



Preface

The role of teachers in the diagnosis and management of students is a multifaceted one that requires a broad range of knowledge and skills. Diagnostic skills may not be sufficiently addressed in some teacher preparation programs, especially when such programs explore their application to the specialized requirements of working with children who have medical and psychosocial problems. The mainstreaming of children with medical and psychosocial problems has markedly expanded the role and professional tasks of teachers, who are now teaching a more diverse population of students. Moreover, because of significant advances in medical care and technology, more children with medical problems are now in school programs and need or are receiving medical attention than there were in former years, when advanced medical procedures were not available.

Teachers can play a significant role in the early identification of students with medical and psychosocial problems, especially when the manifested problems are minor or even moderate. Obviously, a child with severe and profound disabilities most likely will be identified by physicians and parents or other caregivers early in the life of the child. Teachers' professional responsibility to be alert to the existence of medical and psychosocial problems may require an additional task, that is, the need to refer a student for in-depth diagnosis and possible treatment. To expedite such referrals, teachers, consequently, must know whether or not a procedure has been established in the particular school or school system. Teachers must also be knowledgeable about existing school-system-based therapeutic and counseling services as well as those resources available in the community.

WORKING WITH PHYSICIANS AND RELATED PROFESSIONALS

Key Questions to Be Addressed by Teachers

1. What behaviors has the student demonstrated that suggest that he or she may have an undiagnosed medical problem? Are these



behaviors within normal limits, or should a referral be made to a designated staff member, to a primary or medical specialist, to a related service provider (e.g., a physical, occupational, music, or art therapist), or to a speech pathologist?

2. What are the objectives and goals of the specific therapeutic modality, and what are the techniques and materials employed by that specific profession?
3. What medications has the physician prescribed? What are their side effects? What is to be done in a medical emergency?

In addition to working with physicians and related professional service providers, teachers must be knowledgeable and skillful in working with parents or other caregivers of students with medical and psychosocial problems. Many parents of children with disabilities will experience more severe interpersonal, financial, and social problems than will parents without children with disabilities. These parents more likely have many more problems in dealing with their child, with their non-disabled siblings, and with each other. Communicating and collaborating with parents or other caregivers of children with medical and psychosocial problems requires much more effort on the part of teachers.

WORKING WITH PARENTS AND OTHER CAREGIVERS

Key Questions to Be Addressed by Teachers

1. What are the learning and behavioral objectives and goals that parents and caregivers have identified that they believe should be assigned a high educational priority, to better facilitate the improved functioning of their child?
2. What skills is the child demonstrating on a partial or regular basis?
3. What activities, toys, and other items does the child enjoy playing with or using in a functional manner?
4. What particular skills and behaviors are the parents, teachers, and caregivers encouraging and working on? What materials are they using when they engage in these selected teaching activities?
5. What techniques and materials do they use in rewarding their child when he or she shows progress or engages in appropriate behavior?
6. What techniques and materials do they use to modify the child's inappropriate or destructive behavior?

7. What recommendations or suggestions have they made both in informal meeting and during the Individualized Education Program (IEP) process regarding education planning and teaching and behavioral management?
8. What are the best ways for teachers to communicate with parents and caregivers so that they can assist in helping the child acquire needed skills, with special attention to fundamental life skills, and most important, how can parents and caregivers assist teachers in developing functional skills in the real-life setting of home and community?
9. Will parents and caregivers be willing to assist the teacher in helping the child by working with him or her in completing home assignments? Will they also be willing to assist by practicing and reinforcing the work that is ongoing in the classroom?

Finally, in their instructional experiences, teachers must devote sufficient time and effort to addressing the individual needs of all students, a task that is difficult when teaching in a group setting, especially when the group is too large and/or too diverse. Students with medical and psychosocial problems, by their very nature, will have atypical problems that must be addressed. When these students are being taught in a mainstream setting, the challenge is a great one because of larger classes and the greater diversity of the student population.

Furthermore, teachers must direct their attention to meeting the needs of the whole child in terms of the type and severity of the particular treatment and the specific educational and treatment plan. Obviously, when teaching a student with medical and psychosocial problems, a holistic emphasis is more difficult. Teachers, however, need to be aware of the possibility that too great a focus on the disability may result in forgetting the other qualities and needs of the child.

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