EDUCATIONAL PSYCHOLOGISTS AND CHILD PSYCHIATRISTS COLLABORATING FOR INCLUSIVE SCHOOLING

PETER UNDERWOOD CENTRE
UNIVERSITY OF TASMANIA
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DR. BJØRN HAMRE
(RESEARCH IN COLLABORATION WITH KRISTINE KOUSHOLT, SØREN LANGAGER AND LOTTE HEDEGAARD-SØRENSEN)
DEPARTMENT OF EDUCATION,
AARHUS UNIVERSITY, COPENHAGEN, DENMARK
BACKGROUND: INCLUSION AND EXCLUSION

- Research program: *Inclusion and exclusion in the welfare-state*, Department of Educational Sociology, Aarhus University

- Chair of the Danish board of the Nordic Network on Disability Research (NNDR.dk)

- Ph.D. in Education, Aarhus University (2013); MA in History and Education

- Research question: *How does constructions of normality and deviancy relate to processes of inclusion and exclusion in schooling?*
RESEARCH INTERESTS

* Schooling and special needs education in a historical perspective

* Inclusive education and inclusive politics

* Diagnosing of students

* Testing and school reforms
3 TRENDS IN SCHOOLING IN DENMARK

- Inclusive politics in Denmark -> The Salamanca Declaration (1994) and the Act of Inclusion (2012)

- The increase in the number of children defined under the child and youth psychiatric assessment as ‘diagnosis kids’ (Langager 2014).

- Focus on testing, academic skills and individual potentiality -> national tests (2005) and school reform (2014) (Kousholt & Hamre 2016)
Since the 1990s ‘school for all’ and the ‘unified school’ have been essential buzzwords in interpretation of schooling in Denmark, and the school has since the 1960’s been seen as the welfare state's most important tool in the fight against social inequality.

- Differentiating teaching, rather than differentiating students (the 1993 School Act)

- Progressivism (a strong tradition of reform-pedagogy) combined with educationalization
THE NEW INCLUSION ACT (2012)

- A new definition of special education and other kind of special educational assistance

- Special education and other special educational assistance covers only support for children in special classes and special schools with the need for nine hours training a week or more. When it comes to students with the need of less than 9 hours support per week, there must no longer be a decision of special education.

- The law applied to almost Danish 49,000 students who at a stroke went from having special needs to be included in the regular school. Specifically, the aim was that the proportion of students in general education in 2015, should have increased from 94.4 percent to 96 percent of the total number of pupils in primary schools.
“Denmark (has) a relatively small number of academically strong pupils. If their academic level, and thus the professional level of the Danish Folkeskole (primary and lower secondary school) are to be improved, it is essential that all pupils have the opportunity to reach their full potential, so that we can cope with the increasing international competition”

(Text on the Danish School Reform, 2013, p. 1,).
OBJECTIVES OF THE REFORM:

- To challenge all the pupils so that they can be as clever/skilled as they have the potential to be
- To enhance equality – lessen significance of social background according to academic skills
- To enhance the well-being of the children
SPECIFIC PERFORMANCE GOALS:

1) At least 80 per cent of the pupils must be good at reading and arithmetic in the national tests,

2) The proportion of excellent pupils in Danish and maths must increase from year to year,

3) The proportion of pupils with bad results in the national reading and maths tests must be reduced from year to year

The goals are related to the role of national testing.
THE IMPLEMENTATION OF NATIONAL STANDARDIZED TESTS

- National standardized tests - the central tool to measure whether the targets put forward will be met - > making the tests a more powerful part of the Danish educational system (Kousholt & Hamre 2016)

- The national standardized tests signed into law in 2006 and were fully implemented in 2010 during a right-wing government period

- Supported by the social democrats even though standardized testing is not traditionally their agenda.
PRESENTING THE DANISH NATIONAL STANDARDIZED TESTS

CAT: Computer adaptive testing: multiple choice, mandatory and centralized – open ended answers not possible

Adaptive – the level of difficulty - dependent on the pupils’ answers; i.e., when a child answers one task correctly, a more difficult task will be presented for that child, and in case child answers incorrectly, an easier task will be presented....

Point: To make pupils shapeable potentiality visible (Kousholt & Hamre 2016)
A CRUCIAL PARADOX

- A Danish study on inter-professional collaboration between psychiatrists and psychologists about children in difficulties

- As educational policies push the field of schooling to be more inclusive we experience a huge rise in children diagnosed with medical diagnosis (Langager 2014)

- Which role diagnostic knowledge can have for teachers in classrooms? Diagnostic knowledge cannot stand alone as a basis for action, but should be considered in relation to teachers’ overall training and teachers situated professionalism (Hedegaard-Sørensen 2013).
DENMARK - AN EDUCATIONAL CASE-STUDY

- The Danish school system has been known for the unusually large number of students referred to special schools, special classes or segregated settings in mainstream schools.

- In the years after 2010 this special educational practice changed radically. The overall policies favoring inclusion have seen a reduction of two-thirds in the number of pupils in general special education, and has almost halved the number of pupils referred to special institutions; typically with various diagnosed developmental disorders (including ADHD and ASD).

- A change in role status and goals for the traditional educational-psychological assessment and counselling work related to local schools has become part of the inclusive agenda.
COLLABORATION BETWEEN PSYCHOLOGISTS AND PSYCHIATRISTS

- Experienced as hierarchical by the educational psychologists, though a perception of greater equality than before

- The collaboration a place where certain conditions of possibility in relation to the inclusion of children with diagnoses are produced

- The hierarchy between the cooperating professions is reflected in two possible understandings of the child’s difficulties, or two possible truths about problem understanding, which will affect the didactics in the educational context -> the role of the teachers?
INTERNATIONALLY THE POLITICAL AGENDA IS ON INCLUSIVE SCHOOLING. HOWEVER, DESPITE COMMITMENTS TO THIS AGENDA, IT HAS BEEN CLAIMED IN RESEARCH THAT SPECIAL EDUCATION IS UNLIKELY TO DISAPPEAR (TOMLINSON 2013).

WE ARGUE THAT THE PSYCHIATRIC PERSPECTIVE LEADS TO A DOMINATION OF MEDICAL AND CLINICAL DIAGNOSIS IN THE WAYS CHILDREN’S TROUBLES ARE INTERPRETED.

The increase in the number of children defined under the child and youth psychiatric assessment as ‘diagnosis kids’ (Langager 2014).

The role of neuroscience in education (Rose 2006) -> The psychiatric assessments tend to recommend specialized settings with the argument that children will benefit from them.
"The government will adjust the guidance material, so it is clear that special education cannot be awarded solely on the basis of a diagnosis".  
(Local Government Denmark 2010)

"In connection with the desire for a transition to increased inclusion, and the new legislation of 2012, which amended the concept of special education, the need has also arisen to change the existing categories for referral to special education. The desire is to move away from the classic diagnosis and towards a broader focus on special educational needs. (Danish Ministry of Education 2013)"
“...WE HAVE TO DESCRIBE A MONSTER”

“To get help to work with the difficulties the boy is in, we have to describe a monster,” states one teacher when describing the problems with pushing through proposals for special help and support (Røn Larsen 2011).

With the inclusion school policies and the concurrent increased attention given to pupils with possible diagnoses like ADHD, educational psychologists in schools are finding it increasingly difficult to understand their professional roles.

It is important to stress the distinction between problem understandings like general learning disabilities that is grounded on the everyday life of the pupils in schooling and developmental disorders like ADHD or ASD.
QUALITATIVE STUDY

- A total of eight educational psychologists from Children and Young People’s Services Department of the Municipality of Copenhagen were interviewed for the project.

- Four were from educational psychological counselling within the normal range, i.e. the department which covers students to be returned to mainstream education.

- Four were psychologists from the specialized area, i.e. the department which is responsible for advice in connection with students who have been deemed eligible for special schools in the City of Copenhagen.
Neither psychology nor psychiatry reflects a neutral scientific position; they represent discursive forms of power, producing different kinds of truth about the student who is assessed as problematic (Foucault 1992).

Diagnosing and medicating have won ground in the understanding of children’s difficulties at the expense of the role social and environmental factors used to play in understanding these difficulties (Bryderup 2011; Hedegaard-Hansen 2011; Langager & Sand Jørgensen 2011)

‘Psychiatrisation’: phenomena which before were seen as a part of human life are to a greater extent becoming described by medical pathological and psychiatric terms, where disruptive or restlessness behavior, for example, becomes ADHD (Brinkmann 2010).
THE DOMINATION OF PSYCHIATRY IN COLLABORATION

- “For me, it’s all about who has the power of definition and it’s about professional imperialism” (Psychologist F).

- Years ago, we might have a statement that read: “he must have a special school” – and so we thought, stay away from it ... I can’t point to concrete measures, we need to create a collaboration. We also meet changes in psychiatry. We’re not as far apart today. There are, of course, descriptive diagnoses that you give, such as Asperger’s, right? It’s not so much the diagnoses but the descriptions. We’ve talked ourselves into each other, and we can move forward. (Psychologist D)
Although it is no longer a legal requirement, the culture of collaboration still emphasizes psychiatric assessment as the basis for referral to special entitlements.

In the interviews the collaboration between psychologists and psychiatrists is described as ambivalent, but it is handled pragmatically.

The educational psychologists are more committed to the inclusive agenda, which implies a break with the individual-oriented view of the child, and the troubleshooting culture that has been prevalent in psychological examinations and assessments.
THE PSYCHOLOGISTS AS MESSENGERS OF THE DIAGNOSTIC KNOWLEDGE

- When the children are described (diagnosed) at one of the centres, it’s often not the psychologists who do things. It seems a little strange that it’s often the psychiatrist who says what needs to be done when it’s still the psychologist who must carry it on to the special school. (Psychologist E)

- This role of psychologists forge them to move from a mono-professional expert advisory role towards a more multi-disciplinary consulting role, which requires them to take the initiative for context-based solutions, in collaboration with the schools.

- Psychiatrists are not similarly committed to the schools’ inclusive agenda
“I’ve experienced that they (child psychiatrists) write that children with ADHD are at increased risk of getting into crime and abuse, so they write that if the child does not receive the right support he or she will develop risk behavior. I wondered why they had written it. It’s something else if they’re specific and, for example, write about a need for visualization, or social training, so it’s usable in a completely different way.” (Psychologist B)

These examples also point to the potential problems that can occur when descriptive knowledge as a diagnostic problem understanding is transferred into practical knowledge that can be made actionable in a concrete educational situation.
“For example, I have a child with infantile autism who is to be included into the school. While the nursery school is already worried about how he will cope with the 5th grade, I try to get them to think just three months ahead, then schooling comes much more into focus” (Psychologist A).

There are several issues apparent here; on the one hand, we are dealing with a situation in which the diagnosis is attributed an almost prophetic significance and, on the other hand, this example shows how a one-sided focus on the school’s goals and expectations can inadvertently reinforce its diagnostic focus on the child.
Institutional arrangements in the schools around children receiving special education, tend to maintain the pupil’s difficulties as a problem understanding, and thus the possibility of involving the child’s perspective is overlooked (Røn Larsen 2012; Røn Larsen 2016).

Diagnostic understandings are constructed in school administration meetings around pupils being assessed as problematic (Hjörne & Säljö 2004).

Psychopathology at school - the trend towards increasingly viewing children and young people who exhibit risk behavior in schools as demonstrating psychiatric difficulties that call for medication (Harwood & Allan 2014).
Inclusive education and the question of an *emerging psychiatric hegemony* in schools’ educational practice?

If the inclusion policy is to be realized in the coming years, this will mean that children with diagnoses and children in various learning difficulties become a permanent part of the mainstream learning environment.

This means that the children’s group will consist of a greater diversity of pupils and pedagogy and teaching cannot be directed predominantly towards ‘the majority’, but must increasingly be adapted to diversity.
In empirical research about diagnosed pupils in learning environments across mainstream and special learning environments (Hedegaard-Sørensen & Tetler 2011 & 2016) it is found that teaching and pedagogies are not generated by psychiatric knowledge about diagnosis.

Teachers are ‘situated professionals’ (Hedegaard-Sørensen & Tetler 2016; Hedegaard-Sørensen 2013), who draw on a multitude of theoretical perspectives and combine them according to specific pedagogical situations.

Teaching is first and foremost a pedagogical task and cannot be understood in terms of evidence-based practice (Biesta 2012).
The challenge for school policy in the coming years is to support collaboration between different groups of professionals (psychiatrists, psychologists, teachers from special schools and teachers in mainstream schools).

The question among them could be how to treat children differently without stigmatizing anybody?

And how to combine different theoretical perspectives in practical solutions in the practice of teaching.
FINAL SUGGESTIONS - II

- It is important for the diagnosis to be envisaged within the teacher’s didactic framework of understanding, whether it is in general or special education - the inclusive mind-set implies a need for diagnosis and problem descriptions in general to be considered in the context of the educational practice of the teachers.

- The inclusive challenge requires two important and related strategies:
  1) a new orientation in educational daily life that stresses a psychological learning theory perspective that goes beyond psychiatric behavioural characteristics.
  2) a new didactic understanding of the organization of teaching and professional learning goals that meet the ‘new students’ cognitively in the classroom.