

Special Education Program for Students with Physical Disabilities through a Community Support Network: Case Study of Social Resource Management at Special Schools

TOKUNAGA Akio

(Department of Policy & Planning)

Abstract: Nowadays special schools are increasingly called on to offer services to, not only students in special schools, but also to people with disabilities through the social resource network of a local community. In 2001, the ‘Cooperator’s Conference of the Ministry of Education, Culture, Science and Technology stressed in its Final Report that special schools should provide a more comprehensive service and adopt the role a special education center in a community. In this case study, examined the development of a special education program for a student with physical disabilities in a special school, utilizing not only the teacher, but also the wider community social support network, by analyzing the process of guidance, care plan, and ICF (International Classification of Functioning, Disability and Health) model Figure.

Key Words : Daily lives, Community, Social resource, Special education program, Social support network, ICF

I. Introduction

This study is designed to examine the development of a special education program deeply rooted as a community social resource and as part of the daily lives of students, I would also like to discuss the details and the significance of this study.

Presently, special schools play the role of a special education center in a community. At a special school where I used to work, an educational counseling program including training courses for counseling was offered in keeping with the primary goal. As the person in charge, I assisted in the planning of training courses on the interaction of children with physical and motor disabilities, invited a physical therapist (PT) from an adjoining medical rehabilitation facility to serve as a lecturer, and made courtesy calls to two neighboring cities and six towns to guide training courses for their boards of education. Without question, the training needs were varied. However, I was often approached by local people asking where the special school is located, or if it was the adjoining facility. That is indicated that the local people know more the adjoining facility. That is a school that was trying so hard to take a lead in the community was having trouble being recognized by persons outside special school-related people not only as a “center” in the literal sense, but also as a system facility resource. Furthermore, every time I visited special or regular class teachers during activities such as study meetings, it was also quite apparent from the reports of these teachers that people did not regard special schools to be a social resource at all.

On the other hand, for students who are enrolled special

schools, how can we provide guidance on awareness of the community or everyday life? At least, the first function of special schools is to provide guidance to students in such schools. Consequently, it appears that there was not much need to be aware of the community. In addition to the role of special schools as a resource center for special education, these schools are supposed to collaborate with many other social resources, such as the “Model Project on Promoting Improvement in Specialties at Special Schools” and the “Model Project Promoting Systematic Educational Counseling for Children with Disabilities” by the Ministry of Education, Culture, Science and Technology, and the “Project for Community Support through Medical Treatment for Children (Persons) with Disabilities” by the Ministry of Health, Labor and Welfare. Under such circumstances, special schools are entrusted to take the role of a community social resource specifically for in special education. As for actual guidance, a greater specialization in independent guidance at special schools, such as special education programs, is required. Consequently, for special schools to perform its role as a social resource center in the community, for each student who is enrolled a special school, since this cannot be accomplished within a regular school, the development of guidance rooted in community life appears to be required.

Accordingly, in this study, (i) I will begin by detailing of the process of recognition of our role by becoming gradually aware of the many social resources around of community “A” during the direct guidance of a boy “A” who is enrolled a special school, based on the initial guidance expected to be provided within the school. Next, (ii) by networking with many social resources in the

community obtained through follow-up activities, a care management project, and effective use of the ICF model, I would like to examine our role in relation with other social resources in the community and the development of special education program rooted in the child's daily living.

II. Interaction with “A” through Direct Guidance

1. Introduction of “A”

<General Features>

Mr. “A” is a grade 6 elementary school student, who loves comic book characters such as “Ultraman” and “Pocket Monsters” and their videos and cards. He has a little difficulty trying something for the first time or visiting an unfamiliar place; but once he becomes accustomed to the place, he is quite confident. His home is located in the same city as the special school he is enrolled. His parents take him to school in the morning and his mother takes him home by train.

<Basic Physical Features>

“A” has a movement disorder due to cerebral palsy. He is able to sit with his legs crossed for a few minutes (Photo 1), and if an antislip mat is placed on his armchair he can sit on his chair. He is able to shift from the supine position and crawl, and he can move forward slowly in a wheel chair using his right hand. Moreover, since grade 4, he has been practicing using a walker “gate trainer” (Photo 2).

He is able to eat almost all of his food by himself with modified spoon and fork by securing his posture and tableware. He loves to eat. He prefers western-style toilets, which he can use by himself, and if somebody supports his waist he also can use a urinal. He is able to change his own clothes if his posture is stabilized.

<Basic Educational Achievements>

Although a level of study equivalent to that for his grade in a regular school is difficult for him, whenever possible he tries taking the regular class curriculum. He has absolutely no trouble with daily conversation and listening to other people talk. Although he can read some Japanese characters, “hiragana”, it is difficult for him to read texts or write letters. He loves to browse through the pages of thick books such as dictionaries.

<Overview of the School He enrolls>

The prefectural special school “C” in prefecture “B” where “A” enrolls (hereinafter referred to as the said school) is a school for children with physical and motor disabilities located in city “D” in the center of the prefecture and adjacent to a prefectural medical treatment facility (hereinafter referred to as the “E” center). Approximately

50 elementary and junior high school children are enrolled there, and about 80% of the students go to school from the “E” center and 20% from their homes. Because the emphasis of the said school is special education program, apart from class teachers, two special education program teachers are assigned there (FY2001). The special education teachers not only take the initiative guiding students in the special education program at the said school, they are also responsible for implementing an educational counseling program in the community.

2. Details Guidance on and Role of Persons Responsible for Special Education Program

I was a special education program teacher responsible for guiding “A” in activities other than his regular classroom activities (2 hours weekly) during the four years that “A” was in elementary grades 2 to 5. When I look back at the details on guidance by paying attention to the method I used to set our annual goal, I can understand the process of focusing on our goals while becoming gradually aware of our role not only within the school, but also in “A’s” community as a social resource. Although the following changes in goals are based primarily on the growth of



Photo 1: Sitting with his legs crossed, which is gradually improving



Photo 2: Chasing his teacher with a “gate trainer”

“A” himself (e.g., physical, intellectual and personal relationship), it could be understood that goals was changing from general model to focusstd model, with my recognition.

Goals at the time “A” was in grade 2

- To deal with his study independently
- To lessen muscular tension
- To frequently utilize both hands (i.e., to utilize also the paralyzed side)
- To enhance understanding of his own body
- To promote stable posture
- To strengthen breathing

Goals at the time “A” was in grade 3

- To promote stable posture while standing
- To promote stability when sitting on a chair by training to hold up his own body and improving strength in his left hand for support
- To be able to walk unassisted whenever possible
- To promote clarity of speech through stronger breathing
- To deal with his studies by understanding their aims and through foresight

When “A” was in grade 2 and 3, there was a severe muscular tension when he stretch his body. He had difficulty maintaining his sitting position. Discussions were usually one-sided (i.e., the teacher talking about his favorite TV cartoons); this, it was difficult to have a conversation. Moreover, since his breathing was weak it was difficult to understand his words.

During that time, the goals were related to “A’s” growth over a two-year period. Undoubtedly, such goals were necessary for “A”. On the other hand, because of the wide scope of the goals we now realize that that there was little focus during those two hours each week. The people close to “A” evaluated that the school’s role as a social resource in the community and the roles of individuals responsible for the guidance of “A” were insufficient. Perhaps this special education program focused on “A”, and his environment with which he interacts was ignored.

Goals at the time “A” was in grade 4

- To improve his ability to maintain a sitting position and his left hand movements which will help him eat independently
- To become accustomed to and again mastery in using the “gate trainer”
- To promote a stable standing position

When he was in grade 4, the scope of the goals was narrowed significantly. During this period, he stopped using

a wheelchair and started using a special chair designed to assist him when he is eating. With this change, the goals set to improve his eating dexterity were streamlined even further during individual special education program. However, I introduced this special chair only after discussions with his class teacher, his parents and medical equipment manufacturers, and I evaluated the streamlined goals with regard to daily life activities in a concrete manner in relation to other social resources, though this was not my original plan. There was still a passive involvement of “A” in a self-examination such as this.

Goals at the time “A” was in grade 5

- To become accustomed to using a “gate trainer” and increase in usage for moving
- To be able to stand and transfer to the “gate trainer” with minimal assistance as possible
- To promote stability when sitting on a chair for ease in studying or eating meals

Gate trainer practice began during “A’s” individualized special education program, which was carried out jointly with a physical therapist (PT) and an occupational therapist (OT) at the “E” center (hereinafter referred to as TOPS (taken from the first letters of Teacher, OT, PT and Student) and after-school activities with the class teacher and parents. For “A” who had difficulty trying new things, it was not worthy that he gradually started taking the initiative to do new things. However, because the same activities were repeated many times, which was regarded to be inefficient.

After that, the actual gate trainer practice was carried out mainly by the class teacher and parents, which was limited to the time when leaving school. Occasionally, a special education program teacher joined in the practice. During TOPS (Photo 3) and individualized special education program, which emphasized on basic posture or movement, the action of transferring onto the trainer became part of individualized special education program (Photo 4).

In retrospect, with regards to the role of persons in charge of the special education program in relation with other social resources, I realized that our guidance focused on posture and basic movements. To realize his goals, I think it is important that we recognize our own roles after understanding not only “A” himself, but also his class teachers, his parents, and other people important to him.

3. Roles of Persons who is Responsible for special Education Program in the Social Resource Network

During the same period, there was a strong tendency for specialists (e.g., special education staff, PT, OT, ST, nurses, medical equipment manufacturers and nursery



Photo 3: TOPS carried out by teacher and OT



Photo 4: Individualized special education program to enable transfer to gate trainer

staff) associated with students with disabilities in a local community to establish a network involving these students and their families through study meetings referred to as a “therapeutic education network”. During those meetings, in the case of “A”, we classified the people associated with “A”, we clarified our future directions (Figure 1).

Then, the surrounding social resources were classified into three groups, the school, “E” center, and private institutions; the underlined items indicate the types of involvement and items in parentheses indicate the frequency. From this figure, we can note in the care and guidance of that there were many people involved “A”. During individualized guidance during the special education program, which was two hours per week at the school, I again recognized that the role of the person in charge of guidance for such activities should place emphasis on basic body movements.

By the time he entered grade 5, except for the individualized special education program, there were no longer any morning meetings; instead, his mother, the class teacher and

other helpers shared information and provided stretching exercises (Photo 5). These exercises were preparatory for spending the day with a stable posture. Similarly, guidance in maintaining posture was further emphasized even during the individualized special education program. Through this guidance, “A’s” posture during sitting improved (Photo 6). When I told “A” he was able to sit well, he would ask repeatedly mr “Am I doing well?” Therefore, So he was also pleased that he was able to sit well.



Photo 5



Photo 6

In September, I visited his home to discuss with his mother, class teacher, and a staff member from a medical equipment manufacturer regarding the use of a new wheelchair, during which time we talked about the present and future conditions of his body and the use (in and out of school) of various devices such as armchairs and right-hand operated wheelchairs. Afterwards, I was also present informed on the diagnosis of a doctor in the last stages of making the decision on what. After considering the daily life and anticipated future growth of “A”, I shared my opinion with the doctor as a person in charge of the special education program. In addition, we discussed his future potentials and ways of assisting him when using the toilet or bathing, helpful tools, new types of gate trainers and issues related to individualized special education program. From these discussions, I concluded that the role of the person in charge of special education program for “A” should be to provide guidance on the fundamentals of body movements during individual special education program and preparatory in the morning. Because changes in his body movements and muscular tension were expected with his rapid growth at his age, similar theories were confirmed to be increasingly important. Persons in charge of the special education program also began to realize the school’s role as a social resource in “A’s” community. However, since OT also assisted in similar guidance on body movements, it may not be necessary to rely so much on the school. Nonetheless, the role of the school should be examined in further detail.

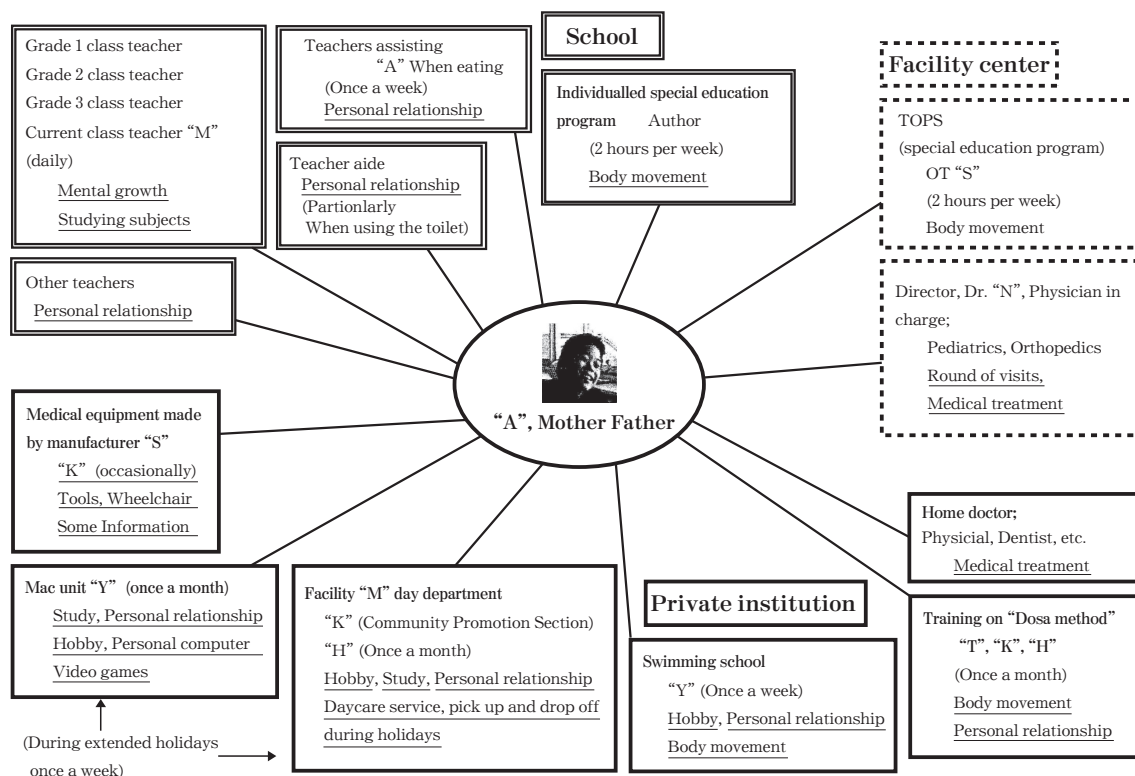


Figure 1: Chart of People Involved in the Case "A"

III. Interaction with "A" Through Follow-up Interaction

I provided direct guidance until "A" was in grade 5. From then on, we talked on the telephone, or exchanged e-mails, or I visited him. So I continued to be involved with "A", his parents and class teachers.

Meanwhile, it was confirmed that guidance provided in the special education program was more deeply rooted in daily life with the involvement of other social resources. I would like to discuss the details below.

1. Worksheet on Daily Living and Requirements

In the above-mentioned "therapeutic education network", a worksheet was prepared for his family and related persons on which items such as daily family life, school life, his condition prior to going out to school and future needs were recorded, to promote a common understanding of "A's" condition and needs. This worksheet was in a diagram form for ease of recording of activities during meals and bathing and other activities; this, we can see the actual activities of "A" in daily living.

Figure 2 shows a portion of the worksheet written by "A's" mother. From this worksheet, we were able to understand the living conditions of "A" more clearly than ever before,

and many things that the teachers could not see became clear. As a result of this, we were forced to self-examine ourselves on whether guidance in the special education program, which focused on basic body movements was of any real benefit to his future life. In particular, teachers who were only involved during the daytime could not really understand the difficulties he and his family face when bathing. When I think about this, I recall the words of one of the welfare personnel, "school teachers can never really understand the life of this person and his parents".

Furthermore, the other day, at the school training course, I asked classroom teachers to write the conditions of students with disabilities and their wishes on the same worksheet. Then, similarly to the case of "A", I read many comments such as, "I realize that I didn't know anything about these students other than their school life".

Figure 3 shows what the mother wrote under "Things I'd like to do". Her wish was "I want to go to a hot spring with my family."

It would be so nice to be able to relax bathing as a family with only one helper!" This is a good example of the social participation, which is the aim of the special education program. Moreover, on the basis of the worksheet, an analysis of movements necessary for going to a hot spring



[Figure 2: State of Family Life and Requirements]

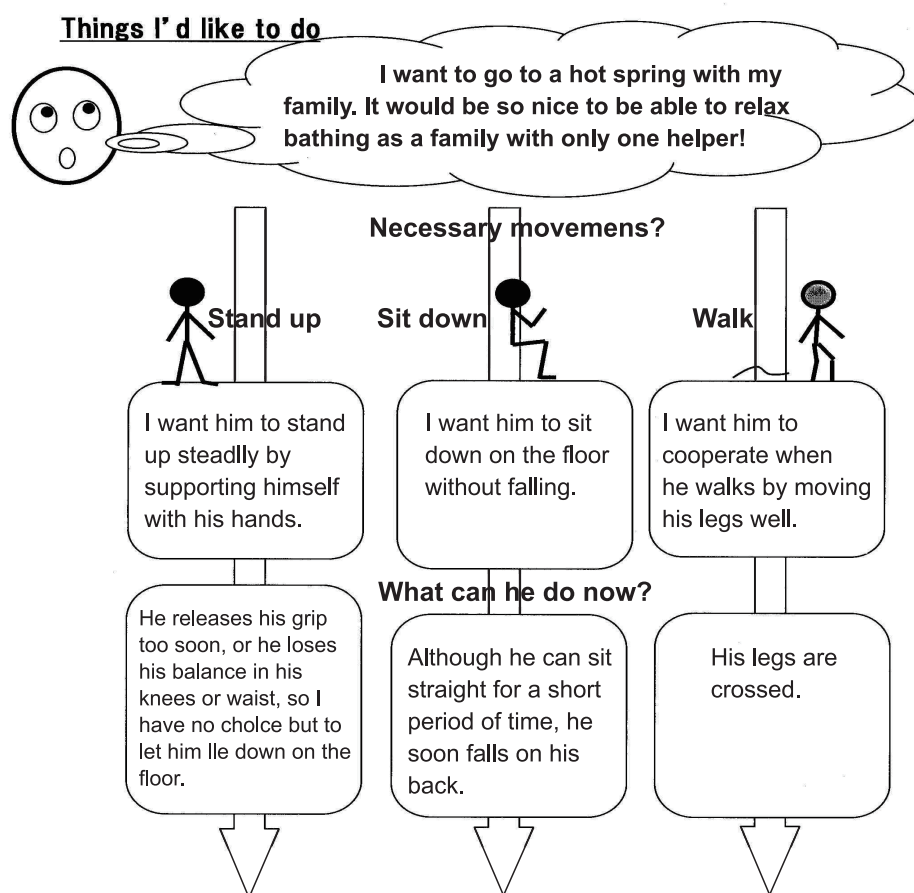
was made, and as a result, I was forced to respond to a very difficult question on my personal feelings on guidance in the special education program. Because these movements fall under the category of guidance for leisure as life-long learning, it is appropriate for these movements to be included in the existing guidance. His mother not only regarded these movements to be important, but also considered that going out to a hot spring may help "A" in overcoming his initial feelings of resistance to a new place. Guidance with due consideration of these feelings should be examined.

Normally, this does not mean that we should try to fulfill all the wishes of the parents or the subject. After we become aware of the conditions of the subject and consider meaningful guidance on the basis of these conditions, we should simply regard this as very valuable information. Then, in the case of the special education program, we should provide guidance to support meaningful activities.

2. Model Project to Improve the Care Management Scheme for people with disabilities

After talking with his mother, I realized that "A" had become the model case of a project for improving the care management scheme for people with disabilities in city "D". I immediately obtained his mother's permission and started to exchange information with the city "D" support center for people with disabilities. The project was designed in 2003 in consideration of the shift in support expenses. Therefore, "A's" case was a model for that school period. This plan was prepared through ten series of explanatory meetings, and through assessment and conferences.

A representative in charge of the planning explained that because care management is a job that connects social resources to individuals in need of care, in the case of "A" a network had already been formed through the above-mentioned "therapeutic education network", and it was extremely difficult intended meaning in this context unclear.



[Figure 3: Things I'd like to do]

Table 1: Needs of Parents in a Care Plan

Ranking	Needs	Parent's Comments
1	Would like a place where we could pick him up after school	A place where he can go and be taken care of after school.
2	Picking up from school and dropping off at home	When the family cannot pick him up, we would like someone to pick him up in place of us.
3	Would like a place for training in the city	At present, we use the day care project at "F" facility once a month; if it is closer, it would be better.
3	Would like him to have a comprehensive care	We want the "E" center to take care of him in a comprehensive manner, including medicine and rehabilitation (e.g., limbs, exercise, speech, therapy, eating).
4	Would like information on welfare and everyday life	We would like to be kept informed about daily life, welfare and other events through bulletin boards, facsimile, mail, etc.
5	Make friends	At the "C" special school, not many students come from home; and the few who are there are of different ages and they play with their brothers, so he cannot make friends.
5	Would like a place for him to play outside the home	A place where children with similar disabilities can gather together.
6	Restore of residence	Depending on the physical condition of each person, with regards to the bathroom. * If possible, I want him to be able to use our present bathroom with physical rehabilitation.

This shows that the social resources in the community where “A” resides were already established and evaluated favorably.

What I would like to point out here is that parents conveyed to the person in charge that some needs were rooted in daily life. Here, there was a wide range of needs that the school personnel had never heard of. Those needs were prioritized as shown in Table 1. In addition, with respect to the overlapping of priority, the opinions of parents who could not decide on the priority were left as is.

Both the class teachers and I were unaware that the needs extended over a wide range. As a matter of fact, because it was personal information, we did not know anything more than necessary. I was reminded of the opinion of the above-mentioned welfare-related personnel with that “from the beginning parents limited their consultations the school”.

When we examine those needs, the school could have become involved in meeting some of the needs. For example, <1 A place the where “A” can stay after school > which was an important wish of the parents of “A”, who are self-employed, should be provided by the school. Furthermore, as an opportunity for understanding the basic abilities of “A” and to satisfy his needs, guidance should be considered through the special education program, for example, movement during taking a bath or methods for effectively utilizing assistive devices in < 6 >.

Furthermore, the goals and plans of assistance and service providers were also established in these, meetings and there were some names that we did not know. I was surprised because I was confident that I have developed a program for guidance in collaboration with the network of many social resources. Accordingly, by referring to the real needs in daily life, the importance of planning and implementing guidance through the collaboration of many social resources by focusing on the future was again recognized.

3. Examining Individual Roles by Effectively Utilizing the ICF Model

With the many social resources and the wide range of needs mentioned earlier, in order to clarify individualized roles including guidance in the special education program at the school, one of our objectives was to introduce the International Classification of Functioning, Disability and Health (hereinafter abbreviated to ICF), which has the role of being a common language between other job classifications. In concrete terms, while referring to a detailed classification with respect to components feasible for evaluation that is utilized in ICF (Body functions, Body

structures, Activity and Participation, and Environmental factors), until the second levels, using the “ICF Checklist Version 2.1a Clinician Form”. Then, on the basis of this evaluation, and by referring to the diagram (Figure 4) of the disability conditions of “A” and previous works, which is a report describing the correlation between each component and the future direction was prepared, I had discussions with the parents, the class teacher, and PT in charge to confirm the conditions of “A” and the individual roles of all people involved in the care and guidance of “A”.

Figure 4 shows the items regarded as issues to be evaluated at each level of Health condition, Body function, Body structures, Activity, Participation and the Facilitators and Environmental factors. The meanings of these items are as follows:

Health condition: State of health

Body function: Physiological functions of body systems (including psychological functions)

Body structure: Anatomical parts of the body such as organs, limbs and their components

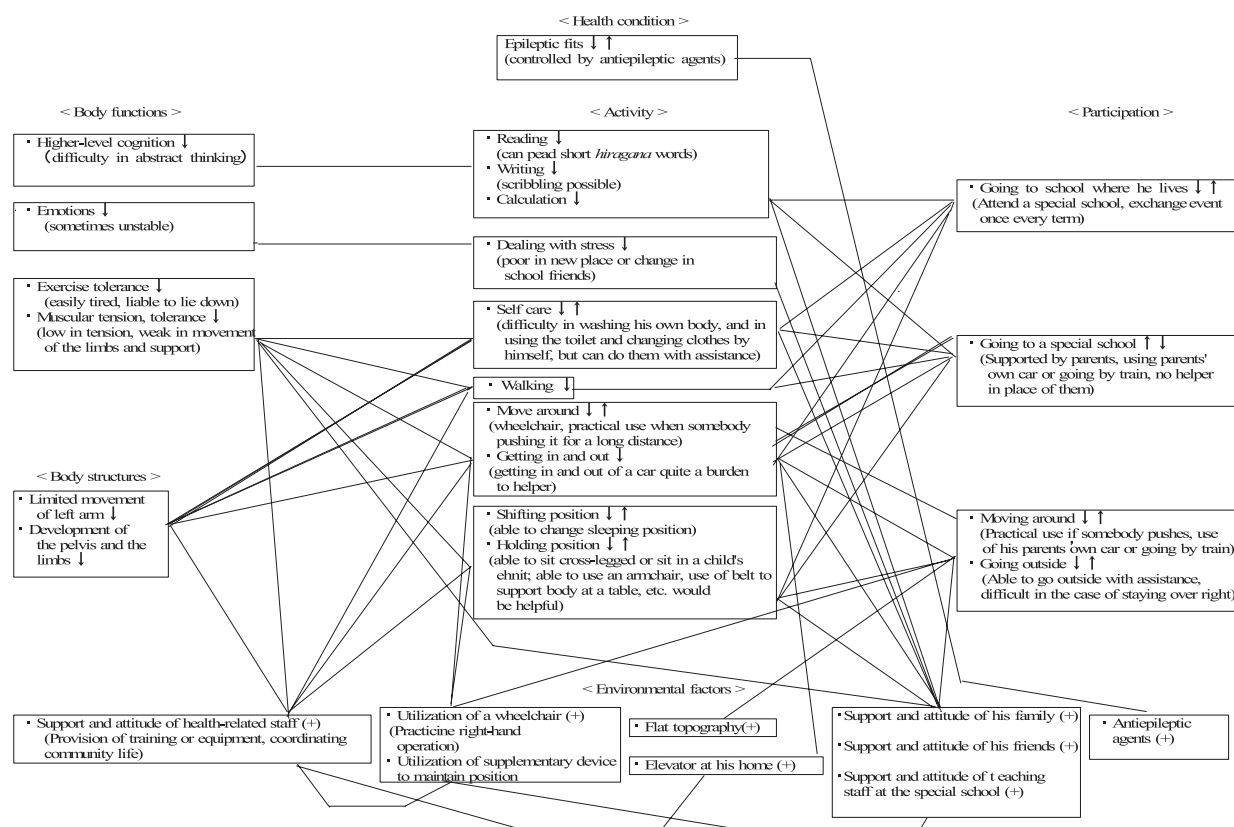
Activity: Execution of tasks or actions by the individual

Participation: Involvement in a life situation

Environmental factors: Physical, social and attitudinal environment in which people live and conduct their lives. There are Facilitators and Barriers.

The symbols indicate the following. The arrow between each item indicates the direction of influence. Correspondingly, a bidirectional arrow indicates a mutual influence. In addition, “↑” within an item indicates something that “A” can do, and “↓” indicates something that he is poor in doing or has difficulty in doing. “↓↑” means that activity or participation is possible if the conditions in parentheses are prepared. Finally, (+) in the environmental factors means that it had an impact on each level.

As described earlier, because the basic aspects, such as movements or posture, were regarded to be important issues because “A” has movement difficulties, guidance in the special education program was mainly provided. In a reevaluation utilizing ICF, there were certain problems regarding movement-related functions in <Body function> and movement-related structures in <Body structure>; and as before, class teachers or PT and OT became involved. These major needs were also conveyed by parents to the school. However, it became clear that it was better to re-examine whether the guidance was regarded to be for the same movements, such as moving around or self-care in <Activity and Participation>. Furthermore, through discussions, we came to the conclusion that the class teachers should provide guidance in the special education



[Figure 4: Diagram of Actual Conditions of “A” based on the ICF Model]

program while paying attention to <Activity> level; whereas, the PT should take a partial role approach to Body functions while considering level of <Participation> or <Activity>. At that time, we also concluded that we should actively exchange information and the person in charge of the special education program should take the initiative in this area.

On the other hand, although it is confirmed that there were issues regarding to cognition of <Body function and to study of <Activity and Participation>, basic cognition or various movements, on the special education program that required as basis of these issues had been hardly taken. In addition, through discussions, it became obvious that parents had hoped for a better curriculum from his class teacher. From this, we concluded that the class teacher should examine the possibility of a greater emphasis on study and provide basic abilities through the special education program with the cooperation of OT. With regards to the importance of collaboration with PT and OT, not only by taking a partial role in the guidance of “A” within a specified timeframe but also by promoting the collaboration from the planning of guidance, it is expected that teachers can fulfill their roles from the education viewpoint.

In addition, in the evaluation of <Activity and

Participation>, there is a big difference between items in the evaluation of <Capacity> in the case of having some type of assistance and in the case of not having assistance, so improvement can be realized by manipulating <Environmental factors>. It is clear that PT and OT are not the only personnel that should be involved in the school; other welfare personnel and medical equipment manufacturers should either examine their role as one of many social resources or find new social resources.

IV. Consideration and Future Issues

As shown in Figure 1, “A’s” life is affected by many types of social resource. The school, teachers and persons in charge of the special education program are in the position to be one of the social resources in the community, so we should fulfill our individual roles by being aware of our duties. Moreover, the current network will change in the future. Therefore, we should consider our roles by anticipating not only the present, but also the future condition.

Since the support expense program began in FY2003, we should select and built feasible social resources. Although “A” was recognized as a model case for the care

management model scheme, for the time being there is no official plan to systemize the said scheme for all people with disabilities. Accordingly, municipal governments are expected to prepare a preliminary list of approved institutions; however, not only the persons with disabilities and their families, but also the school personnel need to be adequately informed of these resources scheme. Considering that students with disabilities, including “A”, frequently utilize many social resources in their daily lives, if they are able to actively utilize such resources while attending school, skills that they would learn will be useful in their life after graduation. Furthermore, the community will become more aware of the existence of children with disabilities or special schools, thus contributing to a more better society.

Although the subject and his family were able to establish connection with the surrounding social resources as indicated by the lines shown in Figure 1, this figure was designed to clarify social resources presently involved in and mutually creating horizontal connections. We should clarify our role in each of these connections. The person responsible for the special education program should provide guidance not only by paying attention to “A’s” basic movements, but also by concentrating completely on providing education for his overall growth. Moreover, this cannot be realized during the period of individual guidance, because it is guidance based on “A’s” daily life as shown in his worksheets or care management plan. “D” city stated that the said school was designated for the FY2001 and 2002 “Model Project to Promote the Systematization of Educational Counseling for Children with Disabilities”. However, the neighboring facility “E” center also received approval for “Support Program of Regional Medical Treatment, for Children (Persons) with Disabilities”. Consequently, special school “C” and persons responsible for the special education program should use their specialties mainly through guidance in the special education program as a social resource in specialized education.

The following two issues will be examined in the future. First, what was the effect of the guidance described here on “A” himself and on his daily life, and what further considerations should be taken in the future. Second, we should examine how guidance through social resources based on the daily lives of students with disabilities can be provided to these who must attend school from a boarding house, hospital or other facilities.

* I obtained the consent of “A” and his family to use him as a model for this study and to publish his photographs. In addition, the parents have read this report and agreed to its contents.

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