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MASTERS IN SOCIAL WORK THESIS

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1997

Educating Children with Developmental Disabilities in Regular Education Classrooms: A Public Policy Analysis

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MASTER OF SOCIAL WORK
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CERTIFICATE OF APPROVAL

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DEDICATION

For always being supportive, lending encouragement, and for having an abundance of patience, this thesis is dedicated to my wonderful husband, Thomas, and our families. Thank you.

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For assisting in the completion of this thesis, I would like to acknowledge my thesis advisor and my committee of readers. I would also like to thank the supportive faculty of the Augsburg Master of Social Work Program.

ABSTRACT

STUDY FOCUS - POLICY ANAYSIS

EDUCATING CHILDREN WITH DEVELOPMENTAL DISABILITIES IN REGULAR EDUCATION CLASSROOMS: A PUBLIC POLICY ANALYSIS

Monique J. Larson
June 1997

There is much controversy about how and where to best educate children with developmental disabilities. There are those who argue for the integration or complete inclusion of children with disabilities into a regular education environment. On the other hand are those who argue for continued and increased special education services that are provided outside of the regular education classroom. Currently in education there is a wide spectrum of environments in which children with developmental disabilities are being taught. The purpose of this study is to analyze the development and evolution of special education public policy, with an emphasis on the current trend toward integration. The findings show that much more research on the effectiveness of special education and integration needs to be done before widespread education policies are implemented. Recommendations are made for further research on integration of children with developmental disabilities.

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CHAPTER ONE

Introduction to the Study

Public education is one of this country's most important functions. Educational systems serve to prepare children to be productive and self-reliant members of society. Of special concern in the United States is the education of children who have developmental disabilities and need individualized education programming.

The U. S. Department of Education (1993) estimated that in the 1990-91 school year there were 4.7 million children in the nation's schools who had identified disabilities. Those disabilities included specific learning disabilities, speech/language delays or impairments, serious emotional disturbances, mental retardation, autism, and noncategorical disabilities of preschool children (Raines, 1996).

Of the 4.7 million children being served by special education those with impaired mental functioning or speech/language difficulties, due to mental retardation or autism, and those with physical impairments due to cerebral palsy are considered to have "developmental disabilities."

Congress established the term *developmental disability* in the Developmental Disabilities Services and Facilities Construction Act (P.L. 91-517) in 1970. A developmental disability was defined as:

> . . . a severe, chronic disability of a person which
> (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments;
> (b) is manifested before the person attains the age of 22;
> (c) is likely to continue indefinitely;
> (d) results in substantial functional limitations in three or more of the following areas of major life activity: self - care, receptive and expressive language, learning,

> mobility, self-direction, capacity for independent living, and economic self sufficiency; and
>
> (e) reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated (McDonnell, Wilcox, & Hardman, 1991, p. 2).

The developmental disabilities that are considered in this thesis are: 1) mental retardation, 2) autism, and 3) cerebral palsy. The characteristics, causes, and prevalence of each of these developmental disabilities will be discussed.

Mental retardation "is characterized by significantly subaverage intellectual functioning, which is related to limitations in two or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self direction, health and safety, functional academics, leisure, and work" (Oklahoma Department of Human Services, 1993, p. 10).

The causes of mental retardation are many and varied. Some of the most common causes are prenatal or genetic/chromosomal traits (e.g., Fragile X or Down Syndrome). Other causes can be the result of complications during birth, such as premature delivery or anoxia. There are also several causes that can occur during childhood, such as head trauma as a result of an accident or abuse, poisoning, or infections, such as meningitis or encephalitis. However, 75-80 percent of the time no definite cause of mental retardation can be identified (Oklahoma Department of Human Services, 1993).

Autism is a nonprogressive neurological disorder that usually appears before the age of thirty months and is lifelong. Autism is characterized by withdrawal from social contact, language and communication delays, motor delays, and extreme reactions to changes in the person's immediate environment. About 75 percent of children with autism have low scores on intelligence tests and learning to read and write is often difficult. However, a few of these children show extraordinary ability in music, mathematics or rote memory (Bruckheim, 1993).

Children with autism generally show a preference for passive, solitary activities and may engage in these activities for long periods of time. They also may spend hours rocking rhythmically. Responses to auditory and visual stimuli are unpredictable in autistic children; they may ignore the stimuli or react intensely to it. Hyperactivity is common in autistic children and often results in sleeping and/or eating disorders (Bruckheim, 1993).

The cause(s) of autism is (are) still largely unknown. It is presumed to be an organic brain disorder that can be traced to the central nervous system's inability to process and respond to auditory and visual stimuli. There is some evidence of a genetic cause because it is often found in siblings and more boys than girls are affected. Also under investigation are prenatal and perinatal metabolic, infectious, and environmental factors. Autism is fully expressed in 5 out of every 10,000 children and about 15 of every 10,000 have 2 or more autistic features (Bruckheim, 1993).

Cerebral palsy is a nonprogressive neurological movement disorder. This disorder is characterized by a lack of control of the muscles and difficulty in the coordination of movement. Other symptoms of cerebral palsy may include speech impairments, impaired bladder and/or bowel control, seizures, hand tremors, inability to identify objects by touch, and vision impairments. These children generally have average to above average intelligence, although some children may have mild to severe mental impairments (Bruckheim, 1993).

Cerebral palsy is most often caused by injury to the brain at birth or during early stages of fetal development. Injury to the brain may result from bleeding into the brain, lack of oxygen at birth or an infection that the mother passes to the fetus. Premature infants are more prone to develop cerebral palsy. Head injuries, infections and other brain damage that occurs in the early months or years of life can also result in cerebral palsy (Bruckheim, 1993). It is estimated that each year in the United States between 1 in 1,000 and 3 in 1,000 infants develop cerebral palsy (Bruckheim, 1993).

Children who have the preceding developmental disabilities are often identified at a very young age, sometimes at birth. All of these developmental disabilities can adversely affect a child's ability to learn, their mobility and their ability to communicate. It is estimated that half of the children with autism and 75 percent of a sample of children with mental retardation exhibit a deficit in communication skills (Reichle, et al., 1990). As children get older their difficulties in communication and mobility can adversely affect their social functioning as well.

It is generally agreed that children who have developmental disabilities need additional assistance in learning academic, social, and life skills. These additional resources are most often provided through the school system.

There are a variety of learning environments currently being used in public schools to educate children with developmental disabilities. In the past most schools were special purpose, that is, they worked solely with children who had developmental disabilities. Today there are many schools that have special education classrooms located within regular schools where children with developmental disabilities are in physical contact with their non-disabled peers, but have little opportunity to interact socially with them. There are also schools that have completely integrated children with developmental disabilities into the regular education classroom where they are provided with their special education services.

However, there is a long standing debate in the field of education about whether children with developmental disabilities are better served in separate "special education" programs, or whether their academic and social goals are better met in integrated "regular education" classrooms with their non-disabled peers.

The current movement, supported by many special education teachers, school administrators, and parents, toward integrating children with developmental disabilities has been named the Regular Education Initiative (REI). The supporters of this movement argue that children with developmental disabilities are stigmatized by leaving the regular classroom for part of the day to receive special education services. It is believed that this in turn lowers expectations for these children and focuses on failure rather than on prevention (Coates, 1989). What has been suggested as an alternative, are new teaching techniques that will better serve these children than the traditional special education programs that remove the children from the regular education classroom (McDonald, 1992).

On the other side of the debate are educators and parents who feel that children with developmental disabilities, because of their differences in information processing, are best served in separate special education classes or in "pull-out" programs for a few hours each day. One of the concerns of this group is that the financial and political support that children with developmental disabilities now receive will diminish if special education programs are phased out (Coates, 1989). Also, monitoring whether or not children with developmental disabilities are receiving the required services will be more difficult if those services are being administered during regular classroom time instead of in the more restrictive environment of a special education classroom (McDonald, 1992).

This issue of how to best serve children with developmental disabilities in the public school system is of great importance because a child's future success or failure is very dependent on his/her experiences in school. Raines (1996) reported that in the 1988-89 school year 248,590 children with developmental disabilities left the school system, but only 53 percent of them graduated. Another 27 percent of these children dropped out, compared with a drop out rate of 11 percent for the general school population. Of those students with disabilities who had been out of school for one year, only 29 percent had full-time employment and only 17 percent were employed part-time (Raines, 1996).

Children with developmental disabilities are often not adequately prepared to succeed after they leave the public school system. Hilliard (1992) states that special education services in the United States need to have a high probability of success, otherwise there is no need for such services. The gauge for determining that success is showing that the special education services that children with developmental disabilities receive are helping them learn better than they would have learned without those services (Hilliard, 1992). To ensure that children with developmental disabilities have the best chance at being successful and productive members of society it is important that their needs are met in the environment that best meets their academic and social goals.

Purpose of Study

The purpose of this study is to analyze the development of Special Education public policy, with an emphasis on current trends away from segregation and toward integration of children with developmental disabilities into the regular education classroom. The development and consequences of the Regular Education Initiative are also examined. The arguments for and against the merging of special education and regular education are analyzed and recommendations are made.

Research Questions

What factors contributed to the development of Special Education? What are the current trends in Special Education? What are the reasons for the trends that are occurring in Special Education? What are the possible effects that current trends will have on the educational and social development of children with developmental disabilities?

CHAPTER TWO

Conceptual Framework

Historical Analysis

In examining the current trends in Special Education an historical perspective has been taken. The Special Education system is examined in the context of what was occurring historically, as well as what the societal beliefs and values were at different developmental milestones along the Special Education time line.

The beginnings of educating people with developmental disabilities are examined in the context of the religious and philosophical beliefs of the time. The limited knowledge about the causes and outcomes of developmental disabilities is also considered. In modern times, the course that treatment of children with developmental disabilities has taken is examined in the context of changing societal and political views.

Ecological Framework

Special education policy and the trend toward integrating children with developmental disabilities into the regular education classroom was also examined from an ecological framework. In using this framework it is assumed that the relationship between individuals and their environments are transactional, that is, reciprocal and co-evolutionary changes occur in both the individual and the environment (Peck, Odom, & Bricker, 1993).

When the ecological framework is applied to the integration of children with developmental disabilities into regular education settings, many different factors must be considered. The effects that the integrated environment has on the child with disabilities and how the child affects the environment itself are examined. Also taken into consideration are the possible changes in instructional practices, teacher behavior, and social relationships within the newly integrated classroom (Peck, et al., 1993).

CHAPTER THREE

Review of the Literature

Overview of Special Education

Early Treatment of Individuals with Disabilities

The care and education of individuals with developmental disabilities has had a slowly evolving history. For the thousands of years of human existence before 1800, children and adults with developmental disabilities or other abnormalities were not considered a priority. They were instead the objects of superstition, myths, and fatalism. Their lives were very limited by pervasive prejudice and inhumane treatment. Many children and adults who were noticeably developmentally or physically disabled were put to death, exorcised, ignored, exiled or exploited (Winzer, 1993).

In the mid-eleventh century, while societies were beginning to thrive, those with disabilities still were treated with very little concern. The early legal codes imposed strict limitations on the rights of individuals who were disabled. They were not allowed to inherit, testify in court, make a deed, contract, note, or will (Winzer, 1993). During this time church hospices slowly began to develop to care for a small number of disabled individuals, although the majority of people with disabilities still led precarious existences in the secular world.

The rise of the Judeo-Christian philosophy had a wide-spread impact on the treatment of people who were disabled. This philosophy taught respect for all human life and resulted in more humane and protective treatment of those who were disabled (Hart, 1981).

In Europe in the early seventeenth century there was a steady increase of institutions for the "insane" and developmentally disabled. This trend was a result of society's "perceived need to protect itself against the harm that the deviant, the defective, or the dependent person might incur" (Winzer, 1993 p. 30). However, unlike the church hospices that previously cared for and protected those with developmental disabilities, these institutions served to lock them away as a way to save the rest of society from those who were physically, intellectually, and/or socially different (Winzer, 1993).

Throughout history there was little distinction made between various disabilities. The early Greeks and Romans distinguished three categories of disability: insanity, deafness, and blindness. Included in the insanity category were retardation and epilepsy. In the opinion of early physicians, philosophers, and the general populace, insanity was the most serious and prevalent. However, to these early physicians and philosophers investigating the medical aspects and causes of these disabilities was far more important than attempting to educate the individuals who had the disabilities (Winzer, 1993).

It was not until the Renaissance, in the fifteenth and sixteenth centuries, that ideas of educating individuals with developmental disabilities were formulated by humanists and philosophers. These ideas would be the guide by which some of the primary principles of special education would later be developed (Winzer, 1993).

However, it was in Spain in 1578 where the first formal and systematic educational instruction of individuals with developmental disabilities was made. A Benedictine monk named Pedro Ponce de Leon, considered to be the first "special educator", was successful in teaching deaf sons of the Spanish aristocrats to read, write and eventually to speak. Education of deaf individuals was continued by Jean Pablo Bonet, who developed a hand alphabet and encouraged lip reading (Winzer, 1993). His work later inspired the work of the Royal Society of London who were interested in studying the origins of language and furthered the education of those who were deaf.

People who were deaf were the first to be educated, followed closely by those who were blind. It was much later when children with mental retardation and other developmental disabilities were considered viable candidates for education (Winzer, 1993).

During the Enlightenment (1700s) in Europe the treatment and education of children with disabilities was improved due to the emerging philosophy that there "was innate goodness and ability in everyone that could be developed, and the species, as a whole, could be perfected; that civilizing social influence, education in particular could help those innate abilities and qualities grow to fruition" (Winzer, 1993, p. 40). Many theories on understanding the human mind and how knowledge is gained through sensory perception were developed by John Locke and other philosophers during this period. These theories greatly influenced the development of special education in France and the United States during the eighteenth century (Winzer, 1993).

Development of Special Education in the U.S.

In Colonial America, "disability was a subcategory of poverty" and was considered to be "God's will at work" (Winzer, 1993, p. 85). The local communities and churches often helped people with disabilities, and in 1641 the Massachusetts General Court adopted the first code of laws which protected children and adults with disabilities. One of the earliest recorded attempts in the United States to educate a child with a developmental disability occurred in 1679 in Rowley, Massachusetts. Philip Nelson was denounced by the church for trying to perform a miracle after he began teaching a child who was deaf (Winzer, 1993).

Into the 1700s the population of America continued to grow, as did poverty and dependency, which prompted the development of alms houses and charitable organizations to care for those who were poor, orphaned, and disabled. The European Enlightenment also proved to be an influence in the establishment of institutions to care for those who were disabled. However, education, even of children who were not disabled, was not a priority in the United States until well into the nineteenth century (Winzer, 1993).

In 1817, Thomas Hopkins Gallaudet established the Connecticut Asylum for the Education and Instruction of Deaf and Dumb Persons in Hartford, Connecticut (Stainback, Stainback, & Bunch, 1989). As was the case in Europe, children who were deaf or blind were the first to receive educational services in the United States. It was several more years into the nineteenth century before the treatment and education of children with mental retardation was given consideration in the United States.

Beginning in 1846, Samuel Gridley Howe undertook a two year inquiry that examined the treatment of people with mental retardation. From the census figures in 1846 Howe estimated that there were as many as 1,500 people with mental retardation living in Massachusetts. With the assistance of Horace Mann, who had visited "special schools" in Europe, Howe reported to the legislature the plight of those with mental retardation and demanded that a special school be built (Winzer, 1993).

In a report to the Legislature in May of 1848 Samuel Gridley Howe states that:

> the benefits to be derived from the establishment of a school for this class of persons, upon humane and scientific principles, would be very great. Not only would all the idiots...be improved in their bodily and mental condition, but all the others in the state and the country would be indirectly benefited. The school, if conducted by persons of skill and ability, would be a model for others....it would be demonstrated that no idiot

> need be confined or restrained by force; that the young can be trained to industry, order, and self-respect (Howe, 1972, p.xiv).

In 1848 an experimental school for children who were mentally retarded was established by Howe in a wing of the Perkins Institution for the Blind in Boston, Massachusetts (Winzer, 1993).

Howe's experimental school for children who were mentally retarded was designed as a "boarding school for idiots" [quotes original] and only children who had the potential to make improvement were admitted. Thirteen boys, about 8 years of age, were the first to be enrolled. The experimental school ran for three years and did prove that children with mental retardation could learn (Winzer, 1993). Due to Howe's success in teaching children with mental retardation, a permanent school, the Massachusetts School for Idiotic and Feeble-Minded Children, was founded in 1850 (Winzer, 1993).

In the following years other schools based on Frenchman Edouard Seguin's "residential training school (asylum) model" were established in New York, Pennsylvania, Ohio, Kentucky, and Illinois (Winzer, 1993, p. 113). By 1890 there were fourteen state institutions for children with mental retardation and several privately funded schools. Gradually children with other sensory developmental disabilities were admitted to these schools as well (Winzer, 1993). However, by the end of the nineteenth century these "training schools" had evolved into "massive public institutions" and the focus had begun to change from educating children with developmental disabilities to protecting them from the outside world (Halvorsen & Sailor, 1990, p. 114).

Before 1900 in the United States most educational programs for children with disabilities were founded by private individuals. It was not until 1898 that support from the public schools was sought (Gearheart, 1972). Dr. Alexander Graham Bell, in his closing address to the National Education Association convention, suggested that the public schools should develop programs for children with disabilities. He stated to the convention that:

> . . . these children should form an annex to the public school system, receiving special instruction from special teachers, who shall be able to give instruction to little children who are either deaf, blind, or mentally deficient, without sending them away from their homes or from the ordinary companions with whom they are associated (Gearheart, 1972, p. 1).

In 1902, at the urging of Dr. Bell, the "Department of Special Education" of the National Education Association was developed. School systems across the United States slowly began to develop special classes and programs for children with disabilities (Gearheart, 1972).

As the public education system developed and children with mild developmental disabilities were placed in "ungraded classes", the training function of the special residential schools, developed in the 1800s, diminished. Due to the involvement of public schools in the educating of children with mild disabilities, the primary function of the specialized schools became custodial care, and the prevalent population became children with severe developmental disabilities (Halvorsen & Sailor, 1990).

The institutionalization, and subsequent segregation, of children with severe developmental disabilities was largely due to the belief that mental retardation was hereditary. The intention of isolating individuals with mental retardation and other severe developmental disabilities was to prevent the population growth of more children with developmental disabilities (Halvorsen & Sailor, 1990).

The public education system in the United States has relied heavily on categorizing the children it serves. Raines (1996) discusses four events in the history of the United States that led to extensive categorization of students in the late 19th and early 20th centuries. The first occurrence was a dramatic increase in the early 1900s in the number of immigrant children from non-English-speaking countries. Schools were unprepared to teach these children in their native language so they were sent to special "opportunity" schools until they were ready to enter the public schools (Raines, 1996).

The second event was the industrialization of the United States. Society was abruptly differentiated by skill level into management and laborer. This differentiation affected the public schools as well. Teachers were categorized by the subjects they taught and children were categorized according to their ability to learn (Raines, 1996).

The third event contributing to the classification of children was the development of standardized intelligence tests. The Binet-Simon intelligence test, developed in France in 1905, was used to predict school performance. The use of this test was endorsed by the National Education Association in 1908 as useful for children who were mentally retarded (Raines, 1996).

The final event that had an influence on the categorization of children occurred in 1922 with the establishment of the Council for Exceptional Children. This group advocated for separate schools for children with disabilities. It was their belief that separate schools for their students would provide the children with more visibility and philanthropic support (Raines, 1996).

This growing insistence on categorizing students was a contributing factor in the initial segregation of special education services from regular education. By 1910 segregated classes for children with disabilities were firmly established in the public schools, and well into the 1920s the segregation of special education was viewed as positive. At this time improvements in special education meant providing services to more children, with various types of disabilities, in segregated settings (Winzer, 1993).

In the 1930s there developed a dissatisfaction with poorly planned special programs, untrained teachers, and segregation of children with disabilities. However, the financial difficulties created by the Depression and World War II meant less school district involvement in the matters of special education (Winzer, 1993).

During the postwar period of the 1940s and 1950s there occurred a "liberalization of attitudes toward human variance" and an emphasis on rights versus privileges, which led to changes in attitudes toward people with disabilities (Halvorsen & Sailor, 1990, p. 115). People with disabilities were less likely to be stigmatized and isolated. They were also seen by society as being entitled to receive an education. Also contributing to the changes in societal attitudes toward differences, was the Civil Rights movement and the push for racially desegregated public schools. These events occurred prior to and during the time of increased governmental involvement in special education.

In 1954 the landmark Brown v. the Board of Education decision may have helped bring an awareness to the plight of children with developmental disabilities "by 1) affirming the importance of education to the life and minds of children, 2) establishing the inequality of separate education and 3) providing a model for change" (Lipsky & Gartner, 1989, p. 3). The changing societal view of perceiving all people as equal may have helped raise awareness of the needs of children with disabilities. This awareness may also have prompted the federal government to eventually pass laws that ensured children with disabilities would have the same educational opportunities as children without disabilities.

Special Education Legislation

In the 1950s, Samuel Kirk developed the first teacher preparation and research programs for special education in the United States. With the passage of Public Law 85-926 in 1958, Congress authorized funds for the training of professional educators for mentally retarded children. This action by Congress led a few eastern states to enact mandatory special education legislation. Most states, however, passed laws that allowed, but did not require, schools to provide special education services (Raines, 1996). By 1966 a little more than half of the country's school districts were "maintaining their own special education programs or providing for such programs through cooperative arrangements with other school districts" (Mackie, 1969, p. 29).

In the 1960s, and well into the 1970s, parents and other advocates gave testimony before congressional committees, in court cases and at state capitals about the unacceptable conditions that children with developmental disabilities still faced in the public school system (Lipsky & Gartner, 1989). During this time "parent-founded organizations, such as the National Association for Retarded Citizens, United Cerebral Palsy, and others" were instrumental in attempting to improve the education of children with developmental disabilities (Halvorsen & Sailor, 1990, p. 116).

Children with developmental disabilities were sometimes excluded completely from schools, and those who were able to attend received limited services in segregated settings. Parents of children with disabilities were often charged fees for the educational services that their children received, while the same services were provided free to other children (Lipsky & Gartner, 1989).

Some states were addressing these issues, however, and between 1966 and 1974 the federal government began passing laws that more effectively resolved these issues (Lipsky & Gartner, 1989). The first of these laws passed by the federal government was the Elementary and Secondary Education Amendments (P. L. 89-750), which was passed in 1966. From this legislation Title VI was created, which then led to the development of the Bureau of Education for the Handicapped. The Bureau in turn funded grant programs to help schools implement "innovative educational programs for children with disabilities" (Raines, 1996, p. 115).

In 1970 Congress passed the Education for the Handicapped Act (P. L. 91-230) which provided funds to states for development of training programs for special education staff. However, in 1974 the Bureau of Education for the Handicapped reported that ". . . 1.75 million handicapped children do not receive any educational services, and 2.5 million handicapped children are not receiving an appropriate education" (Raines, 1996, p. 115). The lack of initiative of state governments in the educating of children with developmental disabilities led to the federal government's passage of the Education of the Handicapped Act Amendments (P. L. 93-380). This legislation "increased funding and required states to adopt the goal of providing full educational opportunities to all children with disabilities" (Raines, 1996, p.115).

In 1975 Congress passed the Education for All Handicapped Children Act (P. L. 94-142), which established a "zero reject" principle. According to this legislation, states have to provide an education to every child with disabilities and must locate those children who are being underserved (Raines, 1996). In addition to the "zero reject" principle, the Education for All Handicapped Children Act required public schools to meet six other criteria.

The special education criteria that all public schools must meet are: 1) administering of non-discriminatory evaluations performed by a multidisciplinary team, using a variety of non biased tests, in the child's native language; 2) providing an individualized education plan (IEP), which includes the child's current functioning, annual goals, specific services with dates of initiation and duration; 3) providing services in the least restrictive environment; 4) providing procedural due process by notifying parents and getting consent to evaluate; 5) ensuring communication and collaboration between parents and Special Education staff; and 6) clarifying which students are eligible for funding through federal grants (Raines, 1996).

Public Law 94-142 was amended in 1990 with the passage of the Individuals with Disabilities Education Act (IDEA). These amendments further required that children with disabilities be educated in the least restrictive environment across a continuum of placement options. Specifically, states were required to educate children with disabilities to the "maximum extent appropriate with students without disabilities" (Osborne & Dimattia, 1994, p.6). IDEA also restricted the use of special classrooms and facilities or other forms of removal from the regular education class to the most severely disabled children who would not benefit from instruction in the general classroom (Osborne & Dimattia, 1994). These least restrictive environment provisions of IDEA apply to all students, whether they are in public or private schools, institutions or other care facilities.

After years of development and passage of legislation in the United States, "special education" has come to mean "specially designed instruction, at no cost to the parent offered in the most normal or least restrictive environment possible, to meet the unique needs of a child with disabilities, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions" (Zigmond, 1995, p. 110).

Regular Education Initiative

The Education for All Handicapped Children Act and the later IDEA legislation have helped fuel the Regular Education Initiative (REI). The term Regular Education Initiative was first used in 1986 after then Assistant Secretary of Education and Director of the Office of Special Education and Rehabilitative Services, Madeleine Will, issued a report entitled *Educating Children with Learning Problems: A Shared Responsibility* (Kauffman, 1989). Will (1986) states that the goal of special programs was to "make achievement and academic growth possible for America's students" (p. 411).

In her report, Will (1986) lists the contributions that special education has made to the education of children with disabilities. Since the passage of the Education for All Handicapped Children Act (P. L. 94-142), special education has:

> 1) refined the concept and practice of individualized instruction;
>
> 2) redefined the role of parents in the education of the child;
>
> 3) made education possible for 1/2 million previously unserved severely handicapped children;
>
> 4) improved services for several million others (p. 411).

However, she also made the claim that "there is clearly some evidence that our system for educating these students is not completely succeeding" (Kubicek, 1994, p. 28).

In her report, Will identified four obstacles to the education of children with disabilities that were inadvertently created by the "dual delivery education system" that came into being with the passage of the Education for

All Handicapped Children Act (P.L. 94-142) (Kubicek, 1994). Those obstacles according to Will are: 1) fragmentation of services due to eligibility requirements; 2) lowered accountability and expectation standards due to poor administrative practices; 3) stigmatization of students with disabilities; and 4) a lack of cooperation during placement process (Kubicek, 1994).

While Will was advocating for the REI and an increased federal role, it was believed by some educators that the Reagan-Bush administration was attempting to alter federal education policy with the objective of "reducing federal influence and expenditures for education" (Kauffman, 1989, p. 256). The three strategies employed in the Reagan-Bush education policy were: "1) fostering an image of achieving excellence, regardless of substantive change, 2) federal disengagement from education policy, and 3) block funding of compensatory programs" (Kauffman, 1989, p. 260)

The REI has continued to evolve and has been continually interpreted by supporters, as well as opponents. There is not, to date, a complete well-defined description of what the REI entails. However, the general recommendations that the REI proposes are: education for children with disabilities in the least restrictive environment, reduction of the duality of public education as fragmentation of services is inefficient, and a halt to the stigmatizing of children with disabilities by the use of labels (Jenkins, Pious, & Jewell, 1990).

CHAPTER FOUR

Findings

Analysis of Segregation v. Integration of Special Education

> Educational environments can be viewed along a continuum of physical and social restrictiveness ranging from separate, specialized environments where intensive education and treatment are provided, to regular classroom environments where individualized instruction is provided for all students including those with handicapping conditions (Hasazi, Rice, & York, 1979, p. 6).

Arguments for Continued Segregation

In the early 1900s children with developmental disabilities began moving into the public schools, and by 1910 segregated classrooms were firmly established. These special education classrooms were usually below the standards of the regular classroom and were in out of the way corners of the school buildings. Due to these conditions, the Council for Exceptional children was established in 1922 and began advocating for separate schools for children with developmental disabilities where they believed that the children's needs would be better met (Winzer, 1993).

One of the most compelling concerns for continued separate special education is the fear that the financial support that programs for children with developmental disabilities receive will diminish significantly if education becomes completely integrated (Coates, 1989). To a certain extent these fears have been realized. During the Reagan-Bush administration, when the Regular Education Initiative gained momentum, changes in educational policy also involved cutting back the role of the federal government in regular educational issues. This "disengagement" by the federal government has resulted in monetary cuts to programs for children with disabilities. From 1981 to 1988 funding for elementary and secondary programs decreased by 28 percent, with the largest decrease, 76 percent, in special programs (Kauffman, 1989).

Over the past 60 years special education has undergone many efficacy studies, which have found that "special education classes are less effective or show no advantage over regular classes" (Hallahan, Keller, McKinney, Lloyd, & Bryan, 1988, p. 29). However, supporters of special education point out that a majority of these efficacy studies have many methodological flaws. Some of these include weak experimental designs, threats to internal validity, use of questionable instruments of measurement, and non-random assignment of students to different treatments. The generalizability of many of the studies is also in question due to differences in educational practices and dynamics of children with developmental disabilities today, as opposed to when the studies were initially done decades ago (Hallahan, et al., 1988).

One study done by Goldstein et al. in 1965 randomly assigned children with mental retardation to either a regular education class or a special education class. At the end of one year the researchers found that the children placed in the regular education class had higher achievement scores than the children placed in the special education class (Hallahan, et al., 1988).

Another study done by Budoff and Gottlieb in 1976, found that the achievement levels of children with mental retardation did not differ between those placed in special education classes and those in a combination of regular class time and resource room time (Hallahan, et al., 1988).

Hallahan, et al. (1988) also make the argument that regular education classrooms are not conducive to the more intense instructional needs of children with developmental disabilities. Coates (1989) makes a similar argument, stating that, despite the skills of regular classroom teachers, modifications to the classroom alone are not enough to meet the varied needs of all children with disabilities. The more intensive or segregated setting of special education classes are better suited to the direct instructional methods that appear to be effective for some children with developmental disabilities (Hallahan, et al., 1988).

In addition to these findings, other researchers have stated that it is "an empirically supported fact that teacher expectations exert an important influence on student achievement, behavior, and self-esteem" (Semmel, Abernathy, Butera, & Lesar, 1991, p. 20). Several studies have been done on educators' perceptions toward the integration of children with developmental disabilities into the regular education classroom.

Scruggs and Mastropieri (1996) compiled the results of 28 studies from 1958 to 1995 that analyzed regular education teachers' perceptions and attitudes toward integrating children with developmental disabilities into their classrooms. The researchers found that a slight majority of teachers agreed that integration could provide some benefits to children with developmental disabilities. However, only a minority (33.3%) believed that the regular education classroom was the best learning environment for children with developmental disabilities and that it would provide the same social and academic benefits as special education resource rooms (Scruggs & Mastropieri, 1996).

Scruggs & Mastropieri (1996) also found that overall teachers' willingness to teach children with developmental disabilities in the regular education classroom decreased with the increase in severity of the children's disabilities. Teachers also believed that they did not currently have enough resources, especially in personnel, to implement integration (Scruggs & Mastropieri, 1996).

Other studies that examined teachers' perceptions have had similar findings. Semmel, et al. (1991) surveyed teachers in California and Illinois and found that a high percentage of teachers who responded believed that the distribution of their instructional time would be negatively affected by the full-time placement of children with developmental disabilities in the regular education classroom. This same study also found that many teachers did not believe that there would be significant improvement in the achievement levels for children with developmental disabilities or for regular education students as a result of integration (Semmel, et al., 1991).

Semmel et al. (1991) also state that "if teachers perceive the additional time that students with disabilities spend in the regular classes as a burden on available resources, then a full-time mainstreaming approach may have overwhelmingly negative effects" (p. 21).

Coates (1989) states that integration (REI) in secondary schools is even more difficult than integration in elementary settings. He states three reasons for this difficulty: "the large gap between skill level of the students and setting demands in secondary classrooms, the intensive instruction required to overcome skill/strategy deficits, and the structural limitations inherent in secondary schools" (p. 533).

The least restrictive environment (LRE) provision of the Individuals with Disabilities Education Act (P. L. 101-476) of 1990 does not mandate that children with developmental disabilities be integrated into the regular education classrooms. Rather, the law "requires that each student be educated in the environment that is the least restrictive for that student and that removal from general education occurs only when absolutely necessary" (Osborne & Dimattia, 1994, p. 7).

In short, the law states that the individual needs of each child with developmental disabilities should be considered when decisions on educational placement are made. In keeping with this interpretation of P. L. 101-476, the courts decided in favor of specialized programming for children with developmental disabilities in a majority of cases involving LRE issues prior to 1989 (Osborne & Dimattia, 1994).

One of the strongest arguments that the proponents of integration use is the issue of segregation. Kauffman (1989), however, argues that the comparison of special education and racial segregation that proponents of integration have made, is an inappropriate way of thinking about children with disabilities and gives five reasons. First, "it trivializes the needs of people with disabilities, whose differences require accommodations far more complex than disallowing skin color as a criterion for access or opportunity" (Kauffman, 1989, p. 261).

Second, the behavioral, physical, and cognitive characteristics of children and youth with developmental disabilities "are more complex and relevant to learning and to the function of schools than is ethnic origin....separateness may be required for equality of opportunity when separation is based on criteria directly related to teaching and learning" (Kauffman, 1989, p. 262).

Third, unlike skin color, developmental disabilities "are extremely diverse and require highly individualized and sometimes complex accommodations of educational programming" (Kauffman, 1989, p. 262).

Fourth, the moral basis for "atypical, sometimes separate, education in contrast to the typical education" for children with developmental disabilities "is derived from the extraordinary educational requirements imposed by their characteristics" (Kauffman, 1989, p. 262).

The final reason for separate special education, given by Kauffman (1989), is the adaptable nature of some developmental disabilities. Children with disabilities may "pass from one classification to another during the course of their development and education, requiring a more carefully weighted approach to legal rights involving separation" (p. 262).

Another forceful argument that proponents of integrated education make, is that arbitrary labeling of children with disabilities is unjustified. However, special education advocates argue that without making distinctions between children, their individual differences, abilities and needs cannot be provided for (Kauffman, 1989). In furthering this argument, Kauffman (1989) points out that "a basic premise of effective education is that instructionally relevant categories of students must be identified....and available data do not support the contention that these categories are unrelated to instructional needs" (p. 263).

Arguments for Move Toward Integration

Don Vesey, a parent of a child with severe and multiple developmental disabilities, made the statement that "When they're educated in their own communities they are a part of their community--when they're educated outside of that community, they become invisible members of the community (Halvorsen & Sailor, 1990, p. 111).

Ainscow (1991) states four disadvantages that the traditional special education system has created for children with developmental disabilities:

> (1) The segregation process and inevitable labeling with which it is associated have negative effects upon the attitudes and expectations of pupils, teachers and parents.
>
> (2) The presence of designated specialists encourages teachers to pass on to others responsibility for children they regard as being special.
>
> (3) Resources that might otherwise be used to provide more flexible and responsive forms of schooling are channeled into separate provision.

> (4) The nature of the educational experiences provided is often characterized by narrowness of opportunity and low levels of achievement (p. 2-3).

Ainscow (1991) also contends that when a child has difficulties in school it is not only the child that has a problem or a disability, but that there is an interaction of a range of factors, a primary one being the current structure of education. In other words, in education there has been an "inability of a teacher or a group of teachers to provide classroom experiences that are meaningful and relevant given the interests, experiences, and existing skills and knowledge of particular children" (Ainscow, 1991, p. 3).

To make education more effective for children with developmental disabilities, as well as for non disabled children, there needs to be an emphasis on a cooperative, more closely linked system of education. In a cooperative setting all teachers work for a common goal, that of educating all children. This type of environment also fosters positive attitudes towards new ways of teaching and promotes teachers' sense of responsibility for educating all of their students (Ainscow, 1991).

One of the most compelling arguments put forth against segregated special education services is that children with developmental disabilities who receive those services are stigmatized and excluded from social and academic interaction with their non disabled peers (Hasazi, et. al., 1979). Segregated education was determined to be damaging to children, as well as unconstitutional, in 1954 with the Brown v. Board of Education decision by the Supreme Court. Chief Justice Earl Warren stated that:

> separateness in education can generate a feeling of inferiority as to children's status in the community that may affect their hearts and minds in a way unlikely ever to be undone. This sense of inferiority. . . affects the

> motivation of a child to learn. . . and has a tendency to retard. . . educational and mental development (Stainback, et al., 1989, p. 3).

This 1954 ruling by the Supreme Court stating that "separate is not equal," initially applied to the education of racial and ethnic minorities, was eventually applied to children with developmental disabilities as well (Stainback, et. al., 1989).

Another argument for integration is that the placement procedures for special education are not always accurate in determining whether or not a child qualifies for special services. Many of the tests used to qualify children do not take into consideration cultural and socioeconomic differences (Hasazi, et. al., 1979).

Wang (1991) states that recent research has shown that there are major scientific and practical flaws in the current system that is used to classify children for special education placements. Often times economics, program availability, race, and other factors that are irrelevant to education, enter into decisions for placement of children in special education programs (Wang, 1991).

A related issue is that many special programs are designed to accommodate a homogeneous group of children with similar labels (i.e., children with mental retardation, children with autism, children with learning disabilities), instead of taking into consideration the unique, heterogeneous quality of children with developmental disabilities (Wang, 1991). It was thought that placing children in such programs provided an "educational delivery strategy designed with the explicit objective to improve instructional effectiveness and efficiency, and thereby to ensure equity in student achievement and educational outcomes" (Wang, 1991, p. 138).

However, Wang (1991) states that placing children with developmental disabilities in such narrow programs has limited "students' opportunities for achieving educational equity, both in terms of access to knowledge and equity in educational outcomes" (p. 138). She goes on to state that grouping children according to perceived group differences has resulted in "the delivery of radically different and not always appropriate content to some students," which results in the subsequent neglect of fundamental educational content for children with developmental disabilities when they are placed in special programs (Wang, 1991, p. 139).

In recent years there has been an increase in children with disabilities receiving special education services, which has led to an increase in staff and money allotted for special education. In the 1985-86 school year, states reported that $16 billion was spent for special education and related services (Fuchs & Fuchs, 1994). The integration of special and regular education could possibly be more cost effective. Also, all children could benefit from additional money and staff that would be available for regular education classrooms if integration of children with developmental disabilities was implemented.

Supporters of integrated education also make the case that children with mild disabilities perform better academically in regular education classrooms than they do in segregated special education classes. Evidence suggests that these children are more motivated and receive better opportunities to learn in regular classrooms (Hasazi, et. al., 1979).
It is also believed by supporters of integrated education that children with developmental disabilities will benefit socially from being in the regular classroom. Children without disabilities can provide good modeling of social and self care skills that children with developmental disabilities may not receive in a segregated setting (Hasazi, et. al., 1979).

Considering that the development of personal independence and social cooperation in children is one of the goals of education, it is important that children with developmental disabilities interact with their non disabled peers to foster mutual understanding and respect of individual differences (Hasazi, et. al., 1979).

When considering whether integration is the best educational alternative for children with developmental disabilities, it is imperative that the impending outcomes of integration have social validity. Social validity is used to determine if the outcomes of integration "are considered valuable and meaningful by the affected consumers: students, parents, and community members such as potential employers" (Halvorsen & Sailor, 1990, p. 111).

In 1971 the Supreme Court, in Pennsylvania Association for Retarded Citizens v. Commonwealth of Pennsylvania, found that "'placement in a regular public school class is preferable to placement in a special public school class, and placement in a separate public school class is preferable to placement in any other type of program of education and training' (344 F. Supp. 1257)" (Halvorsen & Sailor, 1990, p. 116). In support of this ruling Halvorsen and Sailor (1990) defined integration as:

> having each student participate as a valued member of a sustained social network within his or her home community. This process is accomplished through a range of interventions designed to promote functional competence within and across integrated contexts, characterized by successful ongoing interactions with non disabled peers (p. 113).

According to Halvorsen and Sailor (1990) the "comprehensive local school model" of integration has several indicators that need to be present for integration to occur. These indicators are: 1) age-appropriate school placement; 2) use of a single-site administrator who coordinates all programs; 3) children with developmental disabilities should represent 1 to 5 percent of the school population, the same proportion that they represent in the community; and 4) the related services that a child with developmental disabilities receive must be provided in the regular classroom and regular buses must be available to transport them (Halvorsen & Sailor, 1990).

One of the new teaching models that is being suggested by advocates for integrated education is the consultant teaching model, which is "a process in which special and regular education teachers, parents, and other school staff collaborate to plan, implement, and evaluate instruction conducted in regular classrooms" (Semmel, et al., 1991, p. 10). With the use of the consultant teaching model, it is hoped that regular education teachers will be able to instruct children with developmental disabilities, thereby reducing the number of special education pullout programs (Semmel, et al., 1991).

Another teaching alternative that has been recommended is the adaptive instruction model. The basic premise of this model is that all "students learn in different ways and at different rates, and that effective instruction involves the recognition and accommodation of the unique learning needs of individual students, while enhancing each student's ability to achieve intended outcomes through building on the diversity of student characteristics and instructional approaches" (Wang, 1991, p. 144). In using this model, individualized planning will be developed for every child, with one-on-one instruction, as well as small group instruction (Wang, 1991).

The philosophy of this and other teaching models that are being proposed by supporters of integrated education is that all children are 'special' and teachers are responsible for meeting the needs of every student. Supporters of integration also believe that children with developmental disabilities can be successfully educated in regular education classrooms on a full-time basis (Wang, 1991).

Statistics for Recent Placements

Despite the tremendous push toward integration of children with developmental disabilities, the statistics show that these children are not being integrated into the mainstream of public education as quickly as proponents of the movement would like.

In the U. S. Department of Education's 1989 Eighth Report to Congress states reported that up to "43 percent of their students classified as mentally retarded are served in segregated educational settings" (Halvorsen & Sailor, 1990, p. 118). Nationally, it is estimated that 10 to 50 percents of children with severe developmental disabilities are still in segregated settings (Halvorsen & Sailor, 1990).

In a recent study done in Massachusetts, researchers found that there was a 243 percent increase in the number of children with disabilities served in segregated classrooms or separate schools, between 1974 and 1985. During that same time period, there was a 61 percent decrease in the number of children with disabilities served in integrated settings. The researcher believes that if these current placement trends continue, by the year 2000 the number of children with severe developmental disabilities in segregated placements will exceed the number that are receiving services in integrated settings (Halvorsen & Sailor, 1990).

Osborne and Dimattia (1994) give two reasons for this incongruency between what is being proposed for integrated education and what is actually happening. One reason is that most regular education programs "are not set up so that students with disabilities can derive benefit from them" (Osborne & Dimattia, 1994, p. 6). Another reason may be that regular education teachers do not possess the training or motivation to provide adequate instruction for children with complex and varied developmental disabilities (Osborne & Dimattia, 1994).

CHAPTER FIVE

Conclusions

After working in several different school settings with children with developmental disabilities, the author of this study has personally seen the positive effects that integration of children with developmental disabilities can have for these children, as well as for non disabled children. From these work experiences and from research literature, this author has gained knowledge and insight about children with developmental disabilities and integration. From this knowledge comes the following conclusions about integration as a method for educating children with developmental disabilities.

It is this author's belief that the individual needs of children with developmental disabilities need to be the highest priority when making placement decisions. Placement in a regular education classroom is beneficial for most children with developmental disabilities and should be the first choice for school placement. However, there may be some children with very severe developmental disabilities for whom integration may not be effective. Therefore, integration should not be used indiscriminately for every child with a developmental disability.

On a philosophical level, the concept of integrating, or taken to its fullest extent, full inclusion, of children with developmental disabilities is a commendable goal. However, on a more logistic level there may be some inherent problems. If a child has severe multiple disabilities it is questionable if placement in an integrated setting would be beneficial. All children should be guaranteed an adequate free education, but it is this author's belief that for some children with severe developmental disabilities a more intensive special education placement is more appropriate and better suited to their needs than an integrated classroom.

When a child with developmental disabilities is placed in an integrated or inclusive setting, that child will affect the dynamics of the classroom. Therefore, it is imperative that the effects that integration will have on the other children, teachers and the classroom environment are taken into consideration. It would be unfair to all children and the teacher in a given classroom if placement of a child with severe developmental disabilities interferes with the teacher's ability to teach and the students' ability to learn.

Social skills development is an extremely important part of childhood and this author believes, is one of the strongest arguments for integrated education. Children with developmental disabilities can benefit greatly from interaction with their non disabled peers. Modeling of social and self care skills by children in an integrated classroom can be a very effective way for children with developmental disabilities to learn those skills. Daily interaction with children with developmental disabilities is also beneficial for children without disabilities. This interaction is instrumental in overcoming ignorance and developing understanding and respect for individual differences.

The issue of integration versus segregation of children with developmental disabilities is a very complex one, however, and any decision or conclusion to which the educational system comes, needs to be carefully thought out. There is much contradictory research on the effectiveness or ineffectiveness of integration as an educational possibility for children with developmental disabilities. Out of this research come strong arguments both for and against integration. In making educational policy all of the available information needs to be examined, substantiated, and further studies. The education of the nation's children is too important to the future of this country to make rash and uninformed decisions about the policies that govern how and where children learn.

CHAPTER SIX

Limitations of Study

This study, as historical research, has some limitations. Historical research relies heavily on primary sources, as well as secondary sources. This study cites a few primary sources, however, a majority of secondary sources were used. This is due to the fact that much of the information on the integration/inclusion movement and, more specifically, the Regular Education Initiative is comprised of opinions and speculation of researchers, advocates and opponents of those movements.

Another limitation is that there is very little reliable empirical research done on the effectiveness of integration and/or inclusion into regular education classrooms of children with developmental disabilities. Much of the research to date has focused on teachers' perceptions and attitudes toward integration.

Another possible limitation is that this study focused exclusively on children with the developmental disabilities of mental retardation, autism and cerebral palsy. These disabilities tend to be more severe and fewer children with these disabilities have been integrated compared to children with learning disabilities, Attention Deficit Hyperactivity Disorder, and primary speech/language delays.

CHAPTER SEVEN

Recommendations and Implications

Recommendations for Future Research

Before any conclusive education policies can be made regarding the integration or segregation of children with developmental disabilities, further research needs to be done on each educational environment.

Thorough longitudinal outcome based studies need to be implemented to determine the effectiveness of integration for children with mild to severe developmental disabilities. The question of whether integration for these children will benefit them in the future beyond school also needs to be answered. Reliable research on the cost effectiveness of integration v. a separate special education system also is needed.

Research should also examine the new teaching methods that are being used in integrated settings to determine which techniques work and which ones do not and why. It would also be helpful to study the use and effectiveness of peer role modeling for teaching children with developmental disabilities social and self care skills.

Also, the Regular Education Initiative and other inclusion movements need to be defined and guidelines set up so that all school districts are applying the same rules and policies. There needs to be a common understanding of what the Regular Education Initiative is and what it is not.

Finally, for any change in education policy to be effective for the children, parents, regular education teachers, special education teachers, and school administrators need to have the opportunity to give their input. A cooperative system is needed that will work toward a common goal, and that goal is finding the best alternatives for educating children with developmental disabilities. The use of interdisciplinary teams, made up of regular and special education teachers, social workers, psychologists, principals or administrators, and parents, to determine placements for children with developmental disabilities is essential to the effective educating of those who have special needs.

Implications for Social Work

In a school setting, as well as in the community, social workers spend a great deal of time working with children with developmental disabilities and their families. It is important that social workers be aware of current educational policy and what impending changes may occur, so that they can advocate effectively for children with disabilities. It is also important that social workers stay informed about studies on the effectiveness or ineffectiveness of integration and segregation, so that as part of an interdisciplinary team, they can recommend the proper placement for individual children.

If the integration movement continues and more children with moderate to severe developmental disabilities are placed in regular education classrooms, there will be a need for additional support services for the children, as well as for the teachers. School social workers could be an important source of that added support. Social workers may also have to be on hand to ensure that children with developmental disabilities who are integrated are still receiving the services that are mandated by law. Social workers, especially those in a school setting, may also be called upon to teach more social skills groups or provide training to teachers so that the social needs of children with developmental disabilities can be met effectively in the regular education classroom.

Looking to the future when children with developmental disabilities leave the school system, social workers may also play an instrumental role. Depending on the effectiveness of the education system and the integration movement, young adults with developmental disabilities may need assistance in gaining employment in more mainstreamed jobs, rather than in the more restrictive environment of sheltered workshops. Social workers may also be involved in helping parents make transition decisions with their children about living arrangements or resource issues, such as applying for SSI and other state/county money.

To assist social workers in their expanding role in working with children with developmental disabilities, social work programs need to include course offerings that deal specifically with issues faced by those with developmental disabilities.

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