, and determining the predictability and function of the behavior. Then a plan is made to help the student get their needs met in more social and efficient ways. Student participation can range from actual collaboration to feedback on the professional's suggestions. The principles of students with and without disabilities learning the skills to function within communities and to express their needs in a setting where they are respected as full citizens are being applied schoolwide (Jackson & Panyan, 2002).

Similarly, person-centered planning, traditionally used for transition and life planning with people with severe disabilities, involves a process with the person at the center of a "circle of friends" (Falvey, Forest, Pearpoint, & Rosenberg, 2002) discussing the current situation, who the person is (personality, likes, relationships), dreams, nightmares (what we do not want for them), and goals. They then make a plan to support the person toward these goals and meet regularly to discuss progress and next steps. Examples known to us include a nonverbal autistic man currently going through the process of moving into his own home with roommates and support people of his own choosing. Another is of a very small teenager who was to be included in middle school around whom a "circle of friends" was convened for a planning process. Her mother dressed her according to her size and not her age. Her classmates at the person-centered planning meeting took over the clothes shopping, and she was observed to be soon hanging out in the halls with her friends and talking over the phone with her teen friends. (In fact, although she was nonverbal, she communicated with sounds that indicated she was listening so that her friends considered her a great listener.)

An example of combining person-centered planning and positive behavioral support and the associated process of functional behavioral analysis was reported by Artesani and Mallar (1998). Michael, a six year old diagnosed with ADHD and taking strong medication for seizure disorders, was disruptive (noncompliant, hitting, kicking, biting, pinching, poking, grabbing eyeglasses and jewelry, and screaming) in first grade and screamed when taken out of the room. Within a few weeks, two educational technicians assigned to support him quit their jobs in frustration. The consultants conducted a functional behavioral analysis to determine what tasks he wanted to avoid and which ones he preferred. After deter-

mining the behavioral functions (avoidance of difficult tasks and refusal to be interrupted during pleasurable activities), they convened a person-centered planning team to make a plan using the McGill Action Planning process developed by Vandercook, York, and Forest (1989). Because Michael refused to attend the meetings, he was interviewed on a one-to-one basis by one of his teachers. He agreed to the plan. The implementation resulted in decreased challenging behavior, increased functional communication, improved academic performance, and expanded participation in class with staff and peers.

DISCUSSION

When consultants perceive the person who is the center of planning as the chief expert, they do not offer their expertise, but instead offer their skills to support the person. They become collaborators with the person. When the person is challenging and inarticulate, they need to become detectives to figure out how to support that person. Accountability includes evoking what the individual's wants are and how the individual wants to feel when receiving services. Consultants with the perspective we describe are more likely to use their curious eye/I to discover the answers to questions such as, "What do *you* want from your consultant, therapist, coach, or support person?" They might hear such concepts as, "I want respect, authenticity, collaboration, information, options, brainstorming, and a great life!" Seeking the supports that create "great lives" releases educational and psychological consultants from the double bind of "empowering" someone they seemingly have power over toward creating a more collaborative model of shared power.

The principles discussed in this article are part of an emerging paradigm of social justice education in alignment with Prilleltensky and Nelson (2004), who pointed out that a critical psychology approach suggests that we cannot eliminate oppression "without transforming oppressive institutions and altering the basic premises of unjust systems" (p. 3). To summarize, we suggest that professional educational and psychological consultants adopt the following principles in their transition consultation practices:

1. Disability resides in the set of social relationships and outcomes of social practices that disadvantage and marginalize.
2. The lived experience of disability is valued as part of the human condition.

3. Dilemmas are vehicles for growth.
4. People with disabilities live complex lives and prefer to live as full citizens in their communities to being “normalized.” The people with disabilities are experts in their own lives.
5. All behavior is meaningful communication.
6. Goals constructed with people with disabilities include excellent quality of life, as they perceive it.

The integration of critical pedagogy, critical psychology, and disability studies can set the context for raising different questions and considering different avenues to explore with regard to consulting with and educating people with disabilities who are in transition. For example, different accountability questions emerge. Accountability is transferred from institutions to individuals; that is, the consultant and consultee become accountable to the person being supported. Results are framed in terms of quality-of-life outcomes rather than institutional outcomes. When the person with the disability (formerly known as “the client”) is a dynamic member of the transition or educational planning process, that person is considered the “expert” on his or her life’s issues. This approach supports consultants as experts in problem solving who can lead the person to ask for and receive more beneficial and self-determined outcomes for him- or herself. Research from varied fields shows that when educators and helping professionals listen carefully and take into account the whole context of the person, communication becomes more authentic, and the results become more coherent. (e.g., Jones & Jones, 2004; Kliewer, 1998; Ladson-Billings, 1994; Lovett, 1996). More coherent results mean that the individual gains skills and supports to negotiate typical organizational barriers that arise because of the segregated nature of many support systems and the gate-keeping functions that limit access to services such as vocational rehabilitation and postsecondary education. It can be a full-time job to negotiate the system, and often those without a voice need an advocate and coach such as an ombudsman to shift from being a passive recipient to an active participant. The integration of principles from critical pedagogy, critical psychology, and disability studies can overcome the societal tendency to segregate people who are different either by the specialists who work with them (e.g., educational and mental health consultants, teachers for English language learners, special educators, speech pathologists) or where the people are receiving the supports (e.g., segregated special placements like institutions and special classrooms).

Areas for Further Research

Future research in transition planning has the potential to be very informative and productive with respect to setting the parameters for working with the principles offered by critical psychology, critical pedagogy, and disability studies. Individual case studies can be conducted wherein consultants agree to vary their practice in such a way as to compare and contrast a traditional approach with a disability studies approach. The similarities and differences in processes and outcomes would provide a rich formative evaluation of the procedures and lead to implications for training and practice.

For example, a promising area of research lies in the development of school-based and professional-based policies that are in alignment with the principles of critical pedagogy, critical psychology, and disability studies. In what ways might critical psychology approaches lead to different daily practices for educational and mental health consultants involved in transitioning individuals with disabilities? For a consulting school psychologist or counselor, it might entail expanding the collaborative relationship with the consultee to include students with disabilities in the planning and implementation stages of transitioning. It might also entail a consulting role as advocate for transition procedures that result in stressing self-regulation for and goal setting with the clients.

In a recent special issue on training in consultation, Kratochwill and Pittman (2002) discussed the potential for children to act as consultees with adults. There is the potential for youth and young adults with disabilities to act as consultees to change the behaviors of adults around them. Examples would entail school or job situations where individuals with disabilities want to change professionals' behaviors and attitudes (e.g., school professionals' or job supervisors' views of the individual as capable and resourceful during transition planning). A research agenda that focuses on individuals with disabilities as equal partners would enhance our understanding of the collaborative process when disabled consultees are involved in advocating for themselves.

CONCLUSION

We hope that the integrated perspective offered by critical pedagogy, critical psychology, and disability studies can have a new ethical impact on the ways educational and psychological consultants conduct their research and practice with youth with disabilities in transition (Lerner, 2002). We propose a new goal to maximize all of our capabilities in ways that are eco-

logically and ethically coherent, where we as consultants ask new questions such as,

- Does what I am doing promote working with the entire person to support access to important resources, interactions with same age peers, and other behaviors that lead to self-determination for individuals with disabilities in transition?
- Does what I am doing take into account the social context of problems that arise and promote social justice in transition situations?
- Am I respecting the person in front of me as a complex and interesting human being that is part of a naturally diverse population (as opposed to “normal/not normal”)?

When in our roles as educational and psychological consultants, we answer “Yes!” to questions such as these. As consultants, we would then be really listening to those with disabilities, those like Norm Kunc (personal communication, July 17, 2003), who reminded us, “I am part of the normal distribution! I am not broken!”

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