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Social Skills Training

Evaluating its Effectiveness for Students with Learning Disabilities, Emotional, and Behavioral Disorders

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Abstract

The purpose of this review is to describe important criteria used to evaluate the effectiveness of Social Skills Training Programs. The analysis defines social skills, discusses causes and effects of social skill deficits, and examines the research establishing criteria described by teachers, administrators, and students. The paper concludes with how these variables interact to affect the students' response to intervention programs.

Social Skills Training: Does it Work?

In the words of Forness and Kavale (1996, p. 1), "Although social skills training or intervention for children with learning disabilities has been widely used in the past 15 years, little systematic synthesis of its effectiveness is available." The current emphasis in the diagnosis and treatment of learning disabilities has changed from a reactive, discrepancy-based or 'wait-to-fail' model to one which informs teaching based on a child's response to intervention. Indeed, response to intervention is the central theme of the 2005 Individuals with Disabilities Education Act (IDEA). Evidence-based best practices are replacing the trial and error methods of the past. Thus, it follows that educators of children suffering from emotional and behavior disorders ask: What are we doing? Why are we doing it? Is it effective? How do we know?

The concept of social skills training presents a conundrum. Are social skills deficits caused by, or do they cause, learning disabilities? Elksnin and Elksnin (1998), citing Forness et al, reported that social skills deficits are comorbid with learning disabilities in approximately 75% of affected students. Social skills deficits may be symptomatic of deeper developmental or cognitive issues, and there is disagreement as to whether social skills deficits are simply correlated to learning disabilities, are caused by learning disabilities, or are themselves the cause of learning problems. Can we identify risk factors for social skills deficits? What roles do SES and heredity play? How can we effectively identify "at risk" students? At what stage of development is intervention likely to be most effective? How can measurements of success be validated?

Forness and Kavale (1996), in a meta-analysis of 53 studies of social skills training programs, noted an effect size of only 0.211, while Gresham's meta-analysis (1997) reported a range of effect sizes from 0.20 to 0.50:

"The sampling of studies for meta-analysis was initially derived from abstract and citation archives, reference lists from literature reviews, and bibliographies from research reports. To be included, an entry had to focus both on children or adolescents with learning disabilities and on training or

enhancement of specific behaviors or cognitive functions performed when interacting with others to conduct oneself competently on a social task (Gresham, 1986). An ES of + 1.00 indicates a one standard deviation superiority for the treatment group, which means that 84% of treated subjects were better off than untreated (control) subjects. On average, the effects of training would move treated subjects to the 84th percentile, where they would demonstrate a 34 percentile rank gain on an outcome measure compared to untreated subjects who would remain at the 50th percentile" (Forness & Kavale, 1996).

Gresham (2004) noted that the wide variability in estimated effect size produced by meta-analyses of the literature may be attributed to a number of factors not directly related to social skills training, in particular the wide range of test subjects. Measurement methodology further complicates attempts at quantitative analysis. Kavale and Mostert (2004) found:

"Instead of ... norm-referenced measures, most studies used criterion-referenced measures often lacking reliability and validity data to support their use. Thus, the measurement problems make it difficult to demonstrate that an intervention actually worked."

This suggests that traditional quantitative measures may not provide reliable results.

Efforts by researchers to validate the effects of treatment have led to the single greatest criticism of social skills training: lack of generalization. Internalization or generalization of desired prosocial behaviors is the ultimate measure of success, but it is an assessment which is both inherently inexact and wildly subjective. Generalization means creating a quantity and quality of change in an individual's behavior that would result in an observable difference in that person's functioning in a variety of social environments. Some children who receive focused social skills training in specialized settings can demonstrate a high level of competency within that specific social context. When these children interact socially in a more naturalistic setting, the skills they have demonstrated in the small group setting may not consistently transfer – they behave the way they have always behaved. There are a number of probable causes for this lack of generalization. As Gresham (1997) observed, "The main problem with selected interventions is that they decontextualize social behavior." Viewing behavior as a response to a perceived stimulus, Gresham conjectured that new behaviors may fail to generalize because they are "masked or overpowered by older and stronger competing behaviors" (p.11). Competing antisocial behaviors may be performed instead of desired behaviors because the competing behaviors are more efficient. Concretely, grabbing for food is more efficient than asking for it politely. Thus, "preexisting behaviors are likely to compete successfully with newly trained social skills if the preexisting behaviors lead to more powerful or immediate reinforcers ... (i.e., they are more cost-beneficial)" (Gresham). This problem increases with the age of the child, as behaviors become habitual and the child's peer-orientation increases.

Wolf (1978) posited that social skills training must be socially valid, and that social validity has three essential components: (a) social significance of behavioral goals; (b) social appropriateness (cost effectiveness); and (c) social importance as related to a child's quality of life. Storey (1996) makes a compelling case for "social validation ... assessing the social importance of ... the outcomes of social skills training" (p. 1). Human interaction takes place in an infinitely variable and complex social context. Therefore, a valid evaluation of the effectiveness of social skills training must be done not only with an awareness of the context in which social skills (or skills deficits) are displayed, but must also consider social significance, cost-effectiveness, and quality of life. This is what Gresham (2004) and Wolf (1978) described as social validation.

What are Social Skills?

Grizenko, Hrychko, and Pawliuk (2000) called social skills acquisition “*an important accomplishment in childhood.*” Social skills are a subset of the more general category of interpersonal intelligence, i.e., the ability to understand other people. Daniel Goleman (1995) called the ability to understand other people emotional intelligence. From a behavioral viewpoint, Foster and Ritchey (1979) defined social skills as “*those situationally-specific behaviors that maximize the probability of securing or maintaining reinforcement and decreasing the likelihood of punishment or extinction contingent upon one’s social behavior.*” While teachers and school administrators have tended to view the causes of problem behaviors differently, they tend to measure social competence with similar benchmarks.

Administrators tend to look outside the school when attributing student behavioral problems (Gresham, 2004). Teachers have historically viewed the causes of behavior problems as ‘the home situation’ and ‘within child’ factors (Ysseldyke, Pianta, Christenson, Wang, & Algozzine, 1983). Despite differences of viewpoint as to cause, there is general agreement among teachers and administrators on behaviors which contribute to success in the school environment. Warger and Rutherford (1996) discussed such social skills such as following directions, sharing materials, and waiting one’s turn as basic skills needed for participation in a classroom. Desired prosocial behaviors in this context include (a) the student staying in his or her seat, (b) attending to instruction, (c) working independently, (d) not displaying aggression or defiance, and, (e) not swearing, stealing, or vandalizing school property (Hersh and Walker (1983).

For the purpose of diagnosis and treatment, social skills are typically described in terms of skill deficits. These deficits are classified by attribution as to their causes. Acquisition deficits refer to those social skills which the child may not have had the ability or opportunity to acquire. Performance deficits assume that the child knows the appropriate social skill, but may not perform it because of competing stimuli or deficits, such as anxiety (Kavale & Mostert, 2004). Diagnosis and treatment are made more difficult because “*...target behaviors typically are non-linear, benchmark levels of performance are idiosyncratic to teacher and/or school tolerance levels for behavior, and normative information for direct measures of behavior typically do not exist*”(Gresham 2004).

Newcomb, Bukowski, and Pattee (1993) organized behavior patterns into three categories: sociability (moving toward others), aggression (moving against others), and withdrawal (moving away from others). Aggression and withdrawal are antisocial behaviors, and students who display these externalizing behaviors are likely to be less successful in social settings. Because of the visibility of these behaviors, children who display externalizing behaviors are more likely to be identified for behavioral interventions such as social skills training.

Severe deficits in the area of interpersonal intelligence are broadly categorized as Emotional Impairments or may be classified as specific Behavior Disorders. IDEA (1996) defined serious emotional disturbance as an inability to build or maintain satisfactory relationships with peers or teachers and demonstrating inappropriate types of behavior or feelings under normal circumstances.

Children with social skills deficits may display:

- A lack of sensitivity to others
- Poor perception of social situations
- Difficulty making friends

In the classroom, these deficits may manifest themselves as:

- Impulsive Behavior
- Disruptive Social Behavior
- Inept Social Behavior

Some children may be diagnosed with social skills deficits that stem from a range of developmental disorders known as Nonverbal Learning Disabilities. This type of disability, believed to be a neurological dysfunction in the right hemisphere of the brain, differs markedly from academic, linguistic, and cognitive disability. Children with nonverbal learning disabilities often experience difficulties with social interactions, interpersonal skills, and adapting to new situations (Lerner, 2003). They also have difficulty understanding nonverbal communication, such as body language, voice tone, and facial expression. Children suffering from the pervasive developmental disorders classified as Autistic Spectrum Disorders may have great difficulty developing appropriate peer relationships and understanding social contexts.

It is important to note that not all students who display social skills deficits are alike. Some may have normal or even superior cognitive function but exhibit maladaptive behaviors. Nowicki (2003) conjectured that "... children who have learning difficulties, regardless of special education classification systems, may have similar deficits in processing social information" (p.185). Some children may suffer from conduct or behavior disorders which interfere with their success in school. Many factors can affect student behavior in the school setting, including dyslexia and related disorders, parenting, nutrition, and transient lifestyle (Lane & Menzies, 2005, Darling 1999). SES, mental illness, and developmental factors may also play a role. These same factors appear to have a connection to a student's ability to respond to intervention strategies (Lane & Menzies). The tables below, developed by Walker and Shinn (2003) provide a concise and useful inventory of antisocial factors and mitigating prosocial factors which both predict the risk of social skills deficits and interfere with response to treatment.

Figure 1

Risk and Protective Factors Associated With Antisocial and Criminal Behavior

| RISK FACTORS | | | | |
|---------------------------------------|--|--|---|--|
| Child Factors | Family Factors | School Context | Community and Cultural Factors | |
| prematurity | Parental characteristics: teenage mothers single parents psychiatric disorder, especially depression substance abuse criminality antisocial models | school failure | socioeconomic disadvantage | |
| low birth weight | | normative beliefs about aggression | population density and housing conditions | |
| disability | | deviant peer group | urban area | |
| prenatal brain damage | | bullying | neighborhood violence and crime | |
| birth injury | | peer rejection | | |
| low intelligence | | Family environment: family violence and disharmony marital discord disorganized negative interaction/ social isolation large family size father absence long-term parental unemployment | poor attachment to school | cultural norms concerning violence as acceptable response to frustration |
| difficult temperament | | | inadequate behavior management | media portrayal of violence |
| chronic illness | | | | lack of support services |
| insecure attachment | | | | social or cultural discrimination |
| poor problem solving | | | | |
| beliefs about aggression | | | | |
| attributions | Parenting style: poor supervision and monitoring of child discipline style (harsh or inconsistent) rejection of child abuse lack of warmth and affection low involvement in child's activities neglect | | | |
| poor social skills | | | | |
| low self-esteem | | | | |
| lack of empathy | | | | |
| alienation | | | | |
| hyperactivity/ disruptive behavior | | | | |
| impulsivity | | | | |

Table 1 continued on page 8

Walker and Shinn, 2003

Figure 2

| PROTECTIVE FACTORS | | | |
|----------------------------|---|---|--|
| Child Factors | Family Factors | School Context | Community and Cultural Factors |
| social competence | supportive, caring parents | positive school climate | access to support services |
| social skills | family harmony | prosocial peer group | community networking |
| above-average intelligence | more than 2 years between siblings | responsibility and required helpfulness | attachment to the community |
| attachment to family | responsibility for chores or required helpfulness | sense of belonging/ bonding | participation in church or other community group |
| empathy | secure and stable family | opportunities for some success at school and recognition of achievement | community/ cultural norms against violence |
| problem solving | supportive relationship with other adult | school norms concerning violence | a strong cultural identity and ethnic pride |
| optimism | small family size | | |
| school achievement | strong family norms and morality | | |
| easy temperament | | | |
| internal locus of control | | | |
| moral beliefs | | | |
| values | | | |
| self-related cognitions | | | |
| good coping style | | | |

Effects of Social Skills Deficits

Social skills deficits result in a reduced quality of life for those who suffer from them, an effect that tends to be lifelong. Court and Givon (2003) observed that children with learning disabilities report feelings of isolation and lack of fulfillment in social situations and that this can contribute to a negative self-image. Stanovich, Jordan, and Perot (1998) also found that students identified as having learning disabilities scored lowest on measures of peer acceptance and were socially isolated. Students with untreated social skills deficits are at risk for poor school, social, and vocational outcomes (Montague, Enders, & Castro, 2005).

One of the most fundamental social skills deficits is the inability to develop and maintain positive peer relationships. Smith and Gilles (2003) reported that difficulty in the area of peer relationships is an early indicator of risk for delinquency and suicide, while also noting that “few social skills training efforts have considered normative developmental issues and associative changes in peer relationships”(p.31). The pivotal importance of building and maintaining developmentally-appropriate, prosocial peer relationships cannot be overstated. Prater, Bruhl, and Serna (1998) observed that children suffering from EBD (Emotional and Behavioral Disorders) may interact socially but that those interactions tend to be negative or aggressive, and that these children may be socially isolated. Choi and Kim (2003) reported that elementary school children rejected by their peers showed lower composite test scores than those who were accepted by their peers. Discussing his preliminary investigation of peer relationships in at-risk children, Gresham (1997) found that friendships promoted prosocial school behaviors, including academic task completion and conflict management. Sadly, the study also concluded that “about 80% of at-risk children do not have a single friend in a general education classroom”:

"Defining "friendship" as the number of reciprocal "Like Most" nominations (maximum of 3), ... only about 20% of at-risk 3rd grade children have one or more friends in a typical general education classroom compared to about 50% of age-and gender-matched control children"(p.5).

Historically, intervention efforts intended to address social skills deficits have employed reactive rather than proactive measures. Meadows, Melloy, and Yell (1996) observed: “When teachers deal with students who have emotional and behavioral disorders in the general classroom, control and containment tend to be their main goal.” Because of this, students identified for treatment have been primarily those who have displayed externalizing behaviors: violence, aggression, verbal abuse, and disruptiveness. Disruptive students demand a disproportionate share of teacher and peer attention and other school resources. Unfortunately, reactive treatment efforts tend to result in segregation or isolation from peers, the first link in a chain of events which leads to school failure. This reactive, punitive response to externalizing behaviors can result in a broad range of unintended consequences. When children spend a significant portion of the school day out of the classroom, they fall behind their peers academically. This effect is compounded by the child’s increasingly negative and aversive attitude toward school. At the same time, there is correspondingly less attention paid by the teacher to other students in the class, less time-on-task, and the depth and breadth of the subject matter students receive by direct instruction may be reduced. Not only do disruptive students inhibit their own educational success, but their behavior negatively affects the progress of their peers, as well.

An emphasis on school accountability and grade-level subject mastery can lead to grade retention, or what Vitaro, Brendgen, and Tremblay (1999) referred to as non-AARC (Age Appropriate Regular Classroom) placement. Non-AARC placement can have significant negative effects which are at odds with the social validation criteria set forth by Wolf(1978). As Vitaro et al (1999) reported:

"The risk of dropping out of school was more than 4 times as high for children in non-AARC environments than for children who remained in AARC environments. Even more notably, being placed in non-AARC environments significantly predicted later school dropout, even after controlling for IQ and sociofamilial variables" (p.220).

Non-AARC placement can be a humiliating experience for a child. The stigma of grade retention or Special Education placement can have a negative effect on a child's self-concept. Self-concept is particularly important because it is a strong predictor of future achievement. Non-AARC placement may expose the child to peers with similar behavior problems, as well as younger or older peers who are at different stages of emotional and physical development. Vitaro et al (1999) also reported that peer rejection "significantly contributed to early school dropout" (p.221).

Using the definition of social skills from Foster and Ritchey (1979), "...behaviors that maximize the probability of securing or maintaining reinforcement and decreasing the likelihood of punishment or extinction", peer orientation (which increases with age), combined with non-AARC placement intrinsically reinforces and rewards antisocial behavior. Placed in a social milieu with other EBD (Emotionally and Behaviorally Disordered) children, the child is now seeking validation from a peer group which itself has internalized antisocial behaviors. In effect, we have created a social setting which is at odds with treatment goals and which actually facilitates an adverse selection of peers. It is precisely this phenomenon of iatrogenesis which led Arnold and Hughes (1999) to conclude, "Grouping deviant youth for treatment may produce unintended, harmful effects" (p.99).

Juvenile delinquency and dropping out of school have well-documented effects which extend beyond the quality of life of an individual to the greater society. It has been established that children with social skills deficits are at risk for delinquency (Smith & Gilles, 2003). The direct monetary cost to society of delinquency is enormous: Aos (1999) reported that, for juvenile offenders likely to become recidivists, approximately US\$30,000.00 in long-term savings is realized for each subsequent arrest avoided or prevented. When we consider that high risk students (those requiring the tertiary level of ongoing intervention) make up 1-7% of a school population numbering 53.1 million students ages 5 – 17 (Gibson 2001), the potential expense avoided expands to billions of dollars.

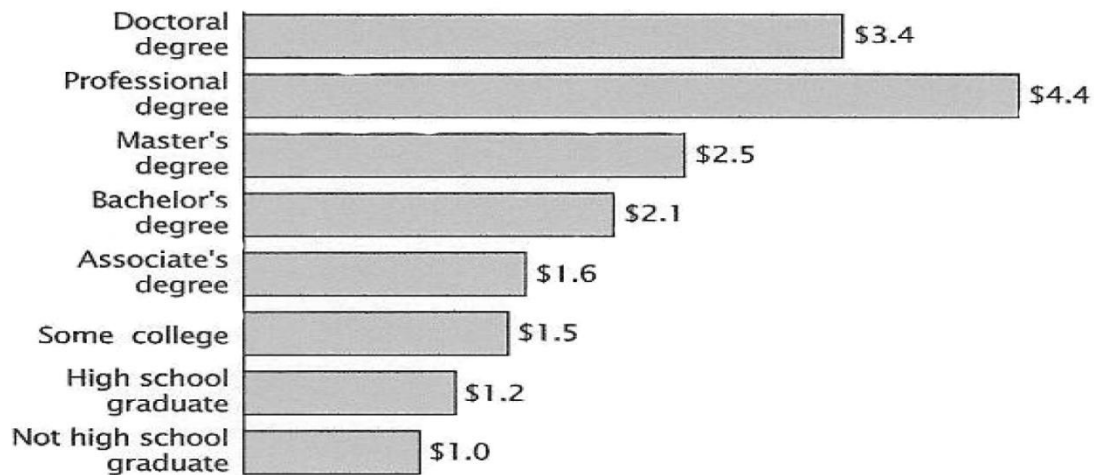
Dropping out of school is very expensive, resulting in a reduced quality of life which is a direct result of lack of employment and low wages. Walker and Shinn (2003), citing 1998 U.S. Department of Labor data, indicated that only 43% of high school dropouts were employed. Of those high school dropouts who manage to obtain work, average earnings (in 1999 USD) were only \$18,900 (Day & Newburger, 2002):

"Synthetic' estimates of work-life earnings are created by using the working population's 1-year annual earnings and summing their age-specific average earnings for people ages 25 to 64 years. The resulting totals represent what individuals with the same educational level could expect to earn, on average, in today's dollars, during a hypothetical 40-year working life. A typical work-life is defined as the period from age 25 through age 64. While many people stop working at an age other than 65, or start before age 25, this range of 40 years provides a practical benchmark for many people."

Figure 3

Synthetic Work-Life Earnings Estimates for Full-Time, Year-Round Workers by Educational Attainment Based on 1997-1999 Work Experience

(In millions of 1999 dollars)



Source: U.S. Census Bureau, Current Population Surveys, March 1998, 1999, and 2000.

The chart above, extracted from Day and Newburger, graphically illustrates a “work – life” earnings discrepancy of US\$200,000.00. In financial terms, failing to complete high school carries with it a substantial opportunity cost. The follow-on societal costs of unemployment, including the cost of entitlement programs must be considered as well.

Response to Intervention

There are three essential components to social skills training: promoting skill acquisition, enhancing skills performance, and facilitating generalization (Ladd & Mize, 1983, Choi and Kim, 2003). Typical treatment methods include:

- Direct instruction
- Coaching
- Modeling
- Rehearsal
- Shaping
- Prompting
- Reinforcement

Gresham (2004) noted that, “interventions based on applied behavior analysis, behavioral therapy, or cognitive behavior therapy methods have been shown to be superior...” (p.328). Smith and Gilles (2003) suggested six instructional strategies to promote generalization and maintenance of social skills:

(a) instruction in meaningful environments; (b) embedding instruction; (c) skill clustering; (d) using stimulus and response variations; (e) enabling response to natural cues; and (f) providing choices.

Careful selection of evidence-based interventions matched to the level and intensity of the problem behavior through the use of Functional Behavior Analysis techniques is a critical component for effective treatment. We can define response to intervention (RTI) as the change in behavior or performance as a function of intervention (Gresham 2004). Employing an RTI problem-solving model, the effectiveness of an appropriately chosen and faithfully implemented intervention can then be accurately evaluated. The selected intervention then becomes the single dependent variable.

Unfortunately, fidelity of treatment has not been the hallmark of behavioral interventions in schools. Treatment integrity, sometimes referred to as fidelity of treatment, remains an important issue. The term treatment integrity “refers to the degree [to] which an intervention is implemented as planned or intended” (Gresham, 2004). This problem becomes more acute as we seek to design treatment strategies based on the child’s response to intervention. Kavale and Mostert (2004) argued that “... *a clear rationale for providing social skills interventions should rest on whether they are geared (a) toward students who have never learned the skills, or (b) toward those who possess the skills but have to shape, reform, enhance, or increase the frequency of these skills*” (p.41). Gresham, citing Gottfredson and Gottfredson (2001), found that schools often choose interventions based on their ease of use, popularity, or personal appeal, and that these interventions often are not empirically supported. In their meta-analysis of 53 studies of the effectiveness of social skills training, Kavale and Mostert (2004) reported an effect size of 0.211, identical to the effect size noted by Forness and Kavale in 1996. In terms of statistical significance, an effect size of 0.211 is considered to be small. Further reading calls into question the validity of this conclusion because the input used in the studies – a social skills training program – “... was designed for that particular research investigation” (Kavale & Mostert, p. 37). Furthermore, they found:

"These programs usually represented an amalgam of techniques and procedures gleaned from the literature that often presented no clear rationale and little pilot testing. Thus, while "research" programs may possess face validity, without information about how well the program met its intended purpose, it is difficult to reliably characterize the type of social skills training provided. Although a number of potentially effective training packages are available... they were seldom used in the studies reviewed for the meta-analyses" (p.38).

Social skill deficits are difficult to treat, and the effects of treatment seem to diminish with time. This diminution of effect may be exacerbated by the current ‘wait-to-fail’, reactive mode of treatment used in schools. Grizenko, Hrychko, and Pawliuk (2000) observed that “... students with major behavioral problems are frequently subjected to school suspension as a form of intervention” (p.501). Smith and Gilles (2003) suggested that an indication of successful social skills training would be the result that a child is no longer being separated or isolated from his or her peers. As discussed earlier, we tend to treat the most egregious cases punitively while ignoring the underlying causes of the behavior. When the underlying cause is addressed, results can be significantly improved. For example, Coie and Krehbiel (1984) found that academic tutoring of at-risk children led to higher academic achievement, lower rates of disruptive and off-task behavior, and higher peer acceptance, and that higher peer acceptance was maintained at one year follow-up.

There is strong evidence that the majority of children attending school can and will respond to social skills training (Walker & Shinn, 2003, Gresham 2004). More than 80% of children will respond to primary universal intervention strategies targeted to prevent antisocial behavior. These children would

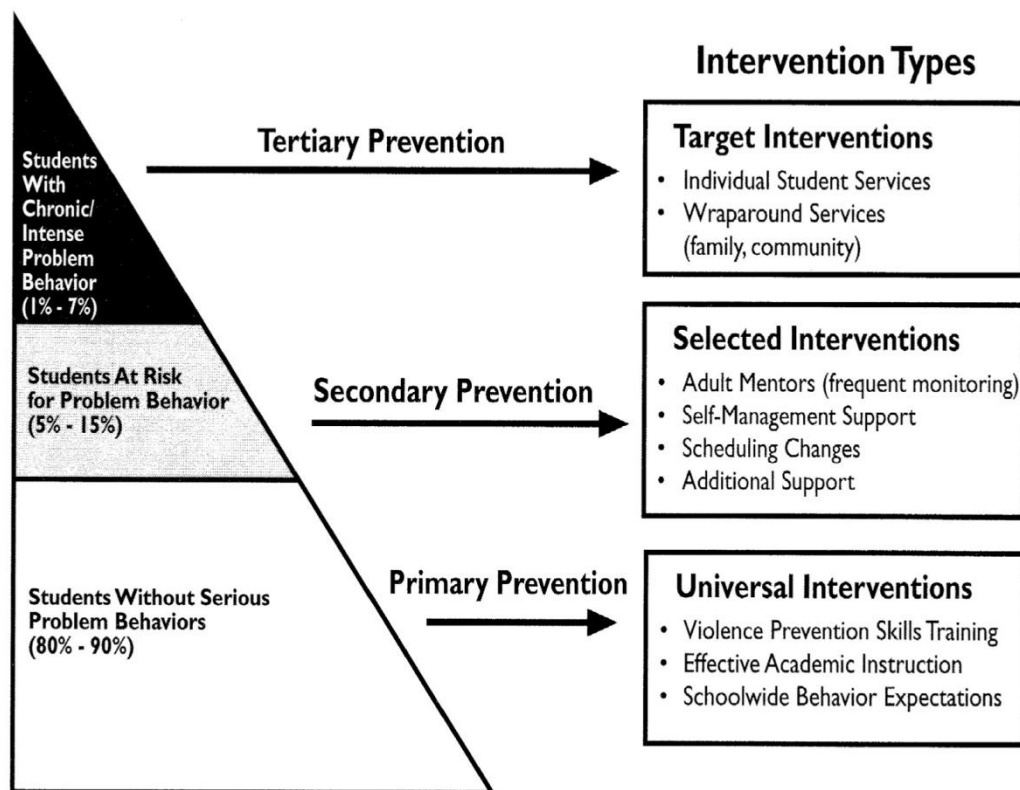
be classified as “typically developing, non-at-risk students” (Walker & Shinn, p. 15). Universal interventions serve to promote the two fundamental goals of education: the academic and social development of students (Gresham 2004, Stanovich, Jordan, and Perot, 1998).

A primary prevention strategy is based on “teaching all students and staff school-based rules and expectations ... (and) establishing disciplinary policies and procedures ... designed to enhance the smooth operation of a school environment (Walker & Shinn, p. 15). McConaughy, Kay, and Fitzgerald (2000) reported that most successful programs included both primary school-wide prevention efforts employed in conjunction with secondary prevention strategies to help at-risk students. In addition, their longitudinal study of 82 first and second grade students found a greater number of significant positive effects for at-risk children who received more intensive instruction for a longer period of time (two years versus one year). Significantly, meta-analyses by Forness and Kavale (1996) and by Kavale and Mostert (2004) reported that the social skills programs they studied evaluated the effects of approximately 30 hours (3 hours per week for 10 or less weeks) of training. Commenting on the “small” effect size they found, Kavale and Mostert (2004) observed: “...30 hours of intervention may simply be insufficient to ameliorate enduring social problems” (p. 38). It appears that both the length of time and the timing of intervention efforts play significant roles in achieving positive outcomes.

In Figure 4, Walker and Shinn classified three levels of intervention based on the child’s response:

Figure 4

Primary, Secondary, and Tertiary Systems of Intervention



[Walker & Shinn (2003)].

There is a clear correlation between a child's response to intervention and the age at which it is employed. McConaughy, Kay, and Fitzgerald (2000) recommended that interventions should begin by at least third grade (age 8); while Walker and Shinn (2003) noted that primary level, preventive interventions are most effective from ages 0 to 12 (p.10). Although, as previously noted, there are many factors which can affect a child's behavior and his or her response to intervention strategies, age is positively correlated for two reasons. Developmentally, younger children are more likely to be oriented toward parental and adult authority figures. This orientation is along a continuum of behaviors related to the child's dependency on parents and adults. Younger children, as a group, are more likely to want to please the adults in their lives. Expectations for behavior are more readily accepted and internalized by the child.

As the child continues to develop, his/her social orientation gradually shifts away from parents and adult authority figures toward peers. We know that humans seek out others with whom they perceive to share commonalities, and thus children with social skills deficits (like children in the general population) form their peer groups with children who are more like themselves. Secondly, as the child matures, behaviors become ingrained. Kavale and Mostert (2004) reported that "*Since the average treated student ...was in 6th grade, it seems reasonable to assume that social skill deficits were relatively long-standing ...*" (p.38). Uncorrected antisocial behaviors become normative for that child, and rehearsal (repetition) tends to strengthen and reinforce behavior, making problem behaviors more difficult to treat. This argues for early identification and treatment as a cost-effective and therefore socially valid approach.

A small fraction of students (1-7%) respond least favorably to social skills training. For these children, antisocial behavior has become habitual and chronic. They are affected by a greater number of antisocial risk factors and/or may display antisocial behavior due to developmental or organic problems. These children are least likely to have the opportunity to generalize social skills training in socially valid contexts. Children in this category would appropriately receive intensive tertiary level treatments, with a goal of reducing problem behaviors and increasing participation in the general education setting to the greatest extent possible. Response to intervention at this tertiary level is analogous to the treatment of a chronic disease: most will respond to treatment as long as the treatment is maintained. When treatment is discontinued, the symptoms reappear. Landrum, Tankersley, and Kauffman (2003) concluded that such intensive, tertiary-level interventions should extend over the entire school careers of affected students. Because the locus of control of this subgroup is almost entirely external, generalization is low, leading to poor social outcomes including recidivism. Even with positive behavior supports, this small segment of the school population is at great risk for delinquency, unemployment, suicide, and incarceration.

Discussion

Measuring the effectiveness of social skills training is a complex task. The concept of social skills encompasses a vast array of overt behaviors and unseen affective and cognitive processes (Nowicki 2003). Generalization across a huge range of unfamiliar settings and circumstances is tremendously difficult to accomplish. Is true generalization of social skills for children with social skills deficits possible? It can be argued that in unfamiliar settings and circumstances, even persons who do not suffer from a learning disability may display inept social behavior. Social skills are inherently context sensitive and even the most socially skilled person may encounter social contexts which they do not understand, thus increasing the odds of failure. Expecting a child to be "cured", to generalize appropriate social skills in all contexts and under all circumstances is unrealistic; we do not expect the same level of social competence from the general population. Our tendency to view the world through

our own paradigm creates an additional obstacle for students diagnosed with social skills deficits, as we unconsciously expect to see antisocial behaviors from those who have displayed them before. What we might perceive as a normal adolescent idiosyncrasy in a child not diagnosed with a social skills deficit may be perceived as proof of ineffective generalization in a child who bears the burden of that diagnosis.

There has been little progress to date producing useable, relevant quantitative measures of the effectiveness of social skills training. According to Forness and Kavale (1996):

It was clear from closer examination of studies used in the current meta-analysis that monitoring fidelity of treatment was not a high priority. Thus, one cannot be confident that interventions were always delivered in an effective manner. Further, the current meta-analysis was limited to comparisons of treated versus untreated groups of subjects. There are relatively fewer single-subject studies in the social skills training literature in learning disabilities than for children or youth with behavioral or emotional disorders ... Even if more single-subject studies were available, it is not entirely clear that an ES obtained in group studies may be reliably combined or even compared with an ES obtained from single-subject data.

Revisiting the issue eight years later, Gresham (2004), discussing the relatively large effect sizes reported by Kratchowill and Stoiber (2000) wrote:

...it does not necessarily follow that the same large effects would be observed with similar problems occurring in school settings. That is, in interpreting and applying research literature to interventions, one must distinguish between efficacy and effectiveness. Efficacy refers to randomized, controlled and systematic evaluation of interventions under tight experimental conditions with the clinical trial being the prototypical example. Effectiveness, on the other hand, focuses on the application and generalizability of intervention methods in "real world" settings. In short, efficacy research emphasizes internal validity (controlled conditions with specific populations) and effectiveness research emphasizes external validity (generalizability of findings to other population under less-controlled conditions). It is therefore possible for an intervention to have efficacy evidence but not effectiveness evidence (p. 328).

Ultimately, educators of children who suffer from EBD (Emotional and Behavioral Disorders) are charged with finding ways to improve the quality of life of those children. We can diligently employ the best clinical, research based interventions yet continue to observe inappropriate behaviors when the child is returned to a naturalistic environment which presents unfamiliar stimuli and situations. It is here that we must change the focus back to the practical, functional application of social skills — what can be termed social competence -- in the social context relevant to that child at that time. We know that there are myriad factors which cannot be controlled by the school. Our job is to improve the things we can improve, building with the tools and materials we have at hand.

Nowicki (2003) observed that social competence is a construct with two interacting components: (a) social skills as perceived by peers, and (b) self-perceptions of social ability. Gresham (2004), discussing the social validation of social skills training, suggested the use of “*behavioral markers that ...are associated with consumer satisfaction or rejection of a behavioral intervention*” (p. 338). Direct consumers of social skills training are students, peers, and teachers. There are important similarities and differences in their perceptions of the effects of social skills training. In particular, the subjective perception of the effects of social skills training is at odds with quantitative measures. Tables 3 – 6 below, adapted from Kavale and Mostert (2004) summarize these similarities and differences. Kavale and Mostert employ statistical “power” ratings developed by Cohen (1988).

Table 3

Effects of Social Skills Training Observed by Different Raters

| Rater | Mean ES | Standard Error of ES | Number of ES | Percentile Equivalent | Power Rating |
|----------|---------|----------------------|--------------|-----------------------|--------------|
| Self | .244 | .063 | 117 | 59 | Small |
| Peers | .205 | .064 | 138 | 58 | Small |
| Teachers | .163 | .091 | 73 | 56 | Small |

Table 4

Effects of Social Skills Training on the Self-Evaluations of Students with Specific Learning Disability

| Component Skill | Mean ES | Standard Error of ES | Number of ES | Percentile Equivalent | Power Rating |
|------------------------|---------|----------------------|--------------|-----------------------|--------------|
| Social Status | .379 | .126 | 16 | 65 | Medium |
| Self-Concept | .280 | .128 | 24 | 61 | Small |
| Social Problem Solving | .279 | .210 | 11 | 61 | Small |
| Social Competence | .265 | .088 | 30 | 61 | Small |
| Interaction | .188 | .125 | 17 | 58 | Small |
| Attribution | .079 | .173 | 19 | 53 | Small |

Students, as a group, tended to report the greatest satisfaction with social skills training. Kavale and Mostert (2004) reported that nearly 60% of students who had received social skills training thought it to be beneficial, 65% perceived enhanced social status, and more than 60% believed that social skills training had improved their social competence, social problem-solving, and self confidence. This perception of efficacy is virtually identical to the student-perceived benefits reported by Forness and Kavale (1996). Kavale and Mostert concluded that “...it may be possible to increase awareness of one’s own characteristics and to improve feelings of self-worth” (p.35). They also noted that social skills training did not seem to increase social interaction and that the students who had received training continued to experience isolation from their peers. Nowicki (2003) noted that students with learning disabilities considered their own social competence to be equal to their higher-achieving classmates, but offered the caveat:

“...students with learning disabilities seem to be rather oblivious to their poor social acceptance by their peers” (p.185). In this study, it would appear that those children who had received treatment perceived an increase in their own social status which was not shared by their teachers or their peers.

Peers seem to rate the effects of social skills training as providing the greatest improvement in the area of communicative competence. As detailed in the table below, approximately 60% of treated students were seen by their peers as demonstrating better understanding of the dynamics of communication. Peers, although seeming to be more accepting of students with SLD who had received social skills training, still regarded students with SLD as having lower social status than themselves (Kavale & Mostert, 2004).

Table 5

Effects of Social Skills Training on Peer Evaluations of Students with Specific Learning Disability

| Component Skill | Mean ES | Standard Error of ES | Number of ES | Percentile Equivalent | Power Rating |
|--------------------------|---------|----------------------|--------------|-----------------------|--------------|
| Communicative Competence | .250 | .221 | 19 | 60 | Small |
| Acceptance | .230 | .062 | 25 | 59 | Small |
| Cooperation | .222 | .128 | 13 | 59 | Small |
| Friendship | .217 | .161 | 13 | 59 | Small |
| Rejection | .202 | .172 | 23 | 58 | Small |
| Interaction | .198 | .135 | 24 | 58 | Small |
| Status | .126 | .096 | 21 | 55 | Small |

Teachers saw adjustment as the most visible outcome of social skills training. As shown in the table below, Kavale and Mostert (2004) found that teachers rated improved adjustment in more than 60% of students who had received social skills training, and in general viewed behavioral measures as having improved. This teacher perception of improved behavior is critical. As Henricsson and Rydell (2004) reported: “...when teachers identify children as posing problems as early as in the first year of school, positive relationships between the children and these important adults as well as a healthy self-image may be compromised” (p.111). A poor teacher-student relationship, even though initiated by a student’s antisocial behavior, can have a long term effect on a child’s motivation and achievement. Kreil, Wiest, and Wong (1998) found that “...teacher warmth and support... are also tied to students' motivation and performance” (p.601), again demonstrating the social validation and practical significance of social skills training.

Table 6

Effects of Social Skills Training on Teacher Evaluations of Students with Specific Learning Disability

| Component Skill | Mean ES | Standard Error of ES | Number of ES | Percentile Equivalent | Power Rating |
|---------------------|---------|----------------------|--------------|-----------------------|--------------|
| Adjustment | .294 | .184 | 15 | 62 | Small |
| Dependency | .250 | .244 | 10 | 60 | Small |
| Conduct Disorder | .218 | .207 | 8 | 59 | Small |
| Interaction | .113 | .074 | 17 | 54 | Small |
| Hyperactivity | .074 | .212 | 9 | 53 | Small |
| Academic Competence | .049 | .205 | 14 | 52 | Small |

Limitations and Implications for Future Research

I have included several meta-analyses in order to develop a larger perspective, but as is discussed above, these meta-analyses should be used with caution. It is tremendously difficult to design a study which isolates social skills as a single dependent variable. Social skills deficits rarely occur by themselves, but often manifest along with other cognitive or developmental deficits. The result is that when we attempt to quantitatively measure the effects of treatment, the answer does not actually fit the question, in part because of the multivariate nature of studying the behavior of real people in real social contexts.

Two issues which suggest further research are treatment fidelity and validity. Two meta-analyses coauthored by the same researcher (Forness & Kavale, 1996, Kavale and Mostert 2004) were consistent in their criticism of the design and delivery of behavioral interventions. The wide variability of test subjects, difficulty in isolating social skills training as the dependent variable, and inadequate monitoring of treatment integrity all suggest that findings from such meta-analyses, as well as the underlying studies chosen for analysis, may provide inaccurate or misleading information. In their own words: “Therefore, it may well be that social skills training works but that it could not be demonstrated with the intervention programs used” (Kavale and Mostert 2004, p.38).

Educators of students suffering from EBD should also view research results which purport “small” effect sizes with skepticism. Meta-analyses employ statistical methods in an effort to standardize study results and provide a meaningful basis for comparison. In statistical terms, an effect size of 0.211 is in fact considered small.

In relative terms, the ES of 0.211 indicates that the average student ... would advance from the 50th percentile to the 58th percentile as a result of social skills training and would be better off than 58% of students receiving no such training (Kavale & Mostert, 2004, p. 34).

In human terms, this statistically small effect size may signify a considerable improvement in the quality of life of the student who has enjoyed that gain, what Lipsey and Wilson (1993) called practical significance. Moving from the 50th to the 58th percentile represents an improvement of 16%. In grading terms, a student who scored a 70% grade on a final exam who could improve his score by 16% -- to a total score of 81% -- would express a high degree of satisfaction, and feel that his effort to improve had been worthwhile. While an effect size of 0.211 is statistically small, it can make a large difference to that individual.

Modern society is far different from the one our parents knew as children. Society has become increasingly fragmented as modes of living have changed and economic realities have all but eliminated any semblance of the “extended family” in many communities. We have become socially disconnected from one another, and interact with each other in real social contexts far less frequently than even a generation ago. Children learn to act appropriately in social settings by experiencing them. The disconnection and fragmentation of modern society does little to foster and much to inhibit socialization growth. Schools have become the de facto community for many children, and we should research ways to create “ownership” for all of the children we serve, to ensure that all children have the opportunity to claim school as a place of safety and growth. Research on the value and effect of play for very young children could shed light on the socialization value of this important aspect of childhood. It is possible that we may also need research on how best to teach parents how to play with their children, since it is likely that a significant number of new parents have little or no intuitive or experiential knowledge of this subject.

Finally, educational research should serve the greater good of improving teaching and learning. Teaching and learning are interactive, dualistic processes that change both the learner and the teacher. While this paper has identified behavioral interventions for children, it has not addressed behavioral interventions for teachers of children with EBD. Inclusive education means that more children with a greater range of behavioral issues will be part of the general education classroom more of the time. General education teachers need extensive, research-based training about how to change their own behaviors to be more effective as teachers of these students. More research on how best to employ Functional Behavior Analysis, as well as research to discover effective teaching techniques to provide Positive Behavioral Supports in the general education classroom will be needed. Also needed is more focused research in area of teacher-student relations, to help teachers understand that what they do behaviorally can make a tremendous difference to a child’s success or failure.

Conclusion

Teachers, school administrators, students, and parents all have different views of the value of social skills training and its effects, as well as divergent views as to how those effects might be measured. Adults in schools will look to the immediate, practical aspects of social skills training: success in the school environment, what Hawkins (1991) termed habilitative validity. In light of the fact the many children are referred for behavioral interventions after problem behaviors have become habitual and chronic, we must recognize that the child’s response to intervention will manifest itself in a range of behaviors along a continuum; the behaviors should show that the child has moved to a functional range of performance from a dysfunctional one, but will probably not be uniform across a given population. Success might mean high school graduation for some children. For others, it may mean spending a portion of the school day with socially competent peers in a general education setting. For others still, it may mean avoiding or delaying entry (or reentry) into the criminal justice system.

We know numerous factors that contribute to social skills deficits, and have identified many child protective factors that may mitigate the effects of those risk factors. As we attempt to measure the effectiveness of our intervention efforts, we should ask the following questions:

- Do the results have social validity?
- Do the results have habilitative validity?
- Do the results have practical significance?
- Are our expectations for behavior sensitive to developmental norms?
- Have we monitored the fidelity of treatment?
- Does the child display generalization?
- Has the child had sufficient opportunity to practice skills in a relevant context with socially competent peers?
- Have our efforts made a difference in the quality of life of that child?

Special Education treats each child as an individual, with individual needs and abilities. Our treatment of children with EBD demands no less.

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Assessment Beyond IQ

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Validity of Intelligence Quotient Measures

The first intelligence test, the Binet-Simon Intelligence Test, was published in 1905 by Alfred Binet with the primary goal of identifying students who needed special help in school. As early as 1911, professionals in the field of psychology began to evaluate the validity of intelligence testing for people who had speech and language impairments or did not speak English. During this time in history, a wave of immigrants came into the United States through Ellis Island. As part of the immigration processing procedure, a form of intelligence quotient (IQ) testing was used to screen people for mental and physical disorders. However, the validity of these test measures became painfully obvious; tests were only administered in English, a profound disadvantage for the many who did not speak English. In 1911, Drs. William Healy and Grace Fernald observed that the Binet-Simon Intelligence Scale “helps very little where the language factor is a barrier” (Boake, 2002).

Almost 100 years later, children with severe physical and speaking impairments are still confronted with a similar test barrier. How can a test that requires a person to speak and write be valid for this population of children? Yet, parents move forward with this flawed IQ assessment process for two reasons: 1) this information is required for some special education program eligibility; 2) parents are attempting to understand their child’s capabilities and limitations. In addition to the concerns with the accessibility of intelligence testing, there also are concerns with the value of obtaining a single measure of capability. Perhaps Dr. Muriel Lezak summed up the issue of IQ test validity for this population of children best by stating, “This 70-year-old concept has outlived its usefulness. Neuropsychology needs to seek more appropriate alternatives to the IQ for describing and conceptualizing mental functioning.” (Lezak, 1988)

Application to Children with Disabilities and Their Education Plan

As defined by the Individuals with Disability Education Act (IDEA) in section §300.39, the purpose of special education is to “specially design instruction” for students with disabilities. This specially designed instruction is developed by a team of educators and the child’s parents and is outline in an Individualized Education Program (IEP). At the very minimum, the IEP should contain the following information:

- 1.) the child’s Present Level of Academic and Functional Performance (PLAFP)
- 2.) specific and measurable academic goals and objectives

3.) documented relevant services that will assist and support the student to reach their maximum potential.

Parents and educators need to keep in mind long-term needs, including optimal quality of life outcomes, when developing these areas of the student's IEP. As a formal part of the IEP meetings, transition planning (planning for life after high school) typically does not begin until well into adolescence. Some have argued that transition planning should infuse educational programs and planning beginning with entry into school (Kohler & Fields, 2003). A very important element of a student's transition planning is assessment.

A component of a school assessment plan includes traditional IQ testing, often referred to as psychological or psycho-educational testing. Psycho-educational testing can yield information about how a student compares to others in her grade or age group, individual strengths and needs, and recommendations to improve instruction. Appropriate assessments, which include tests that were originally developed with typically developing children in mind, in some instances can be presented in alternate formats; this process is necessary and fair for students with disabilities. Providing alternate formats could potentially allow even children with severe impairments to demonstrate their knowledge.

Current federal and state laws and regulations such as the IDEA 2004, No Child Left Behind (NCLB), and Free and Appropriate Public Education (FAPE) all echo the relevance of providing special education students with an education that will allow them the same quality and challenges of education that their typically developing peers receive. IDEA 2004 specifically states: "The purposes of this title are to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living." (Cortiella, 2006)

The Parents' Approach

Deciding that any child, especially a child with severe impairments, will participate in a comprehensive psycho-educational assessment should be a well-planned process. There are several things that parents can ask themselves in preparation:

- 1.) Do I understand what these assessments will measure?
- 2.) What is my role in the assessment of my child?
- 3.) How will I work with the assessor to identify ways that my child can best participate in the assessment?
- 4.) What type of information do I expect to obtain from these assessments?
- 5.) How can the final results and recommendations of the assessments be applied to my child's current education program, assist with long-term planning, and aid in day-to-day life skills?
- 6.) Am I prepared to receive the information that is gathered from this assessment whether it is positive or negative?

It is very important that the evaluator and parent approach the child's assessment by presuming that the child is competent and will be able to participate in accessible testing. Entering the process with a positive point of view could potentially allow for more flexibility and cooperation from all parties involved.

The Psycho-educational Assessment

Typically, IQ testing is a key part of school-based "psycho-educational assessment". The process and jargon of psycho-educational assessments can be overwhelming and confusing. However, there are two primary standards that parents can use to determine whether the assessments will be appropriate for their child. These are the standards against which all psycho-educational measurement can be evaluated:

- a) reliability - if the test is taken multiple times are the results roughly the same?
- b) validity - does the test measure what it is supposed to measure?

For the population of children with severe, multiple disabilities and the availability of today's assistive technology, a critical third standard is proposed - accessibility.

- c) accessibility – does the testing minimize the effects of physical or sensory impairments (e.g., inability to speak aloud, point, hear or see) on cognitive (thinking and learning) assessment?

The intended purpose of intelligence testing is to measure a person's cognitive abilities. However, current testing practices rely a great deal on a child's ability to perform the tests physically by pointing to, writing, or speaking a response to the test question. Using this kind of testing to estimate the cognitive abilities of a child with severe physical and speech impairments is like measuring the cognitive abilities of a visually impaired person by their ability to visually read a test question, or using an English language test to measure the IQ of someone who does not speak English. This standard should be kept in mind specifically as it relates to the standard of accessibility and should be discussed extensively with the evaluator. Parents should question whether or not the assessments will meet all three standards of reliability, validity and accessibility.

The purposes of psycho-educational assessments are to help establish strategies that will foster learning. An inappropriate cognitive assessment for students with severe physical or sensory impairments can result in an over- or under-evaluation of skills and abilities and ultimately lead to inadequate or harmful educational programs and poor transitions to adulthood (Sabbadini, Bonanni, Caresimo, Caltagiore, 2001). Parents' advocacy efforts will be most effective if they are informed, assertive, cooperative, and specifically emphasize the need for accessible testing procedures.

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A Qualitative Study of Students with Behavioral Problems Participating in Service-Learning

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Abstract

This qualitative study examined the use of service-learning in an alternative high school that primarily serves students at-risk for educational failure due to behavioral problems. Interviews with students, teachers, and administrators, as well as observations and archival documents yielded three major categories of student benefits:

- (a) increased school engagement
- (b) personal growth
- (c) increased positive engagement with community.

These findings are discussed with regard to curriculum and placement decisions for students with severe behavioral problems. Based on these findings and the research literature, service-learning is suggested as a teaching strategy with significant potential for serving the unique educational needs of these highly at-risk students.

A Qualitative Study of Students with Behavioral Problems Participating in Service-Learning

Students with severe behavioral problems have an extraordinarily high risk for experiencing failure in school. Students receiving special education services under the classification of Emotional/Behavioral Disorders (EBD), for example, have lower grades and fail more courses than students in any other disability category (Lane, 2004; Wagner et al., 2005). Compared to their peers in general education, students with EBD are twice as likely to be retained, and three times more likely to drop out; compared to their peers with disabilities, students with EBD are four times more likely to be excluded from the general education classroom (Rosenberg, Westling, & McLeskey, 2008). Students who have not been classified with a disability but present severe behavioral problems in school, i.e., students at-risk for EBD, often face reactive administrative strategies such as suspension or expulsion, and/or curricular inflexibility which have little positive effect and in many cases reduce students' chances for success (Anderson & Kincaid, 2005; Kern, White, & Gresham, 2007).

The issue of appropriate classroom placement and curriculum for students with behavioral problems has been extensively discussed in the literature (Simpson, 2004). Some researchers have held that the

low-level remedial academic tasks and highly segregated nature of many self-contained classrooms or “low-track” classrooms designed for students with behavioral problems create student resistance to academic engagement, making this approach counter-productive with these particular students (Sekayi, 2001; Giroux, 1983; MacLeod, 1993; Keith, 1997). In contrast, more experiential and inclusive educational approaches typified by active student engagement with peers and community adults, interesting and meaningful learning tasks, hands-on activities, and the establishment of supportive personal relationships might be more effective in retaining and promoting the success of all students at-risk for dropping out, including students with behavior problems (Bridgeland, Dilulio, & Morison, 2006; Kleiner, et al., 2002; Reschly & Christenson, 2006).

Service-learning engages students with their school and civic communities, provides interesting learning tasks and hands-on activities, and promotes positive teacher-student interactions, among other benefits (Corporation for National and Community Service, 2002; National Commission on Service-Learning, 2002; Billig, 2004). Schools that incorporate a well-implemented service-learning program might therefore be more successful in meeting the emotional and academic needs of students with severe behavioral problems in school.

Research Question and Statement of the Problem

This qualitative study was intended to answer the following research question: What benefits, if any, have the students derived from participating in the service-learning activities of this school? The purpose of the study was to contribute to the knowledge base regarding the use of service-learning with at-risk students, particularly those considered at-risk due to problem behaviors. There is a consensus among many educational leaders and the public that we have not adequately addressed the issue of severe problem behaviors in school, or the specific behavioral, academic, social, organizational, legal, and psycho-emotional issues that affect our provision of services for troubled, at-risk youth (Cotton, 2001; Wagner, et al., 2005; Turnbull, Stowe, & Huerta, 2007; Coleman, Webber, & Algozzine, 1999; Office of Special Education Programs, 2000).

Service-Learning

In its most broad definition, service-learning is the linking of real-world, community-based experience and academic subject matter (Skinner & Chapman, 1999; National Commission on Service-Learning, 2002; Corporation for National and Community Service, 2002). In service-learning students design and carry out community service projects that require them to acquire and use academic knowledge and skills. It is generally agreed that the ideas of experiential and progressive education, as well the historical role of community service in American life form the essential theoretical and ideological foundations for service-learning practices (Kwak, Shen, & Kavanaugh, 2002; Waterman, 1997).

The National Youth Leadership Council (NYLC), one of the leading organizations supporting K-12 service-learning, has offered Eleven Essential Elements of Effective Service-Learning Practice, given below:

Cluster I: Learning

1.) Effective service-learning establishes clear educational goals that require the application of concepts, content, and skills from the academic disciplines and involves students in the construction of their own knowledge.

2.) In effective service-learning, students are engaged in tasks that challenge and stretch them cognitively and developmentally.

3.) In effective service-learning, assessment is used as a way to enhance student learning as well as to document and evaluate how well students have met content and skills standards.

Cluster II: Service

4.) Students are engaged in service tasks that have clear goals, meet real needs in the school or community and have significant consequences for themselves and others.

5.) Effective service-learning employs formative and summative evaluation in a systematic evaluation of the service effort and its outcomes.

Cluster III: Critical Components That Support Learning & Service

6.) Effective service-learning seeks to maximize student voice in selecting, designing, implementing and evaluating the service project.

7.) Effective service-learning values diversity through its participants, its practices, and its outcomes.

8.) Effective service-learning promotes communication and interaction with the community and encourages partnerships and collaboration.

9.) Students are prepared for all aspects of their service work including a clear understanding of task and role, the skills and information required by the task, awareness of safety precautions, as well as knowledge about the sensitivity to the people with whom they will be working.

10.) Student reflection takes place before, during and after service, using multiple methods that encourage critical thinking, and is a central force in the design and fulfillment of curricular objectives.

11.) Multiple methods are designed to acknowledge, celebrate and further validate Service (NYLC, 2005).

The Eleven Essential Elements is a widely accepted model for service-learning and the model used for service-learning practice in the site of this study. A study of these parameters reveals that successful service-learning programs must, among other goals: (a) engage students in addressing authentic community needs; (b) explicitly connect these projects to academic concepts and learning; (c) encourage student voice and active engagement; and (d) provide structured academic activities in which students reflect on their actions and the significance of the projects.

At-Risk Youth

The term “at-risk” refers generally to youth who are at a heightened risk for school failure and/or dropping out due to specific risk factors such as socioeconomic status, disability status, low academic achievement, truancy, and and/or behavioral problems in school (Donnelly, 1987). All the students at this school are by definition at-risk and are negatively affected by one or more of the risk factors given

above. A prevalent, although not ubiquitous risk factor associated with these students is severe behavioral difficulty in school.

Service-Learning and Students with Behavior Problems

Some researchers have posited a possible congruence between some of the values, skills, and knowledge that students in service-learning programs have been shown to gain, and the social, academic, and interpersonal deficits of at-risk youth with behavioral problems and/or E/BD, who are often typified by traits such as alienation, self-absorption, lack of empathy, and lack of engagement in school (Muscott, 2000; Meyers, 1999). Muscott (2000) argued that service-learning activities can help promote self-esteem, altruism, and a sense of efficacy in students negatively affected by the polar opposites of these traits: respectively, poor or negative sense of self-worth, a desire to take rather than give, and learned helplessness, traits typically associated with students who have significant behavior problems in school and/or E/BD (Brendtro, et al, 1990).

Clear parallels can be drawn between these developmental needs and the opportunities afforded students in well-designed service-learning projects. Service-learning has been shown in research to be effective in promoting and teaching interpersonal skills, self-esteem, and the belief among students that they can make a difference, competencies researchers have identified as critical to the success of at-risk students (Corporation for National and Community Service, 2002; Lipsitz, 1985).

Student Engagement and Service-Learning

Christenson (2002) offers four indicators of student engagement: (1) being on-task in the classroom; (2) behavioral engagement including attendance, behavioral compliance, and participation in extracurricular activities; (3) intellectual engagement with academic content; and (4) psycho-emotional engagement, including having a sense of belonging. Some researchers have held that dropping out of school may be the end result of a gradual process of disengagement for some students, who may display or express a deficient sense of belonging to the school, an extreme dislike of school, and/or habitual truancy (Finn, 1989; Keith, 1997; Rumberger, 1995).

Increasing the engagement of at-risk students is seen by many experts as a critically important component of increasing these students' chances for success in school (Grannis, 1994; Lehr, et al., 2004). Several researchers have indicated that school engagement by highly at-risk youth may be improved by promoting positive, caring teacher-student relationships and incorporating more engaging class work and real-life, hands-on learning (Bridgeland, Dilulio, & Morison, 2006; Reschly & Christenson, 2006). One researcher found that at-risk students who exhibited higher levels of engagement in school made higher academic gains than their less-engaged at-risk peers (Finn, 1993).

Service-learning has been shown in the literature to enhance teacher-student relationships, provide hands-on learning, and improve student engagement (Billig, 2004; National Commission on Service-Learning, 2002). One study (Klute & Billig, 2002) compared the school engagement and academic achievement scores as measured by the Michigan Education Assessment Program (MEAP) test, of one group of students in grades 2-5 who participated in service-learning activities, as compared with a similar group who did not participate in the activities. Students participating in service-learning activities had statistically significant higher measures of cognitive engagement in school (defined by

actions such as staying on task and making effort), and statistically significant higher scores on the writing and several social studies strands of the MEAP. Scores approached statistical significance in earth science strands of the MEAP as well.

Hecht (2002) conducted a study of Delaware students who were retained in seventh or eighth grade. These students read to pre-schoolers at a local community center in a service-learning project connected to their studies as part of their language arts class. Using interviews, observations, and document reviews, Hecht demonstrated that students who engaged in these service-learning activities found unexpected enjoyment in their participation, expressed positive regard for the activities, and demonstrated increased engagement in school. Laird & Black (2002) conducted a study of the Lions Quest program in which they examined students' high-risk behaviors and/or their potential for dropping out of school. Seniors in this study who participated in service-learning maintained a lower risk of dropping out compared to their non-participating peers, and students with more service hours demonstrated higher scores on measures of positive community values and interpersonal relationship skills and/or knowledge.

Method

Qualitative methodology was chosen for this study in order to attempt to capture some of the complexities that prominent researchers have noted as inherent in service-learning practice (Serow, 1997; Schumer, 1997). Creswell (1998) defined qualitative research, in part, as a technique in which the researcher "builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting" (p.15). As Schumer notes, qualitative research has been used effectively with service-learning programs: "The information compiled through this process paints a picture of complex human interactions framed in a context of rich learning environments" (2003, in Waterman, ed., p.25).

Participants and Sampling

The goal of this qualitative research design was to capture the maximum amount of information possible regarding the research questions. Thus, purposive sampling was used to gather pertinent information from those who were most likely to have it (Creswell, 2003; Patton, 1990; Lincoln and Guba, 1985). The researcher consulted with the service-learning coordinator to ascertain which staff and students might have the most relevant information for this study, and these students and staff were invited to be interviewed. No data collection for this study was begun until all required interview consent forms were signed by the interviewees and/or their parents, and returned to the researcher.

Five teachers selected for their experience in conducting service-learning activities at this school were interviewed. Of the students who were invited by the researcher, nine students consented to be interviewed. The two founders of the school, the principal, the service-learning coordinator, and two representatives from local environmental agencies that collaborate with the school were also interviewed.

Data Collection

Three sources of data were used in this study: interview data, archival data, and observation data. Thus "in-depth data collection involving multiple sources of information rich in context" was used in this study (Creswell, 1998, p.26). Semi-structured interviews were the primary source of information in

this study. This qualitative technique for gathering data is used when the interviewer wants specific information, but also wants to “find out what others think and know,” without imposing his or her worldview on the interviewee (Rubin & Rubin, 1995, p.5). The interviews ranged in length from ten minutes to over ninety minutes, and on average lasted about 25 minutes. Two or three broad, or global, questions were used in this interview protocol, with extensive follow-up question and probes used to have the conversation develop naturally and also cover the intended areas of examination. Follow-up interviews proved unnecessary in all but one case, when one student was briefly re-interviewed in order to include her thoughts regarding a specific service-learning project she had participated in. The interviews were all tape-recorded and transcribed, and checked for accuracy by the researcher and the interviewees.

Classroom observations were conducted several times a week over a period of six weeks in the spring semester of 2006, and all of the interviews were also conducted within that time frame. Data from the classroom observations served to triangulate data found in the interviews and provided the researcher with additional background information and familiarity with the research setting. Archival documents provided by the service-learning coordinator were utilized to triangulate data and document the service-learning activities.

Data Analysis

Category construction (Merriam, 1998) was utilized in the present study for the purposes of organizing and analyzing the interview data. This is a technique in which the researcher, after reading, reviewing, and re-reading the data, creates categories of data that are then used to sort, analyze, and compare. As Merriam stated, “It should be clear that categories are abstractions derived from the data, not the data themselves” (1998, p.181), and noted that categories should be: (a) reflective of the purpose of the research, (b) exhaustive, (c) mutually exclusive, (d) sensitizing, and (e) conceptually congruent (1998, p.183-184). Categories of the findings were created by the researcher through a lengthy process of reading and re-reading the transcripts and categorizing the data according to these guidelines.

Trustworthiness

Methods used to ensure the trustworthiness of the data included the use of multiple sources of information, also referred to as triangulation (Creswell, 1998). The use of interviews, observations, and information contained in archival data were used to provide triangulation (Merriam, 1998; Maxwell, 1996). As Creswell describes triangulation, this is using data from various sources to “build a coherent justification for themes” (2003, p.196). Thus, data taken from the observations and the archived data were used to check against and either tend to confirm or deny the categories of data we found (Creswell, 2003; Merriam, 1998). Copies of the interview transcripts were printed and given to each interviewee for their review and approval as a measure to ensure trustworthiness.

Validity

Maxwell (2005) held that using certain methods or research techniques cannot guarantee the validity or essential truthfulness of the results. In Maxwell’s view, the primary threat to validity comes from evidence rather than methods, making the distinction that research methods are simply a way of getting to the evidence that will ultimately determine the validity of the results. Maxwell’s major recommendation in this regard is to specifically seek out evidence in the data that would tend to contradict the researcher’s constructed categories, beliefs, predictions, and other biases. This

recommendation was strictly attended to in the present study. That is, after constructing hypothetical categories of data from an early reading of the transcripts, the researcher re-read the transcripts looking for information that would tend to contradict the validity of the constructed categories. When such contradictory evidence was found, the discrete categories as constructed were discarded, and the research data therein were considered for re-categorization.

Limitations of the Study

One primary limitation is that this study was conducted in an alternative high school characterized by a Deweyan, constructivist approach to education. As such, the findings of this study might not be easily generalized to regular school settings that are characterized by a strong emphasis on standardized curricula and testing. Another limitation of the study is that only nine students out of approximately 38 were interviewed. It would have been more comprehensive to have heard the viewpoints of the 29 students who did not volunteer to be interviewed for this study.

Description of the Site and Students

This alternative high school in the rural Midwest serves seven school districts, and is primarily funded by those districts. High schools within the served districts can elect to send a specified number of students to the school each year. Most of the schools send approximately five students a year. These are typically students who have either presented severe behavioral difficulties at school or simply stopped attending with any regularity. Other common reasons for placement in this school include the commission of one-time serious offenses in schools, and student self-advocacy for this placement. The school accepts, in addition to those general education students sent from the seven districts, students who are classified in special education who have been given long-term suspensions or expelled, so that there is no cessation of educational services for these students under the Individuals with Disabilities Education Improvement Act (IDEA).

Administrators report that, in general, approximately 40% to 50% of the students in this school are classified as having some form of disability, most often Emotional/Behavioral Disabilities (EBD) and/or Learning Disability (LD). The school typically serves between 30 and 45 students, ranging in age from 15-19 years. The racial demographic at this school is nearly 100% Caucasian, typical for this region, and approximately 75% of the students are male. 56% of the students receive free or reduced lunch, 70% have some form of court involvement, and 33% are served by Social and Rehabilitative Services.

Results

Most of the service-learning projects at this school since 2004 have had the overarching theme of environmental awareness and advocacy. Multicultural education served as the theme for several projects. Service-learning projects at this school are usually implemented on a nine-week basis, with some projects continuing from year to year. Brief descriptions of projects current or recently completed in the spring semester of 2006 follows:

- The Nature Trail: Students created trails and informative signs regarding aspects of naturalism at a 130-acre wooded site. The students utilize this site on a regular basis for activities in which they teach younger students about naturalism and the environment, utilizing the natural resources of the site in their instruction

- The Water Quality Project: Students collected data samples from local streams and performed water tests such as PH analysis, using water analysis materials provided by a local environmental organization. Students learned about water usage, pollution, environmental issues, and chemical analysis.
- Reading to pre-schoolers: Congruent with the theme of environmental advocacy, the school purchased a collection of children’s books related to environmentalism. The students go to a local preschool and read these books to the children.
- The Community Garden: Students designed and constructed a community garden in the local town park, using plants they raised in the school’s greenhouse. In addition, the students helped pre-school children create and decorate their own individualized “stepping stones” at the garden.
- Teaching 3rd and 4th graders about science: Students presented lessons to 3rd and 4th grade students at the local elementary school once a week. Some of the lessons included: composting, the role of worms in maintaining soil health, the mineral cycle in soil, and caring for the soil. Students also set up a composting bin for the 4th graders at their school. Other science topics students taught lessons on include mammals and Monarch butterflies.
- Native American Studies Project: Students chose a research topic related to Native Americans and created an activity for teaching younger students about their topic. Students were required to read, research, write, and plan for teaching their lessons. They visited a local elementary school where they set up six hands-on learning stations where the younger children created Kachina dolls.
- Recycling Project: Students have placed receptacles for paper and aluminum cans at various places in the school building. They maintain a large recycling bin and transport the recycled material to a community center each week.

Perceived Effects of Service-Learning

Using the technique of category construction described previously in the Methods section, the interviewees’ responses revealed three major categories of data:

- (1) Engagement in school
- (2) Personal growth
- (3) Engagement with community needs.

These data categories are described below.

Engagement in school

Students were required to use academic skills and knowledge in all of the service-learning activities described. In creating the Nature Trail, for example, students researched tree and plant types and the history of the area, and created brochures and signs outlining their research findings. Students in English classes created a written proposal to the local town council for the Community Garden project, and students reported that they are typically required to write reflection papers about their service-learning experiences.

Several students specifically used the term “hands-on,” with regard to the service-learning projects and indicated that this made learning academic concepts much more interesting. As one student said:

The kids here, they learn with more hands-on activities and things like that. We get out into the environment, and we do things for the environment. That is what makes school fun for us. That’s what

makes us want to come back.

This same student commented on how these service-learning projects appear to promote school engagement for students with behavior problems, saying, *“I’ve seen kids that totally act up and everything, and then when we go out and we go do something hands-on, they are so excited and they want to do it so bad, they are right there in the action.”*

Another student described how these projects make school more interesting:

“School bored me pretty much.... It [this school’s curriculum] is a completely different way of learning.”

The principal explained how curriculum at this school is often centered around service-learning projects, which in turn are based on community needs that the students and teachers have collectively identified and selected. In this process, students become self-motivated, as the principal noted, to “get back” with teachers on what they have learned through their own study and internet-based research.

She explained how this worked in practice, using the example of the Native American History project:

....when we’re going to go teach at the grade school a unit on American Indians and how they built canoes. We look at our kids and say, ‘Hey, let’s get ready for this. What can we do to make this come off well? You want to build a canoe. That’s a neat idea. What do they make that out of? How long was that canoe? How many people rode in that canoe?’ All of a sudden our kids are saying, ‘I can figure that out. I’ll get back with you on that.’ They are getting on the computers, and they are researching, and they are reading.

Academic skills were used extensively in the activities where students presented instruction to younger children. Students were required to learn content regarding the mineral cycle in soil, composting, and the role of worms in soil health, as well as having the responsibility for planning instruction. Academic activity was connected in these cases with a significant motivation for learning, in that students had the responsibility for teaching the material to younger students. According to the service-learning coordinator, the students did not want to be embarrassed by not knowing their material sufficiently well. One student corroborated this observation:

I was able to see how the teachers deal with it, and what they have to do to prepare a lesson. They have to look it up in the book. They make sure they have the answers so then they are not being told they are wrong and they won’t have any arguments.

Another student noted that teaching something to others also promotes one’s own understanding of the subject, saying that:

“through the little kids asking questions, I would learn more because I had to think about it more.”

Math skills were used in many of the service-learning projects which required building and design. For example, the creation of the community garden required students to use math skills in mapping out the proposed designs. Other activities which required measurement and use of math skills included the construction of the recycling bin and community garden shed, and measuring and reporting scientific data in the water quality project. The development of student qualities related to leadership, initiative, and intrinsic motivation to engage in school were also found to be effects of the service-learning

activities at this school. One student described as quite defiant was noted by his history teacher to be the most productive student in the outdoor classroom project, functioning as the informal student leader in this project. Another teacher noted that some students have expressed an apparent sense of ownership of the Nature Trail site, and some have worked at the site on weekends.

Personal Growth

Students and teachers interviewed made comments to the effect that a common local perception of this school is that it is for “bad kids.” As one student put it, “When you tell people you are from [the site of the study], people just kind of shy away from you... They either think you are stupid or they would be scared of you.”

Part of the intended role of service-learning at this school is to help students see beyond these negative characterizations of themselves, as one of the founders explained:

"Our kids have been kind of considered, unfortunately, the bottom of the barrel. That is how they are looked at. I think it gets to the point where these kids start internalizing that, too. They feel like they have nothing to offer. People see them as draining assets in communities. Through service learning, I think the kids really have come to see themselves as assets to the community."

One student described the project in which she taught younger children about Native American Kachina dolls, clearly indicating her belief that her efforts were successful and appreciated:

"I helped them make a little Kachina. I cut out the little feathers for them out of construction paper, and they used paper plates for the little wand, and they got to color little Kachina faces on to them. I think everybody had a blast with that."

Another student said, in reference to the projects in which they taught younger children, “It made me feel great knowing that I taught somebody how to do something. It was a really good experience.”

All the school administrators and several of the teachers interviewed indicated that promotion of student self-worth is a primary goal of the service-learning program at this school. The service-learning coordinator characterized this goal as the most important effect, in her opinion, of service-learning on her students. She described the effects she perceived on her students after a worker from the Humane Society thanked the students for their help on a service-learning project at the animal shelter:

"That is the piece that makes service learning the most real. It's not me telling the kids, 'Boy you did great, or boy she needed our help.' It is that moment of interchange that is completely personal between the student and whoever it is in the community that they are having contact with."

Thus, positive feedback from community adults not professionally connected with the school or school system was seen by the service-learning coordinator as qualitatively different—and perhaps in some ways significantly more valuable to students—than the praise of teachers or administrators. This community recognition—one might also term it “real-world” recognition—appears to be highly valued by students.

In one example, a search of the archived records revealed a student's response on a survey about service-learning, which said, "Most of the adults I know think I'm worthless, but the adults I meet through service-learning seem to think that I help out quite a bit." Another student commented on one aspect of the Nature Trail project, and the perceived effect this had on her self-image:

"We made the bathroom accessible for people in wheelchairs. We did a trail so that people in wheelchairs could get through the trails and stuff like that. Once you do that and people can actually use it, it makes you feel really cool about yourself."

Service-learning projects at this school, according to the service-learning coordinator, begin by giving the students a sense that they have something to contribute, and that their contributions are essential to the project's success. She described her essential philosophy of presenting service-learning projects:

"We put them in a position where we say, 'I trust that you can do this, here's your opportunity. I'm counting on you. Here's what you need to do, go and do it,' and they rise to the occasion almost every time... and so they start to feel better about their own ability."

Engagement with community needs

The evidence indicates that the service-learning activities have a real-life purpose and are explicitly connected to the world beyond school. Students in the water quality project, for example, went to local streams and measured and recorded scientific data relevant to the environmental health of local streams. Several students commented in the interviews on their belief that they were helping the environment and/or the community through participating in this project. As one student said of her role in the project, "I think I learned a lot from it. I like going out and being able to do stuff for the community. I like to volunteer."

Several students talked about the projects in which they taught younger children, and discussed their awareness that they were contributing to the children's understanding and practice of academic skills and knowledge. As one student said of an elementary school child he tutored by listening to the boy read:

"...he read three books to me because he loved the fact that he was reading and a high school kid is listening to him, somebody who is three times his age is sitting there listening to everything he has to say."

One student commented on student responsibilities, particularly with regard to behavior, in the projects involving teaching younger children. This student said, "With little kids, they look up to you. They are like, 'Hey, this is a big person. I want to be just like them.' You have to set a good example for them."

Another example of students' active and positive engagement with the community is seen in the creation of the Nature Trail site. The trails, signs, and trail guides created by the students benefit local citizens who want to learn about the flora and fauna of the area, and provide an "outdoor classroom" for schoolchildren in local school districts.

The recycling project involves students in an activity designed to help the community manage its waste in an ecologically responsible manner. In the Community Garden project, students beautified a community space in the small town where the school resides. One student described the project and the reactions of local residents:

"We put a garden in up at this park just down the road a little ways. We put a garden in, and we decorated it for them because that is where kids go. It was looking a little dull and rusty, so we painted stuff up and put a garden in for them."

They said that it was great. They were very pleased with it. They were just amazed that we actually have a school that is cleaning up the environment...

The English teacher described a previous service-learning project in which students tended the gardens of community adults who were disabled by old age or disabilities:

"....they would maintain their gardens and get them ready for the spring and plant flowers. That is reaching out into the community. The academic part is they were growing plants in the greenhouse. They were learning horticulture. A community that might have forgotten you....all of a sudden you have a purpose."

This school has, through its environmental service-learning program, formed collaborative partnerships with several environmental non-profit organizations and governmental agencies. Through these partnerships the students have participated in stream monitoring and environmental assessments as well as public awareness activities and school-based activities regarding environmental concepts and issues.

Summary

The primary categories of findings in this study—engagement in school, personal growth, and engagement with community—are consistent with the findings of other service-learning researchers who often group service-learning outcomes into three groups: academic, personal, and civic/social gains (Billig, 2004; National Commission on Service-Learning, 2002). Furthermore, some of these outcomes appear to be strongly inter-connected, a finding that is consistent with some researcher's view of service-learning as a complex, holistic form of pedagogy (Schumer, 1997; Kendall, 1990; Keilsmeier, 2004).

The intent of this study was to determine what benefits, if any, the students at this school derived from participating in the service-learning activities. The first category of data relevant to this research question regards the promotion of student engagement. The service-learning program at this school appears from the findings to be effective in raising the level of student engagement in academic activities and social interaction in school, a critically important factor in promoting the success of at-risk youth (Lehr, et al., 2004; Keith, 1997; Finn, 1993; Reschly & Christenson, 2006). In part, this is due to the "fun" nature of service-learning activities, as several students reported. Others said it was more interesting to learn this way, and several students used the term "*hands-on*" to describe service-learning. The students at this school often demonstrate low achievement in reading and writing, and it is reasonable to assume these projects provide motivation for practicing these skills. Motivating factors might include having a published product which they can take pride in, meeting the challenge of writing accurate scientific descriptions of plants and trees, making improvements at the Nature Trail site, conducting internet research on a project, or preparing to teach younger children about the environment.

The second primary category of data found in the interviews regards the promotion of personal growth. According to Muscott (2000), students with severe behavioral problems often have deficits in civil/social traits such as empathy and altruism, and he recommends service-learning as a method for

promoting these traits as well as promoting students' sense of self-worth. In this study, students with EBD and behavioral problems participating in service-learning projects reported engaging in altruistic efforts for others—participating in the teaching of younger children, for example, or creating and improving the Nature Trail site—as well as assuming responsibility for the academic and physical tasks needed in order to accomplish these essentially altruistic goals.

While self-esteem, sense of belonging to a community or school, and the sense that one is making positive contributions are internal traits that cannot be easily measured and require some inference (Reshly & Christenson, 2006), it is clear that this service-learning program provided students with motives and opportunities to practice social behaviors and contribute to the well-being of others. Providing these opportunities gives students with serious deficits in social and/or behavioral skills a chance to “try out” more positive, civil, and perhaps even altruistic attitudes and actions toward others. It might be inferred that experiencing success in these endeavors would alter students' self-image in similarly positive ways, although very few students actually commented on their feelings of self-worth in the interviews.

The third primary category of data found in the interviews regards student engagement with community. Community needs the projects have addressed include literacy promotion for elementary school students, the creation and maintenance of environmental areas devoted to outdoor research and education, the gathering and dissemination of information related to the environment, and the creation and maintenance of a community recycling program. In addition, these activities enhanced the local reputation of the school and its students, and forged tangible links between the school, these students, community adults, and environmental professionals working in governmental and non-profit organizations.

Discussion and Implications

It has been argued that one of the root causes of many educational and social problems lies in the lack of explicit connections between our educational system and the needs of our communities (National Commission on Service-Learning, 2002; Taylor, 2002). Students at this school are actively engaged in meeting community needs that they have helped identify, and the connections between education and the needs of communities are made explicit. It might be interpreted from the findings of this study that outer engagement, i.e., community action, seems to have the potential to increase students' inner engagement in many areas: their interest in school, their willingness to cooperate with their fellow students, and perhaps most importantly their discovery that they have talents and strengths that are appreciated by others.

This study began by noting the extraordinarily high risk for school failure held by students with severe behavioral problems, and noting that students with EBD are very often served in highly restrictive educational settings such as self-contained special education classrooms, a trend that has been increasing in recent years (Rosenberg, Westling, & MacLeskey, 2008; Furney, et al, 2003). In theory the low teacher-student ratio of these classrooms and the opportunities for individualized, one-on-one instruction should make segregated classrooms more effective (Lane, et al., 2004). There is evidence to suggest, however, that segregated classrooms for students with EBD have had limited success in academically challenging these students and promoting their success in school (Lane, 2004). Some researchers have examined the low-level remedial tasks and punitive nature of many segregated education settings and concluded that these environmental factors contribute to students' resistance and hostility toward school, increasing students' disengagement from school and paving the way for more school failure (Giroux, 1983; MacLeod, 1993; Sekayi, 2001). The extraordinarily poor school and

post-school outcomes for students with EBD (Wagner & Davis, 2006) would appear to be evidence of the inadequacies of our present system regarding these students.

The benefits of using service-learning with students with behavioral problems could be significant. The findings of this study indicate that students participating in well-designed, meaningful service-learning projects have unique opportunities to interact with community adults and youth, help improve their communities, use and contribute personal talents and strengths, achieve some measure of personal growth, and connect academic knowledge with the real world. Researchers should continue to investigate the use of service-learning with these extremely challenging students.

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Incorporating Research Based Strategies to Empower Educational Staff in Supporting Students with EBD

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Abstract

Creation of biases and stereotypes has led to individual and institutional discrimination of students who are emotionally and behaviorally disturbed (EBD). The lack of supports and under utilized research based techniques by educational staff has major implications on the success of students with EBD in various settings. Providing appropriate interventions to students with EBD will assist in building student's self-esteem and increase capacity. Moreover, school staff can directly impact the student's value-expression function providing a perception of acceptance in the school social culture increasing positive student engagement (Blumenfeld & Raymond, 2000, Nieto & Boyd, 2008). The purpose of this article is to provide the history of EBD and educational laws, discuss importance of collaboration and role of the Multi-Disciplinary Team, and discuss three recommendations to improve the outcomes of students identified as EBD.

Incorporating Research Based Strategies to Empower Educational Staff in Supporting Students with EBD

Students with disabilities have the legal right and privilege to be educated without discrimination in the public school system (P.L. 94-142, 1975). In essence, all students are entitled to free appropriate public education, despite the nature or extent of the students' disability (IDEIA, 2004). However, Coleman and Weber (2002) reported that many students with special needs may not be treated equally. Moreover, McConaughy and Ritter (2002) asserted that students with emotional and behavioral disorders (EBD) are one of the most underserved student populations. Additionally, Osher and Hanley (2001) cited that students with EBD continually receive inadequate services and Sugai (2000) indicated that between 1-5% of students with EBD account for more than 50% of behavioral incidents within the school setting.

Currently, there is an extensive amount of research, strategies, interventions, and assessment protocols specifically designed for students identified as EBD (McConaughy & Ritter, 2002). Despite the amount

of time, energy, money, resources, and research conducted on enhancing the educational and social outcomes of students with EBD many schools and school districts across the nation continue to face difficulties assessing, managing, maintaining, and educating this student population (Cook, Landrum, Tankersley, & Kauffman, 2003; Fitzpatrick & Knowlton, 2007; Osher & Hanley, 2001).

Based on an extensive review of the literature it is questionable how many of these strategies are being used to educate students with EBD. Additionally there appears to be a dearth of literature related to students with EBD from culturally and linguistically diverse backgrounds (Obiakor, 2007).

The purpose of this article is to provide:

- (a) a truncated history of EBD and educational policies
- (b) an overview of the role of the Multi Disciplinary Team
- (c) culturally and linguistically (CLD) appropriate assessment protocols. In addition, three recommendations are provided to support and improve the educational and social outcomes of students identified as EBD.

Historical Perspective

Historically individuals with disabilities were the most oppressed and abused population because of their illness (Burton & Kaplan, 1965). From a historical perspective, Coleman and Webber (2002) reported three distinct stages for individuals with disabilities:

- Segregation Phase (Early middle ages to 1600's)
- Transition Phase (1700's to 1800's)
- Service Phase (1900's to present)

Our generation - Service Phase - has an opportunity to gain a better understanding of individuals with disabilities. For example, prior to 1975, many landmark court cases such as the Mills (1972) and PARC (1972) decisions lead to federal mandates including The Education of All Handicapped Children Act (P.L. 94-142, 1975). P.L. 94-142 designated rights for students with disabilities to receive FAPE. Additionally, the U.S. Department of Education (2007) reported that The No Child Left Behind Act (NCLB, 2002) and The Individuals with Disability Education Improvement Act (IDEIA, 2004) specifically stated general and special education (SPED) teachers must meet the definition of "Highly-Qualified" in order to provide services to students receiving SPED services.

Although P.L. 94-142 has been reauthorized and there has been a vast amount of research conducted to enhance the educational outcomes of students identified as EBD, professional educators continue to face various issues working with this student population (Coleman & Webber, 2002). Specific issues included (a) ambiguous terminology and arbitrary classification systems, (b) inadequate federal definition, (c) limited consensus about evaluation protocols, and (d) unequal participation of Multi Disciplinary Team members in the decision-making process (Coleman & Webber). Subsequently each issue continues to hinder the academic and social success of students with EBD.

Supportive Educational Team for Students of EBD

Aside from the numerous complications while assessing and educating students identified as EBD, Multi Disciplinary Teams continue to encounter problems when identifying students from culturally and linguistically diverse backgrounds. Although the intentions of IDEIA was to represent “all students” Osher, Woodruff, and Sims (2001) indicated students from CLD backgrounds--with behavioral issues--are more likely to be treated unequally and are prone to be served in more restrictive classroom settings and separated from their general education peers when compared to peers from the majority culture.

There are also concerns regarding the vague and questionable definition of EBD (Webber & Plotts, 2008). The definition states:

Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

- (a) an inability to learn that 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.
- Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (34 C.F.R. Sec. 300. 7 (c)(4)).

In conjunction with the definition, students identified as EBD tend to be more challenging to work with due to their impeding and aggressive behaviors (Weber & Plotts, 2008; Reitz & Dekovic, 2005). To address these concerns many professionals within the field of SPED continually seek research-based practices (Shavelson, Phillips, Towne, & Feuer, 2003; Smith, 2003) in order to provide individualized and beneficial services for students identified as EBD (Webber & Plotts). Additionally students with EBD typically receive services that focus on their individual educational, social, and emotional challenges (Wagner & Friend, 2006).

Collaboration is an important attribute of any agency that attempts to foster knowledge and equity for their unique student population (Meadows, 1996; Webber & Plotts, 2008). Decker (2001) reported that participation in partnerships and collaborative ventures should ensure that the student will achieve educational success and be provided appropriate services he or she requires. Further, service providers can empower students and their families with the knowledge they will need to attain a better quality of life (Decker, 2001).

Each person on the Multi Disciplinary Team contributes valuable information and guidance by developing and implementing the educational and social-emotional goals and objectives that will be included in the student’s Individualized Education Plan (Giangreco & Edelman, 1996; Giangreco & Edelman, 1999; Meadows, 1996). It is through these “extra efforts” by the individuals who provide

supports to students with EBD, that positive, appropriate, and valuable services are provided to this student population (Decker, 2001).

Collaboration can be challenging and time consuming. Decker (2001) emphasized the importance of setting the tone among professionals who need to collaborate. Rainforth and England (1997) provided the following strategies for positive and effective collaboration to take place:

- Parity must be established among team members.
- Team members should strive for common goals.
- Contribution and responsibility should be equal.

These strategies should aid in the enhancement of services that are provided to students identified as EBD.

General and special education teachers play an active and vital role in each student's educational career (Crowley & Wall, 2007; Idol, 2006). Educators have the tremendous responsibility of modeling appropriate behaviors when working to achieve a specific goal (Tierno, 1996). Most importantly educators need to assist students with EBD understand the significance of how their behavior impacts his or her non disabled peers (Pierce & Schreibman, 1995).

Educational staff should be familiar with and utilize the following principals to provide students with EBD appropriate and beneficial supports:

- Be knowledgeable about low-incidence and high-incidence disabilities (Fitzpatrick and Knowlton, 2007; IDEIA, 2004; NCLB, 2002).
- Be knowledgeable about social-emotional, speech and language, and physical development of students (French, 2003; Webber & Plotts, 2008).
- Be knowledgeable about and incorporate culturally sensitive and appropriate classroom and behavior management strategies (Fitzpatrick & Knowlton; Webber & Plotts).
- Be knowledgeable about school district policies and federal laws governing special education (i.e. NCLB, IDEIA, etc.) (Fitzpatrick & Knowlton; Webber & Plotts).
- Be knowledgeable about school district standards and benchmarks; for aligning the special education curriculum with the general education curriculum (French).
- Be knowledgeable about and implement technology in the classroom (Cartledge, Kea, & Ida, 2000; Fitzpatrick, 2005; French; Webber & Plotts).

It should be noted that each principal--noted above--coincides with IDEIA (2004) and NCLB (2002) definition of "highly qualified" teacher (Fitzpatrick & Knowlton; U. S. Department of Education, 2007).

Current Educational Trends for Students with EBD

Students identified as EBD may often exhibit impeding externalizing behaviors such as bullying, defiance, outbursts, hidden acts of destruction, and difficulties in communicating (Webber and Plotts, 2008). These behavioral concerns increase the risk of isolation and rejection by peers, faculty, and staff and decrease the students' self-esteem (Blumenfeld & Raymond, 2000; Fitzpatrick & Knowlton, 2007; Scanlon & Mellard, 2002). Additionally these behavioral patterns often lead to stereotyping, prejudice, discrimination, and loss of privileges (MacIntyre & Tong, 1998; Pincus, 2000). Ultimately schools that

are less prepared to address the unique educational and social needs of students with EBD are more inclined to practice exclusion than inclusion (Achilles, Croninger, & McLaughlin, 2007; Fitzpatrick & Knowlton).

Suspension and expulsion are widely used to exclude students who present problem behaviors in school setting (Achilles, Croninger, & McLaughlin, 2007). According to Bakken and Kortering (1999) students who are disengaged in the school setting face academic failure, social rejection, and increase the probability of dropping out. Students with EBD are more likely to be placed outside of inclusive classroom settings and experience the highest disciplinary rates of any disability (Scanlon & Mellard, 2002; Achilles et al.). Table 1 delineates findings by The National Longitudinal Transition Study-2 (2002) regarding the adolescent suspension rates of three special education classification areas.

Table 1: Adolescent Suspension Rates

| <i>Disability</i> | <i>Percentage of Suspension</i> |
|------------------------------------|---------------------------------|
| Emotional and Behavioral Disorders | 44% |
| Learning Disabled | 17% |
| Other Health Impaired | 21% |

Highly Qualified Teachers

According to Rebell and Hunter (2004) there have been numerous state court cases claiming school districts hire mediocre teachers and provide inadequate training. Additionally Webber and Plotts (2008) asserted that teacher burnout and turnover rates increase the number of inadequately trained educators providing inappropriate services to students who require specialized instruction. Osher and Hanley (2001) reported the following concerns for students with EBD “Generally [these students] receive inadequate services and achieve poor educational and community outcomes, which school and community factors play a key role in producing” (§ 1). Despite the positive assertions of NCLB (2002) it appears that highly qualified teacher standards are not adequate to provide appropriate educational or support services to students with EBD.

NCLB (2002) defined highly qualified teachers as having at least a bachelor’s degree from a four-year institution, full state certification, and competence in the subject areas (Berry, Hoke, & Hirsch, 2004; Darling-Hammond & Youngs, 2002; Fitzpatrick & Knowlton 2007). Competence is determined by state assessment of core academic subject knowledge (Fitzpatrick & Knowlton). However, Turnbull, Turnbull, Erwin, and Soodak (2006) noted specific conditions that permit special education teachers to:

- Implement positive behavior support.
- Consult with highly qualified teachers in core academic subjects.
- Select appropriate instructional accommodations and curriculum.
- Teach study skills and re-enforce instruction to students from a highly qualified general education teacher.

Positive Teacher Traits

Students will often more actively engage in their learning by attendance, participation in activities, and demonstration of appropriate behavior. “Effective communication is the basis of developing an environment of mutual respect between students and teachers” (Brown, 2005, p. 1). McIntyre and Battle (1998) listed personal and professional traits that are important for teachers of students with EBD. Aside from the ability to remain calm during a crisis these traits included:

- Fairness
- Sensitivity
- Empathy
- Persistence
- Humor
- Enthusiasm

McIntyre and Battle stated that “personality traits and respectful treatment of students emphasizing intimacy, acceptance, interpersonal connection, empathy cooperation and a sense of community can have implications for identification and programming for EBD students” (p. 5). Additionally teachers can increase students’ willingness to learn by developing trusting relationships with their students (Brown, 2005; Fitzpatrick & Knowlton, 2007; Protheroe, 2005).

An Agenda for Improving the Student Outcomes of Students with EBD

The following recommendations are centered on creating and fostering positive learning environments by providing methods and techniques for educators to enhance support for students with EBD. Application of these should improve student educational, emotional, and social outcomes through (a) improved teacher training with specific strategies and techniques; (b) open communication techniques utilizing responsive therapy, motivational interviewing, and active listening skills; and (c) promoting the use of critical thinking skills.

Recommendation 1: Supplementing High Qualified Teacher Standards Focusing in Special Education: The President’s Commission (2002) reported that only 41% of public school teachers felt prepared to meet the needs of students with disabilities while only 21% felt very well equipped.

Presently, most universities with teacher education programs only require one-to-two courses in special education (Fitzpatrick & Knowlton, 2007). Typically, these courses provide an overview of disabilities and their characteristics. We advocate more detailed instruction on special education techniques through an additional 2-3 credit hour course in addition to a separate 2-3 hour course to review of IDEA (2004). These courses would increase the knowledge base of disability characteristics, strategies, interventions, and understanding of SPED law enabling teachers to be better prepared for students with exceptionalities in all classroom environments. (Fitzpatrick & Knowlton).

Recommendation 2: Developing Trusting Relationships with Students, Families, and Staff Using Open Communication Skills: Educational services to students are ultimately carried out through human relationships; the need to strengthen research-based knowledge and discussions related to this issue should be a priority (Brown, 2005; Kasahara & Turnbull, 2005). According to Protheroe (2005)

knowing that a respected adult cares about the student's interests and concerns may provide such students with the emotional support needed to focus on learning.

Development of open communication creates improvement in value-expression function, self-esteem, and empowerment of the student with EBD in the educational setting (Blumenfeld & Raymond, 2007, Nieto & Boyd, 2008). Below are summaries of open communication strategies. Model 1 is responsive therapy. Model 2 is motivational interviewing. Model 3 is active listening.

Model 1: Responsive Therapy: According to Gerber and Basham (1999) responsive therapy utilizes the following three phases:

- **Phase 1:** Analysis or clarification phase in which student and teacher cooperatively construct awareness of issue.
- **Phase 2:** Decision phase where student and teacher consider intervention strategies and decide on course of action.
- **Phase 3:** Application phase in which student and teacher implement learning-based intervention.

Responsive therapy works on developing a trust-based working relationship between the student and teacher, thus, enhancing the student's self-awareness of issues and improves problem solving skills (Gerber & Basham).

Responsive therapy uses select microskills including: (a) broad, indirect leads, followed by (b) invitations for further responses, (c) mirroring techniques such as paraphrasing, (d) reflection of feeling, and (e) description of situation to assist in developing trust between student and teacher while aiding the student in self-evaluation of the situation or their behaviors (Gerber & Basham, 1999). Invitations for disclosure should include such comments as: "Tell me more" and "Give me examples" (Gerber & Basham). This is the process of empathic listening to gain understanding of the student.

Mirroring techniques provide the student with feedback on teacher's understanding of their viewpoint which allows opportunities for clarification or additional input (Gerber & Basham, 1999). Mirroring techniques provide an opportunity for the student and teacher to compare perceptual awareness of the issue and appropriate intervention (Gerber & Basham). This intervention contract outlines the expected responsibilities of both the teacher and the student which holds both parties accountable (Nieto & Boyd, 2008).

Model 2: Motivational Interviewing is a multistage sequential model of counseling (Gerber & Basham, 1999; Muscat, 2005). A student goes through six phases of change (a) precontemplation, (b) contemplation, (c) determination, (d) action, (e) maintenance, and (f) often relapses with repetition of the process occurring several times (Corrigan, McCracken, & Holmes, 2001; Gerber & Basham; Muscat).

Motivational interviewing takes the approach that the issue (e.g. violent behavior, off task behavior, etc.) is the self-defeating behavior (Gerber & Basham, 1999). The student can be made socially aware his or her self-defeating behaviors are a barrier to obtaining their desired goal and the subsequent change is due to the discrepancy that they noted with assistance by the teacher (Clark, Walters, Gingerich & Meltzer, 2006; Corrigan, McCracken, & Holmes, 2001; Gerber & Basham). Below are the five phases to motivational interviewing:

- Empathy expressed by the teacher through reflective/active listening.

- Discrepancy developed through discussions with teacher on present behavior and its impact on desired goal.
- Avoidance of arguments with confrontation focusing on behavior and not student character. Avoid use of confrontation-denial and “yes/but” dynamics.
- The teacher “rolls” with resistance. New perspectives are invited by not imposed with continued self-responsibility for selection of solution to reach goal is reinforced.
- Teacher supports self-efficacy by expressing confidence in student’s ability to cope specific challenge (Gerber & Basham).

Using both models of open communication should develop trusting and respectful relationships between students and teachers. The accountability or responsibility for positive change is centered on the student with active encouragement and support from teachers (Clark et al. 2006; Corrigan, McCracken, & Holmes, 2001; Gerber & Basham, 1999; Muscat, 2005).

Model 3: Active listening is one of the most frequently used elements in counseling-based approaches to support students in telling their story and to identify issues by “first providing an instructional context in which the child feels comfortable and trust(ed)” (Hutchby, 2005, p. 307). Hutchby provided practical techniques for individuals engaged in active listening including empathic listening, reflecting, and summarizing of accounts. Truly listening to students is critical to help foster positive student/teacher relationships (Brown, 2005). According to Kelly (2007) there are seven steps to active listening:

- Look at the person, and suspend other things you are doing.
- Listen not merely to the words, but the feeling content.
- Be sincerely interested in what the other person is talking about.
- Restate what the person said.
- Ask clarification questions once in a while.
- Be aware of your own feelings and strong opinions.
- If you have to state your views, share them only after you have listened.

Additional steps included verbal and non-verbal signals. Using “I’m listening” cues including disclosures, validating statements, statements of support, and reflection/mirroring statements (Brown, 2005; Kelly, 2007; Thompson, Grandgenett, Grandgenett, 1999). Positive feedback of non-verbal cues included good eye contact, facial expressions, body language, silence, and touching (Brown; Kelly). This presents a caring attitude to the student during communication giving the student a “voice” in the classroom. In addition to establishing a respectful relationship through open communication, it is important to teach students with EBD the skills of problem solving.

Recommendation 3: Promoting Critical Thinking Skills in Pedagogy: Critical thinking skills are crucial in providing students the necessary tools to identify issues and problem solve solutions (Acker, 2003; Nieto & Boyd, 2008). “Educational research suggests that the most effective teaching occurs not when students simply acquire useful knowledge but when they enhance their ability to evaluate information critically and are better able to apply what they have learned creatively” (Trigwell, 2001 as cited by Acker, 2003, p. 218).

Critical thinking is considered disciplined thinking that requires use of self-regulation and is practiced by accepting or rejecting arguments based on purposeful, reasoned judgment, not assumptions or feelings (Boghossian, 2006). Effective teachers make their lessons meaningful by establishing relevance to life experiences (Acker, 2003, Boghossian, 2006). The best teachers regard their students

as active participants in the learning process and expect them to accept that role (Acker; Halx & Reybold, 2005). The American Philosophical Association's Delphi Report (1990) detailed six core elements of critical thinking:

- **Interpretation:** Comprehend and express meaning or significance.
- **Analysis:** Identify the intended and actual inferential relationships.
- **Evaluation:** Assess logical strength.
- **Inference:** Draw reasonable conclusions.
- **Explanation:** State the results and justify one's reasoning.
- **Self-regulation:** Monitor one's cognitive activities.

It is a teacher's role to cultivate and sharpen critical thinking skills of students (Halx & Reybold) "The best way for school leaders to raise student achievement is by placing more emphasis on teaching for meaning" (Wenglinsky, 2004, p.35). Development of critical thinking skills provides students with EBD with tools necessary to problem solve situations which increases their ability to create better solutions and outcomes.

Utilization of responsive therapy, motivational interviewing, active listening models, and critical thinking skills helps students with EBD develop trusting, open communication between student, teacher, peers and parents. By applying each of these techniques students with EBD can improve self-esteem that encourages active participation in their education and enhances their decision processes. Application of each strategy has shown to improve appropriate behavioral and social skills of students with EBD.

Summary & Conclusions

The purpose of this article was to provide readers with the definition and history of emotional behavioral disorder. In addition, an overview of educational policies and laws was provided to demonstrate the support structures available for students with EBD. A discussion of current educational issues and trends was provided to emphasize the importance of application of more appropriate researched based strategies to assist this student population. Description of the importance of Highly Qualified Teachers utilizing Positive Teacher Traits to develop positive learning environment for students classified as EBD. Finally, the authors provided three recommendations emphasizing additional training, development of positive, trusting relationships using open communication skills and engagement in more critical thinking skills to ensure students with EBD are supported in positive educational environments. Promoting collaboration between student, teachers and parents supports students classified as EBD in developing skills to improve academic and social outcomes.

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Steps for Special Education Teachers to Take to Appropriately Service Students Who Practice Islam

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Growing Number of Students Practicing Islam in the United States

The World and the United States (US) are constantly changing in terms of demographics. This change includes the important characteristic of religious affiliation of its population. Noteworthy of this change is the growth of Islam in the world and in this country over the past decade. Today, Islam is not only the second largest practiced religion in the world, but it is also the fastest growing religion in the world, with over 1.1 billion followers (National Council of Churches, 2005). Islam is growing about 2.9% per year. This is faster than the total world population which increases about 2.3% annually. It is thus attracting a progressively larger percentage of the world's population (Religious Tolerance, 2002). Islam is also the fastest growing religion in the US in terms of followers. A recent survey estimated that there were approximately 650,000 children practicing Islam in the US (Adherents.com, 2005). As a result of this upward trend, it would be safe to assume that there are an ever-increasing number of students that follow Islam in this country's public schools and special education classes.

Importance of Determining What Special Education Teacher Should Know About Islam

As the number of students practicing Islam increases it is ever-more important for all educators including special education teachers to understand a variety of specific Islam-related factors for the purpose of improving the education of these students. It should be remembered that limited knowledge often leads to feelings of being uncomfortable, negative stereotyping, and even negative behaviors towards these children (Kendall, 2006). No educator wants to conscientiously or unconscientiously react negatively to a student because of lack of knowledge regarding the student's religious practices. Therefore, the purpose of this paper is to present some of the common religious practices found in Islam and the common practices related to serving students in the special education setting that could possibly conflict with these religious practices. Also, the paper presents possible solutions to these dilemmas.

Islamic Practices That Might Effect Special Education and Solutions to Deal with Potential Problems

Teachers should always remember that it is considered unethical to ask a child or a parent questions regarding their religious preference unless they begin the discussion. If a parent begins such a conversation, the teacher should use caution in the questions that are asked. Also, if the child begins the discussion it is recommended that the conversation be continued only with the parent present. With this said, many modifications should not be made unless parents/guardians express a desire for such accommodations. If a teacher is made aware of the fact that the parents/child are Islamic, there are religious practices special education teachers may often have questions in regards to including those dealing with the following topics:

- 1.) removal of head covering
- 2.) attendance at school on holy days
- 3.) prayer obligations for students
- 4.) co-educational issues.

The following sections present information on these four important religious practices, possible conflicts with special education, and possible solutions.

Removal of Head Covering

As a sign of their religious beliefs, girls of the Islamic faith often wear head coverings. Special educators, as would many others, may believe that the wearing of such a head covering would present a problem during certain class activities because of a restricted field of vision. However, this is rarely the case as the covering is only supposed to cover the hair – not the face as many people believe. Exceptions may be culturally related such as in the case of a burka for individuals with a heritage from Afghanistan who practice the religion of Islam. If this is the case, the following steps should be taken:

- 1.) The student should not be forced to remove any clothing.
- 2.) The student should not be signaled out for wearing the clothing so as to avoid possible negative stigmas or embarrassment.
- 3.) The student should be positioned in such a location in the classroom so that she can easily see the teacher.

Attendance at School on Holy Days

Public school systems in the United States have traditionally followed a schedule recognizing Christian holidays such as Christmas. As such, the public school systems have ignored religious holidays associated with other religions such as the holidays of Eid Al-Fitr and Eid Al-Adha which are part of Islam. Public schools do however recognize the rights of students to miss school because of religious holidays. However, a problem arises when schools plan special events, such as field trips – often integral to special education because of their hands-on nature, on the religious holiday that is celebrated by a minority of the students. School officials, including teachers, should plan such events carefully so

as to avoid such conflicts. If such changes are not possible, at the very least, the following steps should be taken:

- 1.) Schools should videotape the event.
- 2.) Schools should allow the students that missed the event to observe the video at a later time, possibly with others peers that were absent, both Muslim and non-Muslim.
- 3.) School officials should ensure that these students are not stigmatized as a result of the alternative plans.

Prayer Obligations for Students and Potential Conflicts with Class

Individuals of the Islamic faith often set aside time periods during the day in which to pray. Special education teachers may believe that such prayer obligations for students could be in conflict with the daily schedule because of conflicts with activities for which students with disabilities are involved (physical education, music, speech therapy, physical therapy ect.). However, this should not represent a problem, because individuals involved in this religious practice usually have a time span of about three hours to complete their approximately 20-minute prayer session. Special education teachers should have no problem accommodating this religious practice. Steps that schools should take in order to accommodate the prayer obligations of a student include:

- 1.) Schools should always accommodate for prayer obligations by providing a quiet area for students in which to pray for the time that is designated by parents and children.
- 2.) Students should be allowed to pray together, with other students of the Islamic faith, during these times to help alleviate their fears because of possibly being isolated.

Coeducational Issues

Islamic schools usually have classes separated by gender as children grow older. Coeducation is not viewed favorably by many Islamic clerics as students reach the adolescent years, especially in activities that require girls and boys to participate in close proximity – such as in group activities. However, special education classes in public schools are coeducational. In terms of coeducational issues, boys and girls participating together is most likely not going to be a problem for parents and Islamic clerics in elementary school when the children are still young. Problems may arise in middle and high school. Steps that schools should take in order to accommodate the concerns with coeducational issues for Islamic students in the special education setting include the following:

- 1.) Boys and girls in middle and high school should be separated in class for activities if possible.
- 2.) Teachers should remember not to signal out the student being separated to avoid the possible negative consequences that the student may encounter.

Conclusion

With a growing number of diverse students, including students of the Islamic faith, attending public schools across the country it is more important than ever for teachers, such as special education teachers, to recognize differences among students. Teachers should avoid allowing negative stereotypes to form in their minds or to flourish in their classrooms. With a better understanding of these

differences, such as Islamic beliefs and traditions, and following the steps provided previously, special education teachers can hopefully serve students of the Islamic faith better than ever.

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Inclusive Education

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Abstract

The placement and education of students with disabilities in the general education classroom has generated a challenge and varied opinions for educators, families, and service providers. It is likely that with recent litigation and legislation which supports inclusion and increasing pressure from advocates of inclusion, the trend towards including students with disabilities in the general education classroom will continue. Classroom teachers' and administrators' perceptions along with students' self-perceptions must be considered as these may have a great impact on the inclusion of students with disabilities in general education settings. The purpose of this paper is to address concerns and give helpful strategies for inclusive education.

Inclusive Education

An increasing number of students with disabilities are being involved in the regular education classrooms. Educators have moved away from segregation of students with disabilities in special classes towards the inclusion of such students in regular education classes. Inclusion ensures that no child is left behind. Inclusion involves the placement of students with disabilities in their neighborhood schools in age-appropriate regular education classes with the necessary support services for both the child with disabilities and the classroom teacher. The inclusion movement has primarily been a special education movement. The trend toward inclusion will continue due to recent litigation and legislation that supports inclusion and pressures from advocates in inclusion. Special education resources are protected under IDEA and students with disabilities have the basic right to receive their education in general education classrooms. The phenomenon on classroom teachers' and building administrators' perceptions along with students' self-perceptions must be considered as these may have a great impact on the inclusion of students with disabilities. For the inclusion movement to be effective for all students, the general education professionals, administrators, and parents of students with special needs all need to be involved in the conceptualization and implementation of inclusion (Snyder, 1999). More specifically recent literature on the inclusion of students with disabilities in general education settings has focused on the preparedness of administrators and educators to develop and implement inclusive models of education that address the social and academic needs of all students served in general education (Brownell & Pajares, 1999). Overall, this paper will address these concerns and give helpful strategies for inclusive education.

Most students with disabilities have been historically served in segregated special education classes. Most or all of their school days were spent working in separate settings with special education teachers and other specialists. In 1975, Public Law 94-142 was passed which opened the doors of public education and general education to students with learning disabilities. Prior to the passage of this legislation, few students with disabilities were provided services in the public schools. The students with disabilities that were provided service in public schools had very little, or no, contact with their nondisabled peers. This has been especially significant in special education where whatever the metric

used-student learning, drop-out rates, graduation rates, subsequent employment, or community living—the current design has failed these students in the past due to these contributing factors. Since Public Law 94-142, the Education for All Handicapped Children Act, was passed in 1975, and then reauthorized and renamed The Individuals with Disabilities Act (IDEA) in 1990, it was mandated that school-age students with disabilities should be provided a free appropriate education in the least restricted environment (Synder, 1999). The placement and education of students with disabilities in the general education classroom has generated a challenge and varied opinions for educators, families, and service providers. “Instead of taking students with disabilities out of the general education classroom and providing them with special instruction in a resource room, the supporters of total inclusion propose that all students with moderate to severe disabilities should be educated in the general education program” (Synder, 1999). The Individuals with Disabilities Act Amendments of 1997, Public Law 105-17 included a provision in it that a general education teacher becomes a member of each student’s Individualized Education Plan (IEP). “The law mandates that the IEP must directly address student participation in general education setting and must justify placements that are not in general education” (Ghose, C., Head, L. Q., Lindsey, J. M., & Rangasamy, R., 2002). This law calls for collaboration among professionals to improve the education of students with disabilities.

Numerous research studies examine the perceptions of administrators, teachers, and students’ with disabilities in reference to inclusion and effective practices. The current research suggests that the success of inclusion depends greatly on teachers’ preparation, attitudes, and opportunity for collaboration. Gamarous (1995) suggests that administrators’ attitudes towards students with disabilities are especially critical for inclusion to succeed due to the administrators’ leadership role in developing and operating educational programs in their schools. Cornoldi, Mastropierem Scruggs, and Terranin (1998) highlighted the nature of teachers’ attitudes towards an Italian educational policy over the education of students with learning disabilities after twenty years of inclusion. The participants were general education teachers (74.4% elementary; 25.6% secondary) in ten schools representative of different geographical regions in Northern and Central Italy. The survey contained four items associates with personal support and four items associated with personal acceptance. Overall, 70.3% of teachers agreed with personal acceptance items, and only 14.8% teachers agreed with personal support items. Their survey study reported that elementary teachers had significantly more positive attitudes on personal acceptance items on inclusion than secondary teachers.

Meltzer, Pollicia, Reddy, Roditi, Sayer, & Theoka (2004) conducted a study that focuses on selected intrinsic and extrinsic factors associated with students’ willingness to work hard in school, their self-perceptions, and strategy use. The participants consist of 46 students with LD and 46 matched students without LD and their seven teachers. A self-report survey was used to obtain an index of students’ perceptions of their effort, strategy use, academic struggles, and academic competence. Learning-disabled students with positive academic self-perceptions were more likely to work hard and to use strategies in their schoolwork than were LD students who had negative perceptions according to findings. Teachers viewed students with LD who had positive self-perceptions as working equally hard and attaining similar level of academic competence as their peers without LD. Students with LD who had negative academic self-perceptions were judged as making limited effort in school and achieving at a below-average level in comparison with their peers. The results indicate a cyclical relationship between students’ self-perception and their teachers’ judgments and supported the notion of a reciprocal strategy-effort interaction.

In a survey study designed to address teacher collaborative efforts, instruction of students with disabilities, teacher preparedness for meeting the needs of students with disabilities, and achievement outcomes (Beirner-Smith, Daane, & Latham, 2000), 366 participants were surveyed. The

participants consist of 324 general elementary teachers, 42 elementary special education teachers, and 15 administrators. The items on the survey were grouped into four categories: a) teacher collaborative efforts, b) instruction of students with disabilities, c) teacher preparedness for meeting the needs of students with disabilities, and d) perceived achievement outcomes of students with disabilities. In conclusion, the perceptions of the three groups (administrators, regular education teachers, special education teachers) were mixed in terms of management, teachers having anxiety about collaborating with each other, and regular education teachers not skilled in working with students with disabilities.

In a study of rural general education teachers' opinions of adaptations, Blackburn, Bryant, Dean, and Elrod (1999) study reflected on regular education teachers providing students with learning disabilities accommodations and/or modifications in order to succeed in the general education setting. Ten general elementary education teachers (3-31 years teaching experience) were chosen as participants because they had students with learning disabilities in their classrooms every year since their tenure. Ten secondary teachers, with various teaching disciplines, were randomly selected (1-20 years teaching experience). The survey contained fifteen accommodations/modifications for teachers to rate for effectiveness, fairness, and realistic implementation. As a result, the rural teachers' survey clearly favored classroom accommodations that are less intrusive to their day-to-day teaching procedures, take the least amount of time to implement, and separate less the learning disabled from the non-disabled students.

Synder (1999) points out that if inclusive education is going to work with special needs, teacher educators, special educators, and administrators are going to have to take a more aggressive approach to preparing the general education teachers for working with those students. The participants in this study were drawn from inservice teachers in graduate level classes and workshops taught by Synder at many sights in approximately one-third of the counties in the state and the university. The subjects were divided into groups of educators:

- elementary schools
- middle schools
- secondary schools
- tech-prep
- career schools

As a result of the survey, most of the subjects surveyed did not think their administrators were very supportive of the needs of the general education teacher regarding mainstreaming or inclusion. Many of the concerns expressed dealt with the administration not offering sufficient training for the general education faculty.

The strategies that will be beneficial to an inclusion program consist of curricular and instructional modifications, promoting normalization, collaboration, and combined-service models. First, regular classroom teachers should identify and focus on the students' strengths and carefully examine the student's academic and social gains. Teachers should plan instructional strategies to address the various learning needs of students. Individual learning needs can be in effective ways by implementing learning activities that would allow the student to respond using modalities such as visual, auditory, tactile, and kinesthetic. *“Regular classroom teachers can consider curricular and instructional modifications for content areas that may include textbooks on tape, readers, note-taking strategies (e.g., carbonless paper, note takers, tape recorder, laptop computer), testing modifications (e.g., extended time, separate location, oral exams, word processor), and the use of instructional aids (e.g., calculator, spell-checker, dictionary)”* (Courson & Hay, 1997). Teachers can facilitate the learning of a

student with a disability by providing hints and prompts if a student is having trouble responding, by incorporating hands-on activities, and by utilizing alternative assignments.

Secondly, *“in order to promote normalization, students with disabilities should be provided social and academic interaction with general education students”* (Brady, McDougall, & Dennis, 1989).

Opportunities for communication and social interaction are increased for students with disabilities within the regular classroom setting. They also may feel less stigmatized. Disability awareness should be incorporated into the curriculum so that students gain an understanding of their classmates with disabilities. Positive relationships between included students and their peers should be facilitated for success in inclusion. There are numerous other ways to facilitate successful interactions. This includes encouraging and reinforcing appropriate social interactions, presenting the student with disabilities in positive terms to the class, modeling concern for all students, using cooperative learning groups, involving students in making decisions about their learning, and involving parents.

Third, to assist students with diverse learning needs, it is essential that school personnel work in collaborative teams in which skills, experience, talents, and knowledge are fully utilized. The collaborative team approach often facilitates problem solving and shared responsibility. It can provide positive emotional and moral support to members on the team. Teachers should work collaboratively to plan strategies for moving students with disabilities into the regular classroom. They should share information about curriculum and class activities so that the included student benefits from an instructional program that is designed to meet his or her specific learning needs. If confusion arises, team members should feel encouraged to ask questions to seek clarification and to solve problems effectively.

Finally, a strategy that would assist inclusive education is a combined service- model. Combined-service model is a combination of pullout and inclusion programs working simultaneously. The setting provided students with instruction in an inclusion classroom supplemented by periodic instruction in a resource room (Holloway, 2001). Students with disabilities have a tutorial period with the resource teacher whereby difficulties in the inclusion setting are addressed. The resource teacher gives the students extensive support by reviewing the regular teacher daily lessons, discussing homework assignments, and drilling study guides for upcoming tests.

Overall, inclusive education is an effective way for students with and without disabilities to meet their full potential in academic and social areas. For a successful inclusion movement, the general education teachers need skills that allow them to communicate effectively when needed and to implement accommodations and modifications for individual learning. Training on inclusion practices will produce positive teachers' perceptions of students with disabilities. Administrative support will help eliminate teachers' negative attitudes on inclusion. Inclusion practice is useful and nondiscriminatory (least restricted environment) for students in our school system.

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Perceptual Differences in Quality Standards Among Teachers and Related Service Personnel Who Work with Students with Emotional/Behavioral Disorders

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Abstract

Current legislation requires school personnel to identify indicators of quality instruction for all students—including students with emotional and behavioral disorders (E/BD). While competency standards provide a measure of highly qualified teachers, questions remain whether or not there are inherent differences in what is expected by teachers and related service personnel within the classroom. Given present emphasis on inclusive education and, in light of a succession of reform initiatives it is time to reexamine perceived differences in level of relative importance attached to knowledge and skills statements based on standards established by the Council for Exceptional Children between teachers and related service personnel.

Perceptual Differences in Quality Standards Among Teachers and Related Service Personnel Who Work with Students with Emotional/Behavioral Disorders

Among the most potentially significant aspects of recent federal legislation was the introduction of the concept of highly qualified teachers. While the importance attached to highly qualified teacher in Individuals with Disabilities Education Improvement Act (IDEA, 2004) and No Child Left Behind (NCLB, 2001) is noteworthy, emphasis on quality teacher preparation is nothing new. For the past six decades, researchers have examined critically various facets of teacher preparation in an attempt to find ways to improve classroom instruction (e.g., Bullock & Whelan, 1971; Bullock, Ellis, & Wilson, 1994; Cullinan, Epstein, & Schultz, 1986; Mackie, Kvaraceus, & Williams, 1957; Meisgeier, 1965; Scheuer, 1971; Schwartz, 1967). In fact, current interest in what defines a quality classroom teacher can be

traced back to the turn of the century (Winzer & Mazurkek, 2002). Another milestone was a memo authored by Balow, (personal communication, 1971) and distributed by the United States Department of Education. That memo placed center stage the concept of competency-based special education teacher preparation and had a transformational effect on programs across the country (Shores, Cegelka, & Nelson, 1973). More recently, both the National Council for the Accreditation of Teacher Education (NCATE, 2005) and the Council for Exceptional Children (CEC, 2003) have spelled out the characteristics of a highly qualified teacher. Along with federal legislation, these standards reflect the movement of students with disabilities from more to less restrictive classroom settings and the importance attached to the general curriculum.

The roots of competency-based instruction can be traced to the frontier days when young women who with only a high school diploma were charged with the responsibility of teaching all students at all grade levels (e.g., Whelan & Kauffman, 1999). However, the notion of highly qualified teacher did not emerge as an integral part of American society until the industrial revolution (Kauffman, 2005; Landrum & Tankersley, 2002; Martin, 1957; National Commission on Teaching and America's Future, 1996; New York Institute for Special Education, 2002). Initially, the focus was on general education; later, it was enlarged to encompass special education as well.

A succession of studies focusing on students with emotional/behavioral disorders (E/BD) emerged in the late 1920s. (e.g., Martens & Reynolds, 1932; Wickman, 1928) contributed to the establishment of professional teacher standards. These early efforts to better understand quality classroom instruction led ultimately to emphasis on teacher competency (Connor, 1976; Shores et al., 1973). The confluence of various social and political pressures, along with dramatic demographic changes served to alter the composition and subsequently the needs of students with disabilities—including students with E/BD. As the same time, researchers and others were advocating for sweeping changes in teacher preparation (e.g., Bullock et al., 1994; Bullock & Whelan, 1971; Hewett, 1966; Mackie et al., 1957; Rabinow, 1960; Scheuer, 1971; Schwartz, 1967; Zabel, 1988). In addition, national organizations, including NCATE and the CEC, began to develop a series of knowledge and skills (K/S) statements expected by first year teachers that have continued to the present (e.g., Reynolds, 1966). Institutions of higher education (IHEs) began to draw upon those statements to bolster the quality of teacher-training programs through competency-based instruction (Gable, Hendrickson, Young, & Shokoohi-Yehta, 1992; Polsgrove, 2003).

Recently, the U.S. Congress authorized several pieces of legislation, a major goal of which was to boost the quality of teacher preparation. Two of the most far-reaching legislative acts were NCLB (2001) and IDEA (2004). NCLB (2001) introduced highly qualified teacher promoting a paradigm shift that would erase the legacy of an inadequate teaching force. The net result was that policy makers, teacher educators, and school personnel were charged with the daunting challenge of reaffirming quality indicators of effective teachers within educational programs for students with E/BD (Neel, Cessna, Borock, & Bechard, 2003).

One of the more formidable challenges regarding identification of what precisely constitutes a highly qualified teacher relates to longstanding desperate theoretical assumptions and resulting expectations for teachers and related service personnel. Wickman (1928) was among the first to investigate perceptual differences between those who taught students with maladaptive behaviors (currently considered to be students with E/BD) and clinicians who served students outside of the classroom. Wickman suggested that the field look critically at teacher preparation and clinical casework experiences of support personnel to resolve contrasting perspectives of teachers and clinicians.

Unfortunately, efforts to promote collaboration and coordination among teachers and related service personnel remained dormant until some decades later (e.g., Braun & Lasher, 1973; Friend, 2000).

At the close of World War II, the burgeoning number of individuals identified as manifesting some kind of disability (e.g., Bullock & Menendez, 1999; Menninger Institute, 2005) prompted a surge of interest in the field of special education (e.g., Armstrong, 2003; Reynolds & Birch, 1977). The upswing in the population of children and adolescents with disabilities changed the trajectory of special education, resulting in an increased tolerance of individual differences (Armstrong, 2002). In sum, knowledge that emerged from decades of research, along with a heightened sense of social consciousness and increased federal support (e.g., Bullock, 2004; Reynolds & Birch, 1977; Wilson, Flooded, & Ferine-Mundy, 2001), had a profound impact on the field of special education.

Historically, within our “two-box” system of public education—one for general education students and the other for special education students, special educators enjoyed a tremendous amount of autonomy—especially in classrooms for students with more severe behavior problems (Morse, Cutler, & Fink, 1964). Separated from their regular education counterparts, teachers of students with E/BD received limited administrative or other support (Balow, 1966). As Morse et al. (1964) documented, many special education programs for students with E/BD reflected a multidisciplinary approach to education and treatment. Within these settings, some clinical support personnel were of the opinion that teachers should share some of the responsibility for dealing with student’s personality problems, while others felt that involvement in this area would cause more harm than good (Thomas, 1967). However, Project Re-Ed, developed by Nicholas Hobbs in the early 1960s (Braun & Lasher, 1973; Hobbs, 1983) triggered renewed efforts to repair the philosophical rift between special education teachers and clinicians. Subsequent legislation (1965; 1975) helped to lower longstanding barriers to greater professional collaboration and, at the same time, to address various aspects of teacher preparation (e.g., PL 89-36 [National Technical Institute of the Deaf Act of 1965]; PL 89-329 [Higher Education Act of 1965]; PL 94-142 [Education of All Handicapped Children Act of 1975]; PL 102-119 [Individuals with Disabilities Education Act Amendments of 1991]; PL 105-17 [Individuals with Disabilities Education Act Amendments of 1997]; PL 108-446 [Individuals with Disabilities Education Improvement Act of 2004]).

Across time, neither major reform efforts nor national or state-level initiatives on behalf of students with E/BD did much to resolve perceptual differences among teachers and related service personnel. For example, Knitzer, Steinberg, and Fleisch (1990) reaffirmed the strained relationship between teachers and mental health professionals previously reported by Cullinan, et al. (1986). Knitzer and her colleague’s (1990) condemned the poor educational services for students with E/BD and asserted that there was a desperate need for highly qualified professionals who possessed the knowledge and skills to address their unique needs.

With the recent passage of NCLB (2001), we witnessed a renewed push for consistent standards that define effective classroom practices (Interstate New Teacher Assessment and Support Consortium [INTASC], 2001). In an effort to develop objective measures of effective teaching, INTASC merged into a single document the two lists of teacher knowledge/skill standards for special education and general education. The special education core values were adopted from the CEC, while the general education standards were adopted from the National Board of Professional Teaching Standards (NBPTS, 2003). The CEC restructured its standards for first-year, classroom teachers to more closely align with INTASC. In fact, the most current version of the CEC standards was developed around the same ten standards as INTASC. Both sets of standards delineate the minimum knowledge, skills, and dispositions required of all special educators (CEC, 2003; Peck, Keenan, Cheney, & Neel, 2004).

While competency standards provide a standard against which to measure highly qualified teachers, questions remain as to whether or not there are inherent differences in what is expected by teachers and related service personnel within the classroom. In light of longstanding philosophical differences among teachers and support personnel and the increased emphasis on inclusive education for students with disabilities—including students with E/BD, the purpose of the present study was to determine if differences in level of importance found within K/S perceived by teachers and related service personnel remain.

METHOD

As part of a larger, nation-wide study by Manning, Bullock, and Gable (in press), a comparison of the perceptions of teacher quality among educators within the field of E/BD was conducted. Fifty-nine carefully selected CEC K/S statements, arranged under the headings of six standards, were presented to teachers and related service personnel who work with students with E/BD. Using an on-line survey, educators were asked to rate what they perceived to be the top five K/S statements under the standards of instruction, learning environment and social interaction, language, instructional planning, assessment, and collaboration. The ranked K/S statements reported by teachers and the K/S statements reported by related service personnel were then compared.

Sample Selection

The population sample (N = 2,000) was randomly selected from 4,563 members of the Council for Children with Behavioral Disorders (CCBD). Potential respondents included educators from a variety of settings (e.g., teachers, educational support staff, and pre-service educators). The sample selection was conducted in accordance to research methods and included a target population that addressed the focus on the research, an unbiased selection process, and fidelity to the research (e.g., Hinkle, Wiersma, & Jurs, 2003; Rossi, Freeman, & Lipsey, 1999). At the conclusion of the selection process, a list of potential respondents was evaluated to ensure that each state was represented. An equal number of 500 invitations were allocated across the four regions outlined by the 2000 United States Census bureau. An invitation to participate in the study was mailed to potential respondents. Two invitations were returned reducing the total invitation distribution to 1,998.

Procedures

The researchers mailed the invitations using the United States postal service soliciting individuals to complete an on-line survey. Within the invitation, potential respondents were given a four-digit code required to gain access to the survey. The survey tool was placed on-line using Coldfusion software and open to respondents for six weeks. At the close of the survey, the data were analyzed using a spreadsheet program and statistical software. Level of disagreement (e.g., Case, 1990; Chevalier 2004, 2006) was used to determine perceptual differences among respondents regarding the K/S statements.

Data Analysis

Respondents included 199 educators from across the United States who were members of the CCBD and provided either direct or indirect services to students identified with E/BD. The representative sampling included all regions of the United within the 10% response rate. The response rate is demonstrative of previous studies that used on-line methods (e.g., Granello & Wheaton, 2004; Timmerman, 2002). As Sax, Gilmartin, and Bryant (2003) pointed out, as new evaluation methods, including on-line surveys necessitates that both researchers and consumers of that researcher recognize that response rates likely will fluctuate. Part I of the survey focused on demographic information while Part II of the survey evaluated the importance of individual K/S statements using a rank order scale.

Part I - Demographics

After evaluating the role of the educator, responses were divided into two groups:

(a) teachers

(b) related service personnel.

Teachers were defined as individuals who worked directly with students with E/BD in a classroom environment (i.e., self-contained, resource, and general education settings). Related service personnel were those who held positions that indirectly impacted students with E/BD (i.e., support staff, administrative staff, and pre-service educators) (see Table 1). Respondents identified personal characteristics including educational setting, age of the students served, years of teaching, and academic preparation of respondents.

Table 1

Educational Role of Survey Respondents (N = 199)

| Role | n | % |
|-----------------------------|-----|----|
| Teachers | 128 | 64 |
| Self- Contained | 65 | 50 |
| Resource | 43 | 34 |
| General Education/Inclusion | 20 | 16 |
| Related Service Personnel | 71 | 36 |
| Support Staff | 28 | 39 |
| Administrative Staff | 27 | 38 |
| Pre-service Educator | 16 | 23 |

Employment Environment

Over 80% of respondents within teacher groups indicated they worked in public school environments; whereas, 56% of related service personnel respondents indicated they worked within public school settings (see Table 2). Other settings reported by respondents included: alternative or private settings, residential treatment or psychiatric hospitals, or institution of higher education.

Table 2

Respondents by Educational Environment

| Educational Environment (N = 199) | Educator Role of Respondents | | | |
|--|------------------------------|----|--|----|
| | Teachers (N = 128) | | Related Service Personnel (N = 71) | |
| | n | % | n | % |
| Public School | 103 | 80 | 40 | 56 |
| Alternative/Private | 19 | 15 | 10 | 14 |
| Residential Treatment/ Psychiatric Hospital | 6 | 5 | 5 | 7 |
| Institution of Higher Ed | 0 | 0 | 16 | 23 |

Age Range

Survey responses are closely aligned to the literature in the field regarding age ranges of students with E/BD. Literature in the field has demonstrated that the population of students with E/BD increases between the ages of 6-11 and peaks between the ages of 12-15 (e.g., Van Acker, 1995; Walker, Ramsey, & Gresham, 2004). Similar increases in teacher population were noted within the respondents as it related to student age groups. Fifty-nine percent of teachers reported they worked with students with E/BD, ages 12-15, and 37% reportedly teach students with E/BD, ages 6-11. However, related service personnel respondents did not vary greatly across the ages groups of the students; 23% noted they worked with students in ages ranging between 6-11, 24% worked with students ages from 12-15, and 38% worked with students between the ages of 3-21 (see Table 3).

Table 3

Respondents by Age Range of Students to Whom Educational Services Were Provided

| Age Range of Students (N = 199) | Educator Roles by Age Range of Students | | | |
|--|---|-----|---------------------------------------|-----|
| | Teachers (N = 128) | | Related Service Personnel (N = 71) | |
| | n | % | n | % |
| Ages 3-5 | 2 | 2 | 1 | > 1 |
| Ages 6-11 | 47 | 37 | 16 | 23 |
| Ages 12-17 | 75 | 59 | 17 | 24 |
| Ages 18-21 | 1 | > 1 | 0 | 0 |
| Ages 3-21 | 3 | 2 | 27 | 38 |

Academic Preparation

In regard to academic preparation, legislation (IDEA, 2004; NCLB, 2001) mandated that the minimum expectation under highly qualified teacher have at least a Bachelor’s degree. About one third of the teachers responding to the survey (n = 39; 30%) indicated that their highest level of academic preparation was a Bachelor’s degree. More important and somewhat surprising, the majority of respondents whose primary role was a teacher indicated they had a Master’s Degree (n = 76; 59%) and an additional 6% (n = 8) had obtained a specialist certificate. Four percent (n = 5) of the teachers had completed a doctoral degree.

As expected, most of the related service personnel advanced degrees. Forty-three (61%) had completed a Master’s degree. six (8%) of the related service personnel had a specialist degree and twenty (28%) had completed a doctoral degree (see Table 4).

Table 4

Respondents by Academic Preparation

| Academic Preparation (N = 199) | Educator Role by Academic Preparation | | | |
|---------------------------------------|---------------------------------------|----|---------------------------------------|----|
| | Teachers (N = 128) | | Related Service Personnel (N = 71) | |
| | n | % | n | % |
| Bachelor’s Degree | 39 | 30 | 2 | 3 |
| Master’s Degree | 76 | 60 | 43 | 61 |
| Educational Specialist Degree | 8 | 6 | 6 | 8 |
| Doctoral Degree | 5 | 4 | 20 | 28 |

Part II – Knowledge Skills

Part II of the survey listed 59 K/S statements representing six CEC standards (i.e., instructional strategies, learning environments and social interactions, language, instructional planning, assessment, and collaboration). Respondents were instructed to select and rank the top five K/S statements listed under each standard. A corresponding list of all K/S statements within each standard was compiled using a weighted ranked order scale. Comparisons were made between the priority ranking identified by teachers and the priority ranking identified by related service personnel. Consensus between priority rankings was determined using level of disagreement discussed by Case (1990) and Chevalier (2004, 2006). Level of disagreement was conducted by dividing the total differences between same-element rankings by the maximum difference that could have been generated by the ranked lists. The level of agreement was formulated by evaluating the difference between the level of disagreement and possible total of 100% (see Table 5).

Table 5

Perceptual Differences Among Teachers and Related Service Personnel

| Rank Order of Knowledge and Skills | Educational Settings | | Diff. | Total |
|--|----------------------|------------------------------|-------|-------|
| | Teachers n = 128 | Related Service n = 71 | | |
| <u>Instructional Strategies</u> | | | | |
| Teach students to use self-assessment, problem solving, and other cognitive strategies to meet their needs. | 1 | 1 | 0 | |
| Select, adapt, and use instructional strategies and materials according to individual student characteristics. | 2 | 2 | 0 | |
| Use strategies to facilitate maintenance and generalization of skills across learning environments. | 6 | 6 | 0 | |
| Use strategies that promote successful student transitions. | 5 | 5 | 0 | |
| Use of student responses to guide instructional decisions and provide feedback. | 7 | 7 | 0 | |
| Teach learning strategies and study skills to acquire academic content. | 4 | 4 | 0 | |
| Use strategies for integrating student initiated learning experiences into ongoing instruction. | 8 | 9 | 1 | |
| Use a variety of techniques to control targeted behavior and maintain student’s attention. | 3 | 3 | 0 | |
| Use appropriate technology for students with disabilities. | 9 | 8 | 1 | |
| Disagreement (2/ max 40) | | | | 5% |
| Agreement (100%-5%) | | | | 95% |

Learning Environments and Social Interactions

| | | | |
|---|----|----|-----|
| Create a safe, equitable, positive and supportive learning environment in which diversity is valued. | 1 | 1 | 0 |
| Identify realistic expectations for personal and social behavior in various settings. | 2 | 2 | 0 |
| Design learning environments that encourage active participation in individual and group activities. | 4 | 3 | 1 |
| Modify the learning environment to manage behaviors. | 6 | 7 | 1 |
| Use performance data to make modifications in the learning environment. | 7 | 5 | 2 |
| Teach self-advocacy and create an environment that encourages self-advocacy and increased independence. | 5 | 5 | 0 |
| Use effective and varied behavior management strategies. | 3 | 4 | 1 |
| Design and manage daily schedules and routines. | 8 | 8 | 0 |
| Structure, direct, and support the activities of Para educators, volunteers, and tutors. | 9 | 10 | 1 |
| Use and maintain assistive technologies. | 10 | 12 | 2 |
| Structure the physical environment to provide optimal student learning. | 10 | 9 | 1 |
| Plan instruction for individuals with disabilities in a variety of placement settings. | 12 | 11 | 1 |
| Disagreement (10/92 max) | | | 11% |
| Agreement (100%-11%) | | | 89% |

Language

| | | | | |
|--|----|----|---|-----|
| Use strategies to support and enhance communication skills of individuals with disabilities. | 4 | 2 | 2 | |
| Use communication strategies and resources to facilitate understanding of subject matter for students whose primary language is not the dominant language. | 9 | 7 | 2 | |
| Enhance student vocabulary development. | 6 | 6 | 0 | |
| Teach strategies for spelling accuracy and generalization. | 10 | 11 | 1 | |
| Teach methods and strategies for producing legible documents. | 8 | 8 | 0 | |
| Teach students to monitor for errors in oral and written communication. | 7 | 9 | 2 | |
| Plan instruction on the use of alternative and augmentative communication systems. | 11 | 10 | 1 | |
| Identify and teach essential concepts, vocabulary, and content across the general curriculum. | 1 | 1 | 0 | |
| Use reading methods appropriate for individuals with disabilities | 5 | 4 | 1 | |
| Implement systematic instruction in teaching reading comprehension and monitoring strategies. | 2 | 3 | 1 | |
| Teach students strategies for organizing and composing written products. | 3 | 5 | 2 | |
| Disagreement (12 / 60 max.) | | | | 20% |
| Agreement (100% - 20%) | | | | 80% |

Instructional Planning

| | | | |
|---|----|----|-----|
| Identify and prioritize areas of the general curriculum and accommodations for individuals with disabilities. | 2 | 7 | 5 |
| Develop and implement comprehensive, longitudinal individualized programs in collaboration with team members. | 9 | 4 | 5 |
| Involve the individual and family in setting instructional goals and monitoring progress. | 4 | 3 | 1 |
| Use functional assessments to develop intervention plans. | 5 | 3 | 2 |
| Use task analysis. | 12 | 10 | 2 |
| Sequence, implement, and evaluate individualized learning objectives. | 8 | 9 | 1 |
| Integrate affective, social, and life skills with academic curricula. | 3 | 2 | 1 |
| Develop and select instructional content, resources, and strategies that respond to cultural, linguistic, and gender differences. | 11 | 11 | 0 |
| Prepare and organize materials to implement daily lesson plans. | 6 | 11 | 5 |
| Plan instruction for independent functional life skills relevant to the community, personal living, sexuality, and employment. | 10 | 8 | 2 |
| Plan and implement age and ability appropriate instruction for individuals with disabilities. | 7 | 6 | 1 |
| Integrate academic instruction, effective education, and behavior management for individuals and groups with disabilities. | 1 | 1 | 0 |
| Interpret sensory, mobility, reflex, and perceptual information to create or adapt appropriate learning plans. | 13 | 13 | 0 |
| Disagreement (24 / 84 max.) | | | 29% |
| Agreement (100%-29%) | | | 71% |

Assessment

| | | | | |
|--|---|---|---|-----|
| Gather relevant background information. | 2 | 4 | 2 | |
| Administer nonbiased formal and informal assessments. | 4 | 3 | 1 | |
| Use technology to conduct assessments as appropriate. | 6 | 7 | 1 | |
| Develop or modify individualized assessment strategies. | 5 | 6 | 1 | |
| Interpret and use assessment information from formal and informal assessments in making students eligibility, program, and placement decisions including those from culturally and/or linguistically, diverse backgrounds. | 3 | 1 | 2 | |
| Report assessment results to all stakeholders using effective communication skills. | 7 | 5 | 2 | |
| Evaluate instruction and monitor progress of individuals with disabilities. | 1 | 2 | 1 | |
| Disagreement (10/24 max.) | | | | 42% |
| Agreement (100%-42%) | | | | 58% |

Collaboration

| | | | | |
|---|---|---|---|-----|
| Foster respectful and beneficial relationships among families and professionals. | 1 | 1 | 0 | |
| Assist individuals with disabilities and their families in becoming active participants and advocates in the educational team. | 5 | 2 | 3 | |
| Plan and conduct collaborative conferences with individuals with disabilities and their families and implement appropriate programs and assessment. | 4 | 3 | 1 | |
| Model techniques and coach others in the use of instructional methods and accommodations. | 3 | 5 | 2 | |
| Communicate with school personnel about the characteristics and needs of students with disabilities. | 2 | 4 | 2 | |
| Observe, evaluate, and provide feedback to Para educators. | 6 | 8 | 2 | |
| Collaborate with team members to plan transition to adulthood that encourages full community participation. | 8 | 7 | 1 | |
| Teach parents to use appropriate behavior management and counseling techniques. | 7 | 6 | 1 | |
| Disagreement (12/32 max.): | | | | 38% |
| Agreement (100%-38%) | | | | 63% |

Results

There were three categories where notable differences resulted in a low level of agreement (n> 80%):

- (a) instructional planning (71%)
- (b) assessment (58%)
- (c) collaboration (63%).

Within these categories, disagreement between what teachers perceived to be important and what related service personnel believed teachers should know was apparent. Within the standard of instructional planning, there were six K/S statements where a difference between teachers and related service personnel was greater than one:

- (a) identifying and prioritizing areas of the general curriculum
- (b) developing and implementing long-term plans
- (c) preparing and organizing instructional materials
- (d) using functional assessment plans to manage behavior
- (e) using task analysis
- (f) making plans for independent living, sexuality, and employment.

Within the standard of assessment, a level of disagreement greater than one was found in three K/S statements:

- (a) gathering relevant background data
- (b) interpreting and using assessment information
- (c) reporting assessment results to all stakeholders.

Lastly, within the standard of collaboration, there were four K/S statements where disagreement was apparent:

- (a) assisting individuals and families to become active partners
- (b) coaching and modeling the use of instructional methods
- (c) communicating with personnel about student characteristics
- (d) observing, evaluating and providing feedback to paraprofessionals.

Discussion and Implications

As early as 1928, Wickman voiced concern over perceptual differences in professional roles and responsibilities of classroom teachers and clinician personnel. Although the level of professional collaboration has changed across time (e.g., Balow, 1966; Braun & Lasher, 1973; Friend, 2000; Morse et al., 1964, Thomas, 1967), Skrtic and Sailor (1996) noted that one of the biggest obstacles to a coordinated effort to better serve students with E/BD still lies within varying perspectives among professionals. The present study addressed perspectives among teachers and related service personnel by examining differences in the level of importance of K/S for teachers and others in the field of E/BD. Weighted scores from across all K/S statements within six CEC-related standards were rank ordered. Comparisons were made between the rank order identified by teachers and the rank order identified by related service personnel. Polarity between the varying rank orders of K/S statements by each group was determined using level of disagreement (e.g., Case, 1990; Chevalier, 2004, 2006). Level of disagreement was conducted by dividing the total differences between same-element rankings by the maximum difference that could have been generated. Level of agreement was formulated by evaluating the difference between the level of disagreement and possible total of 100%.

Within this analysis, there were 17 K/S statements across all the six CEC-related standards with notable differences among rankings greater than one:

- (a) four in the standard on Language
- (b) six in the standard on Instructional Planning
- (c) three in the standard on Assessment
- (d) four in the standard on Collaboration

The present study revealed variances between the K/S statements teachers perceived to be important and K/S statements that related service personnel felt should be important to teachers. The variances noted tended to lie within varying perceptual differences between teachers and related service personnel. Varying perspectives and perceptual variances similar to those presented in this study create dissidence among professionals (e.g., Skrtic & Sailor, 1996).

According to Skrtic and Sailor, the subjectivity by which educators and practitioners make their decisions is very difficult to overcome. They asserted that specialized knowledge contributes to K/S sets that are directly related to the needs of the students they serve and consequently can be difficult to set aside. It seems logical to assume that these perceptual differences play a significant role in determining what constitutes a highly qualified teacher.

Nougart, Scruggs, and Mastropieri (2005) stressed that government entities must do everything possible to ensure quality special education teacher education. Unfortunately, as past-to-present research attests, there is little unanimity among professionals representing different disciplines regarding teacher quality. Indeed, issues surrounding teacher quality continue to be widely and sometimes heatedly debated (cf. American Federation of Teachers and the National Education Agency, 2005; Connor, 1976; Kauffman, 1999; National Education Association, 2005; Nelson, 2000). Adding to the accumulated literature, results of the present study highlight which K/S statements teachers perceived as most important and which K/S statements related service personnel believed teachers should know within the educational environments.

By evaluating which K/S statements teachers feel are important and comparing them to the perceptions of related service personnel, it become possible to identify gaps between professionals that then can be addressed.

By examining critically perceptual differences between special educators and related service personnel, it is possible to identify specific areas of disagreement that are:

(a) most significant

(b) most likely to impinge upon services to students and, in turn, facilitate more effective and efficient education and treatment of students with E/BD.

As a number of experts have long asserted (e.g., Bullock & Whelan, 1977; Knitzer et al.1990; Landrum & Tankersley, 2002; Nelson, 2000; Polsgrove, 2003), the magnitude of the learning and behavior problems exhibited by students with E/BD requires the preparation of special educators capable of dealing successfully with the tremendous academic and behavioral challenges posed by this diverse population of children and youth.

Recommendations

Given the rapidity with which changes occur in general and special education, there is a need to further examine various issues surrounding competency-based instruction and teacher quality in the field of E/BD. With the nationwide disillusionment of category-specific teacher preparation and the placement of the majority of students disabilities in less restrictive educational settings, additional studies should be conducted to further reveal areas of agreement and disagreement among various professional serving children/adolescents with E/BD. With the elimination of traditional two-box system of public education, future investigations should include general educators, special educators, support personnel school administrators, and others who occupy decision-making positions. The knowledge and skill statements delineated by the CEC appear to be a useful standard by which to conduct future investigations. Finally, knowledge gained from these studies may help to pave the way for a nationwide, streamlined compilation of standards and K/S that reflect evidence-based practices and contribute to enhancing the quality of preservice preparation of professionals across disciplines that serve students with E/BD.

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Understanding Dyslographia (Chinese Dysgraphia) and What is Known About the Disorder

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