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INTRODUCTION

Based on my experience as a special education teacher and as an educational director in a day treatment center, it is my impression that teachers are inadequately prepared to assume leadership roles in clinical settings, expecially as members of interdisciplinary teams. Although this particular problem affects only a small percentage of teachers, the educator's experience in an interdisciplinary team reflects many of the difficulties all teachers encounter in the course of their work. In some ways, the interdisciplinary team is a microcosm of the larger community.

Little attention has been paid to the teacher's role in the interdisciplinary team. Although Mackie, Kvaraceus, and Williams recommended in 1957 that team participation be made an integral part of the special education teacher's training, there is nothing in the literature to indicate a significant response to their suggestion. Today some teachers are exposed to team interaction during fieldwork, but most are not. Many special education books describe the composition and purpose of the interdisciplinary team, but fail to explore the dynamics or the skills required for effective participation. The complex role of the teacher remains largely undefined.

At this point, it is important to note that the focus of this paper is the interdisciplinary team rather than the multidisciplinary team. There are distinct differences between the two. In the multidisciplinary team, roles are generally discreet and job specific. With the exception of the educational evaluator, the teacher's participation relates to the disposition of a particular case and is therefore limited in time and scope. In contrast, roles in the interdisciplinary team tend to be ambiguous. Since integrated team work is the core of the clinical treatment model, interaction revolves around the integration of services and the formulation and review of ongoing treatment plans for a [illegible]atic population. Team participation and team relationships [illegible]tend over a long period of time.

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REVIEW OF THE LITERATURE

A fairly comprehensive review of the literature indicates that there has been very little published concerning the teacher's role in the interdisciplinary team. However, in anticipation of PL 94-142 and after its passage in 1975, articles discussing multidisciplinary teams began to appear in a variety of professional journals. There have also been periodic studies of the interaction between teachers and clinicians, especially in consultant/consultee relationships, as well as commentaries by other professionals on their perceptions of teachers and their training. Although none of these articles spells out the teacher's role *per se*, some general inferences about the role can be made from studies of clinical/educational team functioning and interdisciplinary relationships. What gradually emerges is an indirect description of the role assigned to and assumed by teachers and of their inability to alter that role because of the inadequacies of their training and the nature of their work.

The basic structure of the team has initial impact on the teacher's role since one of the most significant features of a team is its tendency to develop a hierarchy based on professional status (Gilliam, 1979). In mental health settings, Lang has pointed out that status is strongly related to clinical training. There is a clear division of labor which distinguishes between the work of diagnosis and the work of patient management. These tasks are not considered of equal importance. Workers with descending degrees of medically based knowledge are relegated to positions which have "proportionally less status, perceived competence, responsibility, and perrogatives" (Lang, 1982: 159). Team interaction, Lang concludes, is based on "structured inequality and democratic cohesion" (Lang, 1982: 164).

In clinical settings, the most powerful role is that of psychiatrist; in school settings, the psychologist assumes similar prominence (Hyman et al., 1973). Those vulnerable to being cast in low status roles on teams are direct care staff, often viewed as inferior or of less importance (Bailey, 1984). If, as research indicates (Yoshida, 1980), role expectations influence a team member's functioning, it is relatively predictable that those in high status professions will assume leadership positions. Conversely, the participation of low status members may well be inhibited by their diminished expectations. In fact, one study of team members' self-perceptions shows that psychologists (accorded high status) rate themselves

high in participation, as do social workers. Teachers, on the other hand, see themselves as much less active participants (Yoshida, 1980). Their relative inactivity may reflect their acceptance of the low status assigned them.

Not uncommonly, interdisciplinary tensions occur among team members. Some of them, as Bailey noted in his study of team functioning, are "inherent in trying to interact in a truly integrative fashion"(Bailey, 1984: 20). Abelson and Woodman's (1983) research indicates that a particular source of tension is the formulation of team goals, with each professional conceptualizing goals in terms of his/her own discipline. Tension may arise either from lack of understanding of the goals of other disciplines or from lack of respect for those goals. Goal related conflict is most likely to occur between psychiatrist (or psychologist) and teacher, since the former formulates goals in terms of individual treatment and the latter in terms of the child within the group. The teacher is frequently the only member of the team whose experience provides this different view of the child.

Many authors have tried to identify the causes of team conflict. While Abelson and Woodman conclude that a subtle lack of trust between team members is the basis of conflict, Pfeiffer (1980: 391) feels that it occurs because "each discipline tends to overrate its own importance relative to all other disciplines on the team." According to Pryzwansky (1981), differing terminology and definitions, as well as professional orientation, underlie conflict and lead to territorial struggles.

Whatever the cause, Hyman et al (1973), have found that team members perceive conflict from different points of view, depending on their training. As a result, they tend to cluster by professions. When the reactions of three disciplines (psychologists, social workers, and learning disabilities specialists) to unresolved conflict were compared, distinct patterns of conflict emerged. Social workers, who tended to see themselves as conciliators, felt helpless in resolving specific conflict. They most often favored majority vote. Learning disabilities specialists felt competent to resolve conflicts regarding educational issues, but, when challenged, called for majority vote rather that make the final decision themselves. Furthermore, learning disabilities specialists felt they should not make the final decision.

In contrast, psychologists, exercising the power inherent in their

high status positions, did not hesitate to make the final decision. It is interesting to note that of the three professions included in this study, learning disabilities specialists (teachers) were most conscious of the status of those with whom they were in conflict and responded differentially in accordance with that status.

The Hyman research also reveals that, although psychologists generated a great deal of hostility because of their controlling positions, they actually perceived a wider range of possibilities as affecting decision making than did either the social workers or learning disabilities specialists. In general, psychologists were more politically astute, placing decisions in a broader context. Neither social workers nor learning disabilities specialists (teachers) felt that political factors in the community were relevant to the decision making process; psychologists did. It seems likely that this lack of political awareness, expecially in combination with a sensitivity to status, affects the teacher's ability to function optimally on a team.

Teachers, as viewed by other professionals, are ill equipped to participate effectively on teams since little in their training has prepared them for collaborative work. There are many references in the literature to the inadequacy of teacher education programs. In one study, Babcock and Pryzwansky (1983: 364) comment that teachers are not trained in the relevant areas of communication and joint decision making; consequently they lack the skills "required for professions to engage in reciprocal interactions." Pryzwansky (1977 and Pryzwansky and White, 1983), who has written extensively about team functioning, states in other articles that special education teacher training provides only limited experiecnce in problem solving and the give-and-take required for collaborative group process. Smith and DiBacco (1974: 165) confirm this view, adding that teachers are more used to "giving the problem away" for solution than negotiating with others toward a common resolution.

In Schiffer's book (1969: 192) on therapeutic playgroups, he discusses the difficulties in establishing collaborative relationships between therapists and teachers. He particularly notes the defensiveness of teachers, stating that their sensitivity toward clinicians "verges on open suspicion." He relates this attitude to teachers' feelings about their own professional supervision, a process that emphasizes ratings, evaluations, and the importance of relationships with those in supervisory/administrative positions. In effect, the teachers' supervision is a continuous "measuring process

primarily concerned with determining professional adequacy." As a result, the teacher's ability to establish trusting, mutual relationships with other professionals is undermined. A similar viewpoint is expressed by Rich and Bardon (1964) in their exploration of the difficulties involved in establishing productive working relationships between psychologists and teachers.

While Schiffer's and Rich and Bardon's analyses are undoubtedly correct, clinicians' attitudes toward teachers must also be taken into consideration. In a 1970 article proposing a model for multidisciplinary team training, Buktenica admonishes young pychologists that they "must be willing to learn from teachers and accept them as equal partners" (222) in a team endeavor. He sets as one of his specific goals that psychologists "develop appreciation for and understanding of the classroom teacher." (221) Although well intended, the condescension in these statements is obvious. Nowhere in the literature did I find articles proposing that teachers try to understand psychologists, nor ones admonishing them to accept psychologists as equal partners.

In an effort to understand the teacher's difficulties in establishing collaborative interaction, several authors have scrutinized the teacher's workplace. Smith and DiBacco (1974: 165) point out that teachers are accustomed to bureaucratic hierarchies and directives. When, as team members, they are expected to participate in cooperative decision making, they may hesitate because collaboration requires "behavior nor heretofore rewarded." In another analysis, Pryzwansky (1974: 582) focuses on the isolated, individualized nature of the teacher's role and the limited opportunities for joint problem solving, "except after school when most teachers' energy supply if low." The educator's environment, he concludes, encourages and reinforces what he describes as an "acollaborative orientation."

Many articles discuss the fact that the work style and specific skills required for success in the classroom can be counterproductive to the teacher's effective team participation. Classroom life is geared to the here and now. The teacher's survival often depends on quick thinking and immediate action. As a consequence, teachers have only limited opportunity to develop long-range problem solving skills (Pryzwansky, 1974). Since their major responsibility is classroom management, they seek direct solutions to their problems (Medway and Forman, 1980). They tend to screen information for

its usefulness (Galloway and Whitfield, 1980), preferring practical suggestions in concrete form (Pryzwansky, 1974). Being oriented toward implementarion, teachers find analytic approaches uncomfortable and thus are less satisfied with the process of team deliberation than are team members from other disciplines (Yoshida, 1983).

A number of other characteristics that may inhibit teachers' participation in teams are noted in the literature. One article describes the "dependent, submissive nature" of many teachers, yet their reluctance to ask for help (Pryzwansky, 1974: 582). Another study discusses teacher's tendency to feel guilty, and possibly become defensive, about children whose problems they cannot solve (Rich and Bardon, 1964). This idea is expanded by research that indicates teachers define their success in terms of their pupils' behavior rather than in terms of themselves (Harootunian, 1980) . When tied in with observations such as the one that teachers are more responsive to the affect than the content of consultations (Medway and Forman, 1980), it becomes clear that teachers tend to depend on others for a sense of self worth. This not only interferes with their ability to interact appropriately with peers, but can also lead to team dysfunction.

DISCUSSIONS

When a composite is made from these articles, a picture of the teacher as team member develops. It is an interesting example of how the vulnerabilities of educators intertwine with the biases of their colleagues. Accorded low status because of their relative lack of clinical training and their close proximity to the clients, teachers are less active participants in teams and therefore less satisfied with team interaction. Their relative inactivity is due in part to their heightened sensitivity to status, but also to the fact that they lack training in shared problem solving techniques. Their unique view of the child, based on their work in the classroom, creates goal conflicts with clinicians who think in terms of individual treatment plans and may not sufficiently consider the child in a group.

In contrast to their orientation toward children in groups, teachers themselves are "acollaborative." Isolated from peers by the nature of their work and untrained in group decision making skills, they tend to go it alone. The immediacy of the classroom environment makes

them impatient with the long-term focus and lengthy negotiation of team interaction. Their awareness of--and acquiescence to--their low status in the team further alienates them.

Teachers' defensiveness comes not only from awareness of their diminished role in the team, but also from the judgmental nature of their training and supervision. Their experience leaves them wary, unwilling to take risks or ask for help. The condescension of their clinical colleagues reinforces their sense of inadequacy. Lacking self esteem and political awareness, they are unable to effectively challenge the power structure in which they find themselves.

From my own observation, I would add that teachers unwittingly contribute to their secondary role in teams. They are amazingly unsophisticated about issues of power and authority. As Nyberg comments (1981: 535) in his discussion of educators and power, "One is more likely to hear singing in a bank than serious talk of power in relation to education." And yet, power is an important force in all organizational structures; it is palpable in the interdisciplinary team. Teachers must acknowledge its existence and their responsibility to become active rather than passive participants in the distribution of power, for, as Kanter states, it is "powerlessness that corrupts" (1981: 560). Involvement in the power structure is not optional; how one deals with it is a matter of choice and skill.

Many of the negative characteristics attributed to teachers may well stem from their sense of powerlessness. In Kanter's study (1981) of organizational power, she explores at length the relationship between power and function, and the ways in which a feeling of powerlessness affects interaction. It is her belief that those who lack power turn to control and criticism, tending to insulate and protect themselves by becoming "turf-minded." She concludes that those who feel empowered not only make better collaborators and leaders but also accomplish more.

Teachers are frequently more self-conscious than self-aware. They seem not to notice the messages they send through their nonverbal communication in interdisciplinary meetings. It is interesting--and appalling--to note how teachers automatically choose to sit in children's chairs if there are not enough adult chairs for everyone, how often they choose to sit at the periphery of the group rather than at the center, how little space they frequently require. Although done willingly and without apparent thought, if one believes the studies by Haber (1982), Lee and Ofshe (1981), and Leffler, et al (1982),

all of these gestures must have negative impact on the teachers' status and their acceptance as peers in the interdisciplinary team.

Although I could find no reference to this in the literature, it is also my observation that teachers develop many skills with children that they do not effectively transfer to their work with adults. For example, most teachers are highly skilled negotiators with children, but seem unable to adapt these skills to their interaction with adults. I have frequently seen teachers expertly negotiate solutions with children in their classrooms, then be totally unable to engage in problem solving with adults in team meetings. Since one would expect it to be easier to negotiate with rational adults than with irrational children in day treatment, some interesting questions can be raised about the nature of the teachers' communication difficulties. Although some of the problem undoubtedly relates to a lack of training, other factors must be involved.

In this paper, I will not try to explore this observation fully, but I will note that the marked difference between teachers' interactional skills with children and with adults seems more related to dynamics than training. When combined with the observations of teachers discussed earlier in this paper, two related issues appear to be involved: an overidentification with children and an incomplete development of autonomy. I would postulate that these form the core of teachers' interactional difficulties and are the basis of many of the problems teachers encounter as participants in interdisciplinary teams.

If one looks at Katz's developmental stages of teachers, it becomes obvious that many teachers are simply not professionally mature enough to meet the complex demands of interdisciplinary team work. Certainly stage one teachers, preoccupied with survival and in need of support, comfort, and reassurance, will find team interaction intimidating. It is not until the second stage, consolidation, that teachers are ready to use the resources offered by specialists from other disciplines and to mutally explore problems with them. Only at the fourth stage, maturity, are teachers likely to be comfortable with the more abstract deliberation of interprofessional teams. Unfortunately, a large number of special education teachers have gone on to social work or clinical psychology by the time they achieve that stage.

In summary, teachers enter the interdisciplinary team at a disadvan-

tage. They are accorded and tend to accept low status in comparison to more clinically oriented staff. They have had little training or experience in team interaction, therefore have not acquired the skills necessary for effective participation. In addition, since educators are unsophisticated in their understanding of power and adult group process, they shy away from conflict and decision making. Their training and supervision have reinforced acceptance of authority rather than equal participation in the exercise of authority. And finally, their classroom experience has fostered the development of a style and viewpoint counterproductive to team interaction.

Yet, since they are most directly involved with the children, teachers are vital to the team's understanding of the clients' day-to-day functioning. They must be able to communicate what they observe in their classrooms, to formulate pertinent questions, to constantly integrate theory and practice, and to translate individual treatment plans into the group milieu. Their role is pivotal, yet few teachers seem aware of the complex skills required to perform effectively.

It is, however, relatively easy to identify the skills that seem essential from reading the literature: awareness of and expertise in the issues of power; understanding of group dynamics and group process; collaborative skills, including the ability to negotiate and participate in joint problem solving; communication skills; self-esteem, professional assurance, and the willingness to take risks. It is astonishing to recognize how few of these skills are addressed in teacher education, both in special and regular programs, or through traditional forms of supervision.

IMPLICATIONS

If the role of the teacher in an interdisciplinary team is as demanding and the preparation as inadequate as this survey indicates, there are serious implications for the field of special education in particular and teacher education in general. Those responsible for the design of training programs must begin to revise them so that they provide the kind of experience necessary for effective participation in interdisciplinary teams. Emphasis must be placed on adult communication and group problem-solving skills. Fieldwork should include participation in an interdisciplinary team, with conference groups focusing discussion on group process, team dynamics, and the power structure in clinical/educational settings. If possible, the training experience itself should be shared with students from other disciplines.

For the educational administrator/supervisor in the field, the implications are also clear. To be an equal partner with clinicians requires confidence and a strong sense of one's own worth. These characteristics frequently need nurturing, and may not have been adequately supported during a teacher's early training. Traditional models of supervision do little to encourage their development. The process of direction, performance, and judgement is more likely to demoralize and alienate the teacher than encourage him/her to take new risks.

If the teacher's role is to be one of equal responsibility and authority with other members of the interdisciplinary team, the teacher must be engaged in a supervisory relationship that encourages growth. The supervisor has two main modalities in which to work: individual supervisory sessions and group meetings. Each format can be modified to strengthen the teacher's collaborative skills and reinforce a sense of competency. Since a large part of team interaction depends on negotiating skills, these must be emphasized in both individual and group meetings.

Opportunities to develop adult negotiating skills occur everytime there is staff disagreement, but supervisors often move in quickly to ensure staff harmony. Supervisors must curb this tendency, no matter how expedient, and allow teachers to negotiate their own resolutions. Moreover, the supervisor's role must be that of facilitator rather than judge. Mediation of staff differences, time consuming as it is, must take the place of quick answers and smoothed-over conflicts. It is through the experience of this process that teachers gain confidence in their ability to deal with other adults.

An attitude of facilitating negotiation between those in conflict must reach beyond the immediate educational staff to include interactions between teachers and other professionals on the team. Although it is often easier for the supervisor, who is more readily available, to settle interdisciplinary disputes between teachers and clinicians, it is counterproductive to do so. It is more advantageous for group process and for the teacher's development if the supervisor steps into the classroom for a few minutes while the teacher negotiates directly with the colleague involved. This kind of accommodation requires flexibility on the part of the supervisor, but it allows the teacher to assume greater authority with peers.

Although the instinct of many educational supervisors in clinical settings is to defend their flocks (not without good reason), it is more productive to work toward their empowerment. A basic task of

the supervisor, then, is to educate staff about organizational power and authority. This is best accomplished through direct involvement in the decision making process. By gaining first hand experience in wielding power, and understanding the difference between informed and passive consent to power, the teacher can more effectively conceptualize her role in relation to others and appreciate the importance of active participation in group process.

Individual supervision must also reflect the supervisor's willingness to join in a collaborative effort with the teacher. Teachers have ideas of their own about their needs and the challenges they are ready to accept. Although the supervisor must always remain aware of the best interests of the children, he/she must be responsive to the developmental needs of staff. Individual supervision can become a dialogue between supervisor and teacher, addressing the teacher's own professional concerns as well as the issues introduced by the supervisor. Not infrequently, the concerns of teacher and supervisor easily integrate into a common focus. Evaluation can then relate to mutually established goals and guidelines.

Throughout this process, it is imperative for the teacher to see this relationship as a collaborative one designed to facilitate professional growth. If a sense of trust and mutuality can develop between supervisor and teacher, perhaps it can gradually be transferred to team relationships as well. In the process of developing shared supervisory goals, the teacher gains experience in communicating ideas and negotiating with another adult whose viewpoint is bound to be somewhat different from his/her own.

With this broader concept of supervision and the supervisory relationship, teachers may finally gain the confidence and negotiating skills necessary to assume leadership roles in interdisciplinary settings. No two teachers will simultaneously achieve the same level of competence or authority, but all should be involved in an ongoing process of professional and personal maturation. Moreover, teachers involved in this type of supervision should see themselves as adults, who, although they work with children, are capable of assuming adult roles in their workplace.

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