

**The Journal  
of the  
International Association  
of  
Special Education**



**Vol. 3, No. 1**

**FEATURING:  
The Link  
between  
Disabilities  
and  
Unlawful Behavior**

*Official Journal  
of the  
International Association of Special Education*



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The Journal of the International Association of Special Education is published two times per year (winter and summer) by the International Association of Special Education. Annual IASE membership dues information is contained in this edition. Subscription to the Journal of the International Association of Special Education is available without IASE membership from IASE, c/o Dr. Ann Wilson, Box 2950, Storm Lake, IA 50588 USA.

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***JOURNAL OF THE INTERNATIONAL  
ASSOCIATION OF SPECIAL EDUCATION***

**Volume 3 / Number 1**

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## EDITORIAL NOTE

This edition of the *Journal of the International Association of Special Education* marks the third year of our new format. Members and subscribers alike warmly received volumes 1 and 2. Our offices received many letters, e-mail messages and telephone calls complementing the new format and the quality of articles. Thanks should be extended to the Consulting Editorial Board who has given the time and expertise necessary to insure quality. This group of professionals represents teachers, professors, psychologists and administrators actively working in the field of special education. Their effort and painstaking attention to detail ensure the high quality of journal articles.

Two popular features of the *Journal* have been the inclusion of abstracts from more than 25 different countries reflecting current educational research in special education and the listing of a variety of international conferences related to our professions. Miss Jennifer Scully, associate editor, has coordinated these two features. She attempts to present a representative sample of abstracts of interest to our readers. Due to the length of the articles accepted for this edition, we were unable to include either of these popular features and hope to include them in future editions.

Classroom teachers and University professionals are the keys to carefully researched, successful educational practices throughout the world. It is with this in mind that articles are once again being sought for future editions of the *Journal*. Finally, the Seventh Biennial International Conference of the IASE is currently screening proposals for the July 2001 conference in Warsaw, Poland. We are confident that excellent articles and papers being prepared for this conference will be represented in future editions of the *Journal*.

Roger A. Fazzone, Ed.D.  
Editor

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## DISABILITY, JUVENILE DELINQUENCY AND INCARCERATED ADULTS:

### A REVIEW OF LITERATURE

*Deborah E. Griswold  
Brenda Smith Myles  
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#### ABSTRACT

Age and grade appropriate academic success combined with behavior that meets community standards are requisites for success in the United States. Individuals who have disabilities are at risk for academic failure as well as participation in acts that are deemed delinquent, or criminal in nature. This is especially true for persons who have high incidence disabilities such as mental retardation, learning disabilities, and emotional/behavior disorders (Duguid, 1981; Evens & Vander Stoep, 1997; Griswold & Myles, 1998; Keilitz and Dunivant, 1976; Kimbrough, 1985; Kvaraceus, 1966; Leone, Rutherford & Nelson, 1991; Santamour, 1986; Snow & Briar, 1990; Waldie & Spreen, 1993). This review of the published literature addresses the link between the characteristics of disabilities, juvenile delinquency, and adult criminality. The link between characteristics of disabilities and unlawful behavior has implications for law enforcement, judicial and correctional officers and procedures. Further analysis of the academic, social and behavioral needs of incarcerated persons as school-aged students might enable educators and others to better understand the educational needs of this population and perhaps develop prevention measures for students at-risk for incarceration.

#### Disability, Juvenile Delinquency and Incarcerated Adults:

##### A Review of Literature

Age and grade appropriate academic achievement combined with behavior that meets community standards are requisites for economic success, advanced education, financial security, and social status in the United States. Individuals who have disabilities that effect their ability to learn at a rate commensurate with their same age peers are at risk for academic failure as well as participation in acts that are deemed delinquent or criminal in nature. This is especially true for persons who have high incidence disabilities such as mental retardation, learning disabilities, emotional and behavior disorders (Duguid, 1981; Evens & Vander Stoep, 1997; Griswold & Myles, 1998; Keilitz and Dunivant, 1976; Kimbrough, 1985; Kvaraceus, 1966; Leone, Rutherford & Nelson, 1991; Santamour, 1986; Snow & Briar, 1990; Waldie & Spreen, 1993). This same population often exhibits behavior inconsistent with community values. Indeed, 28% of juvenile offenders in juvenile facilities and 10% of incarcerated adults are disabled (Nelson, Rutherford & Wolford, 1986). Table 1 provides an over-

view of published studies about disabilities in the general and offender populations (see Table 1).

Exceptionality	Author	Year	Sample	Criteria	Data	Findings
Disabilities among general population	Comptroller General	1981	All school-age children, age 3-21 years in general population	Children served under PL 94-142	Analysis of 15 studies	8.5% have disabilities
Disabilities among Juvenile Delinquents (JD)	Rutherford, et. al.	1985	All JD in state juvenile correctional facilities	Estimates or counts of residents with IEPs	Survey responses of 50 state directors of special education 85 state directors of correctional education	28.0%
Disabilities among Adult Offenders	Rutherford, et. al.	1985	Adult inmates in state correctional facilities	Estimated number of adult offenders with disabilities	Based on data reported by 31 states	10%
Disabilities among Adult Offenders	Veneziano & Veneziano	1996	Adult inmates in state and federal correctional facilities	Estimated number and category of adult offenders with disabilities	Based on data reported by all state and federal correctional facilities	34.86% physical, communicative and psychological disabilities

**Table 1. Overview of Published Studies of Disabilities: General Population and Offenders.**

This paper provides an analysis of published studies of the prevalence of juvenile delinquents and incarcerated adults who have disabilities. Additionally, it addresses characteristics of mental retardation, learning disabilities, emotional and behavior disorders and their relevance to delinquency and incarceration. This information might have implications for educators and legislation regarding special education and identification of children at risk for adjudication.



## **Mental Retardation**

### **General Characteristics**

The American Association on Mental Retardation (AAMR), as revised in 1992, defines mental retardation as follows:

Mental retardation refers to substantial limitations in present functioning.

It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Mental retardation manifests before age 18 (Hardman, Drew, Egan & Wolf, 1993, p. 439).

Individuals are considered to have mental retardation when the results of a general intelligence test such as the Stanford-Binet Intelligence Scale (Termin & Merrill, 1960), (cited in Reynolds & Fletcher-Janzen, 1990) or an age appropriate Wechsler Intelligence Scale, such as the Wechsler Adult Intelligence Scale (WAIS) (Wechsler, 1955), Wechsler Adult Intelligence Scale Revised, (WAIS-R) (Wechsler, 1981), Wechsler Intelligence Scale for Children Revised (WISC-R) (Wechsler, 1974), or Wechsler Preschool and Primary Scale of Intelligence (WPPSI) (Wechsler, 1967), indicates a full scale intelligence quotient (IQ) of two standard deviations below the norm of 100. This score may fluctuate as high as 79 when accompanied by adaptive behavior that is less than age appropriate (Reynolds & Fletcher-Janzen, 1990).

Adaptive behavior is the comparison of the individual according to others' standards and is "defined by what an individual does day by day, not by an individual's ability or what he or she can do" (Reynolds & Fletcher-Janzen, 1990, p. 31). Adaptive behavior reflects the ability of an individual to function effectively in the general environment. Deficits are evident in the areas of personal independence, social responsibility, sensorimotor, communication, self-help, and academic skills. The ability or lack of ability to use these skills to cope sufficiently with the environment, as well as same age peers, is a consideration when determining whether an individual has mental retardation. Deficits in these areas are commonly symptomatic of mental retardation (Reynolds & Fletcher-Janzen, 1990). Persons with mental retardation "are characterized by delayed language development, problems in attending to relevant stimuli, short-term memory deficits, deficient memory strategies, and restrictions on the level of attainment possible" (Reynolds, & Mann, 1987, p. 1024-1025). The symptomology of mental retardation appears between birth and age 18.

Mild mental retardation refers to a range of IQ from 55 to 70. Educational expectations for this population by adulthood are second to fifth grade achievement with social adjustment allowing for some degree of independence, with self-support likely.

Individuals with moderate mental retardation have IQ scores that range from 40 to 55. These individuals are expected to master self-help skills, some rudimentary academic skills with social abilities limited to nearby home areas. Sheltered workshop or supported employment is typical. (Hardman et al., 1993).

The Comptroller General of the United States (1981) conducted an analysis of studies to determine if the goals of the Education for All Handicapped Children Act of 1975 (PL 94-142) were being met. In the course of this analysis, 3.94 million children were found to be receiving special education under the Act. Of this number of children receiving services, 19% were found to have mental retardation or 3% of the general student population. The data was obtained from a child count by the Office of Special Education and two national surveys. The United States Department of Education, Office of Special Education (1999) reported that for the school year ending in 1997, 11.4% (594,025) of all students that were identified as having disabilities had mental retardation.

### **Characteristics of Offenders with Mental Retardation**

Juvenile offenders. Morgan (1979) conducted a national survey of all juvenile delinquents in state juvenile correctional facilities. Questionnaires were sent to state juvenile correctional administrators in 50 states and 5 U.S. territories. Two hundred four institutions replied. Using the PL 94-142 definition of mental retardation, "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior" (34 CFR 300.5[b][4]), results indicated that 9.5% of delinquents who are committed to state correctional facilities meet the criteria for educable (IQ 55 to 70) or trainable (IQ 40 to 55) ranges. Specifically, 7.69% were functioning in the educable range and 1.84% had IQs in the trainable range.

Similar data were found by Day and Joyce (1982) who examined court records of 202 adjudicated juvenile delinquents in Ohio who ranged from fourteen to nineteen years of age. Using the criteria of IQ score of 70 or less, they found the prevalence of mental retardation in the juvenile offender population at 7.4%. In 1982, Prescott and Van Houten conducted a study of 950, 11-21 year old juvenile delinquents in New Jersey correctional facilities. Using corrections data and American Association on Mental Deficiency (AAMD) guidelines, they found that 6.0% of juvenile delinquents had IQ scores under 70. In 1983, Kardash and Rutherford (1983) conducted a study of 220 (62% of total juvenile delinquents in custody) juvenile delinquents identified as disabled, who were in custody of the Arizona Department of Corrections. Based on data provided by administrators of education, juvenile services and corrections, 5% of the sample met the criteria for educable mental retardation. Murphy (1986) theorized that individuals with severe retardation are not overrepresented because they lack the skills to orchestrate or commit felony offenses.



Exceptionality	Author	Year	Sample	Criteria	Data	Findings
Mental Retardation	Comptroller General	1981	Students in General Population ages 3-21	Children served under PL 94-142 definition of Mental Retardation	Analysis of 15 studies	3% of general population  19% of all students served under PL 94-142
	U.S. Department of Education, Office of Special Education	1999	Students identified as having disabilities in school year ending in 1997			11.4% of all students identified as having disabilities had mental retardation
Mental Retardation among Juvenile Delinquents (JD)	Morgan	1979	All JD in state correctional facilities and 5 territories	PL 94-142 definition of Mental Retardation	Survey responses of 204 correctional administrators	EMR: 7.69% TMR: 1.84% Total: 9.5%
	Day & Joyce	1982	202 adjudicated delinquents in OH age=14-19	I.Q. score equal to or less than 70	Court Records	7.4%
	Prescott & Van Houten	1982	950 juveniles in NJ correctional facilities age: 11-21	I.Q. score<70	Corrections Data	6%
	Kardash & Rutherford	1983	220 JD identified as disabled in AZ Dept. of Corrections (62% of total delinquent population)	EMR	Administrators of education & juvenile services, corrections	5%

**Table 2. Overview of Published Studies of Mental Retardation: General Student Population and Juvenile Offenders**

Comparing the preceding statistics with those of the general population of school age children, the United States Government Accounting Office (Comptroller General of the United States, 1981) estimated that 3% of all students have mental retardation. This leads to the conclusion that a higher proportion of juvenile offenders, as compared to the general population, are identified as having mental retardation (Murphy, 1986). Table 2 overviews the studies of prevalence.

Santamour (1986) addressed characteristics of mental retardation that could link this condition with juvenile delinquency and adult criminal behavior:



- 1) People with retardation often display poor judgment. They do not fully understand the significance of their actions and the consequences that arise from these actions.
- 2) Often in an effort to be accepted and/or recognized, they may involve themselves in criminal activity.
- 3) People with retardation may be more easily led into criminal activity by others because of their heightened suggestibility. The person with retardation thus becomes the perfect scapegoat in any illegal activity. These individual characteristics of mental retardation often lay the framework for involvement with criminal activity. They do not, however, provide a complete explanation of the problem. (p. 10)

**Adult offenders.** In 1963, Brown and Courtless began a systematic survey of the population of adult offenders with mental retardation. All penal institutions in the United States, excluding local jails and workhouses, were asked to reply with information regarding the IQ scores of their incarcerated population, the offenses committed by inmates with low intelligence, treatment programs, management problems, and practices used in working with offenders with mental retardation. The population surveyed totaled 217,280. More than 80% of the questionnaires were completed, providing information on about 200,000 offenders. Of this total, IQ scores were received on 90,477 inmates. The scores received reflected a non-random sampling of the total incarcerated population. The data was based on intelligence testing administered by the institution exclusively. Institutions used different testing instruments and different testing settings. For the purpose of this study, Brown and Courtless (1971) defined mental retardation as an IQ below 70 in accordance with the AAMD. An IQ of 69 was regarded as the upper limit of the range of mental retardation, with 9.5% (or approximately over 200,000 inmates) of the sample falling into this range. Approximately 1.6% of this population (1,454 persons) had IQ scores below 55. [Adaptive behavior was not a factor] (Brown & Courtless, 1971). The New York State Commission on Quality of Care for the Mentally Disabled (1991) concluded that 1 to 3% of all prison inmates are developmentally disabled.

The New York State Office of Mental Retardation and Developmental Disabilities' Bureau of Forensic Services (New York State Commission on Quality Care for the Mentally Disabled, 1991) identified the following characteristics as typical of an offender with mental retardation:

1. They may be incapable of communicating at a level appropriate for their chronological age, using limited vocabulary and/or having speech impairments. These individuals may have difficulty comprehending and responding to questions and may parrot answers.

2. They may be unable to read or write. Functional skills such as giving change, using the telephone and telling time are not proficient.
3. Immature behavior and preference for significantly younger friends is common. Inappropriate interaction with peers or opposite sex is not uncommon.
4. Offenders with mental retardation may be easily swayed by others in an effort to please; thus, disregarding legality of their actions. Individuals who have mental retardation are generally followers and not organizers of illegal activity.
5. Frequent displays of low tolerance for frustration, inability to understand the consequences and gravity of situations as well as problems with reflecting on actions or controlling impulsivity are typical.
6. They may, however not behave appropriately in criminal justice situations. Because they do not understand their rights or the seriousness of the situation, they may be very willing to confess. As a result of cognitive impairment they may be unable to remember details of an offense and may be overwhelmed by police or other authorities, consequently saying what he or she perceives to be the information authorities may want to hear. In addition, they may not want authorities or others to be aware of their disability (New York State Commission on Quality Care for the Mentally Disabled, 1991).

These characteristics were identified in a stratified random sample of 294 of approximately 42,000 inmates in New York state prisons in 1988. The sampling allowed for a disproportionate sampling of inmates with IQ scores less than 80. This ensured that enough numbers of high-risk inmates would be included. Seventy inmates had IQ scores of less than 70 (24%), 70 inmates had IQ scores between 70 to 79 (24%) and 154 inmates had IQ scores of 80 or higher (52%). The American Association on Mental Deficiency Adaptive Behavior Scale (Nihira, Leland & Lambert, 1969) was administered to all but 21 of the 294 inmates (these inmates had been paroled, deported or were unavailable to be tested). Inmates identified as "at risk" for developmental disabilities were referred for further screening. Screening criteria included: score below the 80th percentile on subtests of the Adaptive Behavior Scale (Nihira, et al.) related to three or more functional areas or score below the 80th percentile on subtests of this measure were related to two functional areas and an IQ score of less than 80. A similar study reported by Snow and Briar (1990) involving 1565 case histories of inmates in a Pacific Northwest urban jail revealed 3.9% had mental retardation or developmental disabilities.

Santamour (1986) identified several disadvantages that may cause adults with mental retardation, because of their limitations, to come into conflict with the criminal justice system. These factors include lower social class status due to low paying positions,

slum living, poor schools and limited opportunities for education, substandard healthcare and high incidence of unemployment.

Petersillia (1997) expressed the view that individuals with mental retardation are easy marks for peers involved with criminal activity, as victims or exploited to be accessories. Petersillia described the offender who has mental retardation as having committed less serious offenses, but as a result of behaviors while incarcerated, demands more staff attention. These behaviors also result in extended time spent in prison as the inmate with mental retardation is not able to effectively take part in early release programs or devise effective prerelease plans.

Exceptionality	Author	Year	Sample	Criteria	Data	Findings
Mental Retardation and Adult Offenders	Brown & Courtless	1963	All penal institutions in the U.S. (exception being local jails and workhouses). Over 200,000 inmates represented.	I.Q. scores <70	Testing conducted by penal institutions	9.5% of inmate population I.Q. scores <70. 1.6% with I.Q. scores <55.
	Snow & Briar	1990	1565 inmates in a Pacific Northwest urban jail		Case histories	3.9%
	New York State Commission on Quality of Care for the Mentally Disabled	1991	Stratified random sample of 294 of 42,000 inmates in New York State Prisons	I.Q. scores <80 Results of A. A. M.D. Adaptive Behavior Scale <80% on subtests relating to 3 or more functional areas or <80% & 2 functional areas		1% to 3%
	Veneziano & Veneziano	1996	All federal and state prison populations with disabilities		Administration report	4.2%

**Table 3. Overview of Published Studies of Mental Retardation: Adult Offenders**



Veneziano and Veneziano (1996) conducted a recent prevalence study of the prison population of all state and federal prisons. Administrators from each facility were asked to provide data about inmates who have vision, mobility, orthopedic, hearing, speech and psychological impairments. The results indicated that 4.2% of all inmates have mental retardation. An abridgment of these studies is found in Table 3 (see Table 3).

### **Learning Disabilities**

#### **General Characteristics**

The 1997 reauthorization of IDEA, PL 105-17 §602 (26)(A-C) defined learning disability as:

- (26) (A) *In general* specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.
- (B) *Disorders included* such term includes conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- (C) *Disorders not included* such term does not include a learning problem that is primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

The symptomology of learning disabilities manifests itself in varied means. According to Hardman and others (1993), it is evident in perception difficulties in the visual, auditory, and haptic sensory systems. Visual figure-ground discrimination is often impaired. Auditory discrimination, auditory blending, memory and association create additional school performance problems for the student. Haptic perception involving touch, body movement, and position sensation effects coordination especially in the abilities to grasp a pencil and write legibly. Difficulties exist in cognition/information processing which effects a person's ability to acquire, retain, and use information. Hyperactivity, short attention span and selective attention are also associated with learning disabilities.

Assessment of learning disabilities is complex. Intelligence could be in the average or near average range in measured intelligence and below average performance on at least one test measuring academic achievement. When the discrepancy between intellectual ability and academic performance is significant, a diagnosis of a specific learning disability is made (Ysseldyke, Algozzine, & Thurlow, 1992). Winters (1997) addressed the fact that individuals who have learning disabilities should not be viewed as "slow learning" (p. 452), rather, that learning disabilities are permanent and students with this exceptionality do not always benefit from remedial education. Winters de-

scribed students with learning disabilities as experiencing frustration, being failure-oriented, and suffering depreciation of self-worth. Winters (1997) added the point that all adolescents want to fit in socially but often students with learning disabilities are socially isolated by students who are academically proficient. This rejection may promote membership in gangs. Gang members may accept these adolescents to push drugs and commit other illegal acts. Margalit and Efrati (1996), in a study sponsored by the Israeli Ministry of Education, studied 230, seven to ten year old children. Ninety-four of these children had learning disabilities and were served in pullout resource rooms, 65 were low achievers and 71 were average in their academic abilities. The seven assessments used to ascertain ratings in the social milieu were (a) Loneliness and Social Dissatisfaction Questionnaire (Asher, Parkhurst, Hymel & Williams, 1990), (b) The Children's Sense of Coherence Scale (CSOC) (Margalit, 1995), (c) Friendship Quality Questionnaire (FQQ) (Parker & Asher, 1993), (d) Peer Acceptance Scale (Vaughan, McIntosh & Hogan, 1990; Margalit, 1991), (e) Reciprocal Friendship Measure (Vaughan, et al., 1990; Margalit, 1991), (f) Conners' Abbreviated Symptom Questionnaire (ASQ) adapted in Hebrew by Margalit in 1981, and (g) Aggressive Behavior Scale (ABS) (Margalit, 1985). The study revealed that children with learning disabilities experienced lower sense of coherence, less friends, were rated as less accepted by their classmates, have a higher level of loneliness and often were socially isolated. Additionally, teachers perceived them as more disruptive and hyperactive than their normal achieving peers (Margalit, 1996).

The Association for Children and Adults with Learning Disabilities stated that "learning disabilities can continue into adulthood and can involve socialization skills" (Reynolds & Fletcher-Janzen, 1990). Torgesen (1991) reported that 5% of all students that are enrolled in public schools have learning disabilities. The Comptroller General of the United States (1981) determined that 36% of all children served under the Education for All Handicapped Children Act of 1975 (PL 94-142) during the 1980-81 school year and had learning disabilities. In 1996-97, the prevalence rate of learning disabilities among the total number of students identified as having disabilities was 51.1% (2,676,299) as reported by the Department of Education, Office of Special Education Programs (1999).

### **Characteristics of Offenders with Learning Disabilities**

Juvenile offenders. Reed (1992), in Psychology for Correctional Education, stated: "When we look at the past history of adjudicated delinquents, we often see that the child was labeled as a slow or poor learner with a behavior problem. Learning disabilities in early childhood, especially when they were untreated seemed to form the basis for a life style that led to delinquency" (p.131).



Keilitz and Dunivant (1987) researched the relationship between learning disabilities and juvenile delinquency (LD-JD Project) between 1976 and 1983 using an age cross-sectional study. The age cross-sectional sample group consisted of boys from public schools, juvenile courts, training schools and departments of corrections in the U.S. cities of Baltimore, Indianapolis and Phoenix during 1977 and 1978. The boys ranged in age from 12 to 15. The group included 973 public school teenagers who had not been adjudicated and 970 teens who were adjudicated by juvenile courts. Information was gathered from school records, standardized test scores and behavioral observations in order to evaluate the sample for learning disabilities. Those suspected of having learning disabilities based on this were given a battery of tests to confirm the existence of a learning disability. A learning disability diagnosis was made if a significant difference between ability and achievement based on intelligence and test scores existed. Those tests included the Wechsler Intelligence Scale for Children-Revised (WISC-R) (Wechsler, 1974) the Woodcock Reading Mastery Tests (Woodcock, 1973) the KeyMath Diagnostic Arithmetic Test (Connolly, 1971), and the Visual Motor Gestalt Tests (Bender, 1946). A longitudinal study was conducted to determine if there was a relationship between learning disabilities and juvenile delinquency by ascertaining if delinquent behavior increased over time to a greater extent for those boys with learning disabilities verses those who did not have learning disabilities. Of the original non-delinquent group, 351 boys (57 of whom had learning disabilities) were followed and interviewed at the one and two year points after the first testing. Both studies confirmed that there was a significant relationship between learning disability and delinquency. The subjects who had learning disabilities and were juvenile delinquents were 55.6%. Juvenile delinquents who did not have learning disabilities were 33.7% (Broder, Dunivant, Smith & Sutton, 1981). Learning disabilities were strongly linked to delinquency. Consequently, a relationship between learning disability and juvenile delinquency is undeniable. Factors such as a negative attitude toward school and poor school performance is an indicator of school failure which leads to delinquent behavior.

Morgan (1979) conducted a study of all juvenile delinquents in state juvenile correctional facilities using the survey responses of 204 correctional administrators following the guidelines set forth in the PL 94-142 definition of learning disability. He found 10.59% of the sample to be learning disabled.

Similar results were found by Kardash and Rutherford (1983). Of 220 juvenile delinquents identified as disabled and in custody of the Arizona Department of Corrections, they found that 32% were learning disabled. Their data was based on interviews with the Deputy Director of Juvenile Services, the Director of Education, and principal and vice-principal of a day support program operated by the Department of Corrections.



In an attempt to further validate the school failure and susceptibility theories of persons having learning disabilities, Waldie and Spreen (1993) conducted a longitudinal study beginning in 1978. School failure theory is defined by the authors as the link between learning disability and deficient academic achievement; perception by adults of learning disabled students having behavior problems; negative self-perception, negative perception by others resulting in antagonistic attitudes towards school and staff. The negative and antagonistic attitude toward education results in the adolescent dropping out or being suspended allowing the individual additional time to be involved in delinquent activity, crime or substance abuse. Susceptibility theory attempts to link certain personality traits such as impulsivity, hyperactivity, judgment, and poor reasoning in social circumstances to involvement in delinquent activities. The study focused on 203 subjects who had learning disabilities. These individuals were assessed within the age range of 8 and 12 years, between the years of 1966 and 1972 at the University of Victoria Neuropsychology Laboratory. At approximately 18 years of age, these individuals were located and participated in a structured interview regarding police contacts. The 138 individuals who did not report police contact were excluded from further study. The 65 subjects who reported contact with police were interviewed at age 25. This follow-up interview revealed that 25 had no further police contact but 40 had ongoing police contact. Study of parent and subject factors such as family characteristics, relationships, school experiences, attitudes, health employment, behavioral, and social issues that showed 75% of the subjects had demonstrated behavioral and personality characteristics which made them particularly vulnerable to delinquency. The persistent police contact group, 61.5% of the defined sample, received special assistance in school. Members of the group without ongoing police contact, 38.46% of the sample, felt that others perceived them as different. As a whole, the 65 were not frequently involved in school functions with the persistent police contact group being less involved than the non-contact group. Statistical significance was found for the persistent group for alcohol abuse but not for other variables, thus establishing a weaker link than expected for the school failure theory as a predictor of persistent delinquency. Results for factors validating the susceptibility theory indicated that judgment and impulsivity were statistically significant predictors of delinquency (Waldie & Spreen, 1993). Table 4 summarizes the published studies of learning disabilities in the general population as well as prevalence found among juvenile delinquents (see Table 4).

Exceptionality	Author	Year	Sample	Criteria	Data	Findings
Learning Disabilities (LD)	Comptroller General	1981	All school age children served under PL 94-142	PL 94-142 definition	Analysis of 15 studies	36%
	Torgesen	1991				5% of all students have LD
	U.S. Department of Education, Office of Special Education	1999	Students identified as having disabilities in school year 1996-97			51.1% of students identified as having disabilities had LD
Learning Disabilities (LD) and Juvenile Delinquents (JD)	Kielitz & Donivant  Broder and others Follow-up study of Keilitz & Dunivant	1976  1981	633 adjudicated JD & status offender boys in 3 cities aged 12-15 years  351 boys in the Keilitz & Donivant study were followed. 57 of whom had LD	2 year discrepancy between IQ and achievement in reading and arithmetic	School records, standardized test scores, behavioral observations for those suspect for LD; IQ and achievement testing. Follow-up interviews	Longitudinal study determined that 55.6% had LD and were involved in delinquent activity. JD who did not have LD were 33.7%
	Morgan	1979	All juvenile delinquents in state juvenile correctional facilities	PL 94-142 definition of LD	Survey responses of 204 correctional administrators	10.59%
	Kardash & Rutherford	1983	220 juvenile delinquents identified as disabled in AZ Dept. of corrections (62% of total JD population)	Not available	Administrators of education, juvenile corrections	32%
Learning Disabilities (LD) and Juvenile Delinquents (JD)	Waldie & Spreen	1993	Longitudinal study examining 65 subjects examining school failure and susceptibility theories	Identified as having a learning disability and police contact	Identified as learning disabled from 8 to 12 years of age; follow-up interviews at 18 and 25 years of age	Of 65 subjects 61.5% reported persistent police contact, 38.46% reported nonpersistent contact

**Table 4. Overview of Published Studies of Learning Disabilities: General Student Population and Juvenile Delinquents**



Adult offenders. Tevis and Orem (1985) discussed the many personal histories of adults who have learning disabilities that are chronicled in professional literature and popular magazines.

“Reading these accounts makes one painfully aware of the humiliation, the agony and the sorrow experienced by LD adults as they struggle to lead normal lives; some succeed while others do not. Some who do not succeed find themselves involved in the criminal justice system (cited in Tevis & Orem, 1985).” (p. 27)

Steven Duguid (1981), an instructor at the University of Victoria’s program at Matsqui Institution (prison), wrote about the characteristics of incarcerated adults who have learning disabilities. He observed that many characteristics or attitudes identified with a criminal personality originate from cognitive elements and the ability to reason commensurate with those elements. Criminals are noted for having extreme egocentricity that is similar developmentally to pre-adolescents in the cognitive-moral domain. When this immature cognitive-moral stage is combined with egocentrism the result is an inability or underdeveloped ability to empathize or see and understand the roles of other individuals, especially authority figures. Common characteristics of criminals are a paucity of analytical skills and a perspective of events in their environment as episodic, rendering them unable to integrate past and present experiences, nor able to anticipate and forecast future repercussions.

Koopman (1983), a researcher in Canada, studied cognitive disorders and syntactical deficiencies in the inmates of federal penitentiaries in Canada. He tied Duguid’s comments about cognitive decision-making to prisoners and others who have learning disabilities. Koopman held an opinion similar to Duguid’s and addressed characteristics of criminals, learning disabilities and decision-making. He described crime as a result of the choice made by criminals. He qualified that such behavior for individuals with learning disabilities is not under their control, but is a feature of their disability. These individuals may be predisposed to committing offenses. Such features include a lack of reasoning skills, profound self-centeredness, narcissism, lack of insight and empathy. Moral judgment is made in terms of personal needs. When lacking analytical skills, “the world is episodic” (Koopman, 1983, p. 17). They do not incorporate lessons learned in the past with the future and cannot seem to prognosticate future events. They do not benefit from experience and have poorly developed imaginations. This population is impulsive and aggressive; they act out, rather than utilize verbal rehearsal and hypothesis-testing strategies (Koopman, 1983).

LeHigh University (Bell, Conard & Suppa, 1984) conducted a study for the National Institute of Justice, U.S. Justice Department to examine the type and occurrence of learning deficiencies in incarcerated adults. The study occurred in three institutions in each of three states which were thought to be representative of the regions of the



nation: Louisiana, Washington and Pennsylvania. The sample included over one thousand inmates. One prison in each state was a female prison. The data was collected from demographic information, the results of an academic achievement test, the Tests of Adult Basic Education (TABE) (CTB/McGraw-Hill, 1957-87), the Wechsler Adult Intelligence Test Revised (WAIS-R) (Wechsler, 1981), and portions of the AAMD Adaptive Behavior Scale (American Association on Mental Deficiency, 1969). Those scoring below fifth grade level on one of the subtests were administered subtests of the Mann-Suiter Learning Disabilities Screening Test (Mann, Suiter & McClung, 1974). The results of this study found that 42% had some type of learning problem, and 82% had specific learning disabilities particularly in auditory discrimination, closure and visual motor skills.

Tevis and Orem (1985) conducted a study of 189 male offenders at the Kane County Adult Corrections Center in Geneva, Ill. The criteria for identification were: (a) average intelligence as measured by the Revised Beta, Beta II, (Kellogg & Morton, 1978) (b) below the sixth grade level on at least one part of the Wide Range Achievement Test (WRAT) (Jastak, Bijuo, & Jastak, 1965) or (c) having scored with a range of 2 or more years on the Detroit Test of Learning Aptitudes (DTLA) (Hammill, 1935-91). The findings showed that nearly 57% were learning disabled. Examining the testees' auditory and visual skills, 100% of those in the sample were labeled as learning disabled.

Veneziano and Veneziano (1996) found 10.7% of the total prison population to be learning disabled. Their findings resulted from information provided to them by state and federal facilities. Harlow (1998) conducted a study of 6,133 jail inmates across the United States. The data was obtained from those inmates who were incarcerated and confined during the period of October, 1995-March, 1996 in locally run facilities. These inmates were either serving short sentences not exceeding one year or awaiting sentencing. Of the sample, 9.1% reported themselves as having learning disabilities, specifically dyslexia or attention deficit disorder (see Table 5).

Exceptionality	Author	Year	Sample	Criteria	Data	Findings
Learning Disabilities and Adult Offenders	Lehigh University for National Institute of Justice	1983	Over 1,000 incarcerated adults in 9 prisons in 3 states. PA, LA & WA. One prison each state for females.	Demographic information results of TABE and WAIS-R and for those scoring below 5th grade level on one of the subtests. Mann- Suiter L.D. Screening Test		42% had L.D. and 82% of those had specific L.D. particularly in auditory discrimination, closure and visual motor skills
	Tevis & Orem	1985	189 male offenders-county corrections center	Average I.Q. as measured by Revised Beta, Beta II. below sixth grade level on at least one part of the WRAT or scoring with a range of 2 or more years on the DTLA	Testing	57% had L.D. & 100% of the sample were labeled with L.D. after examination of auditory and visual skills.
	Veneziano & Veneziano	1996	All federal and state prison populations with disabilities		Administration report	10.7%

**Table 5. Overview of Published Studies of Learning Disabilities: Adult Offenders.**

## Emotional and Behavioral Disorders

### General Characteristics

The term “emotional disturbance” has been used for many conditions including schizophrenia, autism, psychosomatic disorders, phobias, withdrawal, depression, anxiety, elective mutism, and aggression. According to Coleman (1992), the term “behavior disordered” is considered to be:

less stigmatizing, less severe, more socially acceptable and more practical than the term emotionally disturbed...In common usage today, ‘behavior disordered’ is usually applied to less severely disturbed students, whereas emotionally disturbed is reserved for the most seriously impaired. However, since the two terms are often used interchangeably, they should be viewed within the context in which they appear (p. 22).

Gresham, (cited in Wang, Reynolds & Walberg, 1988) preferred the use of the term “behavioral disorders” as it is a more accurate descriptor of the reason children are referred and placed. The behaviors of these children are the factors that make them eligible for placement. Quay (1992) addressed the question of terminology and provision of special education to students identified with either a psychiatric diagnosis and/or emotional or behavioral difficulties that interfere with that student’s education. He further reported that the federal definition of emotional disturbance does not necessarily correlate with the classification system used by mental health professionals to identify behavioral disorders. In other words, the diagnosis of a disorder as defined by the Diagnostic Statistical Manual of Mental Disorders does not mean that the child automatically qualifies for special education or related services.

The federal definition, PL 105-17 changed the terminology for this area of disability from seriously emotionally disturbed to emotional disturbance as stated in Part A-General Provisions §602 (3)(A)(i).

“Emotional disturbance is defined as follows: (i) the term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects a child’s educational performance: (A) An inability to learn which cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.” (Federal Register, 34 CFR 34 §300.7 (a)(4)(i-ii))

Quay, Morse, and Cutler conducted a study in 1966 of 441 children who received special education in classes specifically for students with emotional disturbance. Sixty teachers were asked to rate the behavioral characteristics of these students and found that children exhibit three major profiles of behavior: (a) defiance, disobedience, impertinence, uncooperative in group, irritability, boisterousness, showing off, attention-seeking, bullying, temper tantrums, hyperactivity, restlessness, negativity, irresponsibility, uses profane language, destructive and jealous which are considered conduct problems; (b) sluggish, displays lack of interest, lazy, preoccupied, daydreams, drowsy, inattentive, withdrawn and dislike of school which is described as typical of inadequacy/immaturity; and (c) hypersensitivity, dislikes school, inferiority, self-conscious, lacking self-confidence, easily flustered and fearful as typical of personality problems or neurosis (Quay, et al. 1966). Behavior disorders in children are evident when the



child has difficulty learning, poor relations with others, displays feelings and actions that are deemed unfitting, sadness or depression, illness or fearfulness in relation to school or their particular circumstances (Kauffman, 1985). Gilliam and Scott (1987) described the characteristics of students with behavior disorders as “withdrawn, depressed, isolative, in their own world, out of touch with reality, anxiety-ridden, oppositional, impulsive, asocial, antisocial, and acting out.” (p. 142).

Kauffman (1985) observed that children who had mild to moderate emotional disturbance generally had intelligence quotients in the low average range; however, some scores may fall in the mild mental retardation range to gifted. Mastropieri, Jenkins and Scruggs (1987) reviewed literature that addressed the academic and intellectual characteristics of disturbed populations. Mastropieri et al. found that average IQs ranged from 89.5 in a public school BD sample to 96.5 in an outpatient psychiatric sample. They concluded that intellectually students with BD typically function slightly below average in the low to mid-90’s range. Coleman (1992) reported that research indicates that most students who have behavior disorders (excluding psychotic and autistic) test in the low average intelligence range.

One of the prevalent characteristics of students with behavior disorders is an inability to achieve in school regardless of expectations based on their level of intellectual functioning. Academic deficits are common in the majority of students determined to have behavior disorders (Coleman, 1992; Kauffman, 1985).

A multidisciplinary team identifies students who have behavioral disorders. The eligibility is based on information that results from assessment of language, cognitive-intellectual, emotional-social, medical-physical, behavioral and academic functioning. IQ, achievement, projective tests, and behavior rating scales are used. Reports or rating scales may be completed by teachers, parents and others who are familiar with the student (Coleman, 1992).

Bower (1982) found that 10% of school-aged youngsters were in need of intervention because of emotional or behavioral problems that ranged from moderate to severe. The Comptroller General (1981), using the population of all school-age children in the general population, found that 8% of all children served under PL 94-142 during the school year 1980-81 had emotional disturbance. In the Twentieth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act of (OSEP, 1999), of all children served under IDEA during the school year 1996-97, 8.6% (447,426) had emotional disturbance.

## **Characteristics of Offenders with Emotional and Behavior Disorders**

**Juvenile offenders.** Murphy (1986) wrote that:

“Research has shown that juvenile delinquents often have histories of emotional or behavioral problems...All delinquents are, speaking literally, behaviorally disordered: Their behavioral deviance is precisely what has brought them to the attention of the criminal justice system. Whether they are “emotionally disturbed” as well depends upon one’s perspective and the wording of the particular referent definition. The ambiguity of terms and of individual perceptions of those terms almost certainly affect the identification of disturbed offenders.” (p. 9)

The issue of identification is made more difficult because of the various terms and definitions used in regard to emotional disturbance and behavior disorders. The terms carry different connotations (Feldman, Kinnison, Jay, & Harth, 1983). They are often used interchangeably by the different disciplines, such as state education officials, practitioners, and researchers (Epstein, Cullinan, & Sabatino, 1977; Kauffman, 1985). It is this ambiguity that contributes to the highly discrepant estimates of prevalence from few instances of disturbance (Balch, 1982; Gibbons, 1970) to emotional problems in an overwhelming majority of the delinquent population.

Morgan’s study (1979), using the surveyed responses of 204 correctional administrators of state juvenile correctional facilities, found 16.23% of the sample had emotional disturbance based on PL 94-142 criteria. However, it must be noted that eight states reported that no juvenile offenders had emotional disturbance and one state, Montana, reported an incidence of over 80%.

Morgan’s mean of 16.23% correlates closely to a study conducted by Young, Pappennfort, and Marlow (1983) whose sample encompassed all juvenile delinquents in public and private facilities for juvenile offenders. Directors of these facilities revealed that 17.4% had severe emotional disturbance and 36.0% had moderate emotional disturbance. A significantly higher percentage of behavioral disorders were found in studies conducted by Kardash and Rutherford (1983). Kardash and Rutherford studied approximately 220 juvenile delinquents identified as disabled (62% of the juvenile delinquent population detained in the Arizona Department of Corrections), using data provided by administrators of education, juvenile services, and corrections. These administrators identified 58% of their population as having emotional disturbance.

Nelson and Rutherford reported up to 77% of those enrolled in special education programs in juvenile correctional facilities had behavioral disorders (cited in Leone, Rutherford & Nelson, 1991). Leone (cited in Leone, Rutherford & Nelson, 1991) conceded that while there is no direct relationship established between emotional dis-

turbance or behavior disorder and juvenile delinquency it is reasonable that persons who display antisocial or disruptive, destructive or injurious behavior are likely to become involved with the juvenile justice system.

A study conducted by Evens and Vander Stoep (1997) involved sharing data among juvenile justice and mental health systems in Kings County, Washington. The study examined data comparing 645 children from ten to seventeen years of age who had received public mental health services in 1992. The study examined administrative records from the community mental health information system and criminal records from the juvenile justice information system. The records of 58.4% (377) of the subjects were found to have no criminal referrals and 41.6% (268) had a history of criminal referrals. Criminal referral was defined for the study, as one or more police referrals up to January 1, 1995. (see Table 6). The study further identified the intake diagnoses of the sample. For youths who had histories of criminal referral, the diagnoses statistics were: (a) attention deficit hyperactivity disorder (ADHD), 5.1%; (b) adjustment disorder, 11.7%; (c) anxiety disorder .8%; (d) conduct disorder, 20.7%; (e) depression/bipolar disorder, 22.7%; (f) developmental disorder, 1.9%; (g) oppositional disorder 17.2%; (h) personality disorder, 2.3%; (i) psychotic, .8%; (j) posttraumatic stress disorder, 14.8%; (k) other 1.9%. Data regarding diagnosis of 10 subjects were not available (see Table 6).



Sample	Criteria	Year	Sample	Criteria	Data	Findings
Emotional Disturbance & Behavior Disorder (EBD)	Bower	1982				10% of school aged youngsters were in need of special education EBD intervention
	Comptroller General	1981	All school age children aged 3-21 served under PL 94-142 during school year 1980-81	Served under PL 94-142	PL 94-142 definition	8% of children served had EBD
	U.S. Department of Education, Office of Special Education	1999	Students identified as having disabilities in school year 1996-97			8.6% of students identified as having EBD
Emotional Disturbance & Behavior Disorder (EBD) & Juvenile Delinquents (JD)	Morgan	1979	All JD in state juvenile correctional facilities	PL 94-142 definition of ED	Survey responses of 204 correctional administrators	16.23%
	Young, Pappenfort & Marlow	1983	All JD in public & private facilities for juvenile offenders	Severe ED Moderate ED		Severe ED= 17.4% Moderate ED= 36.0%
	Kardash & Rutherford	1983	220 JD identified as disabled in AZ Dept. of corrections (62% of total juvenile delinquent population)	Not available	Administrators of education, juvenile corrections	58%

**Table 6. Overview of Published Studies of Emotional Disturbance and Behavior Disorder: General Population and Juvenile Delinquents.**

*(continued on next page)*

Sample	Criteria	Year	Sample	Criteria	Data	Findings
	Nelson & Rutherford	1989				Up to 77% of those enrolled in special education programs in juvenile correctional facilities had EBD
	Evens and Vander-Stoep	1992	645 youth ages 10-17 in King County, WA. 41.6% of the youth had criminal referrals.	Youth served by public health agencies in 1992	Administrative records from community mental health and juvenile justice information systems plus intake diagnosis. Data is missing for 10 subjects	(1) ADHD 5.1% (2) Adjustment 11.7% (3) Anxiety .8% (4) Conduct 20.7 (5) Depression bipolar 22.7% (6) Developmental 1.9% (7) Oppositional 17.2% (8) Personality 2.3 (9) Psychotic .8% (10) Post-traumatic Stress 14.8% (11) Other 1.8%

**Table 6. Overview of Published Studies of Emotional Disturbance and Behavior Disorder: General Population and Juvenile Delinquents.**

Adult offenders. There is little in the literature concerning adult offenders and prevalence of emotional disturbance. It is important to note that the terminology changes when discussing adults and their behavior. Terminology used predominately in the field of education regarding behavior of children and adolescents is not the language used to describe adults. Adults are described as emotionally disturbed, but are not termed behavior disordered. Mental illness and Diagnostic and Statistical Manual of Mental Disorders IV (American Psychiatric Association, 1994) criteria is used in studies that apply to psychiatric diagnosis.

A study to determine prevalence of emotional disorder in an incarcerated population was conducted by Guy, Platt, Zwerling, and Bullock (1985) of 486 admissions to an eastern city jail. They used multiple methods including psychiatric diagnosis, psychological test results, and self-reports in evaluating their sample. Guy et al. found that 89% of the sample satisfied one of these criteria, 62% met criteria of two or more of

the criteria, and 34% met all three. It was determined that 11% were in need of immediate inpatient psychiatric treatment due to evidence of serious emotional disorder (cited in Walters, 1988).

Walters et al. (1988) studied 157 subjects in 3 maximum-security prisons. Fifty-four were incarcerated in a state facility, 52 were housed in a federal facility and 51 in a military prison. All three institutions were located in the same geographical region. Using the Psychiatric Diagnostics Interview (PDI) (Othmer, Penlick, & Powell, 1981), the Minnesota Multiphasic Personality Inventory (MMPI) (Dahlstrom, Welsh, & Dahlstrom, 1972), background measures (psychiatric/criminal background and history), and institutional adjustment measures (including disciplinary reports, psychiatric hospitalization and domicile ratings) it was found that emotional disorder in the sample ranged from 7% to 10%.

A higher rate of emotional disturbance was found in a study conducted in a Pacific Northwest urban jail. One thousand five hundred sixty five case records from the Central Intake and Screening Program were explored. Assessment was made on the basis of a clinical observation and an inmate disclosed history. Of these cases, 21% (332) were identified as being mentally disordered. Of this group, 74.3% were substance abusers, 36.7% had mental illness, 3.9% were developmentally or physically disabled, and 14.5% were substance abusers and mentally ill (Snow & Briar, 1990).

A study was conducted by the National Institute of Mental Health (NIMH) National Reporting Program of all state correctional facilities in the United States (Goldstrom, Rudolph, & Manderscheid, 1992). Prison farms, facilities for youth offenders, road camps and Federal prisons were not included. A total of 781 prisons were surveyed in regard to the mental health services provided to inmates during the month of September, 1988. Examination of the data of inmates receiving 24 hour hospital mental health care services in correctional facilities revealed that of a total of 3,711 inmates served, 43.6% were treated for major psychoses, 10.6% for personality disorders, 13.3% for affective disorders, 3.7% for substance abuse/dependency, 15.4% for other disorders and 13.4% for unknown reasons. Of 8,202 inmates receiving mental health services in residential treatment programs in State correctional facilities, 25.4% were treated for major psychoses, 22.2% for personality disorders, 8% for affective disorders, 8.8% for substance abuse/dependency, 22.4% for other disorders and 13.1% for unknown reasons. 48,333 inmates received counseling/therapy during the study period. The sample revealed that 9% were treated for major psychoses, 26.7% for personality disorders, 8.4% for affective disorders, 19% for substance abuse/dependency, 10.2% for other disorders and 26.8% for unknown reasons.

A more recent study by Veneziano and Veneziano (1996), found adult inmates with psychotic disorders to have a prevalence of 7.2%, and 12.0% of other psychologi-



cal disorders. Harlow (1998) reported that 10.4 % of the 6,133 inmates interviewed who were incarcerated in local jails across the nation self-reported having a mental or emotional condition (see Table 7).

Exceptionality	Author	Year	Sample	Criteria	Data	Findings
Emotional Disturbance & Behavior Disorder: Adult Offenders	Guy, Platt, Zwerling, Bullock	1985	486 admissions to an eastern city jail	Psychiatric diagnosis, psychological tests results, self-reports		89% found satisfying 1 criteria. 62% met two, and 34% met all three. 11% were deemed in need of immediate inpatient treatment
	Walters & Colleagues	1988	157 inmates in 3 maximum security facilities: 1 state, 1 federal and 1 military	PDI, MMPI background measures, institutional adjustment		7% to 10% emotional disorder
	Snow & Briar	1990	1565 admissions to a Pacific Northwest urban jail	Assessment made on a basis of clinical observation and inmate disclosed history	Case records from the Central Intake and Screening Program	21% mentally disordered
	Goldstrom, Rudolph & Mander-scheid	1992	781 state prisons excluding facilities for youth offenders, prison farms, road camps, & Federal prisons. 505,712 inmates	Inmates receiving mental health services in prison facilities total of 60,246 subjects	Psychiatric diagnosis under 3 service delivery models. (1) 24 hour hospital mental health services (2) Residential treatment programs (3) counseling or therapy	Overall findings for: (1) major psychoses 13.38% (2) personality disorders 25.08% (3) affective disorders 8.62% (4) substance abuse 16.63% (5) other disorders 12.15% (6) unknown 24.13%
	Venziano & Veneziano	1996	All federal and state prison populations with disabilities		Administration report	Psychotic disorders 7.2% Other psychological disorders (undefined) 12.0%
	Harlow	1998	6,133 inmates incarcerated in jails across U.S.		Self-report	10.4% had a mental or emotional problem

**Table 7. Overview of Published Studies of Emotional Disturbance and Behavior Disorder: Adult Offenders**

## Summary

The literature establishes a strong link between disability, juvenile delinquency and adult criminality. An apt summation of experts in the field of special education, psychology, and criminology cited in this review of literature is made by Wolford, Nelson, and Rutherford (1996). They enumerated the characteristics that make youth and adults who have disabilities susceptible to criminality: (a) reduced cognitive ability, (b) poorly developed or inappropriate social skills, (c) lack of empathy, (d) poor insight, (e) self-centeredness, (f) deficits in language processing, and (g) inadequate judgment and impulsivity (Duquid, 1981; Keilitz & Dunivant, 1987; Koopman, 1983; Santamour, 1986; Scruggs & Mastropieri, 1986; Waldie & Spreen, 1993; Winter, 1997). In addition, Wolford, Nelson, and Rutherford (1996) commented about the invisibility of mild to moderate mental retardation, learning disabilities and emotional disturbance. The “invisibility” of these disabilities leave those attempting to interact or intervene unaware of the disability. This lack of awareness potentially leads to miscommunication or misunderstanding on the part of the individual with the disability or misinterpretation of their actions by others. Poor social skills could result in an escalation of hostility. Self-incrimination, due to an inability to understand or interpret legal procedures, is feasible among other complications resulting from these characteristics. Those who attempt to intervene in situations involving individuals with mental retardation, learning disabilities, or emotional disturbance have no intimation as to the need for differential treatment.

Further analysis of the academic, social and behavioral needs of incarcerated persons as school-aged students might enable educators to better understand the educational needs of this population. It is clear that the educational needs of juveniles who are identified with a disability are not being met as delinquent behavior and incarcerations are not satisfactory results for our youth. Curriculum instruction and strategies that are success-oriented, addressing academic and functional skills alike are necessary for this population. The need for increased social skill instruction remains. This population would benefit from training in self-management strategies to enhance their ability to resist impulsive or inappropriate reactions to situations that are challenging or stressful. Situational instruction is needed to teach individuals with disabilities appropriate ways to interact with law enforcement personnel and to provide coping strategies for use in emergency or crisis situations. Additionally, further emphasis should be placed on the relationship between actions and consequences, as well as empathy for the victim.

Other considerations should be explored regarding interaction between law enforcement officers, the judicial system, prison personnel, fellow inmates and the individual with disabilities. For offenders who are disabled, prison holds little security;

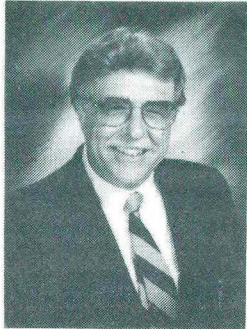


they may be victimized and subjected to sexual and emotional harassment (Petersilia, 1997; Wolford et al., 1996). They face many of the same problems in prison as out of prison, such as an inability to understand or follow rules and routines. Inmates who are incarcerated face increased ostracism, not only are they convicted felons, but felons with life long disabilities (Veneziano & Veneziano, 1996). They experience similar lack of empowerment as students with disabilities in school, as they are not strong advocates for themselves and; thus, may be less involved in rehabilitation programs or they may serve longer sentences (Petersilia, 1997; Wolford, Nelson & Rutherford, 1996). Prison personnel need to be aware of the nature of inmates' disabilities and implement suitable training and post-incarceration transition planning that will enable them to find employment and adjust to community life.

The published literature leaves little doubt as to the link among disability, delinquency, and incarceration. It is crucial that proactive interventions addressing the cognitive, social, behavioral and communicative needs of young students who have disabilities continue to be developed and implemented. Furthermore, law enforcement, judicial and correctional officials must be trained to recognize characteristics of disability in suspects and inmates. This awareness will facilitate the investigative process by enabling officers to communicate with disabled offenders in a manner that is most advantageous to all, and avoid escalation of behaviors due to communicative or cognitive frustration. Officers of the court need to be aware that individuals with impairments that impede socialization, communication, or cognitive processing will require extra staff time and attention, an environment where they will be safe, and rehabilitation designed to meet their special needs. Transition plans should be developed to assist prisoners with disabilities to adjust successfully to reenter into the community.

*\*Editor's note: For an extensive bibliography, please contact the authors at: The University of Kansas.*

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## THE INCLUSIVE INITIATIVE IN INDIA

*Anupriya Chadha*

*District Primary Education Programme, India*

Education began to be imparted to the blind and deaf in the last two decades of the previous century. Special education was brought to this country by Christian missionaries. Therefore, it was not closely related to the social and economic realities of the Indian situation at the time. But when Indian volunteer organizations took over, the pattern underwent a slow and steady change.

Today we have made substantial progress. About 75,000 students study in about 1800 special schools across the country. Special schools operated on the assumption that children with disabilities could not be educated in regular classrooms and required education in sheltered, but also isolated environments. Special schools deprived these children opportunities for social interactions with normal peers and did not focus on every child's unique needs and talents.

The first school for the Deaf was set up in Bombay in 1883; while the first school for the Blind at Amritsar was established in 1887. It is estimated that there are about 300 schools for the blind, 500 for the deaf, 900 schools for children with mental retardation, 50 for orthopaedic impairment and 20 for cerebral palsy. Some of the metropolitan cities have recently witnessed the birth of separate schools for autism.

The urban areas in our country are still well equipped with special schools. However, in rural areas no special education facilities are available except home-based programs through community based rehabilitation.

But gradually it came into light that the special schools not only tended to be expensive, but in a period of about a century, were able to cover just a little less than 1% of children with special needs. A report placed in Parliament in 1992 estimated that only .7% of disabled children had access to primary education. It is now accepted that 10% of Indian children have a disability. India has about 300 million children under 14 years of age and the number of children with physical, sensory, intellectual and emotional difficulties is not less than 30 million.

In 1974, the Union Ministry of Welfare launched the Integrated Education of Disabled Children (IEDC) as a centrally sponsored scheme. This scheme purported to provide educational opportunities for disabled children in common schools and to facilitate their retention in the school system. It propagated that the disabled children who are placed in special schools should be integrated in common schools once they acquire the communication and daily living skills at a functional level.



Thus, the focus shifted from special schools to integrated schools, wherein substantial changes are made in the regular education schools to make it more accommodating to a student's individual needs. The goal is to provide an accommodating and personalized education for all students within the context of the general education classroom. Thus, this means providing students with and without disabilities the opportunities to receive social, and if possible, academic services with needed supplementary aids and support services.

Now the focus of the new paradigm seems to be towards inclusion, which means providing all students (irrespective of the kind and degree of disability) equitable opportunities together, to receive effective educational services with needed supplementary aids and support services in age-appropriate classes in their neighborhood schools. It simply assumes that children of all ages should learn and grow in an environment that resembles the environments in which they will eventually work.

There is little doubt that the strengths of inclusion are many in terms of social outcomes, peer sensitization and awareness generation. An ideal inclusive setting provides the child with special needs with the best possible interventions and support services. But do we have the resources for equipping teachers with these specialized skills/competencies, making curricula disability-sensitive or addressing the attitudes and prejudices of children? Without all these essential components, the classroom becomes a dumping ground for the disabled child.

Inclusion requires commitment and knowledge because it is both a privilege (if rightly handled) as well as a challenge. A recent study indicates that in highly educational socio-economic schools, it has been shown that they have been able to achieve only partial-integration. A disabled child is integrated only for social activities. In only a few schools is the child integrated in those academic areas in which he is performing at par with other peers.

Prejudices against a disabled child are so deep rooted that often parents of normal children pull them out of the school if disabled children are included. This is the case with a few of the NGO schools in Delhi, India, who had to cease their integration efforts. Most of the schools in a city like Delhi have started integrated education. The person in charge has been engaged in other activities concerning the disabled which gave the motivation to start the experiment in the school. Others started the sections of integration to compete with those public schools which had started special sections and found those sections to be extremely popular. But is this enough in terms of knowledge, training and materials that children with special needs need?

Everyone talks about disability in India as a problem, but not as a priority. Mildly orthopaedically disabled children are probably the easiest to integrate. However, these children have been turned away on account of their lack of mobility. The removal of

physical barriers and access to buildings and accommodations are essential for the provision of access. Even metropolitan planning stay silent as schools are constructed without any accessibility provision for the disabled children (such as ramps or the widening of doors). Similarly, no adaptations have been provided in major modes of transport like buses and railways for the physically disabled. Similarly, aids and appliances such as wheelchairs and calipers manufactured by the state and other private organizations are designed for use in some of the urban areas with leveled roads. In these conditions, can classrooms and teachers deal with a child with severe multiple handicaps along with aggressive and behavioral problems? Hence, under these circumstances, merely providing equal opportunities may not be enough to ensure that a disabled child can take advantage of such opportunities.

Another issue of inclusion is teacher attitude. Research has usually shown that when teachers are provided with appropriate support, their experiences are positive. When needed supports are not provided, teachers' attitudes are less positive. Moreover, teachers should possess the skills to employ adaptive strategies. Full inclusion requires a great deal of fundamental change in educational practices. There is a need for different school structures. There is a need for the development of new ways of thinking, such as establishing regular classroom teachers as ultimately responsible for all children assigned to them, regardless of severity of handicap. In effect, they would be case managers, supported by all manners of professionals to implement instructional programs in or out of the regular classroom. In our existing scenario where specialist resources are dire and the school infrastructure unfavorable, inclusion might succeed with those who have the necessary attitude/aptitude coupled with valuable experiences and training.

Many proponents of inclusion in this country feel that the situation is conducive to the presence and inclusion of students with disabilities in regular education schools in view of the chronic insufficiency of both rehabilitation and special education provisions. The point seems to be very valid. But in our country, where there is unequal distribution of the resources, inclusion might not achieve the desired outcomes. The situation is further aggravated by the fact that special education provisions are in existence in the majority of our country's municipalities.

Common sense tells us that each child is unique. Educational research cannot identify what will be the best for each individual child. The decision about inclusion or any other educational option must be made individually in light of the law, understanding of relevant research and culture and family values. Many progressive thinkers might show a clear preference for inclusion. Inclusion should definitely be a right, but only if educating the disabled child in a regular classroom with supplementary aids and support services can be achieved satisfactorily. Whatever policy we adopt, whether



inclusion or integration, it is important to remember that education should primarily be child-centered and placement should depend on a child's needs and interests. Students can be taught together for social reasons, but it is important to realize that academically, it might not be the appropriate setting for every student with special needs. All children should have the opportunity to be included only if they desire to be; but for that, the ones involved have to be educated first.

Inclusion means a change in three directions. The first involves moving away from schools that are organized according to ability to schools that are structured around student diversity; thus, moving away from teacher-centered approach to a student-centered approach and changing our view of school as providers of educational services to one providing educational supports. The new challenge of inclusion is to create schools which will include students with a wider range of differences. The learning enterprise of reinvented inclusive schools will be a constant conversation involving students, teachers, other school personnel, families and community members to construct learning, to document accomplishments and to adjust supports.

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SEVENTH BIENNIAL CONFERENCE OF THE  
INTERNATIONAL ASSOCIATION OF SPECIAL EDUCATION  
WARSAW, POLAND

JULY 2001

CALL FOR PRESENTATION AND PAPERS

Robbie Ludy, Program Chairperson, invites all interested persons to submit presentation proposals for the Seventh Biennial Conference of the International Association of Special Education in Warsaw, Poland. Program selection will be guided by the following criteria: (a) quality of the proposal; (b) innovativeness; (c) importance and timeliness of the topic of the field; (d) practical applicability; and (e) how the presentation addresses issues related to exceptionality.

The program theme for the conference will be **Making a World of Difference**. A broad range of topics relevant to special education will be included in the conference program. These areas include, but are not limited to:

- Adaptive/Assistive Technology
- Assessment (traditional & alternate)
- Career Development/Life Skills
- Classroom Strategies/Methods
- Collaboration
- Cultural/Diversity
- Families
- Inclusive Schools
- Personnel Preparation
- Reform and Restructuring
- Research
- Specific Exceptionalities

The conference theme, **Making a World of Difference**, has been designed to promote an exchange of ideas, practices, and future trends for all individuals interested in special education.

To be considered for review, proposals **MUST** include all of the following information:

**Title:** The title should reflect the primary focus of the presentation. The length of the title is limited to 15 words or fewer.

**Completed Proposal Information Form:** All information requested on the form must be provided for consideration. Proposals may be submitted electronically but must include all information on the proposal form.

**A 300-500 word description of the proposal:** This should be a narrative concise description of the proposal. This description will be used for selection and should describe the session's rationale, organization, participant outcomes, timeliness, and applicability in the field. Research proposals should include the statement of the problem, theoretical framework, procedures, major findings and conclusions. Two copies must be provided for the review committee.

**Names and roles of session participants:** The number of participants should be appropriate for the length of the session. Submission of a proposal is a commitment by all individuals participating in the presentation to register for the conference. Presenters are required to preregister to assure publication of information in the conference program and monograph.

Proposals must be received by October 15, 2000 and must relate to the conference theme. Presentations and proposals must be prepared in English and typed or word-processed.

Proposals will be evaluated by conference review teams on clarity and organization, content relevant to educational and cultural practices, systems of service delivery and the future development of these practices at national and international levels. Applicants will be notified in writing of the acceptance of the proposal. All persons accepted to present at the Seventh Biennial International Association of Special Education Conference must submit a paid registration for the conference.

IASE will provide an overhead projector and screen for presenters. It is understood that any additional equipment is the responsibility of the presenter.

For more information regarding the conference or to submit a proposal, contact: Dr. Robbie Ludy, Associate Professor of Special Education, Buena Vista University, Box 2949, Storm Lake, Iowa (USA) 50558.

(O) 712-749-2171 Fax (712) 749-1408 E-mail: ludy@bvui.edu.

PROPOSAL INFORMATION FORM  
SEVENTH BIENNIAL CONFERENCE  
INTERNATIONAL ASSOCIATION OF SPECIAL EDUCATION

Submission Deadline: October 15, 2000

NOTE: All information must be provided for this proposal to be considered.

**Title of Presentation:** \_\_\_\_\_  
\_\_\_\_\_

**Abstract** (50 words or fewer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Topic Area** (From Topics List)

**Target Audience** (Please indicate a primary and secondary audience)

General Educators	Special Educators	Related Services
___ Elementary	___ Early Childhood	___ Administrators
___ Secondary	___ Elementary	___ Teacher Trainers
___ Secondary	___ Secondary	___ Families
Other (Specify) _____		

**Type of Presentation** (check one)

90-minute workshop       75-minute presentation/panel       30-minute paper/research

**Proposer Information** (As you wish it to appear in print). A list of additional presenters and all required information may be provided on a separate sheet of paper.

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Code \_\_\_\_\_

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Are you a member of IASE?     Yes       No

The person submitting this proposal is responsible for ensuring that all co-presenter information is correct and included with this form.

All individuals participating in the presentation are required to register for the conference. Individuals who are accepted to present understand this requirement. Your signature indicates your understanding of this requirement and that you will notify the IASE immediately if you are unable to register for this conference.

Signature of Proposer \_\_\_\_\_ Date \_\_\_\_\_

**LISTENING TO ELEMENTARY TEACHERS:  
A FIRST STEP TO BETTER INCLUSIVE PRACTICE**

*Sonya Corbin Dwyer  
Donna Patterson  
University of Regina, Canada*

ABSTRACT

While there may not be agreement on the prevalence rate of AD/HD in children, estimations suggest this as a current issue facing education systems. This paper explores the experience of elementary teachers working with students with special needs, focusing on those students diagnosed with AD/HD. Using hermenutic phenomenology, it adds to our understanding of the complex nature of what elementary teachers face in the classroom when working with these students by giving voice to four teachers' experience, from their perspective. One metatheme and three themes are discussed. This paper also celebrates these teachers' successes and strengths by highlighting three directions to consider and one direction to avoid in approaches to better practice. This information is useful to all parties interested in improving services for students and in supporting teachers in the classroom. Finally, implications for teacher education are addressed.

**Listening to Elementary Teachers: A First Step to Better Inclusive Practice**

Although AD/HD is one of the most researched psychopathological conditions of childhood appearing in the educational, medical, and psychological literature, relatively little attention has focused on the problems the classroom teacher may face educating students with AD/HD. (Reid, Vasa, Maag, & Wright, 1994, p. 195)

This paper explores the experience of elementary teachers working with students diagnosed with having Attention-Deficit/Hyperactivity Disorder (AD/HD), or Attention Deficit Disorder (a previous name for the disorder). Using hermenutic phenomenology, this research explains the teachers' experience, from their perspective, and so adds to the understanding of the complex issues elementary teachers face when working with students with special needs. This information is useful to teacher-educators, psychologists, student services consultants, parents, guidance counselors, and others interested in supporting teachers and in improving services for students.

There is much literature on strategies for working with students diagnosed with AD/HD (e.g., Zentall & Stormont-Spurgin, 1995; Reeve, 1990) but the focus is on the child's style of learning. There is very little research on the dynamics of the classroom which has a child with these special needs as a member. As a result, there is



limited information about the impact a child with this disability has on teaching experience and on teaching practice.

Elementary teachers were chosen as participants because developmentally, attention disorders are more common in the age range of six to eight (Conte, 1991) and the teacher-pupil interaction has a significant impact on academic achievement (Berk, 1997). It is our belief that placing the emphasis on listening to elementary teachers speak about their experience with students with special needs is a crucial first step in developing better teaching practice and better teacher education.

### **Contextual Background**

The purpose of this section is to help put the study in context. We will begin by situating Special Education in the Canadian and Saskatchewan contexts in which we work. Then we will examine the limited literature on teachers' view of students with AD/HD.

### **Situating Special Education**

There has been an ongoing and reoccurring call for research and change in Special Education (Kauffman, 1993; Lupart, McKeough, & Yewchuck, 1996). Such a call is particularly compelling now, when there is no framework or coherent set of propositions about educating students with special needs around which there is public consensus. The reality is rather one of diverse needs, clients, concerns, methods, goals and approaches. Within Canada, there are tremendous variance and disparities within and among provinces—disparities in funding, in definition of what constitutes special needs, in the degree of service, and in the manner of delivery. This is to say nothing of the disparity among those who believe inclusion is a must for all students with special needs, those who want segregated services and those who see students with special needs as taking resources away from the average student, as well as from regular education. Even when research identifies what 'works' for a particular group of students with special needs, there is not consensus around what constitutes desired outcomes. Further, agendas of various constituencies differ.

In the midst of this, key constituents have not been heard. There has been no forum for students or parents such as that provided by Bunch, Lupart and Brown (1997). Nor has there been a forum which brings all constituents together to share their viewpoints and begin the work of building consensus around agreed upon outcomes. We have not found a way to honour and utilize teachers', parents' and students' experience, their struggles and successes, as a basis for building a common vision of the future.

While continuity of service across the age span has been an ongoing concern, there are few examples of it in practice. "Boundary spanning" (Singer & Butler, 1992) or

bridges across ministries, between home and school, between levels of schooling or from school into the world of work are rare. These bridges might include legislation, policy, personnel or resources. Working models of integrated services are being developed but as particular responses and with sketchy documentation at best. There is more discussion about collaborative partnerships than living working examples. This paper cannot begin to address all such Special Education issues. What has been referred to are examples only to give some sense of the tensions facing the Canadian Special Education community at this time.

Within this larger context, in September of 1998, Saskatchewan launched a provincial review of Special Education. The mandate of the Review extends from the philosophical basis through funding to parental involvement and as such, is quite large. It will be completed in December of 1999 and has, to date, involved numerous public and professional consultations.

Saskatchewan has a long standing commitment to integration and to inclusion. It first established 'inclusive' legislation in 1971, four years before the American Public law 94-142. As well, the province spells out a right to education for all children in its human rights legislation. Since 1992, it has had a policy, The Adaptive Dimension in Core Curriculum (Saskatchewan Education), which mandates and entitles teachers to modify and adapt any curriculum to meet the diverse learning needs of students. Modifications may be to instructional resources or variations in content, to instructional strategies such as pacing and timing or student assessment, and/or to the classroom environment itself, including grouping practices or technical aids. Of course, teachers utilize this policy unevenly and their use reflects both their comfort and experience in making such changes. Their use of the policy to meet the diverse needs of the students represents a shift from a focus on curriculum and transmission to a focus on students, their learning needs and a more interactive, dynamic approach to teaching.

#### **AD/HD Students and Teachers**

Reid, Vasa, Magg, and Wright (1994) suggested that "AD/HD is rapidly becoming an important educational issue...as the number of students diagnosed as AD/HD increases" (p. 195). The DSM-IV (APA, 1994) indicated the prevalence rate to be 3%-5% in school-age children. While Shekim, Asarnow, Hess, Zaucha, and Wheeler (1990) claimed prevalence estimates of the disorder in children to be between 3% and 5% of all children. Five years later, Milberger, Biederman, Faraone, Murphy, and Tsuang (1995) indicated that AD/HD was estimated to affect 6%-9% of school-age children. While there may not be agreement in the prevalence rate of AD/HD in children, estimations nevertheless suggest this is a prevalent issue in the Canadian and Saskatchewan educational system.



The literature contains two studies related to teachers' perceptions of AD/HD. One study examined only two aspects of teacher perceptions: perceptions of barriers to instruction and confidence in attaining educational goals (Reid et al, 1994). Results of questionnaires revealed that lack of training, lack of time to administer specialized interventions, increased class size, as well as the severity of students' problems consistently rated as the most serious barriers to instruction. Lack of confidence was also seen as a substantial barrier; in that consistent differences were found between teachers with prior experience and training with students with AD/HD and those without. Teachers having prior experience expressed more confidence in their ability to teach in ways that students with AD/HD can learn, to determine when a student manifests a behaviour requiring an intervention and to determine when progress is made in improving behaviour.

One other study explored what happens when teacher beliefs about learning are challenged by children who do not fit the teacher's schema, using the illustration of a child diagnosed with AD/HD (Schirmer, Casbon, & Twiss, 1997). The authors suggested that the teacher must be willing to modify his or her notions of how to help children in order to accommodate the child's learning strengths and needs. However, they did recognize that modifications may depart so strongly from the teacher's belief that the teacher should consider *restructuring* her or his schema for a belief that embraces the learning needs of this child as well all children in the classroom. No suggestions about how modification or restructuring of schema may be accomplished were provided.

This review provides a contextual background for this study. Next, the methodology used in conducting this research is described.

## THE RESEARCH

### Method of Approach

Hermeneutics as a research method is a way of systematically dealing with interpretation (Bolton, 1987). Van Manen (1990) explains hermeneutic phenomenological research as the study of lived experience; the description of the experiential meanings we live; the human scientific study of phenomena; and the attentive practice of thoughtfulness. The goal of this kind of research is to obtain fundamental knowledge of phenomena and the meaning of Being, since understanding and possibilities are the consequence of interpretations (Cohen & Omery, 1994).

## METHODOLOGY

### Participants

Volunteers were recruited in several ways. Posters were placed around the university campus, instructors teaching graduate courses extended an invitation to their classes



to participate, and a student support services supervisor at a local school board nominated teachers (whom he invited and obtained their permission to inform the primary researcher of their interest).

Participants were selected from volunteers who taught in a grade between kindergarten and eight who have been employed as a teacher for at least two years and who have had experience working with a student that has been diagnosed with AD/HD by a psychologist or psychiatrist.

Four participants were identified. Table 1 provides a brief profile of each. The primary researcher is also included.

Name of Participant	Years Teaching Experience	Regular/Special Educator	Professional/Personal Background
Marlene	Thirty-two years (thirty years teaching grades one and two)	Regular classroom teacher	Has seen an increase in the number of children diagnosed with AD/HD over time; presently has three children with the disorder in her class
Angie	Eighteen years part-time and full-time (Learning Resource teacher for most recent six years)	Special Education teacher	Personal experience: own children have some symptoms of AD/HD and were treated with medication
Catherine	Seven years (two years in full-time Structured Learning Centre, one year in Integrated Structured Learning Centre)	Special Education teacher	Decided to return to full-time Structured Learning Centre in the fall
Martha	Four years (two as a substitute and two in full-time Structured Learning Centre)	Special Education teacher	Personal experience: own child has some symptoms of AD/HD
Researcher	Three years as an educational psychologist	Graduate/professional research on learning difficulties including ADHD	Presently a teacher educator

### Data Collection

While there are various ways of obtaining experiential descriptions from participants, the dominant technique was interviewing (Ray, 1990). The two purposes of the interview in hermeneutic phenomenology described by Van Manen (1990) are to explore and gather experiential narratives which may be used to develop a richer and deeper understanding of a human phenomenon and to develop a conversational relationship with a participant about the meaning of an experience. Van Manen noted

that the researcher can assist participants in their reflecting on their experience to determine the deeper meaning of the experience. Therefore, two interviews were arranged to allow for reflection on the previous interview.

The first interview was unstructured, beginning with the question, "What is your experience as an elementary teacher working with students who have been diagnosed with AD/HD?" This was done in an effort to provide the participants with the opportunity to explore topics that they considered relevant and important, which would represent their experience more accurately and thoroughly. This method permits access to the participants' description without the researcher predetermining topics and ideas, maximizing discovery. However, so that the material gathered using this approach does not become unmanageable, Van Manen (1990) stressed the importance of the researcher being oriented to her/his question so the interview does not "go everywhere and nowhere". He suggested being concrete and asking the participant for specific examples as one way of staying close to the participant's experience. The individual interviews were conducted at the researcher's office and the teacher's classrooms, they were one to two hours in duration and were audiotaped.

During the second interview, participants were presented with the researcher's summary of their first conversation so they could reflect on their experience and generate deeper meaning (Van Manen, 1990). As well, overall preliminary themes were presented to each participant at this time to see if the thematic analysis resonated with the teachers' experience.

The interviews were conducted over a two month span, near the end of the school year. The researcher checked for accurate understandings, asked for clarification, and participated in active feedback. The audiotapes were transcribed verbatim by a research assistant and checked for accuracy by the researcher.

### **Analysis**

In qualitative research, themes are usually expressed as statements. These statements highlight explicit or implied meaning that runs through most of the collected data or that involves deep and profound emotional or factual impact (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991). Van Manen (1990) described phenomenological themes as "knots in the webs, around which certain lived experiences are spun" (p. 90).

Analysis was concurrent with data collection. The transcripts were reviewed and summarized in the margins. Similar and significant statements (including recurring topics, phrases and words) were noted. Once it was thought by the researcher that a consensus of the experience was established, the data was turned to for examples of the themes.

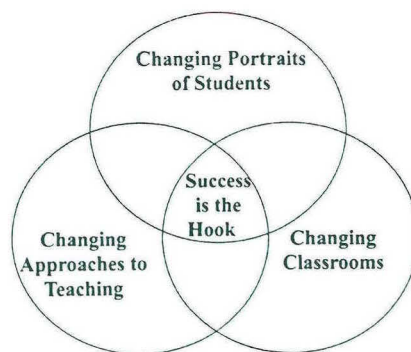
To explore the richness of the teachers' voices and the complexity of the teaching act, the metatheme and themes were viewed in four ways in this study: first, as presented by the teachers' themselves; second, by translating them into directions for use in the classroom; third, by comparing them to what the literature has to say; and fourth, by examining their implications for practice, as teachers and as teacher educators. While findings from qualitative research are typically not generalizable, they do often highlight connections and we wanted to explore these multiple connections. From these four perspectives, these teachers' voices become part of a larger chorus addressing the teaching of students with special needs. In trying to address the needs and concerns of teachers, this resonance might be lost.

In the next section, the metatheme and themes are presented and are used in the remainder of the paper as thoughtful prompts to possible connections. What follows are four directions the teachers offered as ways to improve services for all children. In the last section, we combine what the literature reports with our suggestions to inform our work as teacher educators.

### **Change and Success: The Experience of Elementary Teachers Working With Students Diagnosed With AD/HD**

It is now necessary to introduce the term "metatheme." The metatheme speaks for the group and is a major dimension of the phenomenon being studied (Tesch, 1987). They are also known as core themes, central themes, major themes or essential themes (Tesch, 1987). In this section, a "theme" is considered as occurring across some, but not all, conversations.

An important thread that was revealed in the teachers' conversations was the role of 'change:' the changing profile of students, the changing classroom, and changing approaches to teaching. Overlapping all of these themes is the metatheme of 'success is the hook' (see Figure 1). Although the metatheme and themes are presented as discrete, they were, in actuality, intertwined throughout the teachers' stories of their experience (McEvoy & Daniluk, 1995).





To provide illustrations of the metatheme and themes, we turn to the teachers' own words.

### **Changing Profiles of Students**

In describing the students she works with, Catherine explained, "At the beginning of the year, the students really had a lot of problems with the group work or the role playing...the younger students still have trouble with the role playing. They don't quite understand how to put themselves in somebody else's play and that's part of why they have difficulties when it comes down to...trying to see the other's perspective." Angie reported similar observations: "I found that he had no insight into his own behaviour. He was strictly reacting, no reflection, no insight at all on his behaviour, and very often, he had very little remorse. That was the element in the regular classroom teacher's view of him that basically doomed him. Teachers ended up very much disliking this boy." Martha explained some teachers' reactions: "It's not their fault. Whatever experiences they have had haven't allowed them to see these kids as kids. They see them as these monsters who act that way." However, teachers' actions can have significant influences on the child's behaviour. Referring to one particular child in her class, Martha observed: "I think he is trying to reject us. I think he's an eight-year old boy who has had schools reject him, so he's just going to give it to us right off the top...he's been rejected from the school by the school saying 'send him home, we can't handle him.'"

With regard to acting-out behaviours, Catherine commented, "a lot of people...don't realize that it's something they don't have control over, they are not doing it just to be bad or misbehave, they truly don't understand why they are acting like that...not realizing until afterwards that they...were impulsive." Marlene described how one of her students had a lot of difficulty dealing with any changes in his routine: "Guests, new people coming into the room...he just absolutely freaked. He couldn't handle that change."

One afternoon, Catherine talked about labels with her class. She asked them, "What would somebody label you as? And they all said 'Bad...the bad kid...the mean kid.'" And that was really kind of sad to see...I've had kids as young as six and they know what other people are thinking about them. They know that other people think that they are bad." Martha made a similar observation: "one of the little boys that transferred to our program...said 'Oh, this is a class for bad kids' and I said 'why do you say that?' [he replied] 'Well, I've been in one before...I am one of those bad kids.'"

Martha explained that some teachers come to realize that these acting-out behaviours are not 'who' these children are: "There's not one teacher [in her school]...who hasn't at least popped their head in the doorway [of Martha's classroom] to say hello, now

realizing that these are children—they are babies, really—and what they have done in the past is not who they are. It's just how they have learned to cope.”

Another theme that was revealed in the teachers' conversations was the paradoxical nature of students. Despite their labels of being 'bad,' these students also demonstrated another side. Marlene: “This one particular student might come in crashing and banging; but yet, if I felt he was too disruptive and he couldn't attend French class...I would keep him in the room by myself while I was doing prep things and he would be the dearest little fellow and we would have the greatest little talks and he would just be as calm as could be. One-on-one he was wonderful.” Angie described one of her previous students by saying, “he would have good periods and bad periods” but observed that “the minute there was an unstructured situation like recess, he was just wild.” She explained that a problem experienced by another student was that “as the years went on, his [bad] reputation preceded him into the next grade” but she “always could see another side to him, sort of the soft, gentle side, the side that had been hurt, that side that was in pain. I'm not sure he deserved such a bad reputation...in our school, there was no salvation from this reputation he had developed, even if he was kind for a few weeks.”

Marlene summarized 'the changing profile of students' when she said, “I have talked with many people who have been [teaching] as long as I have...you walked in to the classroom and they were just sitting there like little angels looking at you saying 'what do you want me to do?' to [today being told] 'drop dead, lady', 'if you think I'm doing that, stick it.' That's the kind of language that you get from grade ones.”

### **The Changing Classroom**

One of the aspects that is changing in the classroom for these teachers is their prioritization of the skills that these children need. Catherine: “You only have them for five hours of the day and you can't change what happens at home. But hopefully you can give them tools that they need to survive and to have success outside of school rather than give them every answer...rather than say, “Okay, I'll solve that problem for you right now.” Martha agrees: “Some people think 'well, we've fixed them.'...And it's a real big fight to try and explain to people that you don't fix a child. You help them learn to do things differently but they are not there to be repaired. They are not a car. You have to give them some skills and you hope that they learn how to use them properly. But their condition is part of who they are. And they have to learn how to change the way they do things within who they are. You're not going to end up with a totally different child.” Angie: “It's the social skills and the friendship making skills that are maybe even more important than the academic skills. Well, I shouldn't say that. No, it isn't more important because what I find is that if they are doing poorly in school...they react in their social relationships.”



The changing classroom is also reflected in the diversity between the regular classroom settings. Catherine: “Some of the teachers just needed a break...they weren’t ready to open up to suggestions...they have been doing things this way for so long that the kids should just buckle down and smarten up...Other classrooms were fantastic. The teachers would really work on the positive things that the child had done in their classroom.”

Some of these teachers view the school as ‘artificial.’ Martha: “Something I tell my parents: ‘The school is artificial. We throw thirty kids in a room and say ‘get along. And not only get along, but smile while you’re doing it. Use nice words. Be kind to each other. Okay? Not only do you have to learn this material but you have to learn it when I say you learn it. So if it’s math time, you’re doing math, whether you’re wanting math or not.’”

### **Changing Approaches to Teaching**

Colleagues of Catherine comment that she “must have a lot of patience” to work with students with behavioural issues. Her explanation is, “I see it as if a child was using crutches to walk and they were going slow, you wouldn’t say to them ‘Hurry up.’ Yet people say that to kids with Attention Deficit Disorder all the time, ‘Don’t be so impulsive.’ Well, to me it’s not a function that they have control over and so I think understanding that and viewing it that way makes it easier to deal with the kids. You have more patience because you understand that they don’t have control over some of those things.”

Many of the students Angie worked with did not get much work completed so that when a large component of the grade was for effort, the students typically received Ds and Fs. Martha offered a suggestion: “I think we need to see ‘improvement’ more than ‘norm’ and look for ‘this child has progressed’ rather than ‘this child is right where every six-year-old should be.’

Changing approaches to teaching not only include teaching students, but also teaching adults. Martha expressed that as a Special Education teacher, “we need to promote ourselves better. When you’re dealing with behaviour education, you are not just teaching children to do things differently, you are teaching adults to approach behaviours differently. And you’re teaching people to treat mistakes as mistakes, not as something that needs to be punished and beat over the head.” Angie expressed that, “the teachers who are very rigid and prescriptive need to be given permission to change and alter things for the students...some teachers get locked into ‘everybody must do the same assignment, at the same time, in the same way, and I must mark it in the same way.’ They just get locked into this framework and they can’t seem to get out of



that... Whereas other teachers are far more flexible...and they just have a much greater understanding that it's not a difficult thing to adapt."

Many practical approaches were discussed in our conversations. Catherine: "Something as simple as kids who...work by themselves, letting them go to the table at the back of the room or getting them a little piece of cardboard [for a partition]...I think they're such small things. Not all small things are going to fix everything...but it might give that student some positive reinforcement." Marlene: "I think that you have to be aware of the fact that their attention goes in little blocks and you have to be willing and able to change the activity...you need to keep it upbeat, keep it moving."

Martha described one classroom management technique that she uses when working with children diagnosed with AD/HD, but explained that many of the approaches used with these children can be used with all children: "If we can teach teachers 'Even though your instinct is to get louder than the noise, it's actually the softer than the noise that gets the attention.' I find that works for a lot of different groups of kids—a lot of what we are saying these kids need, it works for others. So you're not really doing anything that different. You're just changing yourself, and that's hard to do. But doing these strategies, you can do them for every child. You don't have to single them out 'I'm going to do this with you, but the rest of them are going to keep doing it this way.' Change is for everybody. It works for all the kids. They all flourish in that kind of an environment." However, her philosophy has met with resistance. "I'm amazed at how many times what you're telling a teacher to try with this child, it's like good parenting advice, it's like saying 'they need a bedtime and you should probably give them healthy meals.' And that's all we are saying, 'they need clear instructions and they need to be spoken to respectfully so they learn what that sounds like and they can repeat it.' It's almost too easy but I think it's hard for people to change themselves. I hear people say, 'Oh, that's too hard. It would mean this and this.' It's not as hard as you think. It's not that big of a deal. But I guess it is or else it would happen more."

### **Success is the Hook**

Martha: "I find once we get that self-esteem, then you do see a reduction in the behaviours, because part of what they want to be doing is in front of them. So it's the hook, too. I mean, how do we get them there but still have the discipline?... The way we do it, the environment that we create for it, can have some flexibility." Catherine: "Having worked with a lot of these kids, I'm a firm believer that keeping them busy, with things that they can do, and letting them have success—if they feel good about it, then they want to learn and they want to participate because they feel good about themselves and that leads to less time for negative behaviours."

Success is important, not only for the students, but also for teachers and parents. Angie: "You have poor self-esteem because you can't reach this child and the child is

definitely displaying poor self-esteem.” Marlene described one parent’s reaction to his son’s difficulties: “The mom says the dad will cry. At night, he just cries because he will say ‘you know, it’s my fault he’s like this.’”

How can students, teachers, and parents become successful? In the next section we will describe some directions that, if explored by teachers, may lead to success.

### **Directions**

As educators, we are often so immersed in our own classroom, concentrating on our current students, that we do not have the opportunity to look around at the other teachers and see what they are doing. In this section, we explore some directions offered by these teachers that need to be fostered by all educators in working with all of the children in their classroom.

With “success is the hook” as a metatheme, three directions to consider and one which should be avoided, are offered so that success may be achieved for students, teachers, and parents. The remainder of this paper focuses on how students, parents and teachers can keep positive, while at the same time celebrating the successes of these four teachers. Examples are also provided to show how these teachers go about using these directions in their day to day classroom practice, encouraging themselves and their students; overcoming discouragement, no matter who experiences it.

<b>Directions to Consider</b>		
Being persistent	Sharing realistic expectations	Acknowledging, appreciating, accepting, and working with the paradoxical nature of students
<b>Direction to Avoid</b>		
Allowing the student, teacher, and/or parent to fall into isolation		

### **Changing Approaches to Teaching—Being Persistent**

Marlene described her approach: “I guess what we did for the whole year, now that I look back on it, was just structured, very firm—I tried to be—I was never aggressive with him or came at him loud or threatening. I tried to come very calmly, speaking to him in a calm voice but unaccepting of the behaviours. And I think just by the whole year of repetition and structure and not putting up with any of the behaviours really paid off in the end because we have just seen an amazing turnaround in this kid.”



Martha expressed similar views: “We make the assumption, with every single one of these children, that we are not going to find a solution that goes, ‘snap your fingers, they are all better.’ We will find something that seems to work and then other days it won’t, but we will keep on plodding away with it. And it’s that consistency that will hopefully draw them along, that no matter whether it’s working or it doesn’t seem to be working, we’re going to keep going along this line and try and see. Everything is done over a long term. I don’t say ‘Okay, this week we’re working on’, we say ‘This year our target areas are’ and ‘for the next year we want to see an improvement on these things.’ And it is all year.”

### **The Changing Classroom—Sharing Realistic Expectations**

In describing one student’s school process, Angie noted that this particular student had academic success with a certain teacher who was “extremely structured.” For some kids, the structure works really well and this is a boy who needed a lot of structure. It was always very consistent and he knew what the expectations were.” Making expectations explicit is one way of sharing them with students. Catherine: “In our classroom we use a timetable on the wall that always shows what we do every week, every day. I always leave a message on the board for when they come in. I have little signs that go on the board for what we are going to take that afternoon. We also have a big calendar which shows the events that are happening for that month.”

The interaction between home and school is very important and it is sometimes difficult to know what each environment contributes to classroom dynamics. Martha: “It’s too simple to point a finger at the family and say ‘it’s the family’s fault.’ It’s too simple to point the finger and say ‘the school system should have done more, the teachers should have done more.’ There are always circumstances in there beyond your control.”

Communication is key in negotiating shared, realistic expectations. Martha explained: “I find that a lot of what I do is educating the parents and the guardians on what little I know, at least trying to create some sort of a bridge between the two of us saying ‘I’m not going to tell you what to do but let’s try and make a decision that’s going to work for this child so they can be successful in a regular classroom’ because my goal is to get them out of my room and back in a regular classroom.”

There needs to be shared realistic expectations among all of the participants—the students, teachers, parents and even administrators. In Marlene’s approach with a particular student, she explained: “Fortunately I had the support of the principal, she was 100 percent and it worked wonderfully.”

The other students in the class become important participants, particularly when invited to participate. Marlene: “One of the things [Johnny] used to do at the very



beginning of the year...was just kick and kick his desk...just an awful noise...he probably kicked his desk...for an hour at a time...[the principal] would come in and would say 'I don't know how you stand it.'...I would send him to the office to get something so that I could pull the kids together and talk to them and I would say 'You know, boys and girls, you're really being a big help and in a way we're all helping Johnny get through this...but it's going to take all of our patience.'" She explained that she "let him have his own lead to a point, and when he stepped over the bounds there were consequences," but that if she "jumped on him for every single thing, where would you be?"

### **The Changing Portrait of Students—Acknowledging, Appreciating, Accepting, and Working with the Paradoxical Nature of Students**

Martha described one way in which she works with the paradoxical nature of students: "Trying to teach kids that 'getting caught is a good thing. You're in my room because you got caught. It's a good thing. That's how you learn how to fix it. Getting caught is absolutely the best thing that can ever happen to you. So I'm going to teach you to get caught as much as you can, all the time.' But I also want to prepare the people that catch them. 'If you want this child to learn something, truly, from this experience, you need to handle it differently than you're used to.' And a lot of people have a problem with that because 'Children must listen to me and do as I say.'"

In December, Martha reviews her students' communication book with them: "We look at some of the rough periods that they have had and we count how many times they have come through, maybe five or six days of rough times, and they have made it back out and they started to succeed. 'Every single time you have picked yourself back up and you have made it better.' We show them that they have made their own successes."

### **Success is the Hook—Preventing the Student, Teacher, and Parent from Falling into Isolation**

Angie described what it takes to be an effective Special Education teacher: "It's a political job and so you're talking a personality that can be a schmoozer, basically. I mean, ones that are really successful at negotiating with other teachers...can sort of get around things and get their way and move the other teacher towards something. Whereas if you're not like that, then it's a little bit more difficult...You never know if you're going past the boundary, if you're stepping on toes. And then to some extent you have to go past the boundary. You have to go past their comfort level."

Teachers with different philosophies need to work together, to collaborate, to better meet the needs of students. But how is that accomplished? Martha described her

approach: "You can't change people's opinions. All you can do is make them think differently, give them that seed so that they change their own opinions. So I can't sit there and lecture and say 'You should be more understanding' but I can go in and I can talk to some of the students...and then the kids start asking—kids ask great questions. But you can see the teacher at the back of the room and afterwards they will come up and they will say 'I never really thought about that'...it doesn't work all of the time but most of the time it does."

All of the teachers explained how they communicated with parents. It was typically by the telephone or a 'log' or 'communication' book that was sent home regularly for the parents to sign. Martha: "The first time I talk to the parents, I want it to be something nice because chances are, they have been crabbed at. So we are sort of trying to draw them in a little bit...I have a couple of parents who have been very angry at the school system. They are very, very bitter about the way their child's been treated...they are getting to the point where they are so defensive...we just write it down and tell you what we are doing."

Parents' negative experiences resulting from their child's behaviour typically starts early in life. Martha explained "a lot of these kids don't get a lot of day care or pre-school because they have been too difficult to handle. So the family kind of cubbies away in their own isolated little cocoon and keeps the child away from those practice situations, those opportunities to learn, because they are afraid of the rejection and...have other parents saying 'well, what kind of a mother is that to have a child act up that way? There must be something wrong with the way they do things.' So these people hold themselves away and isolate themselves, when instead we should be bringing them out and say 'boy, you really have a strong-willed child there. Are you okay? Do you need some supports?'"

The students may have been suspended repeatedly so these teachers make an attempt to tell the child that school is where they belong. Marlene: "in grade one...he spent a great deal of time out of the classroom because of his behaviours...but when he came in here, I just started out, right off the bat, saying that he wasn't going to be a hall kid this year, he was going to be in my classroom." Martha: "The first few months of every year I try to do as little out-of-school suspensions as I can, if possible. And that's for the child, to try and teach them that this is where they belong and 'it doesn't matter what you do, we still want you here. We will work and keep plugging away at this every single day until we can get you so that you're right in the classroom with the other kids."



### **Implications for Teacher Educators**

In examining the directions, or implications, of the three themes, we decided to revisit the literature. Research on reform in both teacher education and special education is extensive. Our intention is to use the three themes offered through the interviews with teachers about their experiences with particular students, in this case those diagnosed with AD/HD, to selectively guide both our reading of this extensive literature and our development of suggestions to inform our work as teacher educators. We have ended each theme with a small step we are trying in order to acknowledge what we have learned from these teachers and therefore change our own practice.

### **Changing Approaches to Teaching: The Role of the Teacher**

In a pan-Canadian study that focused on teacher attitudes, Bunch, Lupart and Brown (1997) found that educators—regular classroom teachers, administrators, special education and resource teachers and even teachers in segregated settings—believe inclusion brings social and academic value to both regular and included students.

In the findings of a more recent study around the attitudes of regular teachers, Valeo and Bunch (1998) suggest that regular classroom teachers are not clear on their role in inclusion and that they view mastery of the regular curriculum as determining whether or not students should be in the regular classroom. They go on to suggest that, “it is as if teachers see themselves as agents of the curriculum rather than as agents of learning” (p. 17).

As the nature and needs of students become more diverse, teachers are challenged to adapt and modify the curriculum to promote student learning. While effective teachers have always done this, the challenge to pre-service and inservice teacher education is to find ways to facilitate teachers’ developing attitudes and skills necessary to ‘be flexible in their approach to instruction.’

This represents a daring move away from the view of teaching as simple, routinized, and technical, meaning that anyone with a reasonably good teaching knowledge can teach (Darling-Hammond, 1993; Skrtic, 1991, 1995). It honours teachers as the primary mediators of instruction and learning and any change that results in more, if not all, students achieving their full learning potential will ultimately be a function of their commitment, expertise, and practice (Lupart & Webber, 1996). One step we are taking is working together.

### **Changing Classrooms: Collaborative Partnerships**

Quigney (1998) suggests that one challenge facing teacher education is to recognize “collaboration between regular and special education teachers as essential” (p. 21). “Just as general and special educators in school settings are working and learning to-



gether with increasing frequency, so too must pre-service teachers” (p. 23). This move towards a convergence of regular and special education presents teacher educators with an opportunity to rethink how teachers and schools might be supported to become places where “special education programs no longer differ from ‘plain good’ instructional practice” (Meyen, 1995, p. 93).

Teachers and teacher educators need to work together, to collaborate, to work in an integrative, interdisciplinary manner to better meet the needs of their students. Of course, it is more than teachers who are involved. Central are the parents and the students themselves. In some ways, this is a kind of public humanization of teaching. It has always been so in private—a particular child, parent, and teacher working together. Now a community of adults and students are called to work together. We need to take opportunities to work together and to model a collaborative approach to teaching. In other words, we need to actively practice what we preach.

Teacher education’s challenge is to ensure that teachers-in-training have sufficient communication and interpersonal skills to do this kind of collaborative work in public. One step we are taking is paying attention to students and teachers by observing and asking questions and listening to what they say.

### **The Changing Profile of Students**

Students in classrooms are changing and teachers are working with a wider range of abilities, skills, talents, and challenges. These changing faces question roles, commitments, and beliefs about teaching.

Eight and one half percent of children (zero to fourteen years of age) in Saskatchewan live with disabilities or chronic health impairment. There are increasing numbers throughout the educational system with brain dysfunction as a result of Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), or Acquired Brain Injuries (Hartsook, 1997-1998). There are escalating numbers of students with behavioural difficulties and/or Attention Deficit Disorders. By next year, some commentators suggest that half of the students in Saskatchewan’s public schools will be aboriginal. There are growing numbers of students living in poverty, as many as one in five according to some studies. All these children bring to their classrooms and their learning larger community issues of equity such as race, gender, and class.

Along with these concerns, there is a growing tension between who comes to school, what the school is to do, and a sense by educators that even with all their best efforts they cannot do enough to ensure student success. Some talk about a crisis in escalating expectations, increasing needs of students that must be met before they can learn, or a scarcity of resources. What is most clear is that students have changed and if teaching and learning are to be successful, so must what takes place in the classroom. Perhaps

what is required is Arlin's (1999) "wise teachers"; teachers, who though subject area experts, also have a wonderful sense of relativism and contextualism, are able "to appeal to the spontaneous and real activity of the child or adolescent" (Piaget, 1948/1973, p. 105). Students' ideas are respected. They are encouraged to take risks, think deeply, and develop a sense that they can figure things out (Collinson, 1996; DeVries, 1993; Duckworth, 1986; Kamii & Joseph, 1989). Perhaps as we work at "becoming a teacher," at developing personal and professional autonomy, creativity and our own innovative ways of thinking, knowing, and doing, that we begin to find ways to better meet the needs of students. Perhaps "wise teachers" have a strong commitment to understanding and knowing who exactly the students are as persons, carefully listening and observing, trying to see things from the students' point of view, welcoming diversity as a source of both strength and challenge. One step we are taking to acknowledge these changing faces and perhaps towards becoming "wise teachers," is to focus on ensuring school success.

### **Success is the Hook**

Many have written extensively on how classrooms can be made inviting, safe, supportive places (Canfield, 1990; Kearns, Kerr, Anderson, Busnarda, & Novak, 1990; Purkey, 1991). Acknowledging what we have tried, what we have done, as well as what we have said and teaching our students to do the same is one way to take small achievable steps towards creating such classrooms. This is one way we might build in success. Many of us and our students, if asked to keep a list or acknowledge our successes, would say we are too busy. Still, we need to focus on, talk about, build on our successes. Even more important, we need to celebrate and the more ways we put in place to celebrate, the better.

The feeling of competence gained through doing something that works cannot be overstated. If, as a teacher, student, or parent, we have not experienced any success for a while, perhaps each of us needs to go back to the drawing board and review how we are trying to bring about change in our lives and our work. Lack of success is often a sure sign that our steps are too big, too ambitious, and that we are trying to do too much, too quickly. Building on success can help us take pride in our teaching and our learning, to do our work with care, to finish what we start, and to know our efforts will work if we persist. Persistence and practice go a long way toward making teaching a meaningful and worthwhile experience.

### **SUMMARY**

In the literature, teachers appear to be largely cut off from their own experience and are often inclined to work alone. This research is an attempt to start the dialogue from the 'ground up' as opposed to the 'top down.' We explored diverse needs in the

classroom, in our conversations with teachers, but that is only one small part of their experience.

Listening to teachers' voices has valuable implications for practice. The literature suggests many 'shoulds' but very few 'hows' in the discussion of consultation between Regular and Special Education teachers and the roles of each party. With the widespread adoption of inclusive and integrative practice, the time has definitely arrived to negotiate classrooms as shared space involving students, educators, and parents. We came together with each other, as researchers, and with our participants, to explore teachers' professional practice in working with students with special needs. We invite you to raise questions about how change, as well as how the need for success impacts on teacher effectiveness and better practice for these students.



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## TEACHING STUDENTS TO SELF-MONITOR

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Teachers are expected to be responsible for managing the social behavior of students in their classroom. Rosenbaum and Drabman (1979) have argued that because of their involvement with managing behavior, the teacher's time that is available for direct instruction is decreased. Also, when adults work with several students simultaneously, a great deal of misbehavior may go unobserved. When a student has learned to manage his own behavior, teachers can spend more time teaching other important skills without worrying about unobserved inappropriate behavior. Teacher responsibility for managing behavior can be delegated to the students after they have been prepared to exercise it.

Self-monitoring is an intervention that helps students become aware of their problem behavior and observe the improvement of the behavior. When students monitor their behavior they observe and record the presence or absence of a behavior. The purpose of self-monitoring is to increase students' awareness of a behavior so they can learn to take responsibility for their own actions and manage what they do. Students can monitor positive behavior, such as work completion, or they can monitor negative behavior they wish to decrease such as out-of-seat behavior. Self-monitoring is a promising behavioral strategy because the act of monitoring one's own behavior often produces desirable changes.

### **Self-Monitoring Planning Form**

The Self-Monitoring Planning Form (see Figure 1) is designed to help the student and teacher plan and organize the self-monitoring intervention. Before this intervention can be successfully implemented, the problem and the goals for improvement with the student must be discussed. Self-monitoring works best with students who have some motivation to change or learn new behaviors.

### **Step 1 and 2: Select and Define a Target Behavior**

Defining the nature and scope of the problem is critical in designing an intervention with the student. The student must recognize that there is a problem and discriminate between acceptable and unacceptable behavior. In order for the student to accurately monitor his behavior, the behavior must be clearly defined in observable terms. With a problem behavior such as work completion, it is either done or it is not. However, with a behavior such as disruption to the classroom, what is considered disruptive? Brainstorm several examples with the student to define what is appropriate and what is not appropriate. The appropriate or desired behavior would be the replacement behavior in Step 1.

Student \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Step 1: *Select a Target Behavior*

- Identify target (problem) behavior
- Identify a replacement behavior:

Step 2: *Define the Target Behavior*

Write an observable description of the target behavior.

Step 3: *Define the Data Recording Procedure*

- Identify the type of data to be recorded.
- Identify where and when the data will be recorded.
- Describe the data recording form.

Step 4: *Train the Student to Use the Recording Form*

Briefly describe the instruction and practice to be provided.

Step 5: *Choose Strategy for Ensuring Accuracy*

Step 6: *Establish a Goal and Contingencies*

- Determine how the student will be involved in setting the goal.
- Determine whether and how the goal will be made public.
- Determine incentive for meeting the goal.

Step 7: *Review Goal and Student Performance*

- Determine how often performance will be reviewed.
- Identify when and how the plan will be modified if goal is met or is not met.

Step 8: *Plan for Reducing Self-Recording Procedure*

Step 9: *Plan for Generalization and Maintenance*

**Figure 1. Self-Monitoring Form**





Self-Monitoring form using time sampling

Name \_\_\_\_\_

Date \_\_\_\_\_

Intervals (40 5-minute intervals)

+	+	+	-	-																

Every time you hear the beep, record a "+" if you were paying attention or a "-" of you were not paying attention.

**Figure 4**

**Step 4: Train the Student to Use the Recording Form**

During the initial session of the intervention, it takes 20 to 30 minutes to teach the student to use the technique of self-monitoring. Teaching students to use self-monitoring is similar to teaching students any skill. Begin by discussing the purpose and the benefits of monitoring one’s own behavior. Direct instruction with modeling, practice, and feedback should be used to teach self-monitoring and recording. It is necessary have the student model and verbally rehearse the steps of the self-monitoring procedures after direct instruction. Go over the logistics of where and when the behavior will be monitored.

You may need to design a cueing system for the student. For example, if the student is monitoring on and off task behavior at intervals, the student may need a cue when it is time to record. However, if a student is recording out-of-seat behavior, the behavior itself acts as a cue. Role-play several examples of appropriate and inappropriate behavior and have the student identify the appropriate behavior. Provide feedback on the student’s responses. A short list of the procedures may serve as a guide for a student to review the process during the first days of the intervention.

**Step 5: Choose a Strategy for Ensuring Accuracy**

In the initial stages of the intervention, the teacher should monitor frequently, with intermittent checks. Compare this with the student’s record and praise for accuracy. If the student’s record does not match the teacher’s record, you may find a time to discuss this with the student. Research has indicated that the student need not be accurate in his recording for a change in behavior to occur ( Kneedler & Hallahan, 1981).

### **Step 6: Choose a Goal and Contingencies**

Make sure that the student can explain his goal in self-monitoring. Then, help the student identify a reward to give himself for small improvements. Some examples might be praising oneself, talking to a parent about improvement, making a certificate or writing a letter to a friend about improvement.

### **Step 7: Review Goal and Student Performance**

Soon after the intervention has been implemented, meet with the student to see how the monitoring is going and whether there needs to be a revision in the plan. Provide encouragement and allow for errors and adjustment. Make periodic revisions and adjustments to the plan as necessary.

### **Step 8 and 9: Plan for Reducing Self-Recording and Generalization/Maintenance**

When the student demonstrates consistent success, gradually remove the monitoring system. Fading may involve less adult guidance and/or limiting the amount of time that the student monitors his behavior. The student will need continued support and praise for his efforts to maintain appropriate behavior.

Self-monitoring can be very empowering for a student and is minimally disruptive to other students. A body of evidence supports the positive effects of self-monitoring on important academic variables such as on-task behavior and productivity (Reid, 1996). There is also reason to believe that self-monitoring can play a role in increasing learning and improving generalization.

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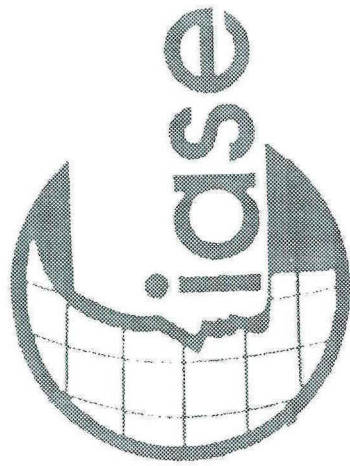


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