

Decentering professional collaboration: Working with diagnosed children

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Abstract

On the basis of empirical findings from a collaboration of teachers, educational psychologists and psychiatrists, this article questions a centered view of siloed professions, where each part in the collaboration asks the other for resources and knowledge to take back to practice and implement. The articles present empirical analysis grounded in the historical dialectic materialistic approaches of Critical Psychology and Social Practice Theory (Holzkamp 1984, 1998; Dreier 2003, 2008; Lave, 2005). It then discusses profession-centeredness (Edwards 2009; Pecunonis 2009) and shows how it limits both professional judgement and collaboration. With its point of departure in practical collaborative work with diagnosed children, the article identifies the different professionals' dilemmas and possibilities with regard to inclusionary educational practice.

The data analysis focuses on a specific meeting in a regional Child Psychiatry Centre and highlights how the division of labour between the professionals creates different knowledge paradigms that influence both their understanding of the problem and their proposed solutions. The article adopts Anne Edwards's suggestion of decentering individual expertise in professional collaboration (Edwards 2009) to suggest new ways of working with *structure relevance* (Morin 2015) in collaborative work with diagnosed children.

Keywords

diagnosis, educational psychology consultation, intervention, professionalism, collaboration.

Introduction

In Denmark, as in most other countries in the Western world, children live their lives across different institutionalized participation and learning contexts. Many different professionals with different knowledge and tasks work together in the different participation and learning trajectories arranged for children in schools (Højholt 2011; Andenæs & Haavind 2016). Traditionally, these different developmental and learning contexts are separated and a division of labour characterizes professional work with children. In a historical perspective, throughout the last century, a process of specialization and differentiation has taken place that led to an expanded range of professionals with different competencies who work in the areas of childcare and schooling. Pedagogues, teachers, psychologists, special education teachers, and speech therapists (among other professions) work together, yet with differing approaches in terms of knowledge, competencies, and tasks (Edwards 2009). In Denmark, new legislation has led to the inclusion of more children with severe difficulties in the general educational environment (Kristensen, 2013). Currently, the traditional separation between different contexts and professions are challenged and changes are taking place in the general school arrangements. However, when difficulties occur in the lives of children, the conventional response is still to call for different kinds of professional specialists to intervene. The work on inclusion of diagnosed children in school is arranged in the form of collaborations between many different professionals, each handling different tasks with regard to referrals and interventions designed to support the child. Both divisions and connections characterize collaboration between these professionals. For instance, general education teachers are involved primarily in classroom teaching, while educational psychologists generally are based in an office. Their primary task is to assist when there is any concern for a child. However, when a child is being diagnosed, the different professionals involved collaborate across these divisions, each handling tasks that complement each other to a smaller or larger extent. The different professional contexts can be seen as both structurally divided and structurally connected in different ways. This article provides both a practical and a theoretical discussion of professional collaborations by focusing on the way in which the professionals engage in the collaboration based on their differing professional knowledge and perspectives. Two main approaches to collaboration are presented: a *profession-centered* approach and a *decentered profession* approach. The profession-centered approach is characterized by firm divisions between tasks, where each participant has a primary task and contributes only to a limited part of the solution to the problem [Problemlösung]. In this kind of collaboration, the individual professional is only responsible for

his or her own specific contribution to the solution and the collaboration is characterized by individual tasks and parallel processes (Ofstedal & Dahlberg 2009). A decentered profession approach, on the other hand, recognizes that different professionals contribute different input and perspectives. At the same time, however, a decentered profession approach aims to transcend the individual tasks and understandings, which leads to new common understandings and common solutions. New knowledge is thus developed through the collaboration between the different professionals, which leads to new insights without losing the contributions of each individual profession (Hansen 2014). The articles analyzes practical collaborative work with diagnosed children with a focus on the different contributions, knowledge and perspectives of the different professionals. Then, dilemmas and possibilities inherent in the collaboration are discussed with regard to educational practice and the work on inclusion.

Study context

The empirical point of departure is data from a case that was part of a Danish collaborative practice research project. In collaborative practice-based research, local agents develop insights and actions based on knowledge directly from their own practice. As in other kinds of action research, there is often a goal of changing and improving practice in social systems, although this does not have to be the case. Practice research in the Danish-German tradition (Mørch & Hunniche 2006), which forms the methodological basis of this case work, often begins with discussions between researchers and practitioners. While it does not have to result in an intervention or action agenda, the common goal is to bridge the traditional split between research and practice. Rather than being a fixed method, practice-based research can be seen as evolving from certain ways of organising research (Højholt 2005). For example, to understand a child with difficulties in school, we have to look at the child's participation in the specific context of schooling and at the specific organisation of learning in which the child participates.

In the Danish-German tradition, practice research, as a dialectical theoretical understanding of how persons live and develop in the world, has had important methodological implications, which can be seen, for instance, in the development of the notion of collaboration with co-researchers. Organising research processes in close collaboration with practice constitutes an attempt to bridge the traditional gap between research and practice. The organisation of research processes to involve co-researchers makes it possible to anchor insight from the research process in practice. The research in this project was conducted

in two different schools located in a suburb of Copenhagen and in the regional Centre for Child Psychiatry. The empirical data resulted from interviews with professionals, parents and children, from observations of classrooms, meetings in the educational psychological counselling centre, and meetings in the regional child psychiatric centre. The empirical data focuses on a total of four cases, in which children involved in referral processes were followed from the initial concern about the child to the initiation of various kinds of interventions. Participants were selected according to several criteria of relevance. The selection of focus children was accomplished in cooperation with educational psychologists to identify children who were either already involved in a referral process in the Child Psychiatric Centre, or who were about to be enrolled in a referral process. Another criterion for selection was that the teachers, parents and children gave their consent and were interested in collaboration. The primary criterion for the selection of professionals was that they were professionally related to the focus children. The collaborative practice research project and the empirical fieldwork started in January 2013 and are still ongoing. The research reported on in this article was conducted at a school with 410 students ranging from preschool to 9th grade.

Psychological test knowledge and everyday practice of teaching

When professionals collaborate on inclusion, the decision whether students are “normal” or “special” is a practical question that occurs in schools every day (Mehan 1996). This practical task is influenced by institutional, economic and educational dimensions, where different professionals must collaborate and negotiate the best possible solution for the children involved. As mentioned above, many professionals are involved in this process, usually the child’s teacher, psychologists, psychiatrists, special needs educators, and the parents. In his work, Mehan questions which practices produce deviance or normality (Mehan 1996). In the process of defining children’s needs, certain professional positions hold more power than others and the acquisition of power is connected to a certain professional language and vocabulary (Thomas & Luxley 2001; Mehan 1996). Traditionally, in research as well as in practice, diagnostic psychological testing and the situated practice of teaching have been divided and conducted in separated research traditions and fields. The diagnostic tradition involves different kinds of individual cognitive testing that is conducted in an experimental test situation, where different symptoms are linked with each other. Eventually, certain combinations of symptoms can be labelled as a specific disease or a pattern of illness and hence provide an explanation for a child’s

difficulties. Analogies to the natural sciences, medicine, and physics influence the traditional biomedical classification system on which the diagnostic framework builds, in that it focusses on individual somatic symptoms and deficits with little or no focus on the context and everyday life of the person who is being diagnosed (Cohen 2000; Kecmanovic 2011; Benning 2015). The biomedical classification system and the diagnostic framework have been described as *categorical* because, in this framework, the understanding of the problem in question is reduced to considering individual characteristics such as personality, intelligence or family patterns (Emmanuelsson et al. 2001). The categorical framework thus has a biological orientation and an intrapsychic focus, which it typically combines with an understanding of the problem that centers on aspects of dysfunction in childhood. This is also reflected in the clinical language that dominates this framework, which is related to a research tradition concerned with developing tests that aim at compensatory intervention. This categorical framework is related to, and has consequences for, professional procedures and actions in practice (Juul Jensen 1986), for instance, with regard to the process of referring individuals to educational psychological consultation. In Denmark, one example of this is that support and resources in many cases are still allocated according to the individual referral or diagnosis of one child. Similarly, the diagnostic classification system is contingent on individual testing as the basis for the determination of one or more diagnoses.

In contrast to this tradition, the situated educational approach takes as its starting point a contextual understanding that focusses on the person's participation. In this view, the person is seen *in relation to something* because he/she is participating in and across different social practices. The interpretation of actions, development and learning is thus anchored in a specific context. As Dreier points out, the concept of participation insists that we see the subject as always already involved in social practice (1997). Subjects are “[.] not free-floating agents located nowhere in particular or above ongoing social practice in some ideational mediation with the community, the culture, or the society” (p. 104). This approach argues that analysis must conceptualize individual subjectivity through its ongoing participation in structures of social practice to be able to grasp the variety of psychological phenomena as personal aspects of the structures of social practice of which they are part (Dreier 1997). Therefore, analyzing children's participation in school practice must reflect this variability and multiplicity in the explanations of children's situations and everyday life¹

¹ The concept of *everyday life* refers to the life that is lived every day, including all kinds of activities and all kinds of contexts of participation (Borg 2003). In relation to this project, this translates into a focus not only on what is traditionally seen as schooling and teaching proper, but also on an awareness of all the ‘stuff’ that goes on

and in the specific problem-solving strategies employed, rather than merely locating the problem inside the child.

When trying to understand what is at stake in children's developmental and learning trajectories, the contextual conditions in the school setting must be reflected. As Mehan puts it, "People with learning disabilities, educational handicaps, and mild retardation are most often identified in school. However, once such children leave school, many will never be identified in these ways again". He concludes, "If children are handicapped only in school, then it is possible to say that the school itself creates or generates handicaps" (Mehan 1996, p.161). From this point of view, what is deviant will first appear in the face of a specific practice; thus, specific structures of participation and deviance and the need for special education or special resources must be seen in relation to that. In other words, certain kinds of practices, educational routines and procedures create and set the limits for what is normal and what is not. This point will be further developed later in this article.

Person, activity, professional knowledge

The theoretical framework of analysis in this article is anchored in a historical dialectic materialistic approach (Holzkamp 1984, 1998; Dreier 2003, 2008). In this framework, there is a theoretical endeavor to understand and conceptualize the dynamic relation between an active person and his or her participation in the social world (Højholt 2016). This dynamic relation unfolds in the concept of social practice, where knowledge is seen as developing through participation in and across different social practices. A theory of social practice that emphasizes the dynamic relation between person and world, activity, meaning, knowing and learning (Lave 2005) is part of a long tradition. A historical dialectic materialistic approach builds on a critique of a dualistic approach that reduces persons to their minds and learning to the acquisition of knowledge (ibid.). For the context of professional collaboration, the question of knowledge becomes central: due to a division of labour, persons have different possibilities of access to the knowledge that guides their professional actions. In this article, the generation of knowledge is viewed as taking place in dialectic interplay of production and reproduction, which unfolds between the person and the world. Knowledge can thus be seen as socially mediated and contextually situated and, therefore, in a flux of movement, rather than as fixed and static. The person is understood in relation to concrete contexts of social practice; the relationship between the person and the social practice is mediated through the person's active participation in and across

outside of it.

different contexts of social practice. There is an important relation between participation, action and knowledge: persons are located in social practice; they are anchored in social space and time (Dreier 2003). The subjective perspective is always from a specific location. Furthermore, locations are part of particular contexts of action that, in different and particular ways, are related to societal structures of social practice. The contexts of action are differentiated settings in social practice and may be of more or less permanence and of a more or less institutionalized character. The contexts of action are produced, reproduced or changed in an intimate interplay with the persons participating here. The contexts of action will always be characterized by specific action possibilities and limitations that lead to a certain kind of disposal with regard to the specific context of action. As mentioned above, each person participates in the context of action located in specific ways. From this location, certain positions are available. As Dreier writes: "A set of possible, more or less clearly interrelated positions may belong to an existing social context of action. To varying degrees, participants may select among them, neglect, and change them" (Dreier 2003, p. 15). The personal locations and positions also contain particular structures of relevance and meaning for the person. Specific locations and positions include specific possibilities, limitations and disposal for the person and mediate what the person experiences as relevant and meaningful. From their specific locations and positions, persons have different scopes of action possibilities, possible ways of contributions and interest at stake. The person's perspective on what is relevant and meaningful to pursue in local action contexts is thus situated and influenced by structural conditions. In the sections that follow, this theoretical framework is linked to a discussion of profession-centeredness versus a view of decentered profession through the analysis of data from a collaboration about a diagnosed child.

Personal locations and professional knowledge

A theory of social practice emphasizes the dynamic relation between person, world, activity, meaning, knowing and learning. Since specific locations and positions include specific possibilities, limitations and disposal, persons have different possibilities of access to knowledge from each specific location and position. Professionals in collaborations are differently located in social practice, which also means that they inhabit different positions. For instance, they carry out different tasks vis-à-vis the children. Since they are located in different positions, different professionals also have different access to the children, which, in turn, means that their knowledge about the children will also differ.

The professionals' perspectives, interests, tasks and knowledge of a child are mediated through their personally located participation in action contexts. Hence, their professional knowledge and view of the child, the kind of problem and possible solution or intervention may vary a great deal, since their professional judgment is made from a certain location and position with specific, often limited, access to knowledge about the child. Lave describes this situational variation as to what constitutes a problem in the procedures used in institutional practice and in the distribution of knowledge among people and settings and, consequently, in approaches to problem solving among the same people (Lave 1985). In line with this, Cole and Engeström reflect on the distributed character of knowledge that both leads to diversity and potentially functions as an opportunity for additional resources, which then make the activity system capable of combining different viewpoints and skills in the handling of complex problems (Cole & Engeström 1993). Due to the locally positioned, distributed character of professional work, there is a certain situational specificity in collaborative professional social practices, where different professionals meet and exchange their views and knowledge about both the difficulties and about possible solutions to the problem. In the following analysis of a specific case—against the backdrop this theoretical framework—I show the possibilities and challenges connected with collaborative practice.

Professional collaboration about Thomas

Thomas is a 5th grade student whose school life, from the start, has been full of conflicts with other children in his classes, especially other boys. Per his parents' request and because of concerns formulated by Thomas' teachers, Thomas is now enrolled in the regional Child Psychiatry Centre for further examination. From a teacher's perspective, Thomas' difficulties are being described as difficulties relating socially to classmates and as a tendency to have fits of anger. Over the past two years, the educational psychologist and the teachers have worked with Thomas on anger management, but difficulties persist.

In the regional Child Psychiatry Centre, Thomas has been to a general screening; following the screening, a meeting was scheduled during the researcher's observation period that was supposed to lead to a recommendation about further interventions for Thomas' school life. Present at the meeting was a psychologist from the Child Psychiatry Centre, the educational psychologist, Thomas' two main teachers, and Thomas' mother and father. After a longer statement about the test results, the psychologist was about to conclude the meeting with a recommendation. The following is a transcription from the

conversation that took place at the meeting. This specific part of the meeting was chosen because it exemplifies certain dilemmas between the different professional perspectives on Thomas' case, which are, in turn, based in the different professionals' different kinds of access to knowledge.

Psychologist: All in all, the algorithm points to difficulties on the autism spectrum.

Teacher: But it must surely be on the mild end?

Psychologist: Yes.

Psychologist: But we have tested mentalizing and in the tasks which demands abstract thinking, he is very concrete. He chooses a concrete solution and you show him a complex figure to draw ... he is not able to do that. He is very careful.

Teacher: Perhaps his art teacher told him this is the way to draw sketches.

Psychologist: Yes, but he spends 8 minutes and it is on the high end. In addition, his scores are not as good as they should be for his age. Lines are missing, he places the tip wrong.

Father: Oh my, I'm happy this is not my job (laughs).

Psychologist: (laughs) Yes, there are many parents who say the same. Finally, when he has tried out to draw the figure three times it works better but this indicates that he has decoding problems.

Teacher: I do not think he has difficulty decoding in Danish.

Father: No, he reads at a high-level language.

Mother: But he cannot see it in mathematics when working with mirror lines in math.

Father: Yes, and he also has problems in sport he walks into people.

Psychologist: Yes, it may be important in relation to how to interpret other people's motives and movements if I may say so.

Psychologist: He has also completed a questionnaire: in relation to self-esteem - he lies low, two standards beneath normal self-esteem and in relation to anxiety there is a moderate increase. The same in relation to the depression scale moderately increase. Concerning anger: he is very much above average. It is a bit like: "The world is against me."

Teacher: But the world is against him. The other children get upset with him and he gets angry and then there is a conflict.

Mother: It is because he wants to put everything into boxes and then if there is someone who will change the boxes he cannot figure it out.

Psychologist: Concerning the category norm-breaking behavior: normal so that is good.

Father: It can also mean the opposite - without norm-breaking behavior we would still be in the Stone Age.

Psychologist: Overall, we discussed it in our conference and it means that Thomas will have the diagnoses: Asperger and other mental disorders.

Psychologist: But there have been developments - this does not mean that he cannot - more that he needs help / guidance. So, the Asperger diagnosis he gets, because it is clear in the WISC test. ...

Psychologist: What we would recommend is to consider changing schools.

Teacher: Why should he change schools? He is a good guy to have in the class.

Psychologist: Due to his anger. It indicates that he is challenged beyond his abilities.

Different forms of knowledge

In this case, a professional disagreement occurs at the meeting about whether a change of school setting is right for Thomas or not. This disagreement seems to be rooted in different forms of knowledge in the inter-professional dialogue (Rasmussen 2001) and due to the professionals' differing locations. The psychologist poses some absolutes about Thomas' development based on what the test has shown. The teachers and parents contribute observations related to Thomas' concrete school life, which we could call knowledge based on everyday life observations. The parents and teachers contribute by contextualizing the discussion of Thomas' difficulties and in several aspects; their observations do not seem to support what the test has shown. For instance, when the psychologist mentions that Thomas' "anger" is very much above average, the teacher contextualizes the isolated category of anger from her professional location and position by bringing knowledge of the class context into the discussion, stating, "But the world *is* against him. The other children get upset with him and he gets angry and then there is a conflict". Our observation reveals how two forms of knowledge are in play here: the absolute and decontextualized test knowledge, on the one hand, and the everyday life knowledge based on practical observations, on the other. In other words, because the different professional locations and positions contribute different kinds of knowledge, Thomas' difficulties and potentials are also described and understood differently depending on which of these situated and located forms of knowledge comes into play. The difference in the kinds of knowledge brought into the professional discussion has great importance for the decisions that are being made. The psychologist concludes that Thomas gets the diagnoses 'Asperger and other mental disorders' and recommends a change of school setting to a special school. However, the teacher is puzzled about this recommendation, asking, "Why consider changing schools? He is a good guy to have in class".

The professional disagreement is contingent on the different ways these professionals are located in social practice, which causes their views and

judgements of Thomas' possibilities and challenges in terms of development and learning to differ. The different views are interesting in themselves, but, at the same time, they point to a more general question about the bases on which decisions about Thomas' further developmental and learning trajectories are made. One point of concern is not so much the disagreement *per se*, but the fact that the procedures of a psychiatric practice, e.g. the tests that are used as the main source of information about the child, depend on a cognitive and individualized paradigm. When the teachers or the parents comment on the psychologist's conclusions with knowledge about Thomas' everyday life, other kinds of knowledge *are* taken into consideration, but this kind of knowledge is brought into the discussion without the same scientific base and systematics. This discrepancy points to a primarily profession-centered approach in the collaboration, which means that each participant contributes knowledge from their specific position, but without there being any systematic efforts made to transcend the individual tasks and understandings in order to build shared understandings and solutions.

The psychiatric data suggest that Thomas should change schools, but the teachers do not agree. A professional disagreement is one thing, but where is the parents' perspective? After the meeting, the parents reflected in an interview on their perspective on the meeting and the psychologist's recommendation. Thomas' father said,

Father: Well, I found it very strange that the professionals recommended a change of school. That was what they suggested as a solution to this. But when they suggested this, we thought but Thomas is in good hands with his teachers and that might be very difficult to find some other place. ...The difference is that the teachers are looking at the whole class while the psychiatrists are looking at the single individual. This, of course, has to do with their different education cause the teachers also thinks: Thomas can make a contribution to the class.

Thomas' father seems to experience confusion about the differing professional opinions on Thomas' further school life that were presented by the teachers and the psychologist, respectively. He mentions the different knowledge backgrounds teachers and psychiatry have for making their recommendations. This suggests a discussion about the character of the professional collaboration and the knowledge base on which professional decisions are made. It also suggests a certain hierarchy between the different kinds of knowledge, specifically an institutional hierarchy in the division of labour between psychiatric knowledge and the teachers' situated knowledge (Røn Larsen 2012a, 2012b). As the case shows, in the professional collaboration, the different persons have only very

little, if any, access to each other's different knowledge, when they are deciding on Thomas' further school trajectory. This indicates that the professionals approach the problem with a profession-centered stance, where the psychiatric view is centered on the test results and the teacher view is situated in the classroom. If different professional perspectives are not, or only sporadically, linked and discussed, meaning and relevance can become unclear. Conflicts and confusion can arise in the collaboration and, ultimately, influence the educational recommendations about continued inclusion or a change in setting to a special school.

Conclusion

My overall intention with this article has been to discuss, based on a dialectic theoretical framework, professional collaboration around school interventions for diagnosed children. The article questions a profession-centered approach and shows how it may restrict and limit both the collaboration and the decision-making process. In the collaboration, professionals have different scopes of action possibilities, different possible ways of contributing and different interest at stake, each from a specific location and position. A person's perspective on what is relevant and meaningful to pursue in local action contexts is situated and influenced by different locations and points of access. Because of the locally positioned, distributed character of professional work, there is a certain situational specificity in collaborative professional social practices, where different parties meet and exchange their views and knowledge about difficulties and possible solutions to problems. As the case shows, in the concrete collaborative practice about diagnosed children, these different locations, positions and perspectives about difficulties in school may lead to disputes over what to accentuate and generalize to suggest possible solutions. This is due to the siloed aspect of each profession – the profession-centeredness -, which originates in the division of labour. Dreier argues that this profession-centeredness restricts and counteracts what he calls the necessary 'decentering' of professional practice (Dreier 2003). As we saw in the case of Thomas, difficulties in expanding profession-centeredness lead to a loss of meaning and relevance. This confusion was expressed both by the teachers and by Thomas' father, who ends up being very torn with regard to the suggestion that Thomas should change schools. Edwards underscores the point that it is important that collaborating professionals have access to each other's different motives, values and standpoints. Otherwise, the negotiations and discussions about a child's potential, development and learning possibilities "...are likely to become formulaic rather

than responsive and fluid” (Edwards 2009, p. 38). Edwards further emphasizes the importance of focusing the work such that the resources other professionals bring can be part of the process and she advocates for a decentering of individual expertise (Edwards 2009). One possible path to decentering and expanding individual expertise might be to work more systematically with participants’ ‘structures of relevance’ (Morin 2015). The concept of structures of relevance refers to the point that, because of the locally positioned, distributed character of professional work, there is a certain situational specificity to what different professionals in collaborative professional practice experience as relevant for doing their job in a meaningful way. What is experienced as relevant is directly linked to the institutional structures of possibilities and limitations, which differ depending on each professional localization and position. Working with structures of relevance is therefore a way to bring out the different conditions for each group of professionals as part of the collaboration, thereby illuminating the differences in tasks, positions, interests, possibilities and limitations. This could be a way to gain access to the values, motives and standpoints of the other professionals in the collaboration, which then frame and contextualize the collaboration itself. In the case of Thomas, the different professionals met and exchanged information with each other only very late in the process. There could be other ways of organizing the collaboration between school and psychiatry. For instance, the meeting could be scheduled earlier in the process to discuss the data from the test results and other kinds of knowledge, such as situated everyday knowledge about the child. This way, all participants in the collaboration could make space for different professional perspectives and different kinds of knowledge about the child. Such an approach might also include a discussion of different kinds of intervention possibilities as a basis for a *shared* professional recommendation for intervention. From this perspective, everyday situated knowledge must be seen as an important part of working with the structures of relevance because they are experienced by different persons in the collaboration. Hopefully, such an approach will lead to a process in which all parties are recognised as equal contributors in a positioned cooperation.

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