Visiting Teachers and Students with Developmental Disabilities

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The profession of school social work began in 1906 but was not recognized in federal legislation for students with disabilities until nearly 70 years later. However, since 1906, school social workers have worked with students considered at-risk for academic failure, including students with disabilities. This article highlights the beginning of the visiting teacher movement, from 1906 through 1920, with a particular emphasis on the role of the visiting teacher within the context of working with students with developmental disabilities. Implications for school social work practitioners are discussed.

KEY WORDS: developmental disabilities; education; school social workers; students with disabilities; visiting teachers

School social work was not defined by the federal government until 1975, when the Education for All Handicapped Children Act (P.L. 94-142) became law (Morrison, 2006). Throughout the 1980s and 1990s, educational legislation, such as the Education of the Handicapped Act Amendments of 1986 (P.L. 99-457), the Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988 (P.L. 100-297), the Individuals with Disabilities Education Improvement Act of 1990 (101-476), the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (P.L. 108-446), and the American Education Act (P.L. 103-227), continued to place importance on the role of school social workers for students with disabilities (Allen-Meares, 2006). Current IDEA regulations identify related services, including school social work, as a necessary component of a free, appropriate public education for these students. In addition to identification, school social work activities are specifically outlined and include the following:

- preparing a social or developmental history on a child with a disability,
- group and individual counseling with the child and the family,
- working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school,
- mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program, and
- assisting in developing positive behavioral interventions. (Regulations of the Offices of the Department of Education Volume 2, 2010, p. 21)

Although these relatively recent pieces of legislation recognized school social work as a related service to be provided for students with disabilities, the profession of school social work in the United States began as early as 1906, almost 70 years prior to federal recognition. As school social work was emerging, special education classes were forming in response to teachers' increased awareness of students with developmental disabilities, labeled as "backward" and "feebleminded" (Minnesota Governor's Council on Developmental Disabilities, 2008). Were school social workers, or visiting teachers, as initially titled, working with students with developmental disabilities as the profession was getting started? If so, what was the extent of their involvement with this population as it relates to the activities currently defined in IDEA?
The purpose of this article is to highlight the beginning of the visiting teacher movement, with a particular emphasis on the role of the visiting teacher within the context of working with students with developmental disabilities. The article aims to demonstrate not only that school social work services for this student population are of importance today, but also that such services have had an impact on students with developmental disabilities since the profession began.

THE DAWN OF A NEW PROFESSION

How Did School Social Work Begin?
Passage of compulsory attendance laws during the late 1800s through the early 1900s not only mandated parents to send their children to school, but also mandated schools to provide educational services for all children, including students with disabilities. Increased class sizes and rapid teacher turnover rates resulted in decreased opportunities for teachers to become acquainted with students' families and home environments. Instead of living in the community, even in the homes of families, teachers often lived outside of the community in which they taught (Levine & Levine, 1992).

The first visiting teacher services began almost simultaneously around 1906 in several cities—including New York, Boston, and Hartford, Connecticut—independent of the public school system. The settlement house movement, which attempted to educate both poor individuals and society as a whole, initiated the idea of the visiting teacher (Levine & Levine, 1992). The visiting teacher services in New York began with settlement house workers in Hartley House and Greenwich House who acted as liaisons between the school and the family. Having developed relationships with children and parents, the settlement house workers assisted teachers by obtaining better cooperation from parents and helping teachers understand the circumstances of some children (Johnson, 1916). According to the 1921 survey of visiting teachers (National Association of Visiting Teachers and Home and School Visitors, 1921), the reasons students were referred to home visitors, in order of frequency, fell into generally six areas: maladjustment in scholarship, adverse home conditions, irregular attendance, misconduct, lateness, or physical conditions. However, the reason for referral and the actual underlying cause of the problem often differed once the visiting teacher began her work.
ROLES OF VISITING TEACHERS AS DEFINED BY IDEA

Assessing School Failure

As part of the assessment process for special education services, current IDEA regulations state that school social workers may prepare a social or developmental history on a child. School social workers may work closely with parents through the process of eligibility determination, from completing the social history, or assessment, to implementing the program (Henry, DeChristopher, Dowling, & Lapham, 1981). This practice can be found as far back as 1907, one year after the development of visiting teacher services. According to Oppenheimer (1924), psychologists recognized the benefits of using visiting teachers in connection with clinics established for children who were labeled as being mentally deficient. Visiting teachers were first used in Dr. George E. Dawson’s clinics in Hartford, Connecticut, and Springfield, Massachusetts. In 1914, the director of Ungraded Classes in New York City, Miss Elizabeth Farrell, hired two visiting teachers to assist with the work of the Psycho-Educational Clinic that she established. Clinics in Kansas City, Cleveland, and other cities cooperated closely with visiting teachers, primarily using them to secure family, personal, and social histories for the psychologist. It was preferred that the visiting teacher in the school, rather than in a clinic, complete these histories for two reasons: (1) to prevent duplication of services provided by the school and the clinic and (2) to provide continuity of care as the visiting teacher in the school knew the child better than one from outside the school (Oppenheimer, 1924).

Similarly, visiting teachers played an important role in assessing causes of academic failure for individual students. In Rochester, New York, the Child Study Department would refer a child to the visiting teacher if the child tested “normal” but still struggled to complete academic work. If a student was already in a special class, the teacher would refer if the child’s difficulty was associated with family circumstances (Ellis, 1925). Any student who appeared to be at risk for academic failure could be referred to the visiting teacher. After a referral was received, visiting teachers would begin an assessment process by completing interviews with the teacher, observations of the child in class, interviews with the child, and visits in the home (National Association of Visiting Teachers and Home and School Visitors, 1921). As social work practice and current definitions of developmental disabilities emphasize the importance of assessing an individual within the context of his or her social system and environment (Freedman, 1995), the holistic assessment of the visiting teacher often provided a clear picture of the student’s home environment and allowed a variety of issues to be addressed.

According to Johnson (1916), the primary role of the visiting teacher was to establish relationships between the school and the home at the first sign of a student having difficulty in academic areas or behavior. This approach coincides with the preventive concepts of today as school social workers aim to prevent academic failure. This is most obvious in cases of “maladjustments in scholarship” referred to visiting teachers. The term “maladjustment” was used to define students who were deficient in their schoolwork, including students who had a history of doing well but at the time of referral were doing poorly. In these cases, the visiting teacher’s goal was to get “ahead of retardation” and aim to prevent the student from failing (National Association of Visiting Teachers and Home and School Visitors, 1921). Maladjustment also referred to children who were labeled as “retarded,” “precocious,” or “queer.” The causes of maladjustment ranged from school-related issues—such as excessive homework, indifference of the child or parent to school progress, and lack of time for rest and study—to home-related issues such as lack of parental control, poor nutrition, unhygienic living, nervous disorders, anxiety due to financial difficulties or domestic quarrels, and working after school. When maladjustment was identified, the visiting teacher would take steps to address it, most often by bringing the issue to the attention of the parent. The following case example, found in the survey completed by the National Association of Visiting Teachers and...
Visitors (1921), demonstrates the preventive role of visiting teachers: 

Julia, in the graduating class, was reported for indifference to lessons, impertinence, neglect of person, resentfulness when reproved. The visiting teacher found that she was the eldest of nine children. The father had her help him in the shop afternoons and evenings and did not know how this work was affecting her lessons and disposition, but blamed the child for her failure. The visiting teacher planned alternating hours of work, study and recreation; the father agreed, and Julia promised to try. Effort and marks immediately improved, and the child graduated with her class. (p. 29) 

Not only did visiting teachers’ assessments increase opportunities for at-risk students to be successful in school, at times visiting teachers would find that students had been mislabeled as “feebbleminded” or “dull.” For example, one unexpected outcome of the visiting teachers’ assessments involved students who were referred due to academic failure, often to find that they were not dull at all but, instead, were “precocious.” One case study supported these comments: 

Teachers thought him feebleminded, but when the visiting teacher’s investigation showed that out of school he made friends with engineers and mechanics who taught his eager mind many things about their machines and allowed him to run engines and motors, she gave him an intelligence test. He rated so high that she suggested he be advanced two grades. This was done, and he immediately began to improve. (National Association of Visiting Teachers and Home and School Visitors, 1921, p. 32) 

Visiting teachers very often reported similar findings for children whose academic attainments did not correlate with their intelligence quotients and that out-of-school influences and family histories were affecting their academic performance (National Association of Visiting Teachers and Home and School Visitors, 1921). In these situations, adjustments in the home environment would bring a failing student back to grade level, as found in this case example: 

A boy of nine with an intelligence quotient of 120 was doing very poor work, in the 4th grade. The visiting teacher found that he read till 11 at night “any books he found in the library.” He rarely went out. . . . The visiting teacher correlated his reading with his lessons; interested him in outdoor athletics; and with the mother worked out a vigorous daily program which left him at night physically tired and mentally satisfied, and ready to retire early. Interest and oversight brought this child up to the standing which his ability warranted, and in addition changed him from a dreamer and laggard into an energetic boy and pupil. (National Association of Visiting Teachers and Home and School Visitors, 1921, pp. 33-34) 

Direct Services to Students 

In addition to completing social or developmental histories, IDEA (2004) stated that school social workers should provide group and individual counseling to the child and the family. Although not called “counseling” at the time, Culbert (1930) stated that visiting teachers would meet with individual students numerous times to “interpret the school to the child” (p. 26). For example, Culbert provided a case study describing a student doing poorly in math and showing strong resentment toward the teacher. The visiting teacher had several meetings with the student, allowing him the opportunity to present his feelings and situation and working with him to reframe his views of the situation and improve his attitude toward the classroom and the teacher. In some cities, such as Minneapolis and Philadelphia, the visiting teacher also provided vocational counseling to students (Oppenheimer, 1924). For example, students who wanted to leave school to go to work were often able to be convinced to complete their education after meeting with the visiting teacher (Culbert, 1930). 

Visiting teachers not only provided individual services to students, but also would develop special group activities, depending on the needs of students. Often, groups would be developed as
a means of addressing a particular problem with an individual child by including students who were not being followed by the visiting teacher. Membership in these groups was small, and members were selected on the basis of the need of the individual child referred to the visiting teacher (Johnson, 1916). Visiting teachers also developed various clubs for groups of students, such as drama clubs, athletic clubs, or nutrition clubs. One case example described a situation in which a group of older girls was paired with a group of younger girls in a peer-mentoring type of group (Culbert, 1930).

Parent Involvement/Liaison

Perhaps one of the most important and unique roles of the school social worker, according to IDEA (2004), is that of a liaison among the home, school, and community. Specifically, IDEA states that school social workers should work in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school. Historically, enrichment programs for children with developmental disabilities have stressed parental involvement (Horejsi, 1979). Not only did visiting teachers provide individual and group services to students, they also worked with parents and families. Home visits were recognized as invaluable to developing relationships with families. For example, one teacher reported to the National Association of Visiting Teachers and Home and School Visitors (1921) that

the visiting teacher comes so closely in contact with the home that home problems are given to her as freely as to a member of the family. School problems, too, which would never be brought to the teacher and perhaps not to the principal, become hers in a very short time. Questions of promotion, demotion, dissatisfaction with school, desirability of classmates and playmates are talked over with the visiting teacher, as school friend of the family. (p. 18)

Johnson (1916) highlighted the importance of the visiting teacher's work with parents, stating that the visiting teacher facilitated cooperation between the school and the home. Not only did the visiting teacher explain the goals of the school in concrete terms to the parents, she also explained the home environment to the school, so that the child was individualized.

Community Resources and Referral

Of course, students cannot get all of their needs met during the course of a school day. Therefore, school social workers are tasked with mobilizing both school and community resources to enable the children to learn as effectively as possible in their educational programs (IDEA, 2004). Historically, the social work profession has provided "boundary work," or "intervention at the interface of social systems" (Horejsi, 1979, p. 40), to people with developmental disabilities. This activity can be traced to the inception of school social work, as visiting teachers often worked with resources within the school system and outside of the school system to enhance the students' academic success.

Within the school system, visiting teachers often worked in cooperation with special departments of the school systems, such as Attendance, Child Hygiene, and Child Study. Visiting teachers would refer students to these departments and assist these departments in working with the students. When the special needs of an individual child were identified, the visiting teacher might facilitate special arrangements such as

- a change of curriculum,
- extra tutoring or extra class periods in the weak subject,
- trade training,
- trial promotions for students who were discouraged,
- late admission or early dismissal to accommodate a temporary family need,
- transfer to "open-air" classes,
- examination and placement for mental disability (National Association of Visiting Teachers and Home and School Visitors, 1921).

Oppenheimer (1924) stated that working with community resources to assist students
who were behind in normal growth was one of the primary functions of the visiting teacher. For example, visiting teachers reported working with relief societies, children’s courts and probation officers, girls and boys clubs, the Society for Prevention of Cruelty to Children, psychiatric clinics, church societies, and employment bureaus (National Association of Visiting Teachers and Home and School Visitors, 1921). One case example (National Association of Visiting Teachers and Home and School Visitors, 1921) demonstrated the importance of the visiting teacher’s involvement in referring families to appropriate community resources:

A girl in the 7th grade was reported as feebleminded. The visiting teacher found that the mother had minimized the symptoms to the examining physician and persuaded her to return and tell the symptoms truthfully. The doctor diagnosed the case as a serious form of chorea, and prescribed absolute rest in bed for weeks. (p. 33)

Visiting teachers would often refer parents to seek the advice of a specialist in cases in which the cause of misbehavior was suspected to be a “neurotic condition” (National Association of Visiting Teachers and Home and School Visitors, 1921). The visiting teacher would then work with the family to implement the recommendations of the specialist or, if advisable, would assist with out-of-home placements to convalescent homes or a home in the country.

Positive Behavior Interventions
The final component of the school social worker’s role in working with students with disabilities involves assisting in the development of positive behavioral interventions (IDEA, 2004). Frey and George-Nichols (2003) identified several interventions that qualify as positive behavioral supports, such as functional behavioral assessment; goal setting; contracting; positive reinforcement; group contingencies; cross-age tutoring; peer-mediated tutoring; high probability requests; choice making within limits; and self-evaluation, self-monitoring, self-recording, and self-management. Frey and George-Nichols (2003) went on to state that school social work practice in this arena consists of “implementing systems change by collaborating, consulting, developing behavior plans, and training others to work with difficult children in the context of a child’s daily school experiences” (p. 99).

Although not defined as positive behavioral interventions, a range of interventions that could be categorized as such were implemented by early visiting teachers. For example, The Problem Child in School (Sayles, 1927) described a case of a child who struggled with reading. The child, Steve, was referred to the visiting teacher as a “show-off” who was beginning to display a bad temper and was quick to criticize classmates. Steve, who was in the second grade and could not read, often cried at little things and made huge effort to avoid difficult tasks. After working with the child for three months, the classroom teacher was unable to find a solution to Steve’s problem. Upon assessment, the visiting teacher found Steve to be very self-conscious, especially in regard to reading. After a mental examination found no explanation for the learning disability, the visiting teacher consulted with both parents and the classroom teacher and encouraged them to positively reinforce Steve anytime he read correctly by praising him, and to refrain from even mentioning his reading disability. Steve’s schoolwork began to improve, and he began to display increased self-confidence and a desire to read.

Another case study by Sayles (1927) described a boy who had been retained multiple times because of indifference, failure to apply himself, and difficult classroom conduct. After assessment with the student and family, the visiting teacher concluded that the student needed to develop an interest in his own success. Sayles (1927) described a self-monitoring intervention: The visiting teacher gave the student a card on which to “mark himself each day,” knowing that he should be ready to show it to the visiting teacher any time she asked for it. This accountability resulted in improved conduct and academic success.
Implications

Today, the extent to which school social workers are involved in working with students with developmental disabilities may vary among states, even districts within a state. However, since the beginning of the profession, school social workers have been advocates for these students, assessing the causes of school failure and developing interventions to increase the likelihood that students succeed in school. They have acted as a link among the home, school, and community and formed partnerships with parents and agency personnel.

School social workers continue to function in many of the same capacities as did the early visiting teachers, and they may even have a wider range of roles in working with students with developmental disabilities as new programs and policies are implemented. Raines (2006) identified ways in which school social workers’ roles have been affected by the revisions included in IDEA (2004). For example, response to intervention may increase the need for school social workers to evaluate the extent to which cultural or socioeconomic factors affect a student’s lack of school success, while changes to disciplinary procedures provide opportunities for school social workers to increasingly advocate for students’ mental health needs and a person-in-environment understanding of the disciplinary infraction (Raines, 2006). Frey and George-Nichols (2003) elaborated on the roles school social workers now have in developing positive behavior supports, including expanding their role from that of service provider to that of team leader in planning behavior plans for students. And, with the current emphasis on accountability without increased funding, school social workers’ ability to work with community partnerships and collaborations are becoming an amplified need (Franklin & Gerlach, 2006).

Case studies of the early visiting teacher movement clearly demonstrate a commitment from the profession of school social work to work with and advocate for students with developmental disabilities and their families. Today, with increased recognition in federal legislation, school social workers are in a prime position to educate themselves on IDEA (2004) and implement evidence-based practices that will assist all students with disabilities to optimize their academic success.

REFERENCES

PRACTICE HIGHLIGHTS

Share your practice experience providing exemplary services to individuals and families in school settings, especially involving interdisciplinary collaboration. Provide a brief review of the literature and tell how what you did builds on it, describe your program, and indicate what you learned from your experience. Articles should be typed double-spaced and no longer than six pages. Send your Practice Highlights column as a Word document through the online portal at http://cs.mssubmit.net (initial, one-time registration is required).