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Policy and legislation pertaining to special needs education in South Africa has been undergoing transformation since the democratic government came into power in 1994. The various policy documents that have emerged have stressed the principles of human rights, social justice, quality education for all, the right to a basic education; equality of opportunity, and redress of past educational inequalities. The most important development has been the emerging paradigm shift from the notion of learners with special needs to the concept of barriers to learning and participation, and the recommendation for a community based inclusive education agenda. This paper will firstly, examine this paradigm shift in special needs education in South Africa, and secondly, it will provide insight into a collaborative action research project in the province of KwaZulu-Natal that draws on emerging policy and aims at developing inclusive education practices within a cluster of schools in a rural district.

When the democratic government assumed power in 1994, its aim was to establish a society based on the values of fundamental human rights, social justice, freedom, and equality. These values are entrenched in the Constitution of the Republic of South Africa of 1996. One of the key provisions in the Constitution is the one dealing with equality of rights. Section 9(3) reads: The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. Key education policy documents such as the White Paper on Education and Training (Department of Education, March 1995); White Paper 2: The Organisation, Governance and Funding of Schools (Department of Education, November 1996); White Paper on an Integrated National Disability Strategy (Ministry in the Office of the Deputy President, 1996); and the South African Schools Act of November 1996 stress the principle of education as a basic human right. The principle implies that all learners have the right to equal access to the widest possible educational opportunities. The principle of quality education for all learners is stressed in certain documents. The provision in the South African Schools Act of November 1996 regarding this principle is as follows: Subject to this Act, the governing body of a public school must promote the best interests of the school and strive to ensure its development through the provision of quality education for all learners at the school. (section 20:1 (a), p. 14). These clauses encapsulate a vision of an education system that gives recognition to the wide diversity of needs in the student population, and which ensures a more flexible range of responses. The emphasis on quality education for all learners suggests that schools have strive to meet the diverse needs of all learners.

In all the above legislation and education policy documents that emerged between 1994 and November 1997, there is the implication that there are two distinct categories of learners: those who are the majority with ordinary needs and a smaller minority with special needs who require support and specialised programmes to engage in some form of learning. Furthermore, the idea of special needs education as a second system of education, and ordinary education as a first system is entrenched. In these documents, the term learners with special needs is used specifically to refer to learners with disabilities and those experiencing learning difficulties.
The Report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) (Department of Education, 1997) is the first document to challenge the conceptualisation of special needs as it currently exists in South Africa, and to highlight the limitations of this conceptualisation for a developing context. The Report argues that historically in South Africa, the notion of special educational needs has been used to categorize all learners who for various reasons did not fit into the mainstream system, and to identify deficits within these learners. Little attempt is made to explore the causes of learning breakdown that may be embedded in the system.

The Report of NCSNET and NCESS argues that the priority of an education system should be to address those factors that lead to the inability of the system to accommodate diversity, or which lead to learning breakdown, or which prevent learners from accessing educational provision. The NCSNET and NCESS conceptualised these factors as barriers to learning and development. In their investigations, the NCSNET and NCESS identified key barriers to participation in the South African context that render a large number of children and adults vulnerable to learning breakdown and sustained exclusion: problems in the provision and organisation of education; socio-economic barriers; factors that place learners at risk, such as high levels of violence and crime; HIV/AIDS epidemic and substance abuse; attitudes; an inflexible curriculum; problems with language and communication; inaccessible and unsafe built environment; inappropriate and inadequate provision of support services to schools, parents, care-givers, families and communities; disability; lack of enabling and protective legislation; lack of human resource development; and lack of parental recognition and involvement (Department of Education, 1997:11-19). The Report explains that it is only by focusing on the nature of these barriers that problems of learning breakdown and exclusion can be addressed.

In South Africa, it is clear that applying the concept special needs education to categorise a small group of learners according to their defects or disabilities is problematic. The reason is that various social, political and economic factors prevent access to basic education for large numbers of learners. There are many children whom the system is failing, and to whose needs the system remains unresponsive. In adopting this conceptualisation of barriers to learning and development, the NCSNET and the NCESS engaged with the realities of life within local contexts and communities. The Report is now in the final stages of the policy process. It is currently being translated into a White paper. A draft White Paper: Special Education – Building an Inclusive Education and Training System was released in March 2000.

A Research and Development Project in the province of KwaZulu-Natal

One of the few initiatives to emerge that is based on the recommendations of the Report of the NCSNET and NCESS is a collaborative inclusive education project in the province of KwaZulu-Natal. As stated, the project aims at developing sustainable inclusive education policy and practice in one district in the province. KwaZulu-Natal is one of the poorest provinces in the country. Transformation in this province has been very slow since 1994 owing largely to political and economics factors, and the problem of a lack of capacity within the education sector. The province has a population of 8 412 021. The local language is Zulu. The unemployment rate in this province, according to the 1996 census, amongst those aged 15-65 was 39.1%. The number of economically active people (employed and unemployed) in the province in the age group 15-65 years is 2 579 517 (out of 8 412 021) – 30.6% (Statistics South Africa, 1996).

The province of KwaZulu-Natal has 8 regions. The target region, Ladysmith largely a rural context, was selected for the development project. The Ladysmith Region Department of Education has 5 districts. The target schools are within the Estcourt district. The project involves a cluster of centres of learning in a rural part of the district: 5 primary schools, one special school, one Early Child Development (ECD) centre; and one high school. The home language in the area is Zulu. English is a second or third language to the majority of learners in the target schools. Although the medium of instruction is officially English, in practice both languages are used in the classroom. Poverty and unemployment are major social problems in the communities around the schools. Most families are single parent,
female headed households. In many homes, children are cared for by grandmothers as parents are employed in Johannesburg and other towns around. A critical concern is the high incidence of HIV/AIDS in the province. It is estimated that two million people in the province are HIV positive. By 2012, it is estimated that there will be 75 000 orphans – children under 15 - in the province (Munusamy, 2000).

**Reflections on Development Work in the Project Area**

**Conceptualising Inclusive Education**

The definition of inclusion that the project adopts is embedded in the Draft White Paper 5: Special Needs Education – Building an Inclusive Education and Training System, March 2000. Inclusion:

- Is a never ending process rather than a simple change of state. It is viewed as processes of increasing the participation of students in, and reducing their exclusion from cultures, curricula, and communities of local centres of learning
- Is about acknowledging that all children and youth can learn and that all children and youth need support
- Is about enabling education structures, systems and learning methodologies to meet the needs of all children
- Acknowledges and respects difference in children, whether due to age, gender, ethnicity, language, class, disability, HIV status, etc.
- Is broader than formal schooling, and acknowledges that learning occurs in the home, the community, and within formal and informal contexts.

In the project, the approach to inclusive education is to create an ordinary education system that is responsive to learner diversity and to ensure that all learners have the best possible opportunities to learn. The understanding that has developed in the project is that inclusion is concerned with all children and young people who are vulnerable to exclusionary pressures in schools and communities. This, in turn, means the creation of cultures and an ethos in schools that value all learners irrespective of their diverse needs. It acknowledges and respects difference in children, whether due to age, gender, ethnicity, language, class, disability, HIV status.

The belief is that although inclusion focuses on marginalised groups, it increases the effectiveness of the system in responding to all learners. Therefore, inclusion is dependent on continuous pedagogical and organisational developments within the mainstream. Inclusion would, therefore, involve an understanding of systemic change, and an ecological conceptualisation of learning and of the school as an organisation. This would mean a need to engage with social, economic, political, environmental, and other factors that impact on centres of learning. The project is developing what may be described as an emergent approach to inclusion involves risk taking.

An important aspect of the project is capacity building. There is a recognition that everyone has the ability to contribute to change. This would mean that leadership needs to emerge from within the whole system, and is the responsibility of all participants.

Booth (2000) describes this approach as a transformative inclusive education agenda. The first step in the project was to engage participants in examining this transformative inclusive education approach, and the philosophy underlying it. This was done through workshops, meetings, and discussions with the regional and district education departments, NGOs, teachers, school management and other stakeholders. At a collaborative workshop held in the district, teachers and school principals from each of the target schools debated the notion of inclusive education, and engaged in an analysis of their local school contexts to determine barriers to learning and participation.

**Situational Analysis**

The next stage in development work was a situational analysis conducted by the various participants, for example, researchers from the university, and teachers, and learners, members of the school governing body were involved. Two critical questions were engaged with:
What are the barriers to access and participation in school policies, school cultures, local communities, classroom practices, and curricula?
What resources can be mobilised to support the inclusion and participation of all learners?

The situational analysis resulted in information that was critical to the development work to be undertaken. Teenage pregnancy is a concern for the staff at the P. Primary School According to the principal,

> girls who fall pregnant whilst at school, go home and never return. Local women of about 18 years, often have more than one child. He attributed this practice to cultural influence by parents who encouraged their children to marry working men at an early age to help support their families. Many of the husbands were migrant workers.

A principal at another primary school explained that there are many learners with disabilities at the school, and that teachers need assistance on how to respond to the needs of these learners. The learners do benefit socially from mixing with their peers, but there is a need for curriculum adjustments to be made.

Ms L.H. a community worker based at the Kwazamokhule Special School, one of the project schools, drew attention to the seriousness of the Aids epidemic in the District. She pointed out that currently 90% of the patients at the Estcourt Hospital were Aids patients. She stressed the urgent need for HIV/AIDS awareness programmes and sexuality education programmes to begin in all schools in the district.

**Setting Priorities for Development**

On the basis of information obtained by means of the needs analysis, the schools decided on priorities for development. Some insight will be provided into this process.

All schools in the project felt the urgent need to undertake an audit of out-of-school learners, including learners with disabilities who have no access schooling.

The issue of over-age learners was identified as a priority at one of the project schools in KwaZulu-Natal. However, it became clear that this is an issue that needs to be addressed at all project schools. In June 1999, the researchers and teachers at the school undertook an assessment of these learners in order to ascertain curriculum needs. It emerged that there are two distinct groups of over-age learners:

- A group of older learners, age range 15-17 who are in grade 3, grade 4, or grade 5. The average age in these grades is 8 -10 years old. This group requires a programme that focuses on life skills and functional literacy and numeracy.
- A younger group, age ranges between 10-13 years who are in grade 2 or grade 3. The average age in these grades should be 7- 8 years. It was felt that for this group, there is a need for a fast tracking programme.

The project is now exploring other initiatives that have developed programmes for over-age learners in other provinces in the country. It will also link with the sector in the Education Department responsible for materials development, and the Adult Basic Education and Training (ABET) sector in the Regional Department of Education.

In one of the schools, the high incidence of child abuse is a major concern. The senior Head of Department explained that it was difficult to follow through cases where child abuse is suspected. Schools have limited access to support with respect to social problems impacting learning and teaching. A teacher explained:
Some (learners) are raped by their stepfathers, stepbrothers, uncles, etc. I did report a few cases to the school nurse. She helped me with a child who came to school and couldn’t walk properly. The school nurse took her to her home and told her parents. She also took her to the clinic. The case was reported to the police. But many cases are not reported.

The staff at the school explained the critical need to build capacity within schools that the school would be able to respond to the various social factors that place learners at risk. Schools cannot depend on the limited number of available professionals for support.

**Building an Inclusive Ethos**

An important goal of the project is to develop an ethos that all learners are valued, and that the school is responsive to diversity. At the B. Primary School, caregivers and parents, many of whom are unemployed, cannot meet the school fee of R40 per year. The principal does not exclude children for non-payment of fees. He stated:

> when I came to the school, I was told that the procedure was that all the children had to re-register at the beginning of the year. They could only do this if they paid the R40. I realized that this was wrong, and contrary to the South African Schools Act. I announced at assembly that all children must come to school irrespective of whether they had the money to cover the fees or not. We do not have a problem with payment of fees. Parents pay as and when they can. About 80% of children have paid this year.

**Inclusion at the Core of Whole School Development**

The project sees addressing barriers to learning and participation at the heart of school based change and school improvement. However, in defining an effective school and how to improve it, the project fully acknowledges cultural, historical, political, and moral contexts. Focusing solely on academic and social outcomes is problematic.

In developing inclusive policies, the project aims at identifying key aspects of whole school development that can be engaged with: school management that would have the responsibility of establishing a clear vision and an ethos for the school; ongoing analyses of barriers to learning and participation; capacity building within the schools to support learners, teachers, and parents, and community; the development of inclusive curricula, setting priorities and linking these to the overall vision for the school; engaging in ongoing staff development; fostering collaborative ways of working within schools, and between schools and the community; accessing community resources; collecting and using information to inform decision making; developing partnerships with the community. The project has made encouraging progress in many of these areas. However, there are challenges that are also being faced in the process of change.

**A Pedagogy for Diversity**

In the project, inclusion is centrally a curriculum issue since curricula create the most significant barrier to learning and exclusion for many learners, whether they are in special schools and settings, or ordinary schools and settings. These barriers to learning arise from various interlocking parts of the curriculum such as the content of learning programmes, the language and medium of teaching and learning, the management and organization of classrooms; learning style and pace; time frames for completion of curricula; the materials and equipment which have been available; and assessment methods and techniques.

Viewing learner diversity as part of the reality of each classroom and being able to accommodate each learner as a fully participating member of the learning community are seen as prerequisites for quality education. It would involve a change in attitudes so that all educators, department personnel, parents and other professionals move away from the thinking that problems in classrooms and schools arise from difficulties in individual learners.
In the Estcourt project, owing to a lack of capacity, inadequate attention has been given to curriculum issues. A priority in the next phase of the development work to give attention to actual teaching and learning in the classes – and develop the capacity of schools to engage in their own school based teacher development. Areas of need identified by participants are: the teaching of early reading, writing, mathematics at primary level; the teaching and learning of English as a second language; responding to learners with diverse needs, for example, children with disabilities; and facilitating active learning in large classes. There is also a need for funding for specific interventions such as materials development for over-age learners, disability awareness, HIV/AIDS awareness, sexuality programmes.

A Problem-Solving School Focused Approach to Inclusion

The project aims at developing within schools a problem solving, solution finding approach to responding to diversity in the learner population. There are already examples of such practices emerging in the project schools. The high school principal explained:

> Many of our children come from poor home backgrounds, unstable homes - where there is poverty, alcoholism and substance abuse. The home environment is not conducive to learning and not supportive to the learners.

In response to this the school has initiated study groups for learners in the matric class. Each morning between 7h00-8h00 and every afternoon between 15h00 and 17h00 students use the school premises to study either individually or in groups. Teachers supervise these groups on a rotation basis. Study groups are also scheduled for Saturday mornings.

Another example of a problem solving approach to responding to learner needs is the experience at the M. School in KwaZulu-Natal. According to the principal, an ongoing problem at the school was the fact that children had no birth certificates. This made the admission process very difficult because the Department of Education has ruled that no child without a birth certificate should be enrolled at the school. Parents would not register their children and obtain birth certificates for various reasons: financial, apathy, time constraints – many parents work away from home; grandmothers are illiterate and not empowered to go through the process. The school had discussions with the mayor of Estcourt about the matter. A meeting was arranged with the senior clerk at Home Affairs in the district. A decision was agreed on that staff at the school assist with the registration of children by conducting the process at the school. This initiative has proved very successful, and other project schools are encouraged to do the same.

Mobilising Community Support

The aim in the project is to mobilise resources in communities to support inclusive education initiatives. At the start of the project, a critical priority for the S. School was to re-build the physical structure of the school, which is in an extremely poor state. The principal had written numerous letters to various companies and donor organizations to obtain funding for a new school without success. However, in March 2000, the Peace and Reconciliation Foundation, an NGO, was approached through the project. The Foundation is targeting the area for development work in view of the fact that this was a violence-torn area a few years back as a result of political friction between the African National Congress(ANC) and the Inkatha Freedom Party. The community has succeeded in addressing its political differences, and there has been peace for the past four years. The Foundation is, therefore, keen to support development in the area, and restore a stable community life. In November 2000, the Board of the Foundation approved a proposal to build 8 classrooms, an administrative block and toilets. In addition, through the Ladysmith Department of Education further donor funding was obtained to build two additional classrooms.

Building School-Community Links
One of the nine priorities articulated by the Minister (Department of Education, July 2000) is that schools must become centres of community life. To develop the concept of the community school, the project aims to facilitate school-community links. Such a process could also contribute to community upliftment. Some development work has begun in this area.

The M. School is developing into a community school – attempting to serve community needs. The Disabled People’s Organization of South Africa (DPSA) uses one the classes on a regular basis for meetings. In addition, Adult Basic Education and Training (ABET) classes are held at the school. There are approximately 60 students as at March 2000. Reading and writing is taught by teachers from the school and teachers from a neighbouring school. This is an initiative of the Department of Education, and the school is a participating school in the project.

The Development of Capacity for Support within Schools and Communities

An important aspect of the project is to build support structures within schools and communities rather than rely on the limited number of available professionals in the district. This has taken various forms.

At each of the schools, school based support teams have been established. The role of the team is seen as including the following:

- facilitate the development of an ethos in the school that values all learners
- facilitate the ongoing analysis and identification of barriers to learning and participation
- facilitate processes to address and minimise barriers to participation
- develop links with and access community resources, for example, from other departments such as health, welfare, correctional services; non-governmental organisations (NGOs) working in the region; and other community organisations such as disabled people’s organisations,
- facilitate whole school development and school based teacher development programmes
- facilitate parental involvement
- build school community partnerships,
- twin with other schools in the project to form school clusters to share expertise, and material and human resources and plan joint programmes

The role of the school based support team is to monitor and facilitate development work, and to link with other schools in the project to form a school cluster. Cluster meetings, held once in three months are attended by representatives of the School Based Support Teams from each of the target schools.

The effectiveness of the school based support teams varies amongst the target schools. This depends largely on the understandings of inclusive education amongst school management and the staff at each of the schools, and the degree of support for the team. There is a need for further orientation and training in the certain project schools.

Early in the project, the schools saw the need for an additional structure to be set up, a Steering Committee of School Clusters. The role of this is to facilitate and monitor the project, and ensure networking and collaboration amongst the target schools. Currently, the Steering Committee is facilitating the development of a Resource File for the School Cluster. The File has information on Community Based resources and organisations that schools can access.

An important support structure, the intersectoral Project Support Team has been set up. The aim is to ensure collaboration in the project between Health, Welfare, Correctional Services, Labour, NGOs in the area; Disability Organisations, teacher unions, community leaders, and other community organisations. Representations from these stakeholders were nominated onto the team. The target schools will also develop awareness of what support structures there are available in the community.

In the KwaZulu-Natal project, the co-ordinator of the Victim Support structure based in District Department of Correctional Services, who is a member of the Project Support Team, has supporting
the project schools. She has addressed teachers and learners at the M. School on children’s rights, dealing with child abuse, and on issues of prevention. She also made the school aware that counselling is available for children who are victims of child abuse, including pre-counselling before court cases.

One of the key recommendations in the Draft Education White Paper 5: Special Education: Building an inclusive education and training system (January 2000) is for the qualitative improvement of special schools and their conversion into resource centres that are integrated into district support teams. The special school has attempted to extend its services as a resource centre in the area, particularly with respect to the project schools.

A disability awareness programme is underway. A play has been produced involving students from local high schools and from the special school. The play explores issues around attitudes, social justice, charity/welfare approach versus a rights approach to disability; and the issue of inclusion in the community. A hundred T-shirts have been printed with the caption disability not inability in three languages on the T-shirts. These have been sold in the community. The students have performed in churches in the community, and there have been numerous invitations from other churches. Feedback has been very positive.

The school has been engaged in undertaking an Audit of Out-of-School Learners with Disabilities in the community. Through the efforts of the community worker at the school and the therapists, 53 children with disabilities and severe learning problems have been identified within the community of the project schools. The children are between the ages 6-18 years. A meeting was held with the Regional and District Education Departments, Ladysmith regarding access to education for these children. Certain options are currently being explored by the District Department.

Outreach to Project Schools has become a role for the special school. Visits have been made to project schools by therapists from the special school. The focus has been on health promotion, disability awareness, and providing support for children with disabilities in the project schools.

Concluding Thoughts
The analysis of developments in the project indicates some encouraging progress towards inclusive schools and communities. However, the project does face various challenges. These are likely to impact the sustainability of the project. The barriers identified relate to both macro factors within the education system as a whole, and micro factors that relate to the individual project areas.

Firstly, since 1994 the national government has formulated enlightened policy frameworks that in many ways are deemed idealistic, which provincial governments have not been able to implement successfully. Implementation has been seriously constrained by fiscal restraints and demands for curbs on social spending. The result has been that these new policies have not been able to promote equity, redress and social development. The greatest deprivation continues to be in rural schools. In the project schools and communities, circumstances in schools and their communities impact on the morale of teachers: poverty and unemployment, large classes, often more than 50; poor infrastructure in schools; social problems that place learners at risk; lack of basic services; problems with teacher commitment, lack of parent involvement, large numbers of over-age learners. There also have been many innovations introduced in education in the last few years, which has led to many concurrent processes running at schools – few of which are linked. It is said that teachers are suffering policy overload. From experience in the project, it has become clear that addressing inclusion and exclusion in education is in reality merely part of the process of reducing exclusion in society. In order to achieve sustainable inclusive education, programmes have to be linked with programmes for social and economic growth, and employment. There is a need for programmes that uplift and sustain communities.

Secondly, in South Africa, over the past few years there has developed a strong private and semi-private school sector. Parents augment state subsidies by the payment additional fees, and are able to
ensure better resources, and small class sizes for their children. This is reflected in the last few years by the exodus of children from townships to better-resourced private and semi-private schools – leaving the public school sector impoverished. There continues to exist gross inequalities in education provision between the middle class and the poor and voiceless. Education in township schools has come to be considered inferior, thereby entrenching exclusion. This is a major exclusionary factor that the Education Department is failing to address. Within the framework of an inclusive philosophy, there has to be an inclusive culture in the education system that values all learners, and the school community equally, and commits to encouraging the achievement of all learners.

Thirdly, the new national curriculum, Curriculum 2005 was considered the most significant curriculum reform in South African education of the last century. It stressed problem-solving, experiential learning, skills development, authentic assessment. It was to mark a departure from the content driven, examinations orientated, and ideologically biased curriculum of the apartheid era. The outcomes based education (OBE) approach was seen as a core educational practice within inclusive education in terms of its responsiveness to learner diversity. However, there were serious problems in its implementation owing to a lack of capacity to train teachers, lack of funds at provincial level, the complex nature of the curriculum, inadequate textbooks and learning materials available to schools. In January 2000, the Minister set up a task team to engage in substantive review of the new curriculum and its implementation in Foundation Phase and Grade 7. Findings were that implementation has been confounded by various problems such as a skewed, complicated structure and design; lack of alignment between curriculum and assessment policy; inadequate orientation, training and development of teachers; learning support materials that are variable in quality, often unavailable and not sufficiently used in classrooms; policy overload and limited transfer of learning into classrooms; shortages of personnel and resources to implement and support C2005, and a lack of recognition of curriculum as the core business of education departments (Department of Education, May 2000). In response to this, the Minister has set a Task Team to develop a simplified Curriculum 21 within the next 12 months. Although the outcomes based approach will be retained, these developments have negatively impacted on teachers’ morale, commitment and trust in the Department of Education. The concern is that Education White Paper 5: Special Education: Building an inclusive education and training system is soon to be released, and it is feared that educators will be reluctant to engage with yet another innovation in education.

Finally, the researchers and staff in the target schools in the Estcourt district are concerned about the sustainability of the project. There has been minimal involvement on the part of the District Education Department as a result of a lack of capacity at district level. The project has to be seen as an integral part of the work of the Regional and District Education Department, and district personnel need to be more fully involved in the development work. It is also critical that all sectors such as those involved in school management development, curriculum planning, teacher education, early childhood development, adult basic education, link with development work in the project schools.

Experience in the project seems to reinforce the fact that social and educational change cannot not occur as a result of enlightened policies and visions alone, but as Christie (1999) stresses it needs complex and concerted engagement with social, political, and economic forces that impact the education system.

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SILENT VICTIMS: EMOTIONAL ABUSE AND NEGLECT OF CHILDREN WITH DISABILITIES

Sally M. Rogow
Abuse is a violation of fundamental human rights and affects all aspects of children’s development. Physical assault and sexual abuse are commonly identified, but the nature of the emotional abuse to which children with disabilities are vulnerable has not been widely recognized. Abuse results from denial of emotional nurturance, education and treatment as well as rough handling, use of restraints and isolation. A holistic and integrated approach is needed to bring children within the boundaries of ordinary protective services and provide effective protective and prevention services.

Children with disabilities are often the silent victims of all forms of abuse in both private and public care facilities. Unfortunately, they have little or no access to general child protection services. In a study of 40, 211 children in the middle 1990’s, children with disabilities were found to experience many more episodes of multiple forms of abuse than their non-disabled peers (Sullivan and Knutson, 2000). They were 3.76 times more likely to be neglected, 3.79 times more likely to be physically abused and 3.14 times more likely to be emotionally abused. Children with speech and language difficulties were seven times more likely to be emotionally abused. Maltreatment took place in the lives of 31 percent of the children in this study and often at an early age (Sullivan and Knutson, 2000). Although findings of the rates of abuse vary, Baladerian (1994), Cavanaugh (1991) Fryer, (1993) and Sobsey (1994) also report increased rates of emotional, physical and sexual abuse among children with disabilities.

Emotional abuse is an explicit refusal to meet children’s needs for nurturance, social relationships and stimulation (Iwaniec, 1995). Isolation and segregation in care facilities often results in the denial and neglect of children’s emotional. Emotional abuse takes the form of rejection, ignoring, and/or verbal assaults (Iwaniec, 1995). Rejecting and ignoring take place when adults are psychologically distant and unavailable. Underfunding, lack of appropriate training and meeting only the physical needs of children in care creates unresponsive environments where abuse too easily takes place. In a climate of fear, forced compliance, and neglect of emotional needs, children have little hope of reaching their potential (O’Hagan, 1993).

Denial of appropriate treatment and education rob children of the tools they need to live a productive life. Overmedication with psychotropic drugs, use of physical restraints, and isolation aim only to achieve control and deprive children of essential social experiences. Emotional abuse is a dominant feature of all forms of abuse and is as damaging as physical and sexual abuse. All forms of maltreatment need to be seen as a concerted attack on the child’s development of self and social competence. Some writers distinguish between emotional abuse and neglect, but these are not truly separate categories; they are interrelated and need to be considered within the broader concept of psychological maltreatment (Garbarino, Gutman and Seeley, 1986).

Severe depression, withdrawal and unresponsiveness are the products of living without continuity of relationships and validation of feelings and experiences. Hostile or indifferent treatment stands in the way

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Barriers to Identification
Abuse in human services is a quiet epidemic, the public is largely unaware of the cases of maltreatment. Parental dependence on professionals and narrowly defined medical and treatment models obscure identification. Stereotypic and negative attitudes are also barriers to effective identification and intervention services (Baladerian, 1994). Care providers need to understand how disabilities interfere with children’s ability to utilize conventional forms of communication such as eye gaze, facial expressions, and body postures. Children who cannot utilize these expressions are assumed
to be incapable because of their inability to engage in conventional communicative interactions (Rogow & McNamara, 2001).

Additional factors include parental dependence on the good will of care facilities and treatment centers, lack of availability of active and well informed home support programs that prevent children from having to be taken away from their families, scarcity of placement options, and lack of accountability on the part of treatment facilities make it difficult to identify and treat children who are victims of abuse (Sobsey, 1994).

Specialized child care facilities are managed by both private and government agencies and include both day and residential programs. Tragically, communication, consultation and coordination are lacking. Moving children from one home to another prevents caregivers from establishing close relationships with the children in their care and the child who is moved frequently has little chance of bonding with caregivers. The rigid categories that determine service eligibility, referral of children from one service agency to another and untrained, uninformed child care workers create crises in care.

Child maltreatment cases are currently being heard by the courts in both Canada and the United States. The National Center on Child Abuse and Neglect in the US has called for renewed emphasis on comprehensive approaches (Fryer, 1993). Investigations in Canada have produced similar results. There have also been allegations against residential schools in Canada that are currently in the courts, but children who are victims of abuse still have limited access to appropriate treatment.

Effects of abuse and maltreatment

No one could understand Jason. He was born blind and was also diagnosed as autistic and developmentally delayed. He had lived in a variety of foster homes and never had the opportunity to establish a close relationship with anyone. He is now six years old, he is withdrawn, does not speak, and is self abusive. No one has ever considered his lack of social relationships to explain his behavior, which is seen only as a symptom of his disabilities.

No diagnostic label can adequately explain behavior unless it also takes account of the environment in which the child is living. In order for children like Jason to have access to intervention and treatment, an inclusive system needs to be developed in which generic child protective services are linked with specialized agencies.

Attachment disorders, lack of connection with activities in the immediate environment, apprehension, passivity and distress are markers of abuse, they are not characteristics of disability (Powell, Low and Speers, 1987). Words like withdrawal, resistance, and acting out are used as if they had little bearing on the intense inner turmoil and anxiety that are the consequences of emotional abuse and neglect.

Developing a sense of personal identity does not happen when there is no continuity of personal relationships with adults. Attachment and bonding are basic to the achievement of a sense of personal identity (Brazelton and Greenspan, 2000). In the absence of a personalized and nurturing environment, children become detached and appear to be withdrawn and self absorbed.

Children who experience emotional abuse and neglect are deprived of the opportunity to attain emotional competence, the ability to love other people, to feel good about oneself and to be free of self destructive or anti-social emotional expression (J.&A. Garbarino, 1987)

Treatment of Children who are victims of abuse.

Children with a history of abuse need help to establish a sense of identity and self worth, self respect and a capacity for relationships. Children’s behavior is a language of its own, children re-enact what they have experienced. It is important that caregivers to be aware that negative or acting-out behaviors are expressions of fear, anxiety and inner turmoil. Aggressive and other acting out behaviors need to be dealt with…not punished. Like other child victims of abuse, they need help to alleviate guilt, depression, fear and attainment of emotional independence. Social attachment is the first priority in treatment.

Treatment

Children who are victims of abuse need responsive and appropriate treatment; they need to feel safe and secure. This treatment needs to be ongoing and carefully assessed. As many child abuse victims are
bounced back and forth between the mental health and disability service agencies, communication, consultation and coordination between child protection and specialized agencies, schools and treatment are of primary importance if treatment is to be successful.

The fact that mistreatment of children with disabilities is rooted in different environments requires programs tailored for specific social contexts in which maltreatment occurs. These need to be developed together with coordinated service arrangements, a range of supports, and a focus on competence rather than disability (Rothery and Cameron, 1990). Treatment needs to be based on establishing socially responsive environments that foster the building of relationships and teaches communication skills. Both individual and group approaches can be effective (Baladarian, 1995). There is only one valid criterion for judging the appropriateness of treatment and that is the progress the child is making.

Social attachment and Communication
The desire to communicate is a life-affirming act and making oneself understood is an issue of existence. Experiences can only be shared with others who understand and accurately interpret intended messages. For children who experience a world that cannot be clearly seen, touched, handled or explored, language becomes a major means of learning about the world, making it essential to provide alternate means of communication. such as sign language, writing, and communication devices for children who cannot speak. Children who live in socially isolated environments do not hear much language directed to them and are thus being deprived of the major means of acquiring and practicing language.

Human resources that include properly trained personnel who have the time and concentration necessary to address children’s problems effectively and appropriate settings in which intensive, sustained and personal services can be provided are badly needed. Foster parents and other child care workers need to know how to develop relationships and truly support the full development of the children in their care.

Identification and Reporting
When abuse occurs, it needs to be identified and reported. To prevent children with disabilities from falling outside the scope of generic services, schools, residential and treatment centers need to take responsibility for recognizing and reporting abuse. All staff in care facilities, foster and group homes, should have opportunities for in-service training which includes abuse prevention as well as methods and strategies to help children develop positive relationships with adults and peers. Children with disabilities do not differ from other children in the kinds of experiences they need in order to grow and develop.

Building An Integrated System of Child Protection
Cooperation and collaboration between service organizations and child protective agencies are necessary to provide adequate protection. A consistent infrastructure capable of providing both support and intervention is badly needed. Consistent and comprehensive home support needs to be readily available to natural as well as foster families. Good home support services focus on the whole family in an inclusive way.

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Creative solutions to support services require only a willingness to undertake the effort to link services. Children who have a history of abuse need to be treated and mental health services and abuse counselors need access to training and consultation with specialists in the disability field. The actual integration takes place on the agency level as well as the more informal individual casework level. Social workers need to be prepared to deal with the cases they find. Children in care need advocates to represent them. Advocates need to be given complete access to all records and be able to express concerns without fear of reprisal. The medical community is also critical and plays an important role in assessing, diagnosing and reporting child abuse and neglect. Children with disabilities are children first and need to be seen as individuals with rights to protection.

There has been progress in community awareness of child abuse and neglect, but what is needed is the inclusion of children with disabilities. Community partnerships formed on behalf all child clients strengthens both the interventions provided and the agencies involved. Creative solutions to support services require only a willingness to undertake the effort to link services on the agency level as well as
the more informal individual casework level. Generic child protection agencies who have easy access to consultations and technical assistance will be able to meet the special needs of children with disabilities. Managers and supervisors as well as direct line workers need to have a holistic perspective of the children in their care.

Conclusion

The key components of preventive services are family support programs, professional and caregiver training, and cooperation among and between service agencies. Professional training courses for front-line child care people will enable pediatricians, social workers, and teachers to recognize emotional and psychological abuse. Collaboration and cooperation between and among service providers will achieve the necessary coordination of health, social services and education. A community approach that includes children with disabilities will benefit the larger community by enhancing the sharing of limited resources.

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DISABILITY AND THE IDEOLOGY OF PROFESSIONALISM

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This paper was delivered at ISEC 2000 in Manchester, United Kingdom. It looks into the causes of exclusion of disabled children and their families from ordinary community life. The voices of parents of
disabled children from impoverished rural South African contexts are heard who have not had access to any form of support because support had been organised in such a way that only children who had been labelled by professionals had access to it. It shows that professional roles and service models adopted from the West are inappropriate to the needs of developing societies.

The ideology of professionalism developed in the welfare state has become the primary obstacle to alleviate the problems that persons with disability and their families are facing in their daily struggles to make their lives meaningful and worth living. At the root of the welfare state there is a tendency to define social problems in medical terms - the so-called therapeutic approach. This is the prerequisite for stripping individuals of their citizenship and permanently relegating them to an inferior caste of clients. Clients cannot develop the capacity to overcome or to cope with life’s challenges without professional assistance.

Reforms are futile. The corrective required is the realization of the community vision. The central reform is the conversion of clients to citizens. The community vision seeks to reallocate power from the centralised and professionally dominated service system to neighbourhood associations. As opposed to the pseudo-community envisaged by human service professionals who seek to reduce all individuals to a uniform standard of normality, a heterogeneous community embodying individual diversity should be sought.

If such a revolt occurs, it will not be either Left or Right, but predicated on a renunciation of professionalism and the cultivation of a populist faith in the ability of citizens to cooperatively govern their own lives. This will mean a definite move away from the welfare approach towards one of charity, the essence of which consists in a compassionate recognition of - and respect for - what James Hillman calls the world of chronic disorder. The mission changes into a transformation, not of the disorder, but of my norms of order.

The authors are the parents of a 14 year old son with Down Syndrome.

They say in Qwaqwa there is no school for him. The social workers said they are still going to build it. They said that they will build a special school in this area but even today it has never materialised.

I don’t think she will have a good life, because she is not in school, maybe if we could afford those schools where they teach people like her, but I hear they are far and expensive.

She explained that there is no support system in the community:

It is very difficult to cope. You always have to keep an eye on him, but we are surviving. There is no school for this kind of child around here, but the doctor said he knows of some school somewhere. He then investigated the prices and I found the fee to be too high for me.

The doctor gave some medication for his condition, he says there is nothing they can do for him at that ordinary school, the only thing this doctor does is to dose him with pills. He only said they will help him to be better and probably grasp something at school.

In the debate around Inclusive Education, it is often hard to discern the real voice of parents. In societies where parents are in a position to organise themselves in articulate and vociferous pressure groups, inclusive education seems to be the choice of the majority of families. Over the past two decades the parent voice in favour of inclusive education has become stronger and stronger and in most countries it has been parents which brought about changes to legislation and policy to make inclusive education a reality for most children with disabilities. The debate in these societies dealt with issues such as reallocation of funds in order to ensure effective support in the mainstream. Assessment, statementing, therapeutic services and other highly technical issues were central in most of the discussions.

There are however millions of parents in the world whose voices are never heard. They are the parents not only of disabled children but also of millions of children who face so many barriers within their living environment and in the education system, that they can never complete a full cycle of basic education and enter the world of work as productive citizens. These parents seldom have organisations through which they can insist on the most basic human right of access to services and to quality education.

This paper will look into the causes of exclusion of disabled children and their families from ordinary community life. The voices of parents of disabled children will be heard who have not had access to any form of support because support had been organised in such a way that only children who had been labelled and placed had access to it.

All the statements in the above quoted interviews with parents of children with special needs shed light on the harsh realities faced by families in impoverished rural African contexts. Once they have overcome the widespread prejudices and suggestions of witchcraft which still abound in many areas, parents are confronted by the wall of inaccessibility constructed by society and often even by professionals.

The problems they face include:
- professionals who operate within a typically modernist (medical deficit) approach towards disability, even though it is totally inappropriate within an African context
- lack of empowerment restrains parents from becoming partners in decisions concerning their children’s education
- the constant lack of facilities and resources experienced by especially rural Africans
- the persistent idea among parents of disabled children that they are so different/exceptional that they could never become part of the normal social and educational context

We would like to quote Lena Saleh in a paper which she delivered some years ago in Pretoria:

*One reason for the lack of progress in the provision of services is that professional roles in service models adopted in developing countries are inappropriate to the needs of those societies. These countries have been seduced by Western models of service delivery, and they insist that these are the solutions and that anything else is humiliatingly second rate. In our desire to copy models from industrialised countries, we have lost sight of the true magnitude of the situation on hand, and of the specificity of our own situation, our own context. The partisans of the traditional Western models argue for mainstreaming standards. How relevant is this however for 98% of the population which have no access to services whatsoever? (Saleh: 1996)*

In a rural province of South Africa there are only two government employed speech therapists available to provide services in a region spanning hundreds of kilometres. They are spending 80% of their time each month on screening children for hearing problems, leaving little or no time to set up support structures for these learners once they have been screened. In the end parents are left despondent and the needs of their children unanswered.

Parents need to know their rights and the rights of their children and must be encouraged to pursue these rights. If the few professionals who are available within developing contexts were to reinterpret their roles to empower and mobilise
parents to reach this goal, they would be playing a much more meaningful role. If the social workers or the doctors referred to in the above interviews had the courage to assist the parents in finding access to ordinary early childhood and primary centres of learning, they could have prevented a situation where the children had to stay at home, being denied access to the stimulating environment amongst their age peers.

Although it may sound paradoxical, it is precisely the welfare state, with its ideology of professionalism, that has become the primary obstacle to alleviate the problems that persons with disability and their families are facing in their daily struggles to make their lives meaningful and worth living. At the root of the welfare state there is a tendency to define social problems in medical terms - the so-called therapeutic approach. This is the prerequisite for stripping individuals of their citizenship and permanently relegating them to an inferior caste of clients. Whatever resources or service they are then entitled to cannot compensate for this degradation. In his book entitled The Careless Society. Community and its Counterfeits, John McKnight succinctly describes the therapeutic ideology as follows: (1) *The basic problem is you*, (2) *The resolution of your problem is my professional control*, and (3) *My control is your help* ... (p. 61).

We should not be hoodwinked by the pervasive ideology of professionalism. The power to label people deficient and in need is the basic tool of control and oppression in modern industrialised societies. The agents with comprehensive labelling power in these societies are the helping professionals. Their badge bestows the caring authority to declare fellow citizens clients - a class of deficient people in need.

According to McKnight there are several visions of society that compete for the people’s loyalty. The dominant one, antithetical to the community vision, is the therapeutic vision, which sees the well being of individuals as growing from an environment composed of professionals and their services. It envisions a world where there is a professional to meet every need and where the fee to secure each professional service is a right. This vision is epigrammatically expressed by those who see the ultimate liberty as the right to treatment (p. 168).

The central premise of the therapeutic vision is that professionals possess expertise in living, based ostensibly on technical scientific knowledge. That makes them indispensable to their ever-increasing population of clients, who do not have and cannot develop the capacity to overcome or to cope with life’s challenges without professional assistance. As McKnight puts it, the client invariably receives the message from the professional: *You will be better because I, the professional, know better*. He describes the disabling consequences of this ideology both on the poor and on those who are psychiatrically labelled - those regarded by psychiatrists and most of the indoctrinated public as *mentally ill*. It conceals relations of domination behind the magic cloak of therapeutic help, thus facilitating the cultural production and reproduction of a society stratified into competent professionals and deficient clients.

Various efforts aimed at reforming the human service sector miss the point. First, these efforts underestimate the severity of the problem and presume that the service system is a given good. Thus some claim that the system is inefficient or that many professionals have become arrogant and insensitive to the needs of their clients due to the bureaucratisation of the field and the dehumanisation of modern training programmes. Various palliatives are recommended: the consumer movement seeks to give human service consumers more power to evaluate and influence professionals’ behaviour, to force them to be more sensitive. The advocacy movement seeks to surround clients with an army of advocates to protect them from abuses in the system, and to improve the quality of service. But the system is intrinsically abusive. Movements for reform only co-opt opposition and strengthen the hegemony of the human service system, obscuring the fact that the problem is not that the system has flaws, but that it does the exact opposite of what it is ostensibly intended to do: it is counter-productive. The illusion fostered by reformers is that an heroic effort can rectify professionalism and create a new class of professionals in the useful service of humanity (p. 21). McKnight, on the other hand, contends: The hopeful future for helping work is more likely to result from the fall of the modernised professions and the development of new definitions of good work (p. 21).
Second, since most critiques underestimate the severity of the problem, it is not surprising that they fail to identify the reason why the human service sector fails, despite the enormous resources devoted to it and the highly educated professionals, to achieve its manifest goal: its latent goal is the opposite. The objective is not to ameliorate the plight of needy people, but to create them. In business terms the client is less the consumer than the raw material for the servicing system. Its essential function is to meet the needs of services, the servicing system, and the national economy. McKnight reveals the awful truth which few dare to face: behind the professional's mask of concern hides the servicer, his systems, techniques and technologies - a business in need of markets, an economy seeking new growth potential, professionals in need of an income. This is why the number of clients is constantly increasing: It is now clear that the economic pressure to professionalise requires an expanding universe of need and the magnification of deficiency. This form of marginal professional development can only intensify the ineffective, dominating, and iatrogenic nature of the professional class as they invade the remaining perimeters of personhood. Efforts at reform are based on a profound misunderstanding of the current professional problem. The basic issue is the profession itself, dependent upon the manufacture of need and the definition of new deficiencies.

Reforms are futile. The corrective required is the realization of the community vision. As McKnight ironically puts it: The central reform is the conversion of clients to citizens. The community vision seeks to reallocate power from the centralised and professionally dominated service system to neighbourhood associations such as local churches, clubs and neighbourhood taverns. The community vision seeks to provide every citizen, no matter how fallible, with the opportunity to participate as a political equal with other citizens in the process of community decision making and neighbourhood-building. It seeks to recommunalise exiled and psychiatrically labelled individuals. It sees community associations as contexts in which to create and locate jobs, provide opportunities for recreation of multiple friendships, and become the political defender of the right of labelled people to be free from exile. [Adherents to the community vision] see a society where those who were once labelled, exiled, treated, counselled, advised and protected are, instead, incorporated into community where their contributions, capacities, gifts and fallibilites will allow a network of relationships involving work, recreation, friendship, support and the political power of being a citizen.

Thomas Szasz and other critics of psychiatry recognised that the practices of psychiatrists and their allies lead to the social degradation of mental patients, their total isolation from the community and the deprivation of their rights and responsibilities as citizens - in effect, to their spiritual destruction. To the consternation of his colleagues, Szasz has argued that the madman, the social deviant, the Other, is not a victim of mental illness but of psychiatric violence disguised as medical treatment: The labelling of persons as mentally healthy or ill by psychiatrists ... constitutes the initial act of validation or invalidation, pronounced by the high priest of the modern scientific religion, the psychiatrist; it justifies die expulsion of the sacrificial scapegoat, the mental patient from the community (Szasz 1970, p. 267).

McKnight's approach (recommunalisation) is more radical. He situates the solution to the problem within the context of a larger project: the broadening of the powers and responsibilities of citizens, and the regeneration of communities. One extraordinary feature of his analysis is that he demonstrates that the crisis of democracy requires the incorporation into the community of all those citizens who have been transformed into clients, and the solution to so-called personal/psychological problems requires the incorporation of clients into a democratic social order. Since professional ideology focuses on the clients' putative deficiencies, it cannot even envision the possibility that they might have something to contribute to the community. It thus denies them the opportunity to engage in the kinds of activities that can restore their sense of self-worth.

Are those individuals labelled mentally ill or handicapped more fallible (McKnight's term) than other citizens? For McKnight, the question is irrelevant, since whatever citizens' fallibilites, their putative defects, they also possess unique capacities that enable them to contribute to the community - capacities which will grow if they are given the opportunity to exercise them. Accordingly, as we exile...
our fallible neighbours to the control of managers, therapists, and technicians, we lose much of our power to be the vital centre of society. We forget about the capacity of every single one of us to do good work and, instead, made some of us into servants of those who serve (p. 172). While McKnight does not directly discuss mental illness or disability, the implication is clear: the solution to the problem is political - not psychiatric, therapeutic, or medical.

McKnight realizes that communities and the institutions of the service industry embody antithetical cultural values. Yet he does not elaborate the point. He observes, however, that communities viewed by those who only understand managed experiences appear to be disordered, messy and inefficient. There is a hidden order to community groups that is determined by the need to incorporate capacity and fallibility (p. 178). He senses that there is something in the ideal of service that lends itself to the kind of grotesque corruption represented by the welfare system today. He muses: I wonder whether the human reality is always to make service into lordship, into a system of control (p. 178). It does not occur to McKnight that the reason this happens is because the liberal welfare state, with its service ideal and its ideology of professionalism, is a manifestation of what Adorno and Horkheimer described as the dialectic of Enlightenment. As such, it is confronted with an insoluble dilemma. On the one hand, it desires to annul the Other whose otherness poses the danger of disorder. On the other, it requires the existence of the Other. The ideology of service sets up a dichotomy between servicer and client which can never be overcome: existential security is sought through control and mastery of the Other, not through the recognition of otherness. Clients must be sustained in their otherness while at the same time being compelled to constantly re-enact the rituals of submission. They cannot be permitted to transcend or legitimize their otherness by acquiring the rights and powers of citizens, by becoming full subjects. In that case there would be no Other to manage or control.

What are the alternatives? Should the Other be assimilated? Or was there not a wisdom in the different, the abnormal, the otherness of the Other which assimilation would destroy? Should we not heed the principle of the right to difference, which includes the duty to find in the difference the source of new norms? Michel Foucault, in his Madness and Civilisation, argued that it was precisely because madness harboured within itself the source of new norms that it was silenced by Reason, and lunatics were confined, managed and repressed. With the constitution of madness as mental illness at the end of the 18th century, psychiatry - and society - turned a deaf ear to madmen, and effectively deprived Reason's other of its voice.

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Although McKnight nervously avoids even mentioning madness, except in code words, he brilliantly outlines a viable alternative to strategies of exclusion or assimilation. As opposed to the pseudo-community envisaged by human service professionals who seek to reduce all individuals to a uniform standard of normality, McKnight imagines a heterogeneous community embodying individual diversity. He realizes that the tension between the individual and the community is both necessary and valuable. Refusal to tolerate this tension leads either to disorder or totalitarianism - or both. While institutions and professions war against human fallibility by trying to replace it, cure it, or disregard it, communities are proliferations of associations that multiply until they incorporate both the capacities and fallibilities of citizens. It is for this reason that labelled people are not out of place in community because they all have capacities and only their fallibilities are unusual (p. 178).

Are these ideas about community not doomed to remain a utopia without any major impact? Is it possible to transcend a social order based on management and domination and create one based on fellowship of political equals? The prospects are indeed slim. Yet the advance of the therapeutic state may carry within it the seeds of its own demise. When every citizen is at risk of being transformed into a client, the foundation of the therapeutic state becomes shaky. According to McKnight, the professional problem will be resolved when the lives of enough people are so completely invaded by the professional need for deficiency that a popular revolt develops (p. 24). If such a revolt occurs, it will not be either Left or Right, but predicated on a renunciation of professionalism and the cultivation of a populist faith in the ability of citizens to cooperatively govern their own lives. This will mean a definite move away from the welfare approach towards one of charity, the essence of which consists in fallibility are citizens. Effective associational life incorporates all of those fallibilities and reveals the unique intelligence of community (p. 166).
a compassionate recognition of - and respect for - what James Hillman calls the world of chronic disorder. The chronic is the incurable. It has its own nature, is its own form. Recognising this is perhaps the reason why freaks and cripples have been coming into prominence in our films and theatres - are we, the heroes of the modern welfare state, at last being reminded again of chronicity?

In the words of Hillman (p. 18), charity means recognition of the God within the condition which God is not to be violated by cure or conversion. Drive out the Devil and drive out the Angel too. Sacredness of the back ward, for even Hell belongs in God’s vision. Amelioration performed through charity ... and compassion which says: 'here is something to be lived with because of its very difference, its utterly foreign alienness, which leads me to want to be closer to it for what it offers'. The mission changes into a transformation, not of the disorder, but of my norms of order.

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INCLUSIVE EDUCATION, POLICY AND HOPE: MAPPING DEMOCRATIC POLICY CHANGES ON INCLUSION IN SOUTH AFRICA

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Education policy changes and pedagogical transformation in South Africa have become major determinants of democracy as the country moves beyond the pre-1994 politics of discrimination, segregation and contestation. Inclusive education has been and continues to remain in resonance with democratic restructuring which can hopefully ensure an education system that is sensitive to issues of equality, diversity, co-operative social relations and inclusion. This article explores the policy contextualisation of inclusive education in South Africa. We explain the guiding principle of inclusive education, which carries a
commitment to educational transformation as espoused through policy. The article concludes with an idea of democracy which not only creates space for practices of inclusion to be lived from inside, but also makes it possible for educators to facilitate future prospects of inclusion. Democratic discourse has the potential to increase the strength of will of educators intent on making inclusive education work and thus establish a sense of hope for learners most vulnerable to barriers to learning and development.

The conceptual understandings of inclusive education in South Africa are presumed to be located in an emerging critical discourse towards inclusion which provides much more than just the physical placement of learners with difficulties (or special needs) in mainstream classrooms (Engelbrecht 1999: 10). Rather, inclusive education aims to achieve education for all (Engelbrecht 1999: 9) and to create school communities that celebrate reflection, diversity, participation, equality and quality - all constitutive meanings of democracy. At face value, the emerging critical discourse of inclusive education seems to be driven by the emancipatory interest; that is, its purpose is to contribute to change in people’s understanding of themselves and their educational practices and thus free them from constraints of society. These may include racism, sexism, discrimination and class inequality. The emancipation of human beings and their educational practices, in particular social and historical contexts, also involves improving their practices, rationality and self-knowledge. For example, it is not sufficient merely to understand how educators and learners in black school communities in South Africa were deprived of good education during the apartheid years. These communities have to be assisted as to ensure their freedom, social upliftment and economic empowerment (Waghid & Le Grange 2000). A critical discourse of inclusive education is interested in contributing to change in peoples’ positions in life. Naicker (1999: 14) claims that inclusive education within the South African context (I) is a (critical) discourse that is committed to extending full citizenship to all people. It stresses equal opportunity, self-reliance, independence and wants rather than needs. In essence, the emerging discourse of inclusive education in South Africa seems to break with other nuanced discourses of inclusive education aimed at ensuring the inclusion of learners with disabilities into mainstream social and economic life, and providing humanitarian assistance to those learners (Naicker 1999:14).

Our emphasis in this article is on the development of policy on inclusive education within the South African context and how parallel to the implementation of a strategy for inclusive education and training, there should be the recognition and internalisation on the part of educators to live according to the imperatives of equality, diversity and cooperative participation.

Development of policy
Since 1994 the South African government has been committed to transforming educational policy to address the imbalances and neglect of the past and to bring South Africa in line with international standards of recognition of human rights. The education policy documents that emerged were based on the notion of a democratic society including human dignity, freedom and equality as entrenched in the Constitution. Key policy documents and legislation such as the White Paper on Education and Training (Department of National Education, 1995), the White Paper on an Integrated National Disability Strategy (Office of the Deputy President, 1996) and the South African Schools Act of 1996 stress the principle of education as a basic human right as well as quality education for all. These principles imply that all learners have the right to equal access to the widest possible educational opportunities as well as encapsulating a vision of an education system that not only recognises the wide diversity of learner needs but also that schools should meet these diverse needs (Muthukrishna, 2001; Williams, 2000).

The first clear indication however of a move towards acknowledging the complexity of learner needs is in the Report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) (Department on National Education, 1997). The document argues that a range of needs exists among learners and key barriers that render a large number of children and adults vulnerable to learning breakdown and sustained exclusion are identified and analysed (Williams, 2000). The document points to some significant directions for transformation and change and recommends a move away from a specific disability focus to a
reflection of inclusion (although the word inclusion is not mentioned in the Report) as a general, educational, social and political value within the South African context.

Based on the recommendations of the Report, the Ministry released a Consultative Paper in 1999 (Department of National Education, 1999). Submissions and feedback were collated and resulted finally in a landmark policy paper, Education White Paper 6: Special Needs Education in building an inclusive education and training system (2001). In this White Paper inclusive education and training is defined as

- Acknowledging that all children and youth can learn and that all children and youth need support
- Enabling education structures, systems and learning methodologies to meet the needs of all learners
- Acknowledging and respecting differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV or other infectious diseases
- Broader than formal schooling and acknowledging that learning also occurs in the home and community, and within formal and informal settings and structures.
- Changing attitudes, behaviour, teaching methods, curricula and environments to meet the needs of all learners
- Maximising the participation of all learners in the culture and the curriculum of educational institutions and uncovering and minimising barriers to learning.

Embedded in the White Paper (DNE, 2001) are recommendations and key strategies, regarding transformative inclusive educational policy: the establishment of support structures (including school based and district support teams), the transformation of special and mainstream schools into inclusive schools and the promotion of the rights of parents, learners and educators within a systemic framework that can reduce barriers to learning within all levels of education and training.

Thus far we have attempted to map the development of an increasing commitment to the implementation of inclusive education and training in South Africa with reference to policy documents which, as indicated, progressively advocate a move towards greater inclusion, particularly removing barriers to learning and development for those most vulnerable to exclusion. However, mere policy talk and implementation strategies are not sufficient to effect educational transformation and thus sailing the ship of inclusion. Of course substantial ground on policy transformation has been covered and the process has moved towards implementation. However, the changing impact these new policies on inclusive education and training will have on schools, colleges, early childhood and adult learning centres, universities and technikons should be viewed in conjunction with the strength of will of educators to implement South Africa’s democratic education system. In other words, policy will have to take account of both the contexts and the strength of will of educators and other role players to ensure its implementation, to live inclusion from inside.

Democracy, inclusion and hope
We shall now show how equality, diversity and participation as touchstones of democracy can deepen educational transformation and thus enhance a move towards inclusion. First, equality emphasises the equal position for all ethnicities, cultures, groups and individuals (they are not superior to one another) in order to prevent marginalisation and exclusion. It allows all people to see themselves not as homogeneous (the same), but as equal to one another (Fletcha 1999: 162). Everyone is an equal and should be allowed to acquire the competencies to transcend their present social barriers and to act in diverse areas of social life. Moreover, equality is concerned with what Howe (1998: 214) refers to as an enabling good whereby individuals acquire the knowledge and skill to become more transformed. This implies that equality functions according to what Frankel (1971: 203) refers to as a context in which the primary desideratum (purpose) is developmental, educational, the evoking of potentialities in people. In other words, no individual can be denied an equal opportunity whereby his/her potentialities can be evoked. And, bearing in mind that inclusion is aimed at the evoking of potentialities in those learners most vulnerable to barriers to learning and development, its connection with equality as an enabling good seems justifiable. How can educators become more transformed through the evoking of potentialities in learners with special needs? According to Rorty (1999: xxix), equality involves increasing the ability of people to start with an equal chance of happiness. In a different way, learners’ potentialities can be evoked (their barriers to learning and development can be
reduced) if they are encouraged to reflect, construct and reconstruct the patterns of meaning available to them. In this way, educators can identify and then suggest approaches to overcoming the causes of learning difficulties. Educators who live equality from inside recognise that addressing barriers to learning and exclusion is congruent with allowing all learners equal chances to voice their responses.

Second, when one engages in a democratic discourse such as minimising barriers to learning one does not do so as a solitary individual but as a bearer of a particular social identity through shared experiences. This causes a rational person to reject arbitrariness such as bias, one-sidedness, prejudice, discrimination, intolerance, dogmatism, sexism, racism and injustice. In this way, engaging rationally in a democratic discourse of inclusion offers space for diversity whereby subordinate groups (learners with special needs and characteristics) can develop their voices and articulate their needs if they have their own spaces rather than if they are absorbed in a consensual overarching public sphere (Hernandez 1997: 57). This idea of diversity opens up the possibility for different learners who are most vulnerable to barriers to learning and development to show tolerance to one another and to work together with educators in the same territory or public sphere.

Diversity through a democratic discourse of inclusion also repudiates the idea that the hegemonic power of the dominant educators can be imposed on different learners in the name of integration. In fact, diversity provides the conditions for learners most vulnerable to barriers to learning and development to articulate their needs, and deepens the transformative possibilities that allow them to reflect about their experience and situation within the wider society. In essence, diversity in a democratic discourse of inclusion, in the words of Hernandez (1997: 58), constitutes a space in which (different) people come to consciousness, deliberately transforming not only knowledge about themselves and their reality, but also transforming their own subjectivities.

Our emphasis is on the idea of how different learners can come to the consciousness needed for inclusion. The point of this question is that in order to get diverse learners to think and then for them to go beyond the information given, they have to engage, in the first place, in discussion. Discussion in the classroom requires the establishment of a set of social relationships different from many traditional classroom relationships and corresponding significantly with those associated with the idea of a democratic discourse, in this instance, inclusion. According to Bridges (1998: 285) discussion requires of those learners and educators engaged to be prepared to examine and to be responsive to the different opinions they put forward, that is, a readiness to understand and appreciate each other’s different points of view. In other words, discussion is an activity of which the success depends essentially on the reciprocal efforts of those taking part. It requires social involvement, co-operation, mutual attentiveness and responsiveness, respect and appreciation of individual divergence, reasonableness, etc. (Bridges 1998: 305). These qualities and relations, in our view, lie at the heart of a democratic discourse of inclusion.

Third, co-operative participation (dialogism) as a touchstone of a democratic discourse of inclusion creates many important possibilities. In the words of Jones (1998: 150):

Citizens of different ethnic, national and cultural backgrounds can participate in an investigation of one another’s acknowledged prejudices (in particular their feelings about the sort of life they want to lead) with the aim of arriving at compromise to which all participants can acquiesce without resentment and which aims at the optimal satisfaction of the conflicting prejudices of all participants.

Co-operative participation for the sake of compromise opens up the possibility for individuals or different groups to interrelate aimed at exploring their preferred perspectives. Talking together in different voices, aimed at addressing the differences of opinion which emerge through dialogue, participants have an opportunity to acquire a better understanding of one another (Waghid 2000). They also develop a greater self-understanding whereby they bring their prejudices to the fore and express them to others (Jones 1998: 150). This dialogue seems to be grounded in a notion of positive liberty, which rests on the principle that freedom entails a sense of belonging together in a particular society with which the individual shares permanent characteristics. Berlin (1969:158) regards this solidarity with the group or community as a desire for union, closer understanding, integration of interests, a life of common dependence and common sacrifice.
What makes co-operative participation (dialogism) a democratic discourse through which people can achieve compromise? Dialogism allows individuals and groups to live their differences (pluriculturalism) and at the same time creates the opportunity to exchange and share new forms of living and new cultural hybrids with others (interculturalism) (Fletcha 1999: 150). In other words, dialogism extends and radicalises a democratic discourse whereby it is possible for different human beings to share and live together in co-operative participation, in the sense that individuals want their actions to be directed by the community of which they are members. Jones (1998: 150) adequately summarises this sort of dialogism:

This is not the usual debate about truth and who is right or wrong. It is an attempt to understand others and ourselves as people from different backgrounds and is the basis for a compromise aimed at allowing us to live together as a functioning and unified social unit rather than as a collection of warring factions living in geographical proximity.

Of course, the alternative to working towards by way of co-operative participation in the sense outlined would be to accept a move towards fragmentation of society in groups which is neither desirable nor defensible. A pessimist who argues that dialogism in a democratic discourse would not work is not rationally considering how conflict can be avoided and how tolerance and compromise towards different prejudices can be encouraged. Maintaining an unjustifiable partiality for one’s own prejudices without encouraging dialogism is itself a violation of the notion of impartiality. Jones (1998: 152) states the following:

A violation of the principle of impartiality is simply the first step towards the gross violations of the principle of respect for persons which racist practices constitute, because they involve imposing the views of a dominant group on another without acknowledging the members of the subordinate group as potential or actual autonomous agents, beings of praxis or centres of practical reason.

For a democratic discourse of inclusion to be worthwhile, dialogism and its recognition for the universality of prejudices should constantly be asserted. We cannot hope to succeed in achieving a democratic discourse of inclusion if we do not rationally consider dialogism as a commitment to co-operative participation and transformative action. In this regard, it is worth quoting Skrtic (1995: 243):

Collaboration (dialogism) emerges when work is distributed on the basis of a collaborative division of labor and coordinated through mutual adjustment, an arrangement that is premised on shared responsibility and a team approach to problem solving and yields a form of interdependence premised on reflective discourse.

It is this kind of co-operative participation between educators, education managers (without excluding learners and parents) which is central to the implementation and success of the policy of inclusive education and training and how the system must change to contribute to establishing a caring and human society, how it must change to accommodate the full range of learning needs and the mechanisms that should be put in place (Department of Education 2000: 7-8).

Conclusion

In conclusion, much has been done concerning policy formulation on inclusive education and training in South Africa over the past six years since the emergence of the first White Paper. The policy documents on inclusive education and training discussed in this article strongly emphasise how the present system still neglects those learners who are experiencing barriers to learning and development. In addition these policy papers accentuate the need of the system to transform towards the development of a system that accommodates and respects diversity ... (and) the vigorous participation of our social partners, all role players and our communities so that social exclusion and negative stereotyping can be eliminated. Yet, very little has been said about the kind of disposition required on the part of educators to make inclusive education and training happen, besides having proposed a framework for strategic action. This leaves little hope for the establishment of an inclusive education and training system which can overcome the causes and effects of barriers to learning experienced by learners most vulnerable to exclusion. We have made a compelling case for educators to orientate themselves towards the dictates of equality, diversity and co-operative participation. In our view, for educators to internalise these touchstones of democratic discourse is a necessary condition in the development of specialised competencies such as life skills, counseling and learner support. This leaves much more hope for those learners who are most vulnerable to barriers to learning and development. Put
differently, creating conditions of hope for learners with special needs and characteristics should not only be guided by material changes but also changes in the attitudes of those who want to make inclusion happen.

References
The purpose of the present study was to evaluate the use of contingency contracting and a token program with an adolescent with ADHD. These data were gathered during Direct Instruction reading lessons in a middle school setting. The participant earned points for participating in the reading lessons. The contingency contract monitored number of participation points as well as interrupts. The overall outcomes indicated that interrupting behaviors decreased and participation improved when bonus points and contingency contacts were in effect. When the criterion for consequences was further reduced, the participant’s interruptions again declined. Changes in academic participation were less dramatic, but increases were found when contingency contracting was employed.

Attention deficit disorder is the inability of a child to attend to a task. Research has estimated that ADHD affects at many school-age children in every classroom (Barkely, 1998; Heward, 2000). These data suggest that a typical classroom may have one to three children who have been diagnosed or whom currently have problems associated with ADHD (Barkley, 1998). Many students diagnosed with ADHD experience difficulties in learning. A majority of persons with ADHD have low academic achievement and are often behind their peers in social maturity (Barkley, 1998; Gentschel & McLaughlin, 2000; Woods & Ploof, 1997). Since a diagnosis of ADHD does not necessarily mean that a student will be identified with a disability, regular educators become responsible for educational progress. In order for educators to have their classrooms and schools function productively, teachers must have well-planned and carefully implemented procedures to assist such children (Grandy & McLaughlin, 1999; Pfiffer & Barkley, 1998).

Children with ADHD and their inability to sustain attention seem to be a leading barrier in learning to read (Barkley, 1998; Edwards, Salant, Howard, Brougher, & McLaughlin, 1995). This may explain why their academic performance remains below that of their same-aged peers (Barkley, 1998; Woods & Ploof, 1997). With these factors in mind, it becomes necessary to educate the child with attention deficit to read and cope socially, as these skills are required to function successfully in the surrounding community.

Several interventions have been suggested to assist children with ADHD (Pfiffer & Barkley, 1998; Grandy & McLaughlin, 1999). Behavioral procedures such as token economies (Williams, Williams, & McLaughlin, 1989), daily report cards (Burkwist, Mabee & McLaughlin, 1987), self-monitoring (Edwards et al., 1995; Stewart & McLaughlin, 1992) and verbal praise (Williams, Williams, & McLaughlin, 1989).
have been shown to be an effective tool for changing the academic and social behaviors of children with ADHD.

According to McLaughlin and Williams (1988) token economies have been effective in increasing and maintaining behaviors for individuals with and without disabilities. Token economies have benefited children in the regular as well as special education classrooms (McLaughlin & Williams, 1988; Williams et al., 1989). Several studies have shown that token programs increased performance in math and decreased inappropriate verbalizations of children with attention deficit hyperactivity disorder (Ayllon, Layman, & Burke, 1972; Ayllon, Layman, & Kandel, 1975; Ayllon & Roberts, 1974 Pfiffer & Barkley, 1998).

Contingency contracting has also been found to be an effective way of increasing academic performance and social behaviors of children with ADHD (Carnes & Carnes, 1994; Newstrom, Sweeney, & McLaughlin, 1999; Roberts, White, & McLaughlin, 1997). Contingency contracts involve a written agreement where a student agrees to perform a given task and the teacher provides something the child desires (Newstrom et al., 1999). Target behaviors should be stated clearly so both parties understand the expectations. Goals must be manageable for the student (Carnes & Carnes, 1994). The students then can feel a sense of involvement on the construction of the contract and clearly understand what they need to achieve. Finally, the contract should be signed by all. If the student meets the goals indicated, then the reward is received. The purpose is to reconstruct the environment to provide a consistent set of expectations and consequences to the student based upon certain pre-defined performance criteria (Roberts et al., 1997). According to Carnes and Carnes (1994) there are three important factors that contribute to the success and failure of these contracts. They are a) the need to carefully define the desired behavior, b) set the magic number which is a specific requirement, and lastly, c) have a magic button or reward system available. This encourages students and allows them to become more willing to do what is requested because of a set goal.

Students with diverse learning and curriculum needs, primarily children of poverty, disabilities, and English as their second language can be affected by a number of forces which places them at a disadvantage in their social and education environments (Carnine & Kameenui, 1998; Vacha & McLaughlin, 1992). Children with Attention Deficit Hyperactive Disorder (ADHD) consistently have a difficult time in the classroom due to their impulsivity, distractibility, and overactivity (Pfiffer & Barkley, 1998; Woods & Ploof, 1997). When you include a reading difficulty, the skills and behaviors needed for the student to participate as well as their willingness to participate may well decrease. Students with ADHD present a unique set of characteristics that challenge educators to find strategies to ensure their academic success.

The purpose of this study was to examine the effectiveness of a contingency contract program for a middle school student with ADHD during Direct Instruction reading lessons. The present case report also provides a further replication of our earlier work with contingency contracting and other easily implemented procedures as the classroom level for students with ADD/ADHD (Edwards et al., 1995; Hubbert, Weber, & McLaughlin, 2000; Newstrom et al., 1999; Swenson, Lolich, Williams, & McLaughlin, 2000).

Method

Participant and Setting
The student in this study was a 7th grade, 12-year-old male, diagnosed with ADHD at the age of 8 by his family physician. He attended a large public middle school and was enrolled in a special education classroom. He also participated in the remedial reading program at the school. The participant also displayed some autistic-like behaviors (e.g., low eye contact, being non-verbal, and a tendency to become inattentive). The student’s full scale IQ from the WISC-III was found to be 92. However, much of his history and diagnosis data were based upon the school records and reports from his classroom teachers. He was selected to participate in this study because of his need for reading assistance, work completion, and participation when requested, during reading.
The study took place at the student’s school, in the hall outside his classroom. Sixteen *Corrective Reading Decoding* lessons were used with the student during the study. The participant, another student from the class, and the first author worked in the hall during the sessions. The sessions ranged in duration from 30 to 55 minutes. The first author received training from her university pre-service program (McLaughlin, Williams, Williams, Peck, Derby, Bjordahl, & Weber, 1999) and the classroom teacher regarding the techniques implemented prior to the start of the study.

**Materials**

The materials included, the book *Skills Applications: Student’s Book Decoding C* by Engelmann, Meyer, Johnson, and Carnine (1988), a frequency chart used for data collection, a teachers guide for each lesson, rewards (e.g., Butterfingers and Pokemon gum), and a behavioral contract developed for each lesson during the intervention.

**Dependent Variables and Measurement Procedures**

The two target behaviors measured were interruptions and participations. A description follows;

An interruption was defined as when: (a) the student added information which was not relevant to the question; (b) if he spoke out of turn and that caused the group to become off-task; or (c) he was observed correcting the other members’ answers. Data were recorded using a simple frequency count of each occurrence of the behavior.

A participation was defined as correct oral reading or accurately answering teacher and comprehension questions. The range of participation opportunities was 41 to 84 per session with a median of 55 opportunities across all sessions. Due to this variability, participation scores were converted to a percentage.

Data were obtained during sections B and C of the reading materials for both participation and interruptions, and section D for participation only.

**Interobserver Agreement**

Interobserver agreement was collected on 5 of the 16 sessions (i.e., 31.3% of all sessions). The researcher and the student sat across from each other and the secondary observer sat off to the side of the table, yet across from each other so they could not see what the other was recording when the participant was completing the lesson. This procedure was conducted to ensure the independent recording of the participant’s responses. Mean agreement for participation was 99.4% (range 96.9 % to 100%). The mean agreement for interruptions was 95.5% (range from 87.5% to 100%). The total mean agreement was 97.4% (range of 87.5% to 100%).

**Experimental Design and Conditions**

A single subject, ABAB reversal design (Kazdin, 1982) was used to evaluate the effectiveness of contingency contracting during reading instruction.

Baseline. During baseline, verbal praise was provided based on correct responses and participation during the Corrective Reading program. Each lesson consisted of five sections (A-E), in which the researcher took data on 2 or 3 of the 5 (B-D) sections. The student began by reading section A orally until the section was read without errors. For section B the participant was required to state sounds and pronounce words from the vocabulary list when asked, *What sound?* or *What word?* If an error occurred the first author corrected the error by saying, *Stop, that word is ___* and then had the student pronounce the erred word correct twice. For Section C, the student was required to take turns reading sections from the passage. When the reader came to a number in the passage a question was asked regarding what had just been read. A question such as *What did the fire chief discover in the snack bar?* was asked and the student was required to answer the question. During section D, a two-minute timing occurred but no data were taken on interruptions because the participant rarely interrupted during the timing. Finally for section E, the student completed written workbook pages for the lesson completed that day. Again, praise and feedback were provided throughout the lesson. When inappropriate behaviors occurred, such as an interruption or being disrespectful to other member of the group, the researcher told the student that bonus points were based on how well they participated. During baseline, bonus points were not used to reward the participant in any way. This phase was in effect twice for a total of 8 sessions.

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Contingency contracting and bonus point program. The first author and the participant sat down before intervention began to determine what the student was willing to earn. The participant stated that he would work for candy rewards. On each contract, goals stating the number of interruptions allowed and the number of participation bonus points needed necessary to earn a reward were specified. Once the contract was explained and agreed upon, both the first author and the student signed and dated the contract. If the student met the ever-decreasing goal for interruptions and increasing goals for participation, he earned a candy consequence.

Results

Interruptions

Interruptions are illustrated in the upper panel of Figure 1. During the first baseline, the mean number of interruptions was 11 with a range of 8 to 13. After the implementation of a contracting system, the number of interruptions decreased to 1.2 with a range of 0 to 3. The mean number of interruptions during the return to baseline was a mean of 7.6 with a range of 7 to 8. When contracting was again employed, the number of interruptions decreased to 0.

![Figure 1](image-url) The number of interruptions during sections B and C of the Corrective Reading Decoding program (See upper panel). The percent of participations during sections B through D of the Corrective Reading Decoding program (See lower panel).

Participation

The percent of participation in both baselines and contracting conditions are shown in the lower panel of Figure 1. During the first baseline, the total mean percent of participation was 88.5% with a range of 86.8% to 92.2%. During the first contracting phase, the mean percent of participation increased to 98.5% with a range of 95.8% to 100%. The mean for participation during the return to baseline was 87.8% with a range of 86.5% to 89.7%. With a return to contracting the participation score increased to 97.6% with a range of 95.2% to 100%.
Discussion

Data collected from this study demonstrated a functional relationship between contingency contracting and an increase in participation as well as a decrease of interruptions by the participant. Contingency contracting was found beneficial for a student with ADHD, as also noted by Piffer and Barkley (1998) and daily contracting with children with ADHD have positive outcomes as noted by Grandy and McLaughlin (1999). Not only did the student benefit from decreasing his inappropriate behaviors, but also his teachers and parents appeared to benefit. Finally, if the classroom teacher continues the contingency contracting his social as well as academic behaviors may increase (Roberts et al., 1997). However, data regarding these two issues needs to be gathered.

Research in the area of contingency contracting with a teenager with Attention Deficit Hyperactivity Disorder is limited in regards to the idea that many teachers may not have time to implement and manage these procedures in their regular classrooms. Some of the strengths of this study include: easy implementation of the contingency contracting, short session length, and the desire for the student's work, increased. Also, the researcher was able to demonstrate and document the positive effects of contracting for a teenager with Attention Deficit Hyperactivity Disorder. The implementation of this study shows contingency contracting during corrective reading lessons can be effective when applied to populations identified as having Attention Deficit Hyperactivity Disorder. Finally the study lends itself to further research on the topic of contingency contracting in the classroom with developmentally disabled students.

A weakness of this study was the number of students the researcher used was limited. Due to only implementing the contingency contract and taking data for one student, it is difficult to determine if the effects would be the same for other students with ADHD. A second weakness was the presence of the researcher might have become a reinforcer on top of the rewards that were used. Completing a similar study on the same child or other students by another researcher would do much to extend the researcher’s findings.

The time, effort, and money required by this procedure were very reasonable. The time that was required of the researcher was approximately 5 to 7 minutes to prepare the proper materials prior to the lesson. Each of the 16 lessons took about 30-to 45-minutes two to three times a week to complete. The cost involved in this project was minimal. The Corrective Reading materials were already provided by the school and the tangible rewards of Butterfingers BB's cost $4.00 and Pokemon gum cost just $1.00.

Future research might focus on examining the long-term effects of contingency contracting for students with low motivation, disruptive behaviors, and who have attending problems. Issues surrounding the maintenance or generalization into the classroom of contingency contracting could provide more information concerning the effects of contingency contracting on students with ADHD.

Preparation of this research was in fulfillment of the requirements for EDSE 465 - Classroom Management, a course requirement of the Special Education Degree at Gonzaga University, Spokane, WA. Requests for reprints should be addressed to K. P. Weber, Department of Special Education, Gonzaga University, Spokane, WA 99258-0025 or via e-mail at kweber@soe.gonzaga.edu

References


The course described in this paper attempted to bring disability from the margins to the core in order to help participants understand disability as a social phenomena. It stressed how the meanings of disability are created and perpetuated by a society, the social meanings and practices of disability, and how people interpret disability. Portfolios were used as one tool to provide a reference point to help students examine disability in new ways through a critical analysis of prevailing social perceptions. To reconstruct views of disability, common assumptions and beliefs about disability were challenged through an analysis of the portrayal of disabilities, through personal reflection, and through reading. Results indicate that the use of portfolios is one promising practice that can serve to modify beliefs so that teachers will become more responsive and accommodating.

The central debate and challenge in contemporary special education focuses on inclusive schooling; that is, the integration of students with special education needs into the general classrooms and schools they would attend if they did not have a disability. Of the many implications of inclusive schooling, one of the most fundamental is that including students with special needs does not lie so much in the restructuring of traditional forms of special education as it does in the development of new structures and practices in local neighbourhood schools themselves.

The most important person in the school environment is the teacher and any change that intends to alter the quality of education for children who are exceptional depends primarily on the teacher. Within restructured school organizations, teachers must develop flexible problem-solving strategies that enable them to respond appropriately to the diversity of learners in their classrooms.

Changing the internal structures and practices of schools and creating organizations in which teachers can attend to the needs of every child is an enormous challenge. Many variables contribute to the ongoing challenges, but one of the most potent is teachers’ attitudes to the inclusion of students with special needs and teachers’ understandings of, and tolerance for, diversity.

The beliefs of school personnel can be a conservative force that impedes or obstructs change; teacher beliefs about the value of disability and professional responsibilities correlate with teaching practices in serving children who are exceptional. In order to become effective with students who are disabled, teachers need more than high levels of personal, interpersonal, and creative abilities; they must also be receptive to the principles and demands of inclusion. Hence, the optimal implementation of inclusion requires not only a change in school policy but a change in beliefs of those who work in schools (Brantlinger, 1996).

In concert with practising professionals, preservice teachers hold a variety of attitudes. If complete inclusion and acceptance of students with disabilities will only happen if there are long-term changes in the attitudes of educational professionals, then Teacher educators who are interested in preparing
future teachers for inclusive classrooms must consider the beliefs of their students in preparing them to teach, and, more particularly, must seek antidotes for pervasive anti-inclusion beliefs (Brantlinger, 1987, p. 31).

Most authorities agree that the major responsibility for teacher change rests on higher education teacher preparation programs (Lombardi and Hunka, 2001). There is also much documentation of the stability of teachers’ beliefs and their resistance to change; the literature in general indicates that teacher educators have not been very successful in affecting preservice teachers’ beliefs and attitudes that establish dispositions and inform practice (Renzaglia, Hutchins, and Lee, 1997). In fact, Renzaglia and colleagues point out that, Perhaps one of the most vexing issues for teacher educators in special education is making an impact on the beliefs and attitudes of teacher candidates about schools, teaching, learning, children, and disability (Renzaglia, Hutchins, and Lee, 1997, p. 360).

This paper describes one classroom procedure used to construct and modify the attitudes of preservice teachers toward students with exceptionalities and the notion of inclusive schooling. The context of the introductory class and the content of the course has been described elsewhere (Winzer, Altieri, and Larson, 2001). Here we stress the rationale for portfolio use, the portfolios, the results, and directions for future research.

While the model presented here may add to the existing knowledge on portfolio use and benefit those who wish to introduce this type of portfolio into preparation programs, the discussion is prefaced by several caveats. First, the information is anecdotal and qualitative; second, the study deals with student and faculty perceptions, not with measured performance, and the framework has not been validated. Hence, this is offered essentially as a vehicle for discussion and as a prompt for further research.

Teacher attitudes
The manner in which teachers respond to the social and educational needs of students with exceptional conditions may be more important in determining the success of educational integration than any other administrative or curricular strategy. So important are teacher attitudes that they have been the subject of intense research interest in the past four decades. Generally, the research has been contained within four major categories. First, studies have been directed toward acceptance/rejection issues as they concern specific groups of learners with special needs (e.g., Curtis, 1985; Guerin, 1979; Moore and Fine, 1978). General findings indicate that teachers who hold negative attitudes about disability are often not sanguine about integrating a child with special needs.

Second, studies have investigated the relationship between teacher variables such as sex, age, or status, and attitudes toward integration (e.g., Chow and Winzer, 1989; Harisymaw and Horne, 1975; Higgs, 1975; Winzer, 1984a). The third group of studies have investigated whether knowledge about, and experience with, individuals with exceptional conditions can change attitudes (e.g., Aksamit, 1990; Larrivee, 1981; Sanche, Haines, and Van Hesteren, 1982; Winzer, 1984b). Another set of research has examined teacher tolerance and effectiveness as variables. For example, teachers with strict classroom standards refer students for special placement at a higher rate than do those with lax standards. Teachers who indicate a low tolerance for behaviour and learning problems are more likely to resist the placement of students with disabilities in their classrooms (see Kauffman and Wong, 1991).

While attitudes toward educational practices are inclined to be multidimensional and difficult to both determine and modify, there is relative consistency overall in the attitudes held by general classroom teachers toward different aspects of inclusion. For example, when Scruggs and Mastropieri (1996) used 28 survey reports of 10,560 teachers from the United States, Canada, and Australia from 1958 to 1995, they found that a majority supported mainstreaming and a slight majority were willing to implement it in their own classes. A substantial minority, however, believed that students with disabilities would be disruptive to their classes or demand too much attention. Only a minority of teachers agreed that the general classroom is the best environment for students with special needs, or that full time mainstreaming/inclusion would produce social or academic benefits relative to resource room or special class placement.
Preservice candidates similarly bring preconceived attitudes and misconceptions to their learning and may hold negative opinions about inclusive schooling and students with exceptionalities. Constructing positive attitudes that will pave a route for acceptance and effective intervention in general classrooms must form a critical facet of introductory courses in special education. A variety of approaches to improve attitudes and practice have been proposed in the context of reform in teacher education. In this study, portfolios that focus on disability are the selected mode.

Portfolios
Portfolios, which originated in other areas such as art, are used currently as authentic assessment measures in both general and special education. Portfolios are highly popular — and becoming more so (see Harris and Curran, 1998). Generally speaking, a portfolio (sometimes called a process folio) is a folder of representative work that meets certain criteria or purposes. It is a collection of ideas, insights, feelings, beliefs, and observations that shows a student's efforts, progress, and achievement in one or more areas.

Diversity exists in defining portfolios, in the use of portfolios, and in the perceived benefits of portfolios. For example, portfolio assessment is increasing with school children and may be a better predictor of future student achievement than most instruments (Johnsen, Ryser, and Dougherty, 1993). Preservice teachers are being encouraged to prepare personal professional portfolios. Bloom and Bacon (1995) discuss portfolios as assessment measures in graduate special education programs. Barton and Collins (1993) support the use of portfolio assessment as an evaluative method lending greater insights that could translate into deeper beliefs. Altieri and Billingsley (1997) used portfolios in introductory special education experiences to provide a socio-cultural perspective on disability. Nevertheless, the use of portfolios as a method of preparing and evaluating preservice teachers is relatively uncharted territory in teacher education.

Using portfolios
Teacher education programs are catalysts for facilitating change. They are responsible for providing preservice teachers with instructional activities designed to ensure their acquisition of the appropriate knowledge, competencies, and attitudes necessary (see Sileo and Prater, 1998). Within a program, an introductory course is a threshold experience, positioned to have a significant impact on students. Historically, teacher preparation programs have taught students how to teach by teaching the content (curriculum); by teaching how to present content; and by giving opportunities to apply these in field experiences (Buck, Morsink, Griffin, Hines, and Lenk, 1992). And typically, introductory overview courses in special education place greatest emphasis on the characteristics of children with special needs, less on methodologies for improving instructional practice (see Fendler and Fielder, 1990). At the same time, professional texts and traditional courses in special education do not fully engage learners in confronting stereotypes or in examining their own attitudes toward persons with disabilities. Hence, a general consensus is that the traditional special education courses do not work very well. Teacher education programs are not providing adequate preparation (Kearney and Durant, 1992; Maheady, Mallette, and Harper, 1996) and studies suggest that general educators believe themselves to be ill-equipped to adapt instruction.

When knowledge, instructional competencies, and the foundations of special education are key elements of an introductory course in special education, students may resist logical and empirical resolution of held myths and stereotypes. Confronted with traditional methods, preservice teachers may fail to adopt the positive attitudinal competencies that undergird acceptance of students with disabilities within inclusive classrooms. It is more likely that change will occur when individuals are in situations which enable them to explore the meaning of change, when meanings are shared with other individuals, and when a genuine transformation can take place. To promote positive attitudes toward disability, the introductory course under consideration moved from disembodied content to provide a richer and more complex experience in a type of experiential learning that put students in touch with the realities of the subject matter in broader ways than through lecture or text. To accomplish this, the affirmation of diversity anchored course content. Holding that experience and reflection are likely to particularly affect attitudes and beliefs, the
The course was designed to immerse students in the context of disability, rather than simply teaching about disability.

While traditional accountability remained an option, the major evaluative technique was a portfolio that allowed students to explore their own values and experiences through an ongoing and personal record of their observations, impressions, and insights that were structured around predetermined areas (see Table 1). The portfolio assignment is different from the typical paper or written exercise expected usually as products of undergraduate classes. Nor is it a traditional assessment portfolio or a graduation or exit portfolio. Portfolio use opposes also the technical reductionist tendency in teacher education that relegates social and cultural aspects to the periphery. Following Altieri and Billingsley (1997), the major aims of the portfolios were to build the capacity for moral perception and imagination in students learning to be teachers. . . recognize negative images and see beyond them ... help them see capacity in children and in themselves as teachers to help all students learn and grow.

Portfolio use was founded on a number of assumptions: that decisions related to inclusion are informed by teachers’ opinions; that positive attitudes are fundamental to successful inclusive practices; that preservice teachers can develop new understandings and appreciation which helps ultimately to transform their personal and professional behaviour; and that more learning would result from students’ active participation in the learning process. That is, the portfolio provided opportunities for preservice teachers to experience ownership of their own learning and to discover their own reflective voices for their thoughts and experiences.

The portfolios embody the past, present, and potential experiences of persons with disabilities. They consist of a collection of cultural images, media items and events, readings, and personal stories related to disability, and students’ reactions and reflections on what they are learning. As thoughtful, long-term exercises to be completed across most of the semester, portfolios are cumulative and contemplative in nature.

Results

The portfolios created a context that contained multiple and diverse sources of information and perspectives in which students could examine, explore, and construct meaning. Although the portfolios were informed by explicitly articulated principles and guidelines were provided, students had significant responsibility and freedom of choice to respond to a wide range of materials. The highly sophisticated presentations that resulted indicated that many of the aims of the portfolio assignment were achieved.

Within the portfolio, a number of mandatory items were included. These were a table of contents, all entries dated, a personal reflection on why the candidate chose the portfolio, what the eventual learning outcomes were, and ways that completing the portfolio could translate to classroom practice.

Diverse reasons were stated for choosing to complete a portfolio, although all revolved around learning more about persons with disabilities and dispelling myths and stereotypes. In fact, most participants owned to subconscious assumptions about persons with disabilities, most particularly mental retardation.

One student wrote that she expected the learning to be quite limited in depth and quality but actually found it to be abundant and fulfilling. Another chose the assignment in order to learn about the social and cultural biases that society may have toward people with disabilities. It was an opportunity to broaden my perspectives, and a chance to explore and gain a better understanding of disability. Finally, I believe that I will not be able to sincerely help any special needs children in my classroom without taking the time to study, research, interview and open my awareness to the disabilities in society today.

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Ignorance, said one respondent, has the ability to create fear and hatred of things we don't fully understand. Another said that Most of all I wanted to gain some background information about people with disabilities in relation to how society views these people. Further, By gaining knowledge, I will have a better understanding of the limitations that will be faced, the capabilities of that person, and what things I can do to help.
Another found the portfolio *A good way for me to critically assess where I have stereotypes and incorrect ideas about people with disabilities.* Others wrote that *In doing a portfolio, and in examining the common misconceptions of disabilities, I might gain insight into the challenges and the successes of persons with disabilities, and I hoped to learn more about disability and the different perspectives on the subject.* One man pointed out that *Popular culture usually highlights the achievements of the talented, glamorous, and beautiful... it will be interesting to examine how it deals with an aspect of our culture that traditionally has been hidden and ignored — the disabled.*

More pragmatic reasons underlay others' choices. For example, *A portfolio allowed me to pick topics I found interesting and media that was different from the usual lecture or research.* Too, I felt it was very down to earth and real, less theories and more reality. *And in our years at university, we have never been given an assignment which requires us to work hands-on with the topics we have researched.*

The portfolio was to contain two or more items from specific groupings, as shown in Table 1.

**Table 1: Elements of the portfolio**

**Mandatory items**
- Table of contents
- All entries dated
- A personal reflection on why you chose a portfolio, what you hoped to learn, what you did learn, and how this may help you in the classroom.

The portfolio must contain at least two items from each of the following groupings:

**A.**
1. A movie that relates to disability. For example, Rainman, The miracle worker, Children of a lesser God, Johnny Belinda. This should be reported as a brief overview of the story or theme. The major portion of the entry focuses on the issues that the portrayal raises for you personally and/or new ways you are learning about disability and society's reaction to it.
2. A case study (narrative) about a person you know or a child in a classroom with a disability.
3. An annotated bibliography of six current journal articles that focus on the social status of persons with disabilities. Each annotation should be about 2 to 4 paragraphs.
4. An analysis and comparison of two movies relating to disability. Choose one made before 1975; one after.

**B.**
1. One novel, biography, play, or autobiography that has a major character with a disability. Examples are The deaf and dumb girl, In this sign, Dummy, Of mice and men, Creeps.
2. A personal reflection on one of our classes where you gained new insights into disability and its treatment.
3. A current TV show (movie, drama, or comedy) that has a person with a disability.
4. A biography of a person with a disability who contributed to the arts in some way. For example, Beethoven, Johnnie Ray, Stevie Wonder, Homer.

**C.**
1. One children's book that has a major character with a disability or has as its purpose to teach children about differences or disabilities. Explain briefly the theme and then how you felt the book would influence children.
2. An Internet search for items written by persons with disabilities. Provide brief explanations.
3. An interview with a teacher who is including a child with a disability.

**D.**
1. Take classes in sign language. Present a log of time and personal reflections on learning sign and working with a deaf person.
2. Borrow a wheelchair. Spend a morning or afternoon at a mall or at the university (you need a friend for this). Visit stores, restaurants, and bathrooms. Write a reflective description of your feelings, how people reacted, and access.
3. For a full day wear ear plugs or heavy gloves. Record all your perceptions and experiences.
4. Watch two or three hours of TV. Note ads and shows in your log. But also note the number of people with disabilities shown, how they were depicted, and so on.

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Almost all respondents selected a *movie that relates to disability.* The variety of films were as diverse as the students. Most popular was *What's eating Gilbert Grape* which respondents felt provided many examples of social and caregiver responses to difference — mental retardation and obesity. Other films popular were *The eighth day, At first sight, Little man Tate, The miracle worker, Slingblade, Mask, Mr. Holland's opus, The boy who could fly, The other sister, A child is waiting, One flew over the cuckoo's nest, Children of a lesser God, Scent of a woman, Flowers for Algernon, Of human bondage, Elephant man, Good Will hunting, Awakenings,* and *My left foot.*
For the entry on a case study (narrative) about a person you know or a child in a classroom with a disability, responses were diverse, often moving, as students wrote of relatives or friends with disabilities. Others selected children from classrooms in which they had experience, often accompanying the narrative with photographs, an IEP, or an interview with the classroom teacher or paraprofessional.

The annotated bibliography, a more formal type of entry, was not widely selected. Nevertheless, one respondent wrote that the annotated bibliography was perhaps the most enlightening item within the portfolio. . . the evidence regarding the social status of [learning disabled] students was surprising.

Making an analysis and comparison of two movies relating to disability proved a difficult task. Respondents selected a variety of films to compare — At first sight and City lights; The miracle worker and Forest Gump; The Hunchback of Notre Dame and Mask; The miracle worker and Rainman; Mr. Holland's opus and The heart is a lonely hunter; One flew over the cuckoo's nest and Nell; Children of a lesser God and The miracle worker; The miracle worker and Nell.

The novel, biography, play, or autobiography that has a major character with a disability provided varied responses. Participants focused on Ron Jones' The acorn people; Colleen McCullough's Tim; Jean Little's Little by little; A. Schmitt's Brilliant idiot; Blatt and Kaplan's Christmas in purgatory; Jeremy Fox's The chocolate man; and Lovey by Mary MacCracken. Most popular were David Freeman's play, Creeps, about people with cerebral palsy in a sheltered workshop and Steinbeck's Of mice and men.

When asked to present a personal reflection on one of our classes where you gained new insights into disability and its treatment, the responses were somewhat surprising. Almost all participants wrote on a class about students with behavioral disorders that included role playing, a case study, and IEP preparation. One student commented that the class served to discover and implement a variety of different strategies to help children with disabilities thrive in our classrooms.

For a current TV show that has a person with a disability, respondents selected Sesame Street, Party of five, Touched by an Angel, and South Park. The most popular television show was ER with a doctor with a physical disability. A biography of a person with a disability produced items on Beethoven, Claude Monet, Ray Charles, Stevie Wonder, and Mozart.

The Internet search for items written by persons with disabilities was designed to show how people transform their lives into different experiences — positive and negative. One respondent wrote that he especially enjoyed the Internet search. It opened a new world to me. The Internet sites, said another, were inspiring and humbling as many of the people who wrote about their disabilities were positive and hopeful. And, I learned about the great sense of humor that many people with disabilities display over the Internet, but also Some of the stories that I read had me in tears.

For the interview with a teacher who is including a child with a disability, students interviewed school personnel as well as parents in order to ascertain their views on services for students with special needs. Responses frequently described instances where the goals and content of the program were inconsistent with the themes of the university classroom. They also described the anger and frustration of parents, particularly those of children identified as gifted. Responses to one children's book that has a major character with a disability were extremely varied.
the honesty of love, support, and dependency, the dependency not only of the person with a disability but the caregiver also. I was continually amazed by the optimism and the perseverance of individuals with all sorts of disabilities. Another wrote that she gained a more enlightened perspective about disabilities.

*We are all individuals first* was the most valuable learning. *I have learned to look beyond the mental or physical barriers to the inner person, where the true person is often hidden.* The portfolio is an excellent tool to see my own self growth while exploring disabilities for what they are and how they are perceived. *I learned much more than I hoped and my admiration for people with disabilities grew tremendously.* The overwhelming ideology still considers persons with disabilities as inferior to the general public — a common consensus. *I just loved how I learned from this assignment, and The process of assembling this portfolio has been the greatest learning experience of the semester.*

In more concrete items, one student found he was able to locate resources for instructional purposes, too. Another found that, *There is room in this assignment to assume the role of scholarly researcher, the curious and questioning interviewer, the avid reader, viewer, critic and, of course, the efficient teacher assembling and annotating resources for future planning.*

Lessons learned and implication for practice
Based on students’ feedback, our own experience with an interactive teaching method, and the use of portfolios as a major measure, we can identify some features and draw some cautious conclusions and point to avenues for future research.

Chiefly, preservice teachers may hold beliefs shaped by myths, misunderstandings, misconceptions, and subconscious assumptions. Portfolios are one practice that have the potential to affect the attitudes and beliefs of preservice teachers. As one student wrote, *Knowledge will help alleviate the fear I currently feel when faced with someone with a disability.* Another finished with *a better attitude toward integration of all students into the regular classroom.*

Even with these positive aspects, some drawbacks emerged. First, written responses may not truly reflect thinking. Second, achievement and mastery is not easily showcased within the portfolios; we need to judge whether portfolios actually document growth in students. Evaluation formed a difficulty. Not only were the portfolios very labour intensive but the varied nature of the individual projects led to some concerns about reliability of scoring and the validity of the evaluative criteria. To overcome this, two raters graded the portfolios individually to assure consistency in marks.

Interest was piqued in strands for future research. As we continue to use portfolios we are developing a coding system for student responses and means to validate student and faculty perceptions. Specifically, the Attitudes toward inclusion scale (Winzer, 1989) is being used as a pre- and post-course measure of attitudes. Of particular interest is whether responses are influenced by the academic subject major and level of teaching of the preservice teachers and by the more meritocratic view of education that stresses subject competence rather than child-centred classrooms.

Another demographic characteristic to be investigated is gender to determine if females more responsive to this form of assessment. As well, Altieri and Billingsley (1997) saw dialogue among group members as a critical learning component. While students in this study were able to work in groups, almost all chose to work alone.

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Conclusion
Teaching is more than a repertoire of behaviors and a teacher is more than a technical expert. While the skills associated with effective practice are a critical component, there is a significant knowledge and attitudinal base behind the observable behaviors of teaching. As teachers' beliefs and attitudes inform practice and decision making, it is what goes on in the classroom that facilitates or inhibits inclusion. Therefore, an exclusive focus on only teacher behaviours ignores the fundamental needs of attitude modification.
If pervasive beliefs interfere with best practice, it is encumbent on teacher educators to modify attitudes. This descriptive paper presented an overview of portfolios that focuses on images of disability and societal perceptions. Based on the productions and comments of those participating in the portfolio assignment, the use of portfolios in which disability and its study is the core is seen as a viable means of modifying and improving the attitudes of teachers-in-training toward the concept of inclusion and toward students with special needs.

References


**Note**

1. The author is grateful to the preservice teachers at the University of Lethbridge in 1998, 1999, and 2000 who allowed the use of their portfolios for this study.
In the last few years, attention deficit hyperactivity disorder (ADHD) has become a more talked about disorder among the media, pediatricians, educators, and parents across America in the last decade. It is estimated that ADHD is found in 3 to 5% of the childhood population, although some estimates are as high as 10 to 15% (Barabasz & Barabasz, 1996; Barkley, 1990; Landau & McAninch, 1993; McFarland, Kolstad, & Briggs, 1994).

Many studies have shown that preschool-age children are likely to be rated inattentive and overactive by their parents (Barkley, 1998). The parents of these young children are exasperated, tired, embarrassed, and sometimes fearful (Blackman, 1999). Parents may often think of their young child as having this disorder, but what they may not know; is it just normal behavior in their child’s development. Distinguishing between the possibilities and making the medically and ethically correct decision are very challenging in the early childhood years (Blackman, 1999). According to Campbell (1990) among the difficult to manage 3-year-olds, those whose problems still existed by age 4, were much more likely to be considered hyperactive and have conduct problems by ages 6 and 9 years. Therefore, both the degree of ADHD symptoms and their duration may determine which children are likely to show a chronic course of their ADHD symptoms throughout later development (Barkley, 1990).

In treating young children, one must use behavior management strategies to help promote good parent behavior around the child, only promotes the best in everyone. Finally, more research is needed in this critical area in determining the outcomes for preschool children.
The DSM-IV criteria for ADHD stipulate that individuals have their symptoms of ADHD for at least 6 months, that these symptoms be to a degree that is developmentally deviant, and that the symptoms have developed by 7 years of age (Barkley, 1998). Other criteria include the presence of symptoms in two or more settings, such as home and school, significant impairment in social or academic functioning, and the symptoms must exclude other childhood disorders (Andrews, 1999). From the Inattention item list, which include: 1) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities, 2) often has difficulty sustaining attention in task or play activities, 3) often does not seem to listen when spoken to directly, 4) often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace, 5) often has difficulty organizing tasks and activities, 6) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort, 7) often loses things necessary for tasks and activities, 8) is often distracted by extraneous stimuli, and 9) is often forgetful in daily activities. From the list above, six of nine items must be developmentally inappropriate. From the Hyperactive-Impulsive item lists, which include: 1) often fidgets with hands or feet or squirms in seat, 2) often leaves seat in classroom or in other situations in which remaining seated is expected, 3) often runs about or climbs excessively in situations in which it is inappropriate, 4) often has difficulty awaiting turn, and 9) often interrupts or intrudes on others. From the list above, six of the nine items, total must be endorsed as deviant (Barkley, 1998; DSM-IV; American Psychiatric Association, 1994).

The DSM-IV states that toddlers and preschoolers with ADHD differ from normal active young children by being consistently on the go and into everything (Blackman, 1999). Parents of children with this pattern of ADHD in this age group described them as restless, acting as if driven by a motor, and frequently climbing into things (Barkley, 1998). In a school setting, the preschool teacher may become aware of certain inappropriate behaviors that may occur during the normal classroom routine. High activity rather than inattention is likely to be the symptom most noticeable in preschool-aged children (Blackman, 1999). For example, a preschooler with whom I work, is very impulsive. He goes from one activity to another very quickly and has a difficult time focusing on just playing, but on the other hand, when he is engaged in an activity he enjoys; making an art project or playing with playdough, he is very attentive. The diagnosis for ADHD in preschoolers is difficult because of the day-to-day variability of behavior, situational responses to the environment, and adult interpretations of behavior (Blackman, 1999). In a preschool setting, the teacher may not know if a child has specific symptoms of ADHD or if simply the child is just not having a good day and needs to be noticed more than usual. There are only a few empirical data which supports the early on set of ADHD in young children (Andrews, 1999).

As young children enter a structured preschool experience, it may be the first time in their lives when they are expected to fit into externally imposed structures, behave in socially acceptable ways, relate to peers socially, and conform to the teachers rather than the parents (Blackman, 1999). Young children who are of normal intelligence, have problems learning because of their difficulties in attending well, in organizing themselves, and in following through with directions (Barreda-Hanson & Kilham, 1997). Normal children in a preschool who may be hyperactive, but do not have this disorder play and get along with others, while on the other hand, a child who may have the symptoms of ADHD display defiant, impulsive, and very intrusive behavior toward other children. The extent to which preschool children exhibit the specific symptoms which comprise ADHD, and the degree to which these behaviors are considered normal or typical in the preschool population has not been clearly answered by the research (Gimpel & Kuhn, 2000). A question arises about the validity of diagnosis made in young children to the extent of how the assessment tools were not developed for use with preschoolers and may not be developmentally appropriate (Andrews, 1999).

There are multiple etiologies that educators and professionals should consider before the final diagnosis of ADHD is made in preschool-aged children. Both neurological and genetic factors have been implicated in the causation of ADHD (Blackman, 1999). Acquired brain injury, prenatal exposure to environmental toxins such as alcohol, and perinatal complications including preterm birth and birth asphyxia have been associated with ADHD (Blackman, 1999).
According to Barkley (1998) evidence points to neurological and genetic factors as the greatest contributors to this disorder. Brain damage was initially proposed as a chief cause of ADHD symptoms, resulting from known brain infections, trauma, or other injuries or complication occurring during pregnancy or at the time of delivery (Barkley, 1998). However, most children with ADHD have no history or significant brain injuries and such injuries are unlikely to account for the majority of children with this condition (Rutter, 1977). Children who suffer from injuries to the prefrontal region of the brain, demonstrate deficits in sustained attention, inhibition, regulation of emotion and motivation, and the capacity to organize behavior across time (Fuster, 1989; Grattan & Eslinger, 1991; Stuss & Benson, 1986).

Recent research has shown that not only do siblings of ADHD children who have ADHD show similar executive function deficits but even those siblings of ADHD children who do not actually manifest ADHD appear to have milder yet significant impairments in these same executive functions (Seidman, 1997; Seidman, Biederman, Faraone, Weber, & Ouelette, 1997). Such findings imply a possible genetically linked risk for executive function deficits in families that have ADHD children, even if symptoms of ADHD do not directly affect family members (Barkley, 1997). Barkley (1998), described the four executive functions as non-verbal working memory, internalization of speech (verbal working memory), the self regulation of affect/motivation/arousal, and reconstitution. Therefore leaving these children with ADHD with a form of temporal nearsightedness or time blindness that produces substantial social, educational, and occupational devastation via its disruption of their day-to-day adaptive functioning relative to time and the future (Barkley, 1998).

The exposure to environmental toxins may also contribute to causes of ADHD. Although they are no longer believed to be the cause, but simply only behaviors that mimic ADHD (Blackman, 1999). These include pre-, peri-, and postnatal complications and malnutrition, diseases, trauma, and other neurologically compromising events that may occur during the development of the nervous system before and after birth (Barkley, 1998).

One type of environmental toxins found to have some relationship to inattention and hyperactivity are prenatal exposure to alcohol and tobacco smoke (Bennett, Wolin, & Reiss, 1988; Denson et al., 1975; Milberger, Biederman, Faraone, Chen, & Jones, 1996; Nichols & Chen, 1981; Shaywitz, Cohen, & Shaywitz, 1980; Streissguth et al., 1984; Streissguth, Bookstein, Sampson, & Barr, 1995). Alcohol and tobacco smoke also affects parents of children with ADHD, even when not pregnant (Cunningham, Benness, & Siegel, 1988; Denson et al., 1975).

Another such study by Willis and Lovaas (1977) claimed that hyperactive behavior was the result of poor stimulus control by maternal commands and that this poor regulation of behavior arose from poor parental management of children. Parents may not realize that their behavior influences their children. It will not be immediate, but over time children become a reflection of their parents. Whether it be in poor management skills or problems directly in the family. When a family is in turmoil or chaos, the children are the sole victims who are affected by it. Parents can put it behind them and go on with their life, but children take it personally. However, in a less stressful family setting where parents are more patient and have control over their own lives, the children initially have fewer problems (Blackman, 1999).

Children’s whose parents are overly critical, commanding, and display negative behavior toward hyperactive children are more likely to have a difficult time raising them (Barkley, 1998). Such children have been found to be highly restrictive, mothers who report both giving verbal and receiving physical aggression, and siblings who retaliate aggressively (Stormont-Spurgin & Zentall, 1995).

A variety of neurological and genetic factors can give rise to the disorder through some disturbance in a final common pathway in the nervous system (Barkley, 1998). Environmental factors too play a small role which involve family and social adversity in the development of this disorder (Barkley, 1998).

The diagnosis of ADHD is very difficult in preschool-aged children, the goal of assessment should be on a relief of symptoms rather than on a specific diagnosis (Blackman, 1999).
The assessment of a preschool-aged child should be multidimensional, considering all possible explanations for a child’s hyperactive, impulsive, aggressive, or noncompliant behavior (Blackman, 1999). These behaviors are associated with difficult temperament, poor parenting skills, acquired brain injury, intolerant caregivers, information processing deficits, and psychosocial stressors (Blackman, 1999). Such an approach must integrate physical, emotional, cognitive, and ecological information about the child (Rosenberg, Wilson, & Legenhausen, 1989).

The child’s care physician is the first person to seek the information regarding the child’s behavior problems as well as the preschool teacher. The child’s preschool teacher will notice the behavior problems in a school setting first. The physician should have the parents consult with specialists in child psychology and early childhood education (Blackman, 1999). By consulting a licensed professional to conduct and assessment, parents should receive accurate information regarding their child.

There are three components suggested by Barkley (1998), to a comprehensive evaluation of the client. These include: the clinical interview, the medical examination, and the completion and scoring of behavior rating scales according to parents and teachers (Barkley, 1998). A major concern in conducting an assessment is the determination of the presence or absence of ADHD as well as the differential diagnosis of ADHD from other childhood psychiatric disorders (Barkley, 1998).

Before the initial clinical interview, a phone interview is necessary. Following the phone interviews, the clinician has to complete the following: 1) obtain any releases of information to permit reports of previous professional evaluations to be sought, 2) contact the child’s treating physician for further information on health status and medication treatment, 3) obtain the results of the most recent evaluation from the child’s school, 4) mail out the packet of parent and teacher behavior rating forms to be completed and returned upon interview, 5) obtain information from social service agencies that involve service to the child (Barkley, 1998).

The most critical information regarding the assessment of a child before any diagnosis is complete are the packet of questionnaires clinicians send out to the parents. The following questionnaires include: the Child Behavior Checklist (CBCL; Achenbauch, 1991), the Behavior Assessment System for Children (BASC; Reynolds & Kamphaus, 1994), and the Home Situations Questionnaire (HSQ; Barkley, 1990). The following three questionnaires help clinicians determine the severity of the behavior the child may display. A similar packet of information is sent to the child’s teacher to determine how the child behaves in a school and social setting (Barkley, 1998). This packet also includes the teacher version of the CBCL or BASC, and the School Situations Questionnaire (SSQ; Barkley, 1990) to determine the severity of the child’s behavior in a school setting (Barkley, 1998). The following is critical for children who are of school-aged and in a structured setting, however, these questionnaires are somewhat inappropriate for preschool-aged children; bringing us back to the statement made by Blackman (1999), the diagnosis of ADHD is difficult in the preschool-aged population.

During the clinical interview, there is the parent, child, and teacher who provide valid information to the clinician. Parent reports provide the most ecologically valid and important source of information concerning the child’s difficulties (Barkley, 1998). The clinician should spend time interacting and observing the child for specific behavior patterns during the child interview. The teacher would be contacted by the telephone and simply asked about academic performance (Barkley, 1998).

A medical and physical examination must be included in this process. This includes the assessment of hearing and vision which might rule out other diagnosis (Blackman, 1999). Also included is the height, weight, and head circumference to compare to a standardized graph (Barkley, 1998).

The final step in the assessment process is the completion of the behavior scales (Barkley, 1998). This step helps the clinician in determining the correct diagnosis and treatment to assist the child. However, preschool-aged children would not go through such and extensive process in determining the diagnosis.
Preschool-aged children should be observed first in many different environments to determine how the child behaves around others; children as well as adults.

Following the assessment is the family intervention or behavioral treatment strategies. Family discord and ADHD exacerbate one another and to break the cycle, attention to family issues such as parental depression, tension and violence, and marital discord should be the first to discuss (Blackman, 1999). Some parents may not even realize how their behavior affects the behavior of their children. Most families will often be referred to psychotherapist of counselors in private or community mental health settings (Blackman, 1999). Many parents feel ashamed and become isolated because of the situation arising in their family. The next step in the process is the use of educational interventions in the home as well as in the early childhood classroom.

Behavioral treatments are utilized to change unwanted behaviors through manipulation of environmental antecedents and consequences (Frazier & Merrell, 1997). The basic behavioral treatment approaches used for ADHD children include: positive reinforcement procedures, punishment procedures, and combinations of both (Frazier & Merrell, 1997).

For the positive reinforcement procedure this could include social reinforcement (Frazier & Merrell, 1997). This is done by giving the child social praise for appropriate behaviors throughout the day (Frazier & Merrell, 1997). This must remain consistent to improve the child’s overall environment and relationships with others (Frazier & Merrell, 1997). This approach can easily be done in home or school setting.

The use of time-out from a positive reinforcer is under the punishment procedure (Frazier & Merrell, 1997). This is when the child is sent to a nonreinforcing environment/area for misbehaving in which the duration of time is only one minute per year of the child’s age (Frazier & Merrell, 1997).

The last behavioral approach is the use of token economies (Frazier & Merrell, 1997). This combines the use of reinforcement as well as punishment in connection with the child receiving tokens for appropriate behaviors and losing tokens for inappropriate behaviors (Frazier & Merrell, 1997). This helps the child clearly discriminate between the appropriate and inappropriate behaviors at home and at school (Frazier & Merrell, 1997). All of the intervention strategies mentioned above can be an effective way of decreasing unwanted behavior in the home as well as in a school environment.

Communication and consistency are the key between parents and other adults who care for their child in a group setting (Blackman, 1999). By doing so, a behavior management plan can be easily implemented into a home or school setting. Many parents of ADHD children do not realize they may qualify for preschool special education services if the behavior is severe and other developmental problems arise (Blackman, 1999).

This brings us to the most troublesome aspect of ADHD management in preschool-aged children, the dilemma regarding the safety and appropriateness versus the possible benefits of stimulant drugs (Blackman, 1999). There have been many studies on both the efficacy and side effects of methylphenidate (Ritalin) in preschool-aged children with the results being mixed or inconsistent (Blackman, 1999). The Cohen et al. (1981) study reported that psychostimulant drugs appear to be of a less certain benefit in the treatment of preschool aged hyperactive children than with their school-aged counterparts. In contrast, Mayes et al. (1994) found that preschool-aged children with ADHD actually had a better response to methylphenidate than school-aged children.

There is very minimal information that exists about the use of medication on 3 or 4-year-old children. Blackman (1999), caution’s the use of such stimulants on children younger that three years of age because of the many side effects that may occur. Such as insomnia, decreased appetite, stomach aches, and irritability. Finally, until primary care physicians gain more expertise and experience, it may be wise to refer children to a child psychiatrist for further evaluation (Blackman, 1999).

Because young children at the age of three and four are overactive and inattentive at times, all children develop at a different rate. Some 3-year-olds are ready for structured play and interacting with others,
while on the other hand, some are not. There are many behavior management strategies for parents and teachers to use, medication is not the only option.

Conclusions

Overall, the diagnosis of ADHD in the preschool-aged population is difficult (Blackman, 1999). There is a need for parents and teachers to work together and communicate with one another to develop appropriate intervention programs for young children who made display ADHD-like symptoms. High activity level, impulsivity, and short attention span- to a degree- are age-appropriate characteristics of normal preschool-aged children (Blackman, 1999).

Behavioral interventions such as positive reinforcement, punishment, and the combination of both may assist in the reduction of inappropriate behaviors if used correctly (Frazier & Merrell, 1997). Early childhood professionals should attend workshops that address new strategies in working with children who display ADHD-like behaviors or who are diagnosed with ADHD. Also, the need for more research in the area of ADHD in young children is recommended.

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SIBLINGS OF CHILDREN WITH DISABILITIES: A REVIEW AND ANALYSIS

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The purpose of this paper was to present an overview of the literature and to evaluate the data, regarding sibling relationships between siblings with and without disabilities. A dynamic continuum has existed in the relationship between brothers and sisters, dependent upon differences within families and individuals and their respective level of development. Variables, such as age, gender, severity of the disability, family size and income, parental attitude and adjustment, and cultural and religious ideology interact and combine to produce multiple family responses to children with disabilities.

Until recently, professional literature has presented the birth of a child with a disability as a tragedy (Hawkins, Singer, & Nixon, 1993). Parents were characterized as enduring chronic sorrow and social isolation. Siblings supposedly suffered from low self-esteem, behavioral problems, and depression. The entire family came to be viewed as disabled and dysfunctional (Hawkins et al., 1993).

There has been a general consensus among professionals that children with developmental disabilities are both trying and burdensome to their families (Turnbull & Turnbull, 1992). Necessary medical, educational, and daily care requirements of children with special needs frequently have placed families in stress, and perhaps, even in crisis over the course of their children's lifetime (Garland, 1992). However, researchers recently have recognized that whether or not chronic sorrow characterizes the family's reaction to the presence of a child with a disability, it is definitely not the only response (Glidden, Kiphart, Willoughby, & Bush, 1992).

The passage of Public Law 94-142 in 1975 and Public Law 99-457 in 1986 has modified the way society views, accepts, and provides services for families of children with disabilities (Wilson, Blacher, & Baker, 1989). Consequently, over the past decade, an important transformation has occurred in the way families of children with special needs are viewed (Powell & Gallagher, 1993; Glidden et al., 1992). Theory and research on siblings of children with disabilities have evolved from a comprehensive and almost singular view of predetermined stress, crisis, and pathology to the recognition of immense variability in family response to disability (Glidden et al., 1992).

About Siblings

The sibling bond is the most unique of all human relationships (Seltzer & Krauss, 1993), and is second only to that of the attachment between a parent and child (Gartner, Lipsky, & Turnbull, 1991).
special relationship lays the groundwork for sharing, companionship, loyalty, competition and emotional reciprocity (Powell & Gallagher, 1993). Although the dynamics of the relationship may change over time, most brothers and sisters relate to each other as equals, and provide individual identity, companionship, and emotional support for one another throughout their lifetime together (Seltzer & Krauss, 1993).

Major changes in society, such as family size, mobility, divorce, mothers working out of the home, and longer life expectancies have increased the importance of sibling relationships (Powell & Gallagher, 1993). Consequently, researchers have been motivated to more closely examine the influence which siblings have on one another (Powell & Gallagher, 1993). Similarly, new interest has emerged regarding relationships between typically developing children and their siblings with disabilities (Powell & Gallagher, 1993).

According to the Bureau of Census, there are more than 12 million children with developmental disabilities in the United States (Failla & Jones, 1991), and 80% of all children with exceptionalities have brothers or sisters (Gibbs, 1993). Today, children with disabilities are typically raised in family homes, attend public schools, and are often educated in regular classrooms (Boyce & Barnett, 1993). Although in the past, negative outcomes came to be expected of families who had children with disabilities (Boyce & Barnett, 1993), more recently, siblings have reported positive benefits in having a brother or sister with a disability (Blacher, 1993).

However, a review of the literature, regarding relationships between non disabled children and their siblings with disabilities, yielded contradictory findings (Begun, 1989; Brody & Stoneman, 1993). Researchers have taken a somewhat fragmented approach to studying families who have children with disabilities, and as a result, major discrepancies in research findings still persist (Powell & Gallagher, 1993). Furthermore, earlier studies may have inaccurately reflected sibling relationships because data came solely from parents in the family (most often mothers) and not from siblings themselves. Additionally, data, gathered over three decades ago, may not be pertinent to present day appraisal of family adjustment, given society's gradual shift in attitudes regarding children with disabilities and the availability of family support services (Powell & Gallagher, 1993).

In reality, children with disabilities are most likely to provide a combination of positive and negative experiences for their families, similar to those presented by non disabled children in a family (Turnbull & Turnbull, 1993). Perhaps to acknowledge that siblings are first and foremost brothers and sisters, and more alike than different, even when one has a disability is the first step toward understanding sibling relations (Brody & Stoneman, 1993).

Concerns Across Childhood

The birth of a child with special needs has a powerful impact on siblings in the family. Brothers and sisters experience a range of emotions, including anger, resentment, disappointment and even guilt that they may have somehow caused the problem. They are anxious about their sibling's future and have worries about becoming disabled themselves (Turnbull & Turnbull, 1990).

Early Childhood

Characteristically, toddlers and preschoolers, in particular, have difficulty understanding the nature and cause of their sibling's disability, and they are often left to depend upon their own unrelated experiences and imaginations to define and interpret the situation (Lobato, 1993). The grief parents experience after learning of their child's disability is also acutely sensed by young siblings. Young children frequently believe that they have caused their sibling's problem, either because they have failed to protect their brother or sister, or because they have in some way been disobedient. They often try to make up for their mistake by being particularly well-behaved in an effort to alleviate their anxiety. In addition, they are particularly affected by the visible aspects of the disability as measured by increased social withdrawal (Lobato, 1993). Often the demands placed on parents by the child with special needs reduce their time and energy for other sibling needs. Consequently, toddlers and preschool children frequently experience feelings of jealousy and envy (Turnbull & Turnbull, 1990).
Prolonged hospitalization of a child with a disability results in the isolation of young siblings from both their parents and from their ailing sibling. Preschoolers may define this decrease in contact with their sibling and parents as a form of emotional abandonment and may frequently act out in response to these feelings of isolation (Lobato, 1993).

School Age
Children who are school age are frequently at risk for greater anxiety, associated with their sibling's disability (Powell & Gallagher, 1993). Often, for the first time, brothers and sisters are faced with the dilemma of attending the same school with their sibling, and are frequently expected to take the role of brother's keeper (Gamble & Woulbroun, 1993). They are asked to relay messages from home and school, to carry medication, and to act as a classroom helper for their brother or sister with a disability which has the potential of creating embarrassment for non disabled siblings (Powell & Gallagher, 1993). Siblings may experience social stigmatization for the first time when their sibling with a disability starts public school, and report that they are frustrated by their wish to be accepted by their peers which conflicts with their need to defend their sibling with a disability (Powell & Gallagher, 1993).

School age siblings often lack a basic understanding regarding their sibling's disability, but are required to disseminate information regarding their sibling's exceptionality to friends and teachers (Turnbull & Turnbull, 1990). It is sometimes necessary to develop skills to manage their sibling's behavior, or to learn new ways in which to foster better communication and interaction (Gibbs, 1993). Workshops for siblings of children with disabilities (sibshops) are a recent creation, funded through the U. S. Department of Education, to help school age siblings by providing them with (a) peer support, (b) education, and (c) involvement (Meyer, 1992).

School aged children are often faced with the struggle to establish their own identity and to foster their own interests and activities outside the family (Gibbs, 1993). Care giving responsibilities are typically assigned at this age, which for some siblings, may increase anxiety and stress (Turnbull & Turnbull, 1990). Additionally, younger school aged siblings are concerned about surpassing their older sibling with a disability in grade level at school (Turnbull & Turnbull, 1990).

Adolescence
Adolescence and early adulthood produces ambiguous feelings in siblings who have brothers and sisters with disabilities (Gibbs, 1993). Begun (1989) suggested that adolescent children with siblings who have disabilities experience more discord than do peers with non disabled siblings. While they may have a greater understanding of their sibling's disability and a greater appreciation of individual differences, adolescents often continue to encounter the stigma and embarrassment of having a sibling with disabilities (Turnbull & Turnbull, 1990).

Uncertainty also exists regarding the genetic inheritance of the disability, as well as specific responsibilities the young adult is expected to take on as parents age (Gibbs, 1993). Moreover, the influence of their sibling's disability is frequently reflected in their career choices within helping professions (Turnbull & Turnbull, 1990), which indicates that, for better or worse, siblings with disabilities have a powerful effect on their non disabled brothers or sisters throughout their lifetime.

Variables Influencing Sibling Outcomes

A dynamic continuum exists in relationships between siblings of children with disabilities. Variations within family systems and individual development contribute to a multitude of sibling outcomes. Age, gender, severity of the disability, family size and income, parental attitude and adjustment, and cultural and religious ideology interact and combine to produce multiple family responses to children with disabilities (Powell & Gallagher, 1993).
likely affect other family members and, in turn, change the aggregate family complexion (Powell & Gallagher, 1993).

Family Size
In contrast to Farber's (1960) studies which found that children with disabilities from larger families were most likely to be institutionalized, research suggests that siblings of children with disabilities from larger families were better adjusted than those from smaller families, providing the family had adequate financial resources (Powell & Gallagher, 1993). It is believed that larger family size is associated with less embarrassment for non disabled siblings and a reduction in care giving overload (Gold, 1993), as well as more equitable parental expectations, which decreased the chances of one child shouldering all the burden of expected achievement (Dyson, 1989).

Contrary to anticipated findings, Failla and Jones (1991) found that older mothers of children with disabilities experienced considerably more stress than younger comparison mothers, inasmuch as they typically had larger families, more relationships, and more activities to manage. Women in the older mother group tended to have problems meeting the additional challenges of raising their children with disabilities. Researchers surmised that their dissatisfaction resulted from their recollection of family function before the birth of the identified child (Failla & Jones, 1991).

Given that parental adaptation is a strong predictor of sibling adjustment, these studies have both positive and negative implications for siblings of children with disabilities from both large and small families. However, variables other than family size will most likely have a greater impact on sibling outcomes (Powell & Gallagher, 1993).

Family Socioeconomic Status
The cost of increased medical expenses, equipment, therapy and specialized child care associated with a child with a disability places an additional strain on families' financial resources (Turnbull & Turnbull, 1990). Crnic, Friedrich, and Greenberg, (1983) reported that families of children with disabilities experienced reduced social mobility, and consequently, limited financial advancement. Mothers of children with disabilities often gave up their careers or worked only part-time in order to meet the needs of their children with disabilities. (Crnic et al., 1983).

Middle class families generally experienced the most difficulty in adjusting their expectations to their children with disabilities (Powell & Gallagher, 1993). Middle class siblings of children with disabilities perceived a greater degree of stigma, as well; and reported that they often felt the need to excel in order to compensate for their sibling's disability (Powell & Gallagher, 1993). However, middle class financial security allowed families better access to community resources (Powell & Gallagher, 1993). Conversely, siblings of children with disabilities from lower socioeconomic families felt obligated to generate extra family income or to assist with additional care giving needs which was not affordable outside the family (Powell and Gallagher, 1993).

No support was found for the assumption (Farber, 1960) that children from lower family income households encountered increased care giving demands for their siblings with disabilities (Stoneman, Brody, Davis, & Crapps, 1988; Stoneman, Brody, Davis, Crapps, & Malone, 1991). However, Stoneman et al. (1988) did find an association between increased parental education and family income as related to increased sibling involvement in out-of-home activities and greater amounts of time spent with friends.

Parental Influence
Stoneman and Brody (1993) suggested that parental influence on sibling outcomes is not unidirectional,
child rearing strategies, thus, interfering with sibling adjustment, and inherently, sibling relations (Crnic et al., 1983).

Parental attitude.
Given that siblings of children with disabilities mirror the attitudes of their parents (Gold, 1993), the most powerful predictor affecting sibling acceptance of a child with a disability was found to be parental attitude, in particular, the attitude of the mother. An optimistic and accepting parental outlook was positively correlated with improved personal adjustment in non disabled siblings (Powell & Gallagher, 1993), as well as enhanced relationships between their siblings with disabilities (McHale, Sloan, & Simeonsson, 1986).

Depression is the parental characteristic which has been studied most often in professional literature with studies regarding mothers far outweighing those regarding fathers (Stoneman & Brody, 1993). Hawkins et al. (1993) reported that mothers of children with disabilities experienced depressive symptoms almost twice as often as mothers of children without disabilities. Although these mothers were in the minority, their depressive symptoms often compromised their methods for parenting and restricted their ability to socialize the sibling relationship (Stoneman & Brody, 1993), thus, placing their children at risk for adjustment problems and overall conflict within the family system (Hawkins et al., 1992).

Stoneman and Brody, (1993) reported that depressed mothers were inconsistent in disciplining their children and used verbal and physical punishment more frequently than non depressed mothers. They were also less tolerant, less responsive and less nurturing to their children and tended to generate guilt and anxiety in their children to control their behavior. Furthermore, parenting patterns related to depression were linked to antagonistic, hostile behavior between siblings.

Differential treatment.
Even though parents make every effort to treat their children equally, differences in age, gender, birth order, temperaments and competencies necessitate differential treatment of individual children (Crnic & Lyons, 1993). While some studies reported that differential parental behavior seemed to reduce the overall level of interaction between sibling, resulting in social disengagement (McHale & Pawletko, 1992; Brody, Stoneman & Burke, 1987), other studies found that differential maternal behavior actually increased competition and conflict among siblings (Stocker, Dunn & Plomin, 1989).

Stoneman’s prediction that the necessary care and supervision, required of families with children who have disabilities, drained parents of time and energy needed by their other children in the family was unfounded (Stoneman et al., 1987). Additionally, no support was found for their prediction that differential treatment by parents prohibited natural interaction among siblings or resulted in increased sibling jealousy and dissension (Stoneman et al., 1987). In fact, the disparity between treatment of siblings of children with disabilities and their comparison peers was not one of neglect, but one of overcompensation by allocating greater time for non disabled siblings (McHale & Pawletko, 1992; McHale, 1989).

Interestingly, siblings of children with disabilities who received more time and attention from their parents reported warmer sibling relations but increased adjustment problems. Conversely, siblings of non disabled children who received more time and attention reported poor sibling relations but less adjustment problems (McHale & Pawletko, 1992). McHale and Pawletko (1992) surmised that more favorable parental treatment of siblings of children with disabilities induced positive self regard, and also brought about negative feelings toward their brothers or sisters with disabilities, which in turn, created feelings of anxiety and guilt, eventually resulting in increased compassion and kindness within the sibling relationship (McHale & Pawletko, 1992).

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Marital satisfaction.
The relationship between husband and wife may have powerful implications for parent-child relationships (Gibbs, 1993). There are conflicting findings as to whether the presence of a child with a disability increases marital distress (Stoneman & Brody, 1993). However, data suggested that marital stress correlated with inconsistent and dysfunctional parenting (Stoneman & Brody, 1993). Inasmuch
as the disability may cause duress in some marriages, researchers infer that marital discord may negatively influence the family emotional climate (Brody, Stoneman, McCoy, & Forehand, 1992), and have direct implications for parenting and for socializing sibling relationships (Stoneman & Brody, 1993). In fact, a positive correlation was found to exist between poor sibling adjustment and discord within the marital relationship (Gold, 1993; Lobato, 1990). Moreover, Crnic and Lyons (1993) implied that hostile parental relationships may even function as a prototype for problem solving among siblings in a family, thus, resulting in conflict within the sibling relationship.

Variability in couple satisfaction suggests that marital response to the presence of a child with a disability is not constant. Rather it may be dependent upon many factors other than the disability. Researchers found that the integrity of a marriage prior to the birth of the child with a disability; differences in individual coping styles; extended family and community support systems; and other ecological variables all contributed to the stability of the marriage and, in turn, to family adjustment (Crnic et al., 1983).

Family Communication

An open line of communication among family members (p. 374) was found to be one of the most salient ways to counteract stress in childhood (Turnbull & Turnbull, 1990), and one of the most powerful predictors of positive sibling adjustment when growing up with a brother or sister with a disability (Gold, 1993). Parents who were knowledgeable about their child's disability were better able to provide accurate and essential information regarding the sibling's disability (Turnbull & Turnbull, 1990), and were also more successful in fostering positive coping skills in their non disabled children (Gamble & Woulbroun, 1993). Furthermore, open, honest communication was found to provide assurance and comfort to siblings (Turnbull & Turnbull, 1990) and to assist siblings with their feelings of guilt, anger, resentment, and jealousy (Gibbs, 1993).

Straightforward communication helps families to gain a practical and shared set of assumptions and meanings about themselves in relation to one another; and about their family in relation to the community and society. These shared meanings reduce individual uncertainty about the disability and make coordination of a collective family response possible. A coordinated response results in greater stability and cohesiveness among family members (Patterson, 1992).

Family Coping Strategies

Families use a wide variety of coping techniques to adjust and adapt to a disability within the unit (Gamble & Woulbroun, 1993). The most frequent strategies used are: (a) to seek support from extended family members and friends; (b) to access to community support services; (c) to participate in church activities and seek spiritual guidance; (d) to seek counseling; and (e) to use individual cognitive coping skills (Gallagher & Powell, 1993; Turnbull & Turnbull, 1990). Gamble and Woulbroun, (1993) found no differences between individual family coping styles and sibling adjustment and relations, and reached the conclusion that there are no right or wrong ways of coping. They suggested that coping strategies such as denial, avoidance, and aggression, often regarded as negative responses to stress, were neither good nor bad, only the process by which individuals reached an end result. Similarly, other researchers concluded that recognition of derived benefits from a disability, which were once believed to be an indication of rejection or denial, are, in reality, a step towards positive adaptation to stress (Turnbull & Turnbull, 1990).

Boss (1993) reported that families generally coped either by confronting and fighting a situation or by giving in depending upon their orientation. While active coping techniques were usually more successful than passive methods, Boss contended that it was incorrect to think of active coping as functional and passive coping as dysfunctional. What was effective for one family would not necessarily be effective for another. Many cultural and situational variables influence the manner in which families adjust and cope with the presence of a child with a disability (Boss, 1993).
Ethnic Differences
Little is known about the significance of ethnicity on sibling relations in families when one child has a disability. However, there is evidence of disproportionate rates of disability in minority populations (Stoneman, 1993), perhaps due to a higher incidence of poverty, resulting in poor prenatal care, inadequate nutrition, and drug use during pregnancy (Stoneman & Brody, 1993).

While several studies reflected individual cultural differences between families from different ethnic groups regarding adjustment, attitudes about disabilities, and sibling relationships (Boss, 1993; Weisner, 1993), the complexity of these differences do not permit the author to expound in detail. Conclusions could not and should not be generalized to all families with similar ethnic backgrounds (Hanline & Daley, 1992).

Religious Beliefs
Crnic et al. (1983) found that religion has the potential to positively influence the lives of families with children with disabilities. Families who hold religious beliefs demonstrated greater acceptance, more positive adjustment, less stress and a greater propensity for caring for their children with disabilities in the home than did comparison families.

McHale and Gamble (1987) reported that mothers of children with disabilities who were involved in religious activities used more positive coping techniques. Similarly, siblings of children with disabilities who participated in church functions demonstrated fewer anxiety symptoms and less depression than comparison siblings, and reported increased self-esteem (McHale & Gamble, 1987).

Sibling Age
Older children who were called upon by families to care for their siblings with disabilities were found to have experienced more anger and resentment, which resulted in higher levels of sibling conflict than did comparison children who had younger non disabled siblings (Stoneman et al., 1988). In contrast, younger siblings who encountered similar role tension and role overload experienced less conflicted relationships than did younger comparison siblings of children with disabilities who were assigned fewer responsibilities (Brody, Stoneman, Davis, & Crapps, 1991; Stoneman et al., 1991).

Stoneman et al. (1991) suggested that the possible causes of varied outcomes were a result of (a) parents assigned care giving responsibilities to younger children only when the siblings were able to get along; (b) younger siblings repressed overt negative responses because of guilt or parental sanctions; or (c) generally, younger siblings held positive feelings toward their older sibling with disabilities. Lobato, Miller, Barbour, Hall and Pezzullo (1991) contended that increased nurturing behavior among young children who had older siblings with special needs may be the result of increased maternal modeling of nurturing behavior by their mothers. Furthermore, researchers speculated that these experiences helped to foster social, emotional, and cognitive development in younger siblings that would not have otherwise been acquired (Brody et al., 1991).

Sibling Gender
The gender of siblings was found to be an important consideration when assessing relationships between siblings with and without disabilities (Brody & Stoneman, 1993). Gender strongly influenced the ways in which siblings relate, the quality of their relationship, and individual siblings outcomes (Brody & Stoneman, 1993).

Given the relationship between non disabled children and their siblings with disabilities has primarily been one of care giving, researchers presumed that the passage of Public Law 94-142 in 1975, and subsequent availability of services would substantially reduce the responsibility of sibling care giving. Furthermore, they speculated that recent changes in gender related roles would help to more evenly distribute care giving tasks among both brothers and sisters (Wilson, et al., 1989).
In fact, shifts in sex-typed roles of women in present day society has had minimal effect on gender-related roles for sisters of children with disabilities. However, some changes have occurred in sex-typed roles for brothers in families (Stoneman et al., 1988).

Research, regarding care giving responsibilities, and comparing sibling pairs with and without a disability found:

1) In both groups, older sisters assumed managerial or teacher-helper roles more frequently than older brothers. However, older sisters of siblings with developmental disabilities were four times as likely to assume these roles as were sisters in the comparison group. Sisters in both groups took more responsibility for care giving, household chores and meal preparation. On the other hand, brothers in both groups were given more responsibility for yard work and other outdoor duties (Stoneman et al., 1987, 1988, 1989).

2) Older sisters of children with disabilities babysit their sibling with a disability more than older brothers in the same group. However, older brothers of children with disabilities babysit more often than older brothers in the comparison group and as often as did older sisters in the comparison group (Stoneman et al., 1987, 1988, 1989). While older brothers of siblings with developmental disabilities experienced increased care giving demands, these responsibilities did not extend to bathing and feeding which were most often ascribed to older sisters (Stoneman et al., 1989).

3) Younger brothers and sisters of older siblings with disabilities assumed similar roles in their relationship with their siblings as did comparison older siblings (Brody et al., 1991; Stoneman et al., 1988, 1991), with feeding and bathing responsibilities also disproportionately falling to younger sisters (Stoneman et al., 1991).

In contrast to earlier studies by Farber and Jenne (1963) as cited in Stoneman et al. (1988), which reported that brothers of children with disabilities sought outside associations to escape the demands and stresses of home, Stoneman et al. (1988) found that older brothers of children with developmental disabilities were more active socially with friends both inside and outside their homes, as compared to older brothers and sisters in the comparison group (Stoneman et al., 1988). On the other hand, Crnic et al. (1983) reported that older sisters of children with disabilities experienced lower levels of sociability and interpersonal relationships, along with increased anxiety and confrontation with their parents. Nevertheless, Stoneman et al. (1988) found that while variations persist within siblings dyads and across genders, overall, siblings of children with disabilities spent equal amounts of time with friends as did their peers with equal opportunities for friendships and socialization.

Sibling Birth Order and Spacing

Conflicting reports were found regarding sibling birth order and spacing within the family. Oldest daughters in families with children who had disabilities were believed to be adversely affected (Farber, 1960), as well as brothers and sisters born after the sibling with a disability (Gold, 1993). Similarly, children reported more embarrassment (Grossman, 1972) and greater sibling hostility and conflict (Begun, 1989; Lobato, 1990) when their siblings with disabilities were spaced more closely together in age. Wide spacing between siblings correlated with greater sibling adjustment, possibly related to reduced parental stress and increased marital satisfaction (Powell & Gallagher, 1993). By contrast, Wilson et al. (1989) found that siblings who were the same sex and closer in age to the child with the disability reported a more positive and close-knit relationship with no significant differences in sibling adjustment.

Type and Severity of Disability

Conflicting evidence was also found with regards to the impact of individual disability as related to sibling outcomes. Crnic et al. (1983) reported that the severity of the child's disability correlated
positively to parental problems, family problems, and sibling problems. Gold (1993) also concluded that the severity of the disability seemed to be directly associated with negative sibling outcomes, particularly in families from upper middle class families. This was particularly true when knowledge and definition of the disability was not explicit or fully understood (Gold, 1993). Other researchers found that the variability of individual disability played only a small role in determining the level of sibling adjustment (Gamble & Woulbroun, 1993; Stoneman & Brody, 1993), and that there has been no salient correlation between the severity of the disability and the degree to which siblings adjusted (Gibbs, 1993).

Interestingly, siblings of children with mild disabilities, especially if they were closer in age, were thought to have increased adjustment problems, perhaps because they were more likely to have the same friends and to be in the same social circles (Gibbs, 1993). Siblings of less involved children were more apt to believe that they would catch the milder disability than were siblings of children with more severe disabilities. Moreover, they were less tolerant of their sibling's abhorrent behavior, especially when the sibling did not appear disabled (Gibbs, 1993). Dyson (1993) reported that while there were no data regarding adjustment in siblings of children with learning disabilities, individual and family studies suggested that a large number of children experience negative consequences as a result of having a sibling with learning disabilities.

Little is known concerning the effects of physical or sensory disabilities on siblings relationships. However, Stoneman and Brody, (1993) speculated that since play among children typically involved fine and gross motor activity, a physical or sensory disability would essentially affect play activities that are normally the context for sibling interaction. Neither the emotional or affective quality of the relationship was expected to differ. Finally, a sibling's hearing loss was thought to have important implications for communication between siblings, perhaps resulting in a more intense sibling relationship due to the social isolation deaf children experience (Stoneman & Brody, 1993).

Sibling Reciprocity

Although sibling reciprocity varied within families, sibling dyads with and without disabilities were generally found to interact at the same rate and frequency, regardless of family, gender, age, or disability status (Stoneman et al., 1987). Yet, differences were found in the ways in which these siblings related toward one another. Stoneman et al. (1987) observed that interactions between children with disabilities and their siblings were characterized more frequently by social exchanges than by joint object play which was the mode of interaction preferred by typically developing siblings. Children who had siblings with disabilities seemed to function primarily as care giver, teacher, and manager rather than playmate and friend (Stoneman et al., 1987).

Sibling interactions.

Stoneman et al. (1987) found that the primary mediator of sibling interactions was not language as expected, but a combination of adaptive skills which resulted in (a) more frequent sibling social exchanges, (b) longer periods of time engaged in play, and (c) less role asymmetry. Children who demonstrated increased language and adaptive skills were involved in more social interaction and joint object play, whereas children with limited language skills had difficulty participating in an extended series of complex cognitive play (Stoneman et al. 1989).

When siblings with disabilities displayed fewer adaptive skills, the non disabled sibling role of playmate shifted to that of caregiver (Stoneman et al., 1988). Stoneman et al. (1989) found that children with decreased adaptive skills and their siblings experienced increase interaction during snack time and while watching television, and that interactions seemed to be prompted more by management demands than by desire for socialization.

Sibling conflict.

Conflict and antagonism between siblings has been among the most frequent and persistent problems reported by parents of non disabled children. Likewise, while wide variations existed among families, there seemed to be little validation for the assumption that families who have children with special
needs experienced any more or less discord among siblings than typical families (Stoneman & Brody, 1993).

Noncompliance in children with disabilities produces increased directive behavior and repeated requests by non disabled siblings (Brody et al., 1991; Stoneman et al., 1989). Interestingly, intense levels of aggression from children with disabilities were not reciprocated by their non disabled siblings, as was previously reported by Patterson (1980) as cited in Stoneman and Brody, (1993).

Powell and Gallagher, (1993) observed that siblings of children with disabilities demonstrated less arguing, teasing, and rowdiness during play. Stoneman et al., (1989) concluded that more positive interaction between siblings was perhaps the result of (a) guilt on the part of the non disabled sibling, (b) parental intolerance of typical negative behaviors among siblings, or (c) a natural response to the asymmetrical development and ability between the siblings with a disability and the non disabled sibling.

Sibling role of caregiver/helper.
Research has confirmed that childhood anxiety over ascribed family roles was not necessarily a given when there was a sibling with a disability. Still stress did occur (a) when there were too many responsibilities, (b) when the tasks were too physically burdensome, (c) when the duties were disagreeable or unsanitary, (d) when the sibling with a disability was unresponsive or hard to manage, (e) when responsibilities in the home superseded other desired activities, (f) when work went unnoticed and unrewarded, or (g) when there was no other aspect to sibling relationships, other than child care (Gamble & Woulbroun, 1993). Stoneman et al. (1988) reported that while additional responsibility within the family caused children to feel resentful and anxious, it also helped children develop self-respect, independence, and a sense of competency and belonging.

Interestingly, an overload of increased responsibilities for non disabled siblings, regarding household chores as well as care giving responsibilities for their brother or sister with a disability, was not found (Stoneman et al., 1991). Stonem and Brody (1993) presumed that this may be due to awareness and compensation on the part of parents who were determined not to overburden their non disabled children.

Role of tutor.
The role of tutor also was examined as an important way of mediating relationships between non disabled siblings and their brothers or sisters with disabilities (Powell & Gallagher, 1993). Stoneman et al. (1988, 1989) assumed that children with developmental disabilities who have siblings at home may also have ready-made tutors. However, expectations for children to become therapists and teachers may inadvertently cause increased conflict between siblings and may become a burden to non disabled children in families (Stoneman et al., 1989, 1988).

Gibbs (1993) argued that training non disabled siblings to become tutors and behavior therapists inhibits the more natural sibling relationship of playmate and confidant. However, siblings can acquire skills in prompting, shaping, consequences, and reinforcement quickly and easily (James & Egel, 1986). Additionally, sibling training can increase the amount and duration of sibling play (Powell, Salzburg, Rule, Levy, & Itzkowitz, 1983) and also promote more positive attitudes and more meaningful interactions among siblings (Gamble & Woulbroun, 1993). Parents confirmed that, following an instructional session for their siblings, non disabled children engaged in less custodial care and more tutorial interaction with their brother or sister with a disability. (Gibbs, 1993). Furthermore, interactions between siblings often generalized to other activities and environments in the absence of the parents and instructors (Powell et al., 1983).

Methods and Recommendations
Results of studies regarding families of children with disabilities yielded inconsistent and contradictory findings. Limitations included:

1) **Small sample size.** Small sample sizes as well as a shortage of comparison groups and/or inappropriately matched comparison groups may be the result of difficulty in identifying and recruiting
families for research projects. Research was often limited to a specific disability, and low incidence samples were reportedly hard to locate. Perhaps parental attitudes, overall reasons for family stress, or family behavior patterns could be used in place of disability to ensure larger sample size. However, match comparison groups would still present a problem.

2) Selection bias. Groups were not representative, due to low rates of family participation and heavy reliance on families who solicit services. Data were missing from healthy families who have not requested assistance or support from health care systems. Also missing were data from families at the other end of the scale who were so distressed that they isolated themselves from health care systems and consequently, research.

3) Although there is a disproportionate number of disabilities in minority children and children living in poverty, most studies centered around white middle class traditional families. Little was found regarding siblings from non traditional families, i.e., divorced families, single parent families, adoptive families, and foster care families. While research has basically focused on siblings of children with mental retardation, siblings of children with physical or sensory impairments have been overlooked. It is essential that researchers address all groups in order to present a more characteristic understanding of all families of children with disabilities.

4) Variable and measurement limitations. Measurement issues were complicated, and a large number of external variables needed to be controlled if findings were to be meaningful. Studies were generally limited to sibling pairs, usually in consecutive birth order, and frequently of the same sex. The dynamics between more than two siblings in a family were most often ignored. Measurements typically focused on one particular control variable rather than a constellation of variables, and generally measured a single effect without gauging the possibility of a reciprocal effect. There seemed to be no appropriate measurements with which to measure important constructs, such as stress, coping and family adjustment.

5) Inaccurate assumptions. Researchers generally predicated their studies on faulty or invalid assumptions. A genuine bias existed concerning research expectations of negative family outcomes and individual maladjustment to the disability. Few studies were found based on positive or beneficial predictions for families and siblings of children with disabilities.

6) Information bias. Research focused almost completely on data from mothers of children with disabilities, and in some unique cases, reports from sisters of children with special needs. Maternal findings were almost always generalized to the entire family. However, observational reporting and research based on maternal reports reflected a definite bias in parent generated research. Information based on non disabled sibling reports was also limited, and the viewpoint of children with disabilities was noticeably scarce in professional literature. Very little was found with regards to the disability or its effect on sibling or family relationships from the standpoint of a sibling with a disability. Objective data collected from fathers, mothers, children with disability, siblings, and extended family members would most likely reflect a less distorted family picture.

7) Absence of longitudinal studies. There were no longitudinal studies found, detailing family adjustment and function in response to children with disabilities from the time of diagnosis through life. Cross-sectional studies did not accurately reflect the family process of adjustment and long term support of a child with a disability. Although longitudinal research is expensive and difficult to follow, researchers may gain greatest insight from families who have come to accept and appreciate their children with disabilities, and who have done well over time.

8) Limited replication successes. Given the diversity and complexity of family processes, and the fragmented and short range methods used by researchers to study families of children with disabilities, it was not surprising to find that very few studies had been replicated. It is doubtful that answers to researchers' questions will be found until research inadequacies can be resolved.

Inasmuch as siblings are first and foremost brothers and sisters and more alike than different even when one has a disability (Brody & Stoneman, 1993), perhaps research regarding siblings of children with disabilities should be viewed as a natural continuation of the research on typically developing brothers and sisters. It is probable that the same factors that encourage healthy outcomes and positive relationships between brothers and sisters for typical siblings might also foster similar outcomes and relationships for brothers and sisters who have a sibling with a disability. A more global approach
which focuses on similarities between normal siblings and siblings who have a brother or sister with a disability may reveal truths that surprise researchers.

Conclusions

The scientific and applied study of siblings of brothers and sisters with disabilities is complicated, comprehensive and multidisciplinary. However, three decades of research have produced flawed and contradictory data, and have failed to significantly bring about any meaningful or consequential intervention, resulting in healthier outcomes for siblings of children with disabilities. Instead, the data from the past 30 years have confirmed over and over that wide variances exist within and across families with and without children with disabilities. Researchers have verified that sibling relationships and interaction may differ in mode or medium when a brother or sister has a disability, however, sibling relationships and family outcomes are no better or no worse than those of typical families.

There is clear evidence that individual child and family characteristics influence sibling outcomes to a far greater extent than any combination of disabilities. Yet, researchers continue to focus specifically on families of children with disabilities in isolated studies and continue to present separate data relating singularly to these families simply because of the qualifying variable of disability. Researchers and professional practitioners persist in neglecting the data they themselves have produced. In fact, data have established that families of children with disabilities are really very similar to families with typically developing children.

However, when a child is diagnosed with a disability, there seems to be a knee jerk reaction among professionals in the field for automatic assessments, prompt referrals, and comprehensive intervention for families of children with disabilities. This response seems to be based on the ambiguous presumption that somehow these families are different. Service providers maintain the stereotype of exceptionality by encouraging the family to participate in special programs and by providing them with individualized services and supports. Early intervention and special education characteristically focus on differences and deficits in children with special needs rather than similarities and strengths. The very existence of case management infers that somehow families of children with disabilities are unlike typical families, and are unable to attain an independent and hardy existence without professional remediation and assistance.

All families are unique, with or without a child with a disability. All families experience stress and even crisis in the course of their life times. More importantly, all families have strengths. All have the ability learn, and grow, and accommodate to change when the need presents itself. The old adage of What doesn't kill you will make you stronger may be true. Adaptation to change and challenges brought on by a child with a disability can bring (and has brought) renewed strength, energy, and competence to individual family members and to family units as a whole.

Recent studies on family resiliency (Antonovsky, 1993; McCubbin, Thompson, Thompson, & McCubbin, 1993; Singer & Powers, 1993) found evidence that families are indeed stronger and more flexible in the face of adversity than was previously believed. This resiliency facilitates family healing and adjustment and enhances the family's sense of coherence in ways that are still not clear to researchers.

In place of intrusive interventions which, by nature, focus on individual abnormality with presumed family dysfunction, advocates and professionals in the field could better serve families of children with disabilities by protecting and strengthening the integrity of the family unit, and by validating the family's right to autonomy and efficacy. Support must be family driven. Service providers must listen to and hear what families really need and want, if anything. Families may need information and education regarding the disability. They may want access to therapeutic and educational community resources. They may ask for counseling. They may just require time!

Families of children with disabilities have the unique ability to reframe their definition of disability (even when society does not), and to find positive meaning in negative circumstances. They are able to
build teamwork around family tasks, and to maintain a sense of control regarding their home and jobs. They are flexible and are willing to learn new things to help themselves and their children. They have the ability to draw upon extended family and community supports already in place. Most importantly, they are a family with a common history, shared meanings and values, united by loyalty and affection—just like other families.

The greatest obstacle a family must face is the stigma which society places on them as a result of their child's disability. Because the reality of a disability is a social construct, health and education professionals play an important part in shaping the way a family perceives themselves and their child with a disability. Information and education provided through professionals, regarding diagnosis, care giving, educational resources, and prognosis can determine whether or not a family sees the disability as a tragedy or a challenge. The underlying message communicated to families by professionals may either empower families and promote their well-being, or may discourage them and bring on insecurities regarding their role of parenting and nurturing a child with a disability. When families feel vulnerable, they withdraw to protect themselves. Withdrawal alienates them from their communities, from their extended families and perhaps even from each other. This situation intensifies the family's need for intervention, increases the necessity for services, and consequently, results in greater dependency on the system.

Professionals, in their rush to provide specialized services, often overlook the most powerful kind of support which comes from extended family, friends and neighbors. Formal interventions, i.e., doctor's appointments, parenting workshops, therapy sessions, and educational meetings sometimes do little more than exhaust a family's efforts to find normalcy in circumstances for which they neither wanted nor were prepared. Formal interventions often interfere with and detract from the more effective intrinsic support of family, friends, and neighbors, which through generations have provided families with understanding, acceptance and healing.

Until families of children with disabilities are seen as unique and distinct entities, no better or worse than typical families, with potential to gain mastery over the circumstances surrounding their child with a disability, researchers will continue to turn over and compare the same old variables. Professionals will continue to fail in their efforts to serve, not only the child with the disability, but the family as a whole. Even so...expect survivors!

References


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**THE EFFECTS OF CODE- AND MEANING-EMPHASIS APPROACHES IN BEGINNING READING FOR STUDENTS WITH MILD DISABILITIES**

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and
The purpose of this study was to compare the efficacy of code-emphasis and meaning-emphasis approaches to reading instruction. Five students with mild disabilities participated in the study. The Swain Beginning Reading Program (Swain, 1984) was used as the code-emphasis intervention and consisted of teaching words in isolation before introducing them in context. The meaning-emphasis intervention was a teacher-made program that employed trade books and always presented words in context rather than in isolation. Following implementation of both approaches, weekly teacher-made probes were administered to measure the number and rate of words read correctly in isolation and in context. Negative statements, such as I don’t know and I can’t do this, made during the probes were also measured. The participants read more quickly and read more words correctly both in isolation and in context with the code-emphasis intervention than with the meaning-emphasis intervention. In addition, participants made fewer negative statements during the code-emphasis probes.

Although there is agreement among practitioners that reading is an important, fundamental skill, there is much debate surrounding the most effective method for teaching reading (Adams, 1990; Juel, 1991). Reading instruction has been heavily influenced by strategies imposed by basal reading programs, which tend to focus on word-attack and word-recognition skills and rely heavily on the premise that children must learn a large number of sight words (e.g., words that are not sounded out) and some decoding strategies (e.g., sounding-out strategies) to learn to read (Stein, 1993; McIntyre & Freppon, 1994). We refer to these types of programs as code-emphasis. Most programs that fall in this category are highly structured and introduce words and letter sounds in isolation via worksheets and student readers. Also characteristic of these programs is that the readers contain carefully controlled vocabulary and few or no pictures.

There has been much criticism of code-emphasis reading programs. Among the criticisms, the most common criticism is that this form of instruction results in degraded text and decontextualized activities (Graham & Harris, 1997). This, in turn, isolates printed text from its functional use and reduces reading and writing to simply matching letters to sounds (Goodman, 1986). Additional criticisms are that children sound out every word and are required to read stories that contain strange language patterns as a result of the limited and controlled vocabulary (Guthrie & Cunningham, 1982). As a result, some believe that children do not learn to appreciate literature when taught to read in this manner (Guthrie & Cunningham, 1982). Especially for students with disabilities, this type of instruction is criticized for focusing too heavily on lower-level reading skills, requiring students to simply decode and transcribe print (McGill-Frazen & Allington, 1991; Palincsar & Klenk, 1992).

As an alternative to code-emphasis approaches, some have proposed that children should learn to read through a method that begins with the functions of reading and allows for discovery of phonetic rules as the child develops a need for such rules (Goodman, 1986). We refer to this approach to reading instruction as meaning-emphasis instruction because it does not systematically teach phonics and emphasizes word meaning (McIntyre & Freppon, 1994; Stahl & Miller, 1989). Meaning-emphasis approaches to reading instruction adhere to two major principles: children constructing their own knowledge and the use of functional, authentic reading tasks (Harris & Graham, 1994). Teaching discrete skills and non-meaningful segments of language, such as sound-symbol relationships, is rejected (McIntyre, 1993; Palincsar & Klenk, 1992; Reid, 1993), and the primary objectives of such instruction are to build confidence through risk taking and to build efficient reading skills within a variety of contexts (Goodman, 1986). Provided with a meaningful and authentic context, children are expected to learn to read as naturally as they learn to speak (Goodman, 1992; Vacca & Rasinski, 1992). Although the teacher may call a student’s attention to graphonic aspects of text, this type of
instruction is provided incidentally and in the context of reading (McIntyre & Freppon, 1994). Further, phonics instruction is provided after a child has learned to read (Routman, 1988). Teachers that adhere to a meaning-emphasis approach set aside basal readers and carefully sequenced workbooks and use a more natural curriculum, such as trade books, to provide students with meaningful interactions with books and literate others (Goodman, 1986; McIntyre & Freppon, 1994; Palinscar & Klenk, 1992; Reid, 1993).

There is considerable debate as to the overall efficacy of each of these methods of reading instruction for both nondisabled children and children with disabilities. Stahl and Miller (1989) conducted a frequently-cited meta-analysis that synthesized studies of reading intervention conducted prior to 1988. In this study, Stahl and Miller compared the effectiveness of basal (i.e., code-emphasis) and language experience (i.e., meaning-emphasis) reading approaches. Language experience reading approaches were defined as ones in which a) the lessons were child centered, b) the child’s own language was used as the medium for instruction, c) trade books were emphasized, and d) phonics were not taught directly or in isolation. Their findings indicated that both reading approaches had similar effects on achievement in and attitudes toward reading. For kindergartners, the language-experience approach was identified as more effective in teaching first-grade reading readiness skills. However, Stahl and Miller also found that the effects of the language-experience methodology not as powerful with children from disadvantaged and low socioeconomic (SES) populations.

Stahl, McKenna, and Pagnucco (1994) conducted a similar meta-analysis of reading studies published after 1988. The findings of this analysis were similar to those of Stahl and Miller (1989) in that both teaching methodologies were found to have similar effects on students’ attitudes toward reading and that the language-experience methodology was more effective for kindergartners. In this study, however, Stahl et al. found that students who received language-experience instruction performed better on comprehension questions (although there were too few studies to test whether these results were statistically significant). Conversely, students who received traditional basal instruction performed better on decoding activities.

Unfortunately, the data on meaning-emphasis approaches to reading instruction consist largely of anecdotal or ethnographic observations that describe differences between programs (Stahl, 1990). Few studies have evaluated the effectiveness of meaning-emphasis approaches to reading instruction, and the studies that have been published are weak in both design and analysis (Alamasi, Palmer, Gambrell, & Pressley, 1994). While the findings of Stahl and Miller (1989) and Stahl et al. (1994) provided some data on the effectiveness of code- and meaning-emphasis instruction, it should be noted that studies conducted with students who had mental or learning disabilities were excluded from the review (Stahl & Miller, 1989). Although the utility of code-emphasis approaches to reading instruction has been researched with children with disabilities, very few studies have evaluated the effectiveness of meaning-emphasis approaches to reading instruction for children with disabilities, and most of these are case studies (Cousin, Aragon, & Rojas, 1993; Westby & Costlow, 1991; Zucker, 1993). In fact, so little research exists on the efficacy of meaning-emphasis approaches with children with disabilities that it is not possible to draw even tentative conclusions as to their effectiveness (Graham & Harris, 1997).

Given that the primary difficulty that children with disabilities have is one of phonological processing (Stanovich, 1994), it stands to reason that code-emphasis approaches may provide a better instructional match than meaning-emphasis approaches to reading instruction for these students. Meaning-emphasis approaches to reading instruction simply may not provide enough instruction in the pivotal skills of phonics to allow children the opportunity to learn to read (Adams, 1990). The purpose of this study was to evaluate the efficacy of both code- and meaning-emphasis approaches to reading instruction with students who had mild disabilities and received reading instruction in a resource room environment. Our goal was to provide a controlled study of both types of instruction using direct measures of reading performance (e.g., words read correctly) rather than standardized reading tests, which are the most common methods of evaluating reading performance (Pressley & Rankin, 1994). We chose to use direct measures of reading performance to obtain a more precise measure (as opposed...
to a global) measure of reading gains. In addition, we sought to evaluate the effectiveness of both procedures using a single-subject design in order to identify the best instructional match for reading instruction for each individual participant.

Method

Participants and Setting

Five students with mental and learning disabilities participated in the study. These students were selected for participation in this study because they were at a beginning reading level and were at least 1 year behind their nondisabled peers in reading. Tim was 8 years, 9 months old and in the second grade. He was diagnosed with mild mental retardation and had a full-scale IQ score of 55 on the Wechsler Intelligence Scale for Children-III (WISC-III; Wechsler, 1991). He was Native American and displayed many characteristics of fetal alcohol syndrome (FAS), but had not received a formal diagnosis of FAS. No formal reading testing was completed for Tim because he was unable to read any words or letter sounds other than the words a and I.

Randy was 10 years, 6 months old and in the third grade. He was diagnosed with mild mental retardation, mild microcephaly, and attention deficit hyperactivity disorder (ADHD). He had a full-scale IQ score of 62 on the WISC-III (Wechsler, 1991) and received Ritalin two times per day. Randy scored at the pre-first grade level in reading on the Wide Range Achievement Test III-R (WRAT III-R; Wilkinson, 1993).

Mark was 9 years, 4 months old and in the third grade. He was diagnosed with a learning disability and had a full-scale IQ score of 87 on the WISC-III (Wechsler, 1991). He scored at the 1.7 grade level in reading on the Woodcock Johnson Psycho-educational Battery-Revised (Woodcock, Johnson, Mather, & Werder, 1991).

Julia was 9 years old and in the third grade. She was diagnosed with a learning disability and had a full-scale IQ of 86 on the WISC-III (Wechsler, 1991). She scored at the pre-first-grade level in reading on the WRAT III-R (Wilkinson, 1993).

Bill was 11 years, 10 months old and was in the fifth grade. He had a full-scale IQ score of 84 on the WISC-III (Wechsler, 1991) and was diagnosed with a behavior disorder due to a high rate of oppositional-

defiant behaviors (e.g., hitting others, throwing objects, leaving the classroom without permission). He also had a high rate of absenteeism from school. He attended school for only half-days because of his behavior problems. Bill scored at the 1.1 grade level in reading on the Gray Oral Reading Test (Wiederholt, 1992).

The study was conducted by the classroom teacher (the first author) in an elementary resource room located in a small, rural school district that served a high number of students from low socioeconomic backgrounds. The student body was primarily Caucasian, but about 20% of the school population consisted of students who were Native American. There were approximately 550 students in the district, with about 225 students at this particular elementary school. Approximately 20 students were served in the elementary resource room. During this study, no more than four of these students were in the resource classroom at one time. Instruction was provided on either a one-on-one basis or in small groups, depending on the children's classroom schedules.

Materials

The Swain Beginning Reading Program (Swain, 1984) was used for the code-emphasis intervention. This program was selected because it was a skill-based reading program designed that directly taught words in isolation before introducing them in context. Each week, the program introduced three new target words and reviewed at least six previously-learned words. In addition, letter sounds were frequently reviewed. The program included a teacher's manual with scripted lessons, student readers, worksheets, supplemental activity sheets, word and punctuation cards, and a word chart. The student readers contained only words that had been directly taught from the teacher's manual and had no
pictures. The program consisted of sound-out and sight words. Sound-out words were words for which phonetic cues could be used for decoding, and sight-words were words that either did not follow phonetic rules or were so common that children were expected to recognize them without sounding them out. Color was used as a coding device to differentiate sound-out words (shown in red) from sight words (shown in black). The Swain units and words used for the code-emphasis intervention are listed in Table 1.

The meaning-emphasis intervention consisted of teacher-made units that used trade books. All activities for the meaning-emphasis program were developed by the first author, who had four years of university training in the development of curriculum using trade books. With the meaning-emphasis intervention, words were always presented within the context of sentences found in the trade-books. Trade books were selected for use in this study if they contained at least two of the three target words that would have been taught in the Swain unit for that week. Non-target words were words that appeared more than five times in the story or were of equivalent difficulty to the non-target words in the Swain units. The trade books and words used for the meaning-emphasis intervention are listed in Table 2. Because the trade books were not accompanied by teaching materials, the teacher developed various activities to go with each story to practice the target and non-target words contained in that story. These activities included reading, writing, and/or drawing activities and varied with each story read. For example, for one story the students wrote short stories using a computer, a word processor, and selected words from the story. For another story that had collages as illustrations, the students made collages and wrote sentences about their pictures.

For both code- and meaning-emphasis instruction, three target words and six non-target words were identified for instruction each week. Teacher-made probes were administered after each week of instruction. The probe sheets each contained nine (three target and six non-target) words that were written in isolation at the top of the probe sheet. In the code-emphasis program, the target words were the new words presented in that week's Swain unit, and the non-target words were the review words presented in that unit. The target and non-target words used for the code-based program are listed in Table 1. In the meaning-emphasis program, the target words were the three words that would have been taught in the Swain program for that week. When a trade book that contained all three target words could not be found, words of similar length and difficulty were substituted. For example, if one of the Swain target words had been cat, then another three-letter, consonant-vowel-consonant word was selected from the trade book as the target word. This was done in an attempt to maintain equivalent word difficulty when comparing the two programs. In the meaning-emphasis program, the non-target words were words that appeared more than five times in the trade book used for that week. These words tended to be slightly more difficult than the words in the Swain program, and they were rarely words that had been introduced previously because the trade books did not control vocabulary (as the Swain program did). However, the authors attempted to choose words that were relatively simple or that appeared the most frequently in the story. The target and non-target words used for the meaning-emphasis program are listed in Table 2.

In addition to words in isolation, the probe sheet also had three sentences containing both the target and non-target words written on it. For the code-emphasis intervention, the sentences were taken directly from the student reader, and for the meaning-emphasis intervention, sentences were taken directly from the trade book used. In both cases, some of the sentences were slightly modified to ensure that the participant had not simply memorized the sentence during reading instruction. For example, if the original sentence read My dog is a big red dog, the sentence was modified to read, I have a big red dog. None of the three target words or six non-target words were changed or deleted in this process. A teacher-made response sheet was used to record which of the nine words the participants read correctly in isolation and in context.

**Response Definitions**

The dependent variables were the number of target and non-target words the participants read correctly on the probes, the number of words read correctly per min, and the number of negative statements made by each participant while reading the probes. A word was counted as correct if the participant
pronounced the word according to the pronunciation listed in the *New Webster Dictionary* (Patterson, 1989). If a participant read the word incorrectly but corrected himself or herself within 5 s of reading the word incorrectly, the word was counted as correct. A negative statement was defined as any statement that referred to the participant's perceived inability to read or dislike for the reading task, such as *I can't, I don't want to do this, I don't know how to read, or This is stupid!* Other emphatic remarks, such as saying *Skip it* (when skipping a difficult word) in a loud, angry voice or sighing loudly, were not counted as negative statements.

**Measurement and Interobserver Agreement**

Probes were administered each Friday to assess the effectiveness of the reading program used that week. The participants were audio taped as they read each probe, and the first author scored the occurrence of the dependent variables on a separate copy of the probe as the participant read. Words read correctly were marked with a + next to the word and words read incorrectly were marked with a 0 next to the word. The amount of time it took the child to read the probe was recorded using a stopwatch, and the number of words read correctly per min was calculated by counting the number of words the participant read correctly and dividing this number by the number of seconds it took the participant to read the probe. This number was then multiplied by 60 s. The number of negative statements each participant made while reading the probe was measured by recording a tally mark each time a negative statement was made.

Interobserver agreement measures were obtained by having a second trained observer listen to 82% of the audio tapes and independently mark the number of words read correctly, the amount of time it took the participant to read the probe, and the number of negative statements made by the participant. The second observer used the same scoring procedures as described above, but he or she used a separate probe sheet.

For the number of words read correctly and the number of negative statements made, agreement was calculated by dividing the smaller total obtained by the larger total obtained and multiplying the quotient by 100%. For the amount of time it took the participant to read the probe, agreement was calculated by dividing the shorter duration obtained by the longer duration obtained and multiplying the quotient by 100%.

**Experimental Design**

An alternating treatments design (Kazdin, 1982) was used to compare the effects of the two interventions. Code-emphasis program was alternated with meaning-emphasis instruction across weeks in a counterbalanced fashion. Probes were administered each week to determine whether the participant had learned the target and non-target words for that week. To ensure impartiality, instruction was conducted by both the classroom teacher and a paraprofessional, and the person implementing instruction was alternated across days (i.e., the classroom teacher provided instruction on Monday, and the paraprofessional provided instruction on Tuesday). The study was implemented for 13 weeks with Tim via one-on-one instruction and for 8 weeks for the remainder of participants via small-group instruction. Tim's instruction was provided on a one-on-one basis rather than in a small group because he was the only student in the resource classroom during the time of his reading instruction.

**Procedures**

*Code-emphasis program.* Each Swain lesson lasted approximately 30 min. On Monday, the teacher presented a lesson following the script in the teacher's manual. The following is an excerpt from a scripted lesson:
Teacher points to a target word and says "Here’s a new word. This word is 'went.' Tell me what word this is."

If the participant responds correctly, the teacher says "That’s right! Very good!" If the participant responds incorrectly, the teacher says, "No, this word is 'went.' What is the word?" This procedure is repeated until the participant responds correctly.

If the lesson is a sound out lesson, the teacher then says, "Today we are going to learn to sound out a new word." The teacher points to each letter in the new word and slowly makes each sound in the word (e.g., /piiiiti/). This procedure is repeated several times saying the sounds faster each time. Finally, the teacher says, "This word is pig. Say this word with me. Pig. Now I want you to help me sound out this word." The teacher points to each letter, saying "Say the sound for this letter," while the participant says the sound. Next, the teacher says, "Let’s say the sounds fast; /piiig/. This word is pig. Read it to me." If the participant responds correctly, the teacher says "That’s great." If the participant responds incorrectly, the procedure is repeated until the participant responds correctly.

Following completion of the instruction in the lesson book, the participants were instructed to turn to the appropriate page in their readers. The participants then read aloud several sentences containing the target and non-target words. Finally, the participants completed a worksheet that required them to write the beginning sound for several pictures and to write the words that were taught in that unit.

On Tuesday and Wednesday, the words, sentences, and stories in the lesson book and student reader were reviewed again following the script. The participants then completed two to three worksheets that required them to read and write the words presented in the unit.

On Thursday, the participants again reviewed the words, sentences, and stories in the lesson book and student reader. The participants then either wrote sentences or a story using word and punctuation cards that came with the program. The participants then completed any additional worksheets that accompanied that unit.

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On Friday, the material from the lesson book was reviewed again using the script in the teacher's manual. After the review, a probe was administered, and the participants were told to read the words and sentences from the probe sheet.

Meaning-emphasis program. - As with the code-emphasis program, each meaning-emphasis lesson lasted approximately 30 min. On Monday, the teacher read a story that contained the target and non-target words to the participants and then discussed the story with the participants. The teacher wrote on the chalkboard one to two sentences from the story that contained the target words, and the target words were underlined. The teacher then read the sentence(s) to the participants and prompted them to read the sentence(s) aloud with her.

On Tuesday and Wednesday, the teacher read the story to the participants again. As the teacher read the story, she pointed to each word and told the participants to repeat the words after her. If the participants were instructed in a group, they were told to take turns, with each participant reading one page. If the teacher pointed to a word that had been previously taught and she thought the participant could read the word independently, she encouraged the participant to say the word without any teacher modeling of the word. When reading words independently, the participants were encouraged to use strategies, such as thinking of a word that would make sense in the sentence, looking at the picture, or using phonetic cues (i.e., by looking at the beginning letter/sound). The teacher then wrote the selected sentence(s) on the chalkboard, with the target words again underlined. The participants were prompted to follow along with the teacher as she read the words and to read the sentence(s) aloud with the teacher. Finally, the participants were told to read the sentence(s) aloud with no teacher assistance.

On Thursday, the teacher repeated the procedures from Tuesday and Wednesday once again. Then, the participants completed a teacher-designed activity that used the target and non-target words. Examples of activities used were: having the participants write and illustrate a story that contained some or all of the target and non-target words, using invented spelling for the words that the participants did not
know how to spell; having the participants make a collage to illustrate a scene from the story and then write about their pictures using invented spelling for words they did not know how to spell.

On Friday, the teacher read the story a final time and then wrote the sentence(s) on the chalkboard again, prompting the participants to read the sentences aloud. After this review, a probe was administered, and the participants were told to read the words and sentences from the probe sheet.

Results

The number of target words read correctly in isolation by each participant following code- and meaning-emphasis instruction is shown in Figure 1. For weeks in which the code-emphasis program was implemented, Tim and Randy read 3 out of 3 target words in isolation correct on all occasions except for one for total means of 95% (20 of 21) and 92% (11 of 12) correct, respectively. Mark and Julia read 3 of 3 target words in isolation correct on every probes a total means of 100% (9 of 9 and 12 of 12, respectively) correct. For Mark, no data were available for Week 2, and for Julia, no data were available for Week 4, because they were absent. Bill read either 2 or 3 target words correct in isolation for a total mean of 78% (7 of 9) correct. Due to Bill's chronic absenteeism, probes were only administered for weeks in which he attended school for at least 3 of 5 days. Thus, no probes were administered for weeks 3, 5, and 8.
Figure 1.
The number of target words in isolation read correctly on both code- and meaning-approach probes by all participants.
For weeks in which the meaning-emphasis program was implemented, Tim, Randy, and Bill read only 0 to 2 target words in isolation correct for total means of 28% (5 of 18), 33% (4 of 12), and 33% (2 of 6) correct, respectively. Mark read 2 to 3 target words in isolation correct, for a total mean of 78% (7 of 9) correct, and Julia read 1 to 2 target words in isolation correct, for a total mean of 44% (4 of 9) correct.

The number of target words read correctly in context after both code- and meaning-emphasis instruction for each participant is shown in Figure 2. For weeks in which the code-emphasis program was implemented, Tim, Randy, Mark, and Bill read 3 out of 3 target words in isolation correct on all occasions for total means of 100% (21 of 21, 12 of 12, 9 of 9, and 9 of 9, respectively) correct,. Julia read 2 to 3 target words in context correct for a total means of 83% (10 of 12) correct.

Figure 2.
The number of target words in context read correctly on both code- and meaning-approach probes by all participants.

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For weeks in which the meaning-emphasis program was implemented, Tim read only 0 to 2 target words in context correctly for a total mean of 33% (6 of 18) correct. Randy read 0 to 3 target words in context correctly, for a total mean of 42% (5 of 12) correct. Mark read 2 to 3 target words in context correctly, for a total mean of 90% (8 of 9) correct. Julia read 1 to 2 target words in context correctly, for a total mean of 56% (5 of 9) correct. Bill read 0 to 1 target words in context correctly, for a total mean of 17% (1 of 6) correct.

The number of non-target words read correctly in isolation following code- and meaning-emphasis instruction by each participant is shown in Figure 3. For weeks in which code-emphasis instruction was implemented, Tim read 3 to 6 non-target words in isolation correctly for a total mean of 83% (35 of 42) correct. Randy, Julia, and Bill read 2 to 3 non-target words in isolation correctly for total means of 96% (23 of 24), 92% (22 of 24), and 94% (17 of 18) correct, respectively.

Figure 3.
The number of non-target words in isolation read correctly on both code- and meaning-approach probes by all participants.
For weeks in which meaning-emphasis instruction was implemented, Tim and Bill read 0 to 1 non-target words in isolation correctly for total means of 3% (1 of 36) and 8% (1 of 12) correct, respectively. Randy read 0 to 2 non-target words in isolation correctly, for a total mean of 13% (3 of 24) correct. Mark read 2 to 6 non-target words in isolation correctly, for a total mean of 61% (8 of 18) correct, and Julia read 2 to 4 non-target words in isolation correctly, for a total mean of 44% (8 of 18) correct.

The number of non-target words read correctly in context following code- and meaning-emphasis instruction is shown in Figure 4. For weeks in which the code-emphasis program was implemented, Tim read 4 to 6 non-target words in context correctly for a total mean of 95% (40 of 42) correct. Randy, Julia, and Bill read 5 to 6 non-target words in context correctly for total means of 96% (23 of 24), 92% (22 of 24), and 89% (16 of 18) correct, respectively.

Figure 4.

The number of non-target words in context read correctly on both code- and meaning-approach probes by all participants.

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For weeks in which meaning-emphasis instruction was implemented, Tim read 0 to 3 non-target words in context correctly for a total mean of 14% (5 of 36) correct. Randy and Bill read 0 to 1 non-target words in context correctly, for total means of 13% (3 of 24) and 8% (1 of 12) correct, respectively. Mark read 3 to 6 non-target words in context correctly, for a total mean of 83% (15 of 18) correct, and Julia read 2 to 3 non-target words in context correctly, for a total mean of 44% (8 of 18) correct.

The mean number of words read correctly per min for each of the participants is shown in Figure 5. Tim averaged 32 words correct per min (range 15 - 51 words correct per min) with code-emphasis program, as compared to an average of 9 words correct per min (range 6 - 12 words correct per min) with meaning-emphasis instruction. Randy averaged 25 words correct per min (range 15 - 35 words correct per min) with code-emphasis instruction, as compared to an average of 8 words correct per min (range 6 - 10 words correct per min) with meaning-emphasis instruction. Mark averaged 68 words correct per min (range 54 - 83 words correct per min) with code-emphasis instruction, as compared to an average of 22 words correct per min (range 10 - 31 words correct per min) with meaning-emphasis instruction. Julia averaged 30 words correct per min (range 21 - 42 words correct per min) with code-emphasis instruction, as compared to an average of 10 words correct per min (range 7 - 11 words correct per min) on average with meaning-emphasis instruction. Bill averaged 24 words correct per min (range 17 - 33 words correct per min) with code-emphasis instruction, as compared to an average of 13 words correct per min (range 13 - 14 words correct per min) on average with meaning-emphasis instruction.

**Figure 5.**
The rate of words correctly read on code- and meaning-emphasis probes for all participants.

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The cumulative number of negative statements made are shown in Figure 6. Tim made a total of 3 negative statements during the code-emphasis probes as compared to a total of 40 negative statements made during the meaning-emphasis probes. Randy made zero negative statements during the code-emphasis probes as compared to a total of 44 negative statements during the meaning-emphasis probes. Mark did not make any negative statements during either the code- or the meaning-emphasis probes. Julia made no negative statements during the code-emphasis probes and a total of 3 negative statements during the meaning-emphasis probes. Bill made a total of 3 negative statements during the code-emphasis probes and a total of 6 negative statements during the meaning-emphasis probes.
Discussion

Overall, the results of this study indicated that code-emphasis instruction resulted in more accurate and more fluent reading, as well as fewer negative statements than meaning-emphasis instruction for these five participants. These results were more pronounced for the students with mental disabilities than for the students with learning disabilities. However, as shown in Table 3, code-emphasis instruction resulted in only four errors for target words during the entire study and across all five participants. Meaning-emphasis instruction resulted in 32 total errors in target words throughout the study and across participants. Thus, meaning-emphasis instruction resulted in eight times more errors on words in isolation than code-emphasis instruction. Thus, for these participants, it appears that a teaching approach consisting of direct word-attack instruction was more effective at teaching decoding than an approach consisting of primarily incidental learning and teaching. This is not surprising, given that code-emphasis instruction provides errorless learning whenever possible as well as immediate, systematic error correction when errors do occur. Wolery, Bailey, and Sugai (1988) suggested that straightforward error correction, such as that employed in the code-emphasis approach employed in this study, is the recommended best practice for children who have reading difficulties.

Many of the arguments levied against code-emphasis instruction were not found to be true for these participants. For example, Guthrie and Cunningham (1982) argued that when children are taught to read through an emphasis on sounds and words in isolation, they will not learn to use context clues. Yet, the participants in this study were able to read several words correctly in context on the code-emphasis probes that they were not able to read correctly when the same words were presented in isolation. This indicates that the children were using context cues to assist them in decoding despite a teaching emphasis on sounds and words in isolation. During meaning-emphasis probes, the participants were also able to read more words correctly in context than in isolation, suggesting they used context cues to decode after meaning-emphasis instruction. However, the children were rarely able to achieve the decoding accuracy that they were able to do so on the code-emphasis probes.

Another argument commonly levied against the use of code-emphasis instruction is that it is boring and that students do not enjoy reading when it is taught in this manner (Slaughter, 1988). However, in this study all of the participants that made negative statements, which might indicate that they were not enjoying reading, made far more negative statements during meaning-emphasis probes than during the code-emphasis probes. Although these data do not necessarily suggest that the participants enjoyed reading the code-emphasis probes, they do suggest that the participants did not enjoy reading the meaning-emphasis probes. Another explanation for the increase in negative statements during the meaning-emphasis probes could be the increased number of errors the participants made on these probes. Other studies (e.g., Weeks & Gaylord-Ross, 1981) have shown that teaching procedures that result in fewer errors also result in fewer inappropriate behaviors. No data were collected on negative statements during reading instruction, so it is unknown whether the participants found one method of instruction more or less enjoyable than the other. This might be an interesting avenue for future researchers to explore. In addition, it may also be useful to collect data on positive statements, such as Can we do that again? That was fun., rather than only negative statements.

A third argument against code-emphasis instructional materials, such as Swain, is that they are artificial and do not simulate real reading. Reading from storybooks, it is argued, more closely simulates real reading. In this study, however, the participants were able to read more accurately and more fluently when they were provided with code-emphasis instruction. One could argue that instruction that does not result in accurate, fluent reading does not simulate real reading. Although the meaning-emphasis method of instruction may expose children to a more varied vocabulary, participants in this study did not read these words as accurately. The utility of exposing children to more varied vocabulary for purposes of teaching decoding skills may be questionable.

A few cautionary notes must be made when interpreting these data. First, the probes used to assess the efficacy of each reading method do not reflect the type of assessment that advocates of meaning-emphasis methods of reading instruction consider to be valid. Most advocates of a meaning-emphasis
approach would argue that the types of probes used in this study were artificial in design and did not represent real reading, as reading from a trade book would. Indeed, it is difficult to evaluate the effects of meaning-emphasis methods of instruction because there is disagreement as to how best to evaluate progress using this method, or if progress should even be evaluated at all (Edelsky, 1990). The probes used in this study were designed to provide neutral, unbiased means of evaluating two very different methods of instruction. We attempted to use words and sentences that were similar in difficulty and length across probes, and we wanted to evaluate each method of instruction using materials that looked physically similar to avoid any bias toward or against either method of instruction.

One procedural difficulty that we encountered was that the Swain program prescribed the repetition of 11 non-target words across weeks. Thus, only a total of 56 words were taught using the code-emphasis approach. For the meaning-emphasis approach, we attempted to repeat non-target words whenever possible to control for this excessive repetition. However, this was difficult to do because the trade books did not always contain the same vocabulary. As a result, only two non-target words were repeated across weeks with the meaning-emphasis approach. Two target words appeared as non-target words in the meaning-emphasis units in an attempt provide some review words to approximate the code-emphasis approach, resulting in 68 total words taught with meaning-emphasis approach. In addition, three words (on, pet, look) were taught across both procedures. This occurred because we tried to select words for the meaning-emphasis approach that would have been taught using the Swain program for that particular week whenever possible. Thus, a few words that served as target words in the meaning-emphasis approach were later used as non-target words in the code-emphasis approach.

These procedural difficulties may have been inherently biased toward the code-emphasis method of instruction, and they pose some problems when interpreting the data. However, the potential bias occurred primarily as a result of the differing philosophies of the two methods of instruction. That is, code-emphasis approaches to reading instruction utilize highly-controlled vocabulary, while meaning-emphasis approaches to reading instruction utilize trade books, which have a wide variety of vocabulary. In the present study, the code-emphasis reading program (Swain) contained only vocabulary that was either currently being taught or had been taught previously. The meaning-emphasis program, however, did not control for vocabulary. Therefore, many of the non-target words for the meaning-emphasis probes had not been previously taught. This difference in procedure was unavoidable due to the philosophies of the two approaches to reading instruction. Thus, it is probably best to view the data on non-targeted words as maintenance probes for the code-emphasis program and generalization probes for the meaning-emphasis program.

It is also important to note that a pre-instructional baseline was not conducted in this study. Therefore, it is unknown which of the words the participants could read in the absence of instruction and which words the students could read as a direct result of either reading intervention. It is unlikely that all of the participants could read all of the target and non-target words used in the code-emphasis approach prior to the study and that none of the participants could read the words used in the meaning-emphasis approach prior to the study (which is one alternative explanation for these findings). However, this possibility cannot be ruled out due to lack of pretest data.

Finally, it is important to note that reading comprehension was not evaluated in this study; only decoding skills were evaluated. This may also have biased the results in favor of the code-emphasis approach. That is, most advocates of meaning-emphasis approaches to reading instruction would argue that the strength of that approach lies in the comprehension and vocabulary development it promotes (Goodman, 1992). Perhaps the meaning-emphasis approach would have proven to be more effective in promoting comprehension skills than the code-emphasis approach. However, when considering the present data, it seems logical to assume that a child who can read fewer than half the words presented in a story (as was the case for some participants when taught with a meaning-emphasis approach) will not achieve good comprehension. However, if a child can correctly read 90 to 100% of the words in a story (as most of these participants achieved with the code-emphasis approach), good comprehension is more likely to occur (Graham & Harris, 1997). Future studies should evaluate the effects of both reading approaches on comprehension.
approaches to reading instruction are necessarily superior to meaning-emphasis instruction for all children. No one teaching technique should be regarded as superior for all children. This study merely demonstrated the importance of systematically analyzing the effects of different reading approaches on performance. Of interest, however, is that the discrepancy between the effectiveness of the two approaches seemed to increase as reading and cognitive skills decreased. Tim's and Mark's data most clearly illustrate this point. Prior to this study, Tim was functionally a nonreader and had the most severe mental disability (as indicated by the lowest IQ score). He could only read the words a and I prior to this study. The difference in effectiveness between the code- and meaning-emphasis approaches was the most pronounced for Tim. The code-emphasis approach resulted in 95% accuracy for all target words and 83% accuracy on non-target words. The meaning-emphasis approach, however, resulted in only 28% accuracy on target words and about 3% accuracy on non-target words. Mark, on the other hand, had the highest reading achievement of all participants at the beginning of the study, and he had the most mild learning disability (as indicated by the highest IQ score). For Mark, the difference in effectiveness between the two reading approaches was not as pronounced and, in some cases (e.g., target words in context), negligible. These results suggest that type of reading instruction used for children who do not experience difficulty in reading may not be critical. Perhaps the more difficulty in reading a child experiences, the more important it is to use a code-emphasis program for improving reading skills. Future research on this topic is warranted to further analyze this hypothesis. In addition, research comparing the reading approaches with children who do not have disabilities may provide further evidence regarding this issue.

In summary, this study sought to provide data on the effectiveness of code- and meaning-emphasis approaches to reading instruction for five students with disabilities. Although fraught with procedural dilemmas, the results suggested that for all participants, the code-emphasis approach resulted in greater decoding accuracy and fluency and, for some participants, fewer negative statements. Due to the limitations of the design and the procedural issues presented by attempting to evaluate reading instruction based on two diametrically opposed philosophies, the results of this study should be viewed tentatively and as preliminary data on these issues. Our hope is that this study will spark an increase in well-controlled, well-designed investigations of reading instruction that can address some of the issues raised here.

Author Notes
This research was completed in partial fulfillment for the degree of Master of Education in Special Education from Gonzaga University by the first author. Reprints can be obtained from T. F. McLaughlin, Ph. D., Professor, Department of Special Education, Gonzaga University, Spokane, WA 99258-0001.
<table>
<thead>
<tr>
<th>Swain Unit</th>
<th>Target Words</th>
<th>Non-target Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 19 - Week 1</td>
<td>he, down, if</td>
<td>Sam, mad, shop, Mom, help, come</td>
</tr>
<tr>
<td>Sight Word Unit</td>
<td></td>
<td></td>
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<tr>
<td>Unit 20 - Week 2</td>
<td>bat, fat, sad</td>
<td>the, is, for, Sam, Dad, Tom</td>
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<tr>
<td>Sound Out Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit 23 - Week 5</td>
<td>what, said, car</td>
<td>Sam, run, will, Mom, is, yes</td>
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<tr>
<td>Sight Word Unit</td>
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<tr>
<td>Unit 24 - Week 7</td>
<td>bed, wet, fed</td>
<td>the, stop, you, Sam, Dad, rat</td>
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<tr>
<td>Sound Out Unit</td>
<td></td>
<td></td>
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<tr>
<td>Unit 27 - Week 9</td>
<td>snake, of, pet</td>
<td>top, box, pet, here, it, the</td>
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<tr>
<td>Sight Word Unit</td>
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<td></td>
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<tr>
<td>Unit 28 - Week 10</td>
<td>Jim, him, pig</td>
<td>look, help you, Ed, fat, rug</td>
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<tr>
<td>Sound Out Unit</td>
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<td></td>
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<tr>
<td>Unit 31 - Week 13</td>
<td>school, went, they</td>
<td>Tom, met, bus, snake, Lisa, look</td>
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<tr>
<td>Sight Word Unit</td>
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<td></td>
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<tr>
<td>Unit 32 - Week 15</td>
<td>Bill, miss, ship</td>
<td>car, are, on, Tom, will, him</td>
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<tr>
<td>Sound Out Unit</td>
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<tr>
<td>Trade Book</td>
<td>Target Words</td>
<td>Non-target Words</td>
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<tr>
<td>Ann Can Fly - Week 3 (Phleger, F., 1959)</td>
<td>Ann, on, get</td>
<td>land, gas, lake, plane, big, day</td>
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<td>Mattie’s Little Possum Pet - Week 4 (Luttrell, I., 1993)</td>
<td>pet, met, set</td>
<td>basket, she, get, possum, road, on</td>
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<td>Angela’s Airplane - Week 6 (Munsch, R., 1988)</td>
<td>airplane, look, an</td>
<td>push, wheel, back, button, green, went</td>
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<td>Clifford the Big Red Dog - Week 8 (Bridwell, N., 1963/1985)</td>
<td>dog, red, bad</td>
<td>stick, digs, up, trees, big, Clifford</td>
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<td>The Snowy Day - Week 11 (Keats, E. J., 1962)</td>
<td>snow, out, his</td>
<td>told, about, was, made, new, track</td>
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<td>One Fish Two Fish, Red Fish Blue Fish - Week 12 (Seuss, Dr., 1960)</td>
<td>fish, six, bad</td>
<td>say, low, some, lot, there, more</td>
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<td>Morris is a Cowboy - Week 14 (Wiseman, B., 1960)</td>
<td>have, asked, cowboy</td>
<td>told, horse, about, being, policeman, ride</td>
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<td>Railroad Toad - Week 16 (Schade, S., &amp; Buller, J., 1993)</td>
<td>wake, make, take</td>
<td>new, there, nod, off, coach, train</td>
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Table 3
Agreement Scores for Each Participant

<table>
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<tr>
<th>Participant</th>
<th>Words Read Correctly</th>
<th>Time to Read Probe</th>
<th>Number of Negative Statements</th>
<th>Mean Agreement</th>
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<tbody>
<tr>
<td>Tim</td>
<td>98%</td>
<td>97%</td>
<td>93%</td>
<td>96%</td>
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<tr>
<td>Randy</td>
<td>99%</td>
<td>98%</td>
<td>93%</td>
<td>97%</td>
</tr>
<tr>
<td>Mark</td>
<td>99%</td>
<td>94%</td>
<td>NA</td>
<td>97%</td>
</tr>
<tr>
<td>Julia</td>
<td>96%</td>
<td>96%</td>
<td>67%</td>
<td>86%</td>
</tr>
<tr>
<td>Bill</td>
<td>94%</td>
<td>99%</td>
<td>78%</td>
<td>90%</td>
</tr>
<tr>
<td>Mean Agreement</td>
<td>97%</td>
<td>97%</td>
<td>83%</td>
<td>93%</td>
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</table>

Table 4
Total Target Words in Isolation Missed on Probes Across Participants and Reading Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Tim</th>
<th>Randy</th>
<th>Mark</th>
<th>Julia</th>
<th>Bill</th>
<th>Total Errors</th>
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<tr>
<td>Code-emphasis Program</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>4</td>
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<tr>
<td>Meaning-emphasis Program</td>
<td>13</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>32</td>
</tr>
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References


A CIVIL SOCIETY PARTNERSHIP IN SPECIAL EDUCATION
IN A CHANGING SOUTH AFRICA

Lesley Le Grange
and
Rona Newmark
University of Stellenbosch

Post-apartheid policies provide enabling frameworks for inclusion of people with (dis)abilities into mainstream South African society. However, more inclusive processes of social engagement and participation on the part of persons with (dis)abilities require a collective effort from both government and civil society. In this article we examine what opportunities new policy frameworks provided for the establishment of a civil society partnership between the University of Stellenbosch and Down syndrome South Africa (DSSA). We contextualise our discussion within higher education transformation processes occurring both internationally and in South Africa.

The end of legal apartheid in South Africa in the early 1990s signaled dramatic changes to all aspects of South African social life, including the disability sector. Post 1994 we have witnessed a number of policy initiatives from the South African government intended to provide enabling infrastructures for inclusion of people with (dis)abilities into mainstream society. Some of the key policy documents that resulted from these initiatives are: the White Paper on an Integrated National Disability Strategy (Office of the Deputy President, 1997), the Report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee of Education Support Services (NCESS) entitled, Quality education for all: Overcoming barriers to learning and development (Department of Education, 1997a), and more recently the Education White Paper 6: Special Needs Education (Department of Education, 2001). Also, the right to a basic education for people with (dis)abilities are enshrined in the Bill of Rights of the South African Constitution when it states that,

Every person [including those with (dis)abilities] shall have the right to basic education and to equal access to educational institutions (RSA, 1996).

Calls for greater inclusion of persons with (dis)abilities into mainstream South African society should be understood in terms of shifts towards more democratic processes of social engagement both internationally and in South Africa. South Africa’s first democratic elections in 1994 provided the impetus for the formulation of policy frameworks which call for greater inclusion of persons with (dis)abilities into all spheres of South African social, political and economic life. These policies invite responses from all levels and sectors of South African society so as to enable a scenario that is more inclusive. We focus on one such response, a partnership between a university and a non-governmental organisation (NGO). We contextualise the partnership within change forces that are increasingly confronting universities in recent times.

A challenge facing higher education institutions in contemporary society is the mounting social, economic and political pressure for them to provide greater access to communities and to be accountable to such communities. As Chibucos and Lerner (1999:2) write:

...universities can no longer remain enclaves of ethereal intellectual isolation, removed from the ebb and flow of the larger society surrounding them, if they are to
expect public support and elicit public trust. Universities must find ways to use their talents and resources to contribute to the public good – as defined by the public and not just by universities themselves – if they are to survive and thrive as contributing institutions into the next century.

One way in which universities might become more socially relevant is through the establishment of strategic partnerships with role players in communities such as schools, community-based organisations (CBO’s) and NGO’s. However, there are also other reasons why it might have become necessary for universities to establish such partnerships. We refer here to shifts in knowledge production brought about by the massification of higher education. We discuss these shifts in the next section of the article which deals with higher education transformation in South Africa.

The transformation of higher education in South Africa

The imperative to transform higher education in South Africa is neatly captured in the introduction to the recently published Education White Paper 3, A Programme for the Transformation of Higher Education:

South Africa’s transition from apartheid and minority rule to democracy requires that all existing practices, institutions and values are viewed anew and rethought in terms of their fitness for a new era.... In South Africa today, the challenge is to redress past inequalities and to transform the higher education system to serve a new social order, to meet pressing national needs, and to respond to new realities and opportunities. It must lay the foundations for the development of a learning society which can stimulate, direct and mobilise the creative and intellectual energies of all people towards meeting the challenge of reconstruction and development (Department of Education, 1997b:7).

The same White Paper summarises the requirements for transformation of higher education in South Africa as follows: increased and broadened participation, responsiveness to societal interests and needs and cooperation and partnerships in governance (Department of Education, 1997b:10). These requirements include to increase access for blacks, women, disabled and mature students, and to develop new curricula and flexible models of learning and teaching, including modes of delivery (Department of Education, 1997b:10).

We argue that in order to be responsive to the needs of South African society it might be important for universities to shift away from traditional roles of research and teaching. Gibbons (1998:60) points out that transformation of the higher education sector globally is evidenced by the emergence of a distributed knowledge production system. He notes:

The main change, as far as universities are concerned, is that knowledge production and dissemination - research and teaching - are no longer self-contained, quasi-monopolistic activities, carried out in relative institutional isolation. Today universities are only one amongst the many actors involved in the production of knowledge, and this is bound to govern, to some extent, the future relationships that universities will seek to establish. Equally, teaching must take account of the fact that more and more knowledge may not find its way into textbooks as conventionally defined and that disseminating knowledge, at the leading edge, may take place in the context of the research itself.

In this regard we are witnessing greater emphasis being placed (alongside teaching and research) on

what is referred to as community service by universities. Waghid (1999:113) argues that community service includes, among other things, universities running hospitals that help people, legal services, services to schools, conducting programmes of continuing education to meet the needs of working adults, and other community activities such as those which address the plight of the homeless and
Street children. Importantly, Waghid (1999:113) points out that engagement on the part of universities in community service does not imply a uni-directional extension of universities but rather a two-way sharing of expertise with members of society.

The massification of higher education has influenced the way in which knowledge is produced in contemporary society. Many university graduates find themselves placed in organisations outside universities that also are involved in processes of knowledge production. In South Africa these include, for example, non-governmental organisations (NGOs), the private sector, and government departments. In such a distributed knowledge system, the need for partnerships between different players has become necessary. At the University of Stellenbosch community service is seen as an important function in a changing South Africa. This has been mentioned in the academic planning framework document as well as the institutional plan of the university (for the period 1999 to 2001). In her speech at the graduation ceremony of 9 March 2000 the Chancellor (Prof Elize Botha) emphasised the University of Stellenbosch’s important responsibility to provide community service to all members of South African society. She pointed out that a key position has been created at the university for the coordination of community service, so that it receives the same priority as teaching and research. A director for community service as since been appointed at the beginning of 2001. It is not the place here to explore all of the ramifications of this policy initiative, but we wish to point out that although community service, teaching and research often are viewed as separate entities, the three are inextricably linked (see Waghid, 1999; Waghid & Cilliers, 2000 for further discussion).

The shifts that we have described above sketch the broader context in which the partnership between the University of Stellenbosch and Down syndrome South Africa might be understood. Against this broader context we will now briefly discuss activities within the department of Educational Psychology and Specialised Education at the University of Stellenbosch and Down Syndrome South Africa (DSSA) which led to the establishing of the partnership between the two organisations.

The partners

Special education at University of Stellenbosch

Special education at the University of Stellenbosch started as a division within the Department of Educational Psychology. The division was referred to as Orthopedagogics at the time. Orthopedagogics expanded and became an independent department in the 1980s. However, as a consequence of rationalisation, in 1996 the departments of Orthopedagogics and Educational Psychology amalgamated to form the Department of Educational Psychology and Specialised Education. Prominence given to inclusive education internationally as well as in South Africa after apartheid influenced the vision and mission of the department of Educational Psychology and Specialised education to the extent that in 1997 members of the department decided that inclusion should be the research focus of the department. In its mission statement (adopted in 2000) the department of Educational Psychology and Specialised Education has stated that it intends to offer socially relevant teaching programmes, to conduct research and to involve itself in community service. One of the strategies taken by the department so as to realise its goals (under the banner of inclusive education) was to form strategic partnerships with other universities, non-governmental organisations, and so on. With respect to the DSSA, the department of Educational Psychology and Specialised Education at US has had a long working relationship with the NGO. However, this relationship was not formalized and collaboration tended to be ad hoc, that is, whenever a need arose. In the year 2000 members of the department of Educational Psychology and Specialised Education decided to formalise their relationship DSSA through a letter of agreement.

The member of the Department of Educational Psychology and Specialised Education who initiated the process of formalising the partnership with DSSA had in mind that the partnership would enable the university to set up a database of all research on intellectual (dis)ability and Down syndrome conducted in SA. The motivation for setting up such a database was because it was perceived that research on intellectual (dis)ability and Down syndrome education in South Africa was fragmented – that many small research projects were conducted across the country without the results being disseminated effectively or recorded on a national database. It was felt that a national database might be a useful starting point for fostering collaboration on a national scale.
Down Syndrome South Africa (DSSA)

DSSA started 25 years ago as a parent support organisation. Today it is an association with a much wider focus and currently is a service provider of among other things pre-primary education, adult education and training, inclusive education for professional persons, and so on. Recently, it also started an inclusive employment project at an assurance company in collaboration with the University of Stellenbosch. Central to DSSA’s vision is a commitment of finding ways to improve the quality of life of all persons with Down syndrome as well as other persons with intellectual disabilities. More specifically, the organisation’s goal is to promote the idea that all persons with intellectual (dis)abilities have the right to live with independence, dignity, respect and security as valued persons and full citizens in our society. DSSA was motivated to form the partnership with US so that it could become more directly involved with research that would contribute to furthering the knowledge base on Down syndrome and intellectual disability. The DSSA envisaged that the partnership could serve as a forum to bring the needs of persons with (dis)abilities (at grassroots level) to the attention of academics so that research conducted by academics can benefit such persons. The DSSA also had in mind that the partnership project with the US might serve as a catalyst for establishing other partnership projects of this kind on an even larger scale.

The partnership project

The project entitled, Intellectual Disability: Quality Life-Span Development (DSSA/US) was started in the year 2000 as a partnership between Down syndrome South Africa (a non-governmental organisation) and the Department of Psychology and Specialised Education at the University of Stellenbosch (US). This partnership between DSSA and the US was established so that members of both organisations could benefit in collaborative efforts to be responsive to international trends and South African policies to include persons with (dis)abilities into mainstream society. Initial broad goals of the project were:

- To establish quality life-span development (development over the full life-span) of learners (from birth to adulthood) with intellectual disability through the development and implementation of support programs.
- To produce quality research towards Down syndrome and intellectual disability at a national and international level.
- To establish collaborative research relationships with other universities and organisations.

The first phase of the project (01/02/2001 to 31/11/2001) was a pilot study aimed at establishing needs of persons with (dis)abilities in the Western Cape Province, South Africa. As part of the pilot project five master’s degree students (registered at the University of Stellenbosch) conducted research studies. The five studies aimed to:

- Establish the need of an adult with Down syndrome in the transition from a sheltered work environment to a corporate work environment.
- Establish the needs of intellectually disabled adolescents during career directed training in the transition from school to work.
- Ascertain the needs of mothers in coping with young children with an intellectual disability.
- Establish the needs of educators in the process of including learners with intellectual disabilities into mainstream schooling.
- Establish the communication needs of parents of learners with intellectual disabilities who have been institutionalised.

The master’s students are currently at various stages of completion of their studies. Our intention is not to describe any of the master’s projects in detail but rather to reflect on processes of transformation involved in enabling or constraining activities of the broader project.
Some reflections

All activities we are involved with/in are influenced by their placement in time and space. Pendlebury (1998:333) argues that all social projects occur within particular spatio-temporal settings that are partly constitutive of the actions and interactions that take place within them. In other words, all projects/activities are constrained or enabled by their location in time and space. We use this fact as a vantage to reflect on the project, Intellectual Disability: Quality Life-Span Development (DSSA/US).

We contend that it is important to view this project as embedded in broader historical, social, political and educational transformations that have occurred in recent decades. Firstly, the emphasis on inclusion in the project has been influenced by international trends towards the inclusion of, among others, learners with (dis)abilities into mainstream schooling. As Dyson and Forlin (1999:24) note in recent years inclusion has risen to prominence on the international education agenda. The internationalisation of inclusive education is evidenced by the fact that many countries have adopted the inclusion rhetoric. As mentioned, in South Africa several policies have been developed which provide frameworks and principles for the inclusion of learners with (dis)abilities into mainstream education. South Africa’s adoption of the inclusion rhetoric is understandable given the country’s need to transform its education system which historically has been replete with divisions based on race, ethnicity, special needs, and so on.

Secondly, the project should be seen as a local manifestation of transformation processes that are occurring in higher education globally. I refer here to the emergence of a socially distributed knowledge system where universities are only one of the role players in knowledge production. It is therefore understandable why there is a need on the part of universities to establish partnerships of this kind and to consult more broadly. Also, the project we described could be viewed as an extension of a university’s (US) institutional space whereby it incorporates work done in communities and/or in collaboration with community/non-governmental organisations. But, project activities are not simply shaped (or constituted) by forces external to them instead they rather are the effects of subjects who actively take up certain discourses rather than others. In other words, the project activities described were not merely shaped by international discourses on inclusion nor by global forces associated with higher education transformation, but by subjects within the project who actively took up these discourses. As Le Grange (2001: 4) contends, there is a need to go beyond mere “socialisation” and to probe some of the ways in which we actively take up some discourses rather than others. Poststructuralist theory provides useful insights in this regard. Davies and Banks (1992:3) point out that a poststructuralist analysis goes beyond recognising only the constitutive forces of discourses, to an acceptance of the possibility of the subject’s agency:

*Poststructuralist theory argues that the person is not socialised into the social world but interpellated into it. That is, they are not passively shaped by active others, rather they actively take up as their own the discourses through which they are shaped.*

In the initial stages of the project it primarily were two agents (one from DSSA and one from US) who took (pro)active steps to set up the partnership. It was because they had actively taken up discourses on inclusion in their professional lives that the project focused on (dis)ability in relation to inclusion. They saw new policy frameworks of the South African government and transformation processes in higher education occurring globally as providing spaces for doing collaborative work of this kind.

Conclusion

There is increasing pressure on universities to become more socially relevant and accountable. Moreover, universities are no longer the sole producers of knowledge since knowledge is increasingly becoming more distributed. One response to these transformations in higher education is for universities to form strategic partnerships with other knowledge producers or community organisations. In this article we discussed the development of a partnership project between a university and a non-governmental organisation in South Africa. The partnership project had as its broad aim the promotion of a more inclusive education for learners with intellectual (dis)abilities.
We located the partnership project within broader transformation processes occurring in education both internationally and in South Africa. We deemed this exercise important since all practices/projects are embedded in social, historical, political and education processes – social activities are impeded or enabled by their placement in time and space. However, we also pointed out that people (and our activities/practices) are not passively shaped by social, political and historical influences but rather that they actively take up certain discourses rather than others. The partnership project therefore should be understood as one that was enabled/constrained by the internationalisation of discourses on inclusion, South Africa’s socio-political transformation and transformations occurring in higher education more generally. But, also that the project was the product of discourses (pro)actively taken up by human agents.

Acknowledgments
Various persons contributed to the conceptualisation and planning of the research project. Among others, a consultant from the University of Southern Queensland, two consultants from Ball State University, a Consultant from the University of Stellenbosch and a consultant from the South African Federal Council on Disability (SAFCO). The authors also wish to thank Prof C Cilliers and Helen Snyman for providing information on special education at the University of Stellenbosch as well as Peter Muller for providing information on DSSA.

References

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SOCIAL ACCEPTANCE AT SENIOR HIGH SCHOOL

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A qualitative study, consisting of a survey of 534 senior high students (Grade 9-12), was undertaken to determine factors that affect the social acceptance of students with moderate and severe disabilities at senior high school. The nature of the student’s disability; social and cultural influences; teacher attitude and modelling; as well as, adolescent psychology and peer pressure are all cited as issues which impact inclusion. This study however, indicates that the overall factor appears to be a lack of knowledge and understanding, which are crucial to facilitate social acceptance and inclusion.

The inclusion of students with moderate and severe disabilities in a mainstreamed educational setting was established under the humanitarian premise that it would lead to greater acceptance of students with special needs in society in general (Llewellyn, 2000). Unfortunately, the idealistic assumption behind inclusion is often undermined; as students with moderate and severe disabilities are often socially ostracised, especially in adolescence. Moreover, because social acceptance is fundamental to the quality of life of all people, including those with disabilities, this study sought to determine what barriers exist to inclusion of adolescents with disabilities in their peer group.

There is extensive literature relating to the peer acceptance of people with moderate and severe disabilities. Moreover, the literature reflects concern for the lack of inclusion, indeed, it classifies people with disabilities as second class citizens (Eisenberg, Griggins & Duval, 1982). Sadly, Strully and Strully (1985) point out that persons with developmental disabilities [are] isolated and lonely (p. 224). Moreover, they go on to indicate that there are very few people [who] care about them except for their immediate family (in most cases), paid human service workers, and possibly other devalued people with whom they associate (p. 224).

It is hypothesized in the literature, that some factors which affect the social acceptance of students with moderate and severe disabilities include: (1) the social and cultural influences; (2) the nature of student’s disability; (3) perceived teacher attitudes and modeling; (4) adolescent psychology and peer pressure; and, (5) lack of knowledge. This literature review will briefly examine each of the factors as they all contribute to the lack of social acceptance of students with moderate and severe disabilities.

1. Social-Cultural Influences
People with disabilities, like other minorities, have faced oppression as a result of stereotyped beliefs and stigma. In the case of people with disabilities, the stigma is associated with their perceived limited mental and/or physical abilities (Brechin, Liddiard, & Swain, 1981). There are many social barriers which affect the inclusion of people with disabilities, these include: attitudinal, institutional and society factors such as economy, culture and organization of community life (Brechin, Liddiard, & Swain, 1981, p. 67). It could be argued that culture has the most profound effect on inclusion; as our culture is driven by its achievement, competitive, profit, and mobility drives and by the drives for security and a higher standard of living (Eisenberg et al., 1982, p.25). Western society places an emphasis on physical appearance, health, athletic achievements, academic success and so forth.

Moreover, a person’s value is often reflected in their productivity and accomplishments as well as their ability to be vocationally competitive and gainfully employed (Yuker, 1988, p. 36). These cultural drives, however, are modified by values such as kindness and generosity, the interplay of drives and values determines the degree of social inclusion of individuals with moderate and severe disabilities. Defining stigma, however, does not provide an answer to the question of why people stigmatise the physically and mentally disabled instead of accepting them as good, if unfortunate, members of society (Nash, 2000).
Yuiker (1988) attempts to answer this question by describing the situation of stigmatisation as *guilt by association*; where the non-disabled person fears that associating socially with a disabled person may be conceived by others as a sign of some personal maladjustment, thereby leading to social ostracism (p. 37). Interestingly, in a survey of student attitudes towards peers with disabilities, students with severe disabilities were rated poorly in the following areas: (1) contributes to society, (2) nice to be around, and (3) less status (Helmstetter, Peck and Griangreco, 1994). Brechin et al (1981) state: *an individual may avoid or reject the disabled person not directly because of his physical impairment but rather because the impairment negatively affects the disabled person's physical attractiveness and/or is believed to affect the level of his competence or intellectual functioning* (p. 69).

In other words the *bodily stigma* associated with people with disabilities has created a sense of shame for non-disabled persons who associate with people with disabilities (Eisenberg, Griggins, & Duval, 1977).

2. Nature of the Disability

Eisenberg, Griggins and Duval (1982) examined whether the type of disability contributed to the degree of stigmatization experienced by a person with a disability. They determined that invisible disabilities were virtually non-stigmatizing; conversely, there was a hierarchy of stigmatization associated with visible disabilities. Their study indicated that sensory disabilities, such as blindness or deafness are less stigmatizing than disabilities that seriously impair mobility, such as cerebral palsy or paraplegia. Moreover, physical disabilities, such as those mentioned, were less stigmatizing than cognitive disabilities. Clearly, therefore, the nature of the student's disability has a profound impact on their ability to form friendships.

The literature also reflects studies which examine the effect of aberrant behaviour on social acceptance. One study in particular examined the impact of stereotypic behaviour, which is often associated with moderate and severe disabilities. Lee and Odom (1996) hypothesised that stereotypic behaviour had a two-fold effect on social inclusion: (1) it produces a social stigma; and (2) it isolates the student from engaging in social or learning opportunities. They examined the relationship of stereotypic behaviour such as hand flapping and rocking, often associated with the low incidence disability of Autism, and prearranged, organised, prescriptive peer social interactions. Their study indicated that increased social interactions resulted in decreased stereotypic behaviours in children with severe disabilities. However, this is a conflicting situation, as the stereotypic behaviour impedes normal social interaction, while on the other hand, it is needed to inhibit the behaviour.

3. Teacher Attitude

As mentioned, the nature of the student’s disability creates a stigma and therefore impacts the attitude of educators. For example, Eisenberg’s et al. (1982) study on stigma, indicated that teachers felt *Children with mild to moderate degrees of physical disability were considered suitable for placement in regular classes...sensory disabilities did not appear to cause anxiety...in contrast, all children likely to demand extra teacher competencies (e.g., the child needing medical monitoring, catheterization, etc.) were all less welcomed by teachers* (p. 237).

In summary, teachers were reluctant to include children with profound intellectual and multiple physical handicaps because their disability was seen as a limiting factor in their ability to conform to the classroom norms.

The attitude of teachers toward students with moderate and severe disabilities correspondingly affects the inclusion of students with disabilities. Cornoldi, Terrani, Scruggs and Mastroperi (1998) studied teacher attitude towards inclusion, twenty years after it was mandated in Italy. In general, elementary school teachers are more accepting of students with moderate and severe disabilities than secondary school teachers. They found:

That elementary teachers reported more positive attitudes toward inclusion than did secondary teachers. This finding was attributed to the fact that the curriculum is more demanding at the secondary level...and elementary teachers spend more time with their students with disabilities (p.352).
Moreover, Cornoldi et al. (1998) recognized that the range of achievement at the elementary school level is narrower than secondary school, which may assist in facilitating inclusion of students with disabilities.

Surveys indicate that many teachers have a positive attitude toward inclusion, as they recognize that inclusion enhances social skills, learning skills, and autonomy of students with disabilities (Cornoldi et al., 1998, p. 352). However, teachers expressed concerns regarding the lack of training to effectively teach students with disabilities in their classroom. Moreover, a study by Bruneau-Balderrama (1997) supported Cornoldi et al.’s (1998) findings that teachers were personally supportive of inclusion; however, a majority of them felt that it was being forced on them and expressed concern about lack of adequate preparation and preservice for teachers. Furthermore, secondary school teachers experience a unique demand and stress associated with the inclusion of students with disabilities, as they are under pressure to teach the learning outcomes of their courses; coupled with decreased contact with students on a daily basis.

The impact of teacher attitudes and modeling should not be under emphasised. Ann Lipsitt (1998) described the inclusion of a student with a low incidence disability into a school in Vermont. The student exhibited loud, frequent tics associated with Tourette’s Syndrome. She described the awareness program used to inform students about the child’s disability. Peers were accepting of the student and were able to ignore his behaviours. Staff, and other adults, however; had greater difficulty accepting the student: their talk tended to convey fear, annoyance and concern for themselves and their students (p. 3). In effect, the staff were conveying the message that this young man was not good enough to be a part of the whole community (Lipsitt, 1998, p. 3). Lastly, an important paper by Demerath (1994) identified the influence of teacher attitude on peer acceptance of students with moderate and severe disabilities. He concluded teacher-constructed notions of inclusion (primarily prescriptive groupings and classroom statements supportive of mutual respect of individual differences) affected student perceptions of and relationships with unlike peers (p. 1).

4. Adolescent Psychology

According to sociologist Erik Erickson (1963), adolescents are struggling to find their identity, a task which has become more difficult as a result of prolonged education and the removal of traditional employment opportunities. Bernard (1971) laments that many young people cannot find their identity in work or school and, therefore, they form close associations with peers, be it gang, student subculture, or activist group (p.362). This close association becomes exceedingly important in the personality formation of the adolescent.

To have an identity, the person must feel like they are a part of something; Wolman (1998) describes this phase as self-determination. Adolescents strive to be part of a recognised social group and therefore they strive to conform to what their peers, as a group, value. Moreover, adolescents are developing sophistication and are, therefore, more aware of what their culture values. As mentioned, the values of Western society conflict with the inclusion and acceptance of people with moderate and severe disabilities. Therefore, as adolescents are especially vulnerable to shame (Schave & Schave, 1987), and seek attachment to peers with like characteristics; it becomes increasingly important to encourage interaction with peers who are perceived as different in an effort to foster respect and inclusion.

Unfortunately, Wolman (1998) points out that an adolescent’s identity cannot develop in isolation or alienation; they must share life experiences with family and friends, and take part in society at large. Society at large, however, includes people with moderate and severe disabilities, who have often been alienated and isolated because of their disability. How then, does one escape the Catch-22 of social stigma and disabilities? Changing Western society’s values through education appears to be the key to fostering the social acceptance and inclusion of people with moderate and severe disabilities.

5. Knowledge of Disabilities

Knowledge of disabilities facilitates inclusion of students with exceptionalities. Helmstetter, Peck and Giangreco (1994) surveyed high school students about their friendships with students with severe disabilities. Although the overwhelming majority of their comments were positive; there was one consistent difficulty mentioned by the students, relating to a lack of knowledge in how to interact with
persons with disabilities. Their study indicates that the primary concerns of the sample group related to not knowing how to communicate with or how to teach students with moderate or severe disabilities (p. 274). Moreover, they suggest that some students may benefit from receiving additional training and/or more extensive introduction and orientation to personal characteristics (Helmstetter et al., 1994, p. 274).

Eisenberg, Griggins and Duval (1982) advocate for the integration of people with disabilities into regular society. They purport that the only way people with disabilities can achieve equality is through increased contact with the able-bodies and by providing them with information about disability (p. 10). Furthermore, they hypothesize that increased contact, an informational campaign, and the maintenance of a more highly visible presence may lead to a decrease in prejudicial feeling (p.10). Moreover, they also offer hope suggesting that the acceptance of a person with a disability is enhanced, if they can form a friendship with one non-disabled peer. The existence of such a friendship serves as a model for overcoming stigmatization by normalizing the disabled person.

Lastly, Barak Stussman (1997), an adult with cerebral palsy, who was educated in a segregated program as a child and then mainstreamed at age 11, wrote about his experiences in both settings. In his writing, he states I am at ease with [talking about my difference] from the mainstream and believe the only way others can feel comfortable about any difference is through education (p. 20). Moreover, he states that adults will have to deal with people of different abilities; and the public school system should be a microcosm of the ‘real world’...[as] education is learning how to interact with others (p. 21).

The social inclusion of students with moderate and severe disabilities relies on many factors. One of the most important determinants appears to be the level of knowledge possessed by peers and adults in the student’s life. Moreover, the teacher plays a crucial role in facilitating inclusion through the fostering of opportunities for interaction. Lastly, the nature of the student’s disability has a significant impact on social inclusion, as society has created cultural norms to which these students do not conform, thereby creating social stigma. Stigma, discrimination and ostracism of people with disabilities may be overcome with education; shaping Western society’s culture into one which values all people regardless of their differences.

Methodology
A qualitative method was employed as it provided the investigator with the flexibility to explore the intention behind student responses. Data was collected through the use of questionnaires which were predominantly multiple choice, but which allowed respondents to give insight into their responses in an area for comments associated with each question. The data from the student responses were based on 534 returned questionnaires; representing a return rate of 74%. The demographics are: 144 from Grade 9; 156 from Grade 10; 125 from Grade 11; and 109 from Grade 12. In addition, 58% of respondents were female while 42% were male.

Findings of the study
Frequency of Social Interaction
The frequency in which students offer or return a casual greeting with a student with a physical or intellectual disability was considered in the questionnaire. Although an average of 27% of students greet their peers with special needs on a regular basis in their class and 46% greet them in the hall; an overwhelming 87% (Table 1) indicated that they would return the greeting of a person with a low incidence disability if the contact was initiated by the student with a disability.
Table 1 Frequency of Social Interactions

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Yes %</th>
<th>No %</th>
<th>Sometimes %</th>
<th>No response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you greet students with an intellectual disability in your class</td>
<td>27</td>
<td>16</td>
<td>22</td>
<td>34</td>
</tr>
<tr>
<td>on a regular basis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a student with a physical or intellectual disability greeted you</td>
<td>87</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>in the hall would you return their greeting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a class with a person with a physical or intellectual</td>
<td>42</td>
<td>22</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>disability?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A review of the literature indicated that knowledge was a key factor in fostering inclusion. Students were questioned, as to their point of view, to determine if they believed that knowledge about disabilities would impact their interaction. The majority of students, 66% (Table 2), indicated that if they knew more about how to interact with students with disabilities, they would greet them. This response reflects fear and self-consciousness on the part of students. It does, however, also indicate that education could better facilitate the inclusion of students with moderate and severe disabilities.

Table 2 Classroom Interactions

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Yes %</th>
<th>No %</th>
<th>Sometimes %</th>
<th>No Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you knew more about how to interact with students with intellectual</td>
<td>74</td>
<td>14</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>or physical disabilities would you greet them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the teacher in your class interact with the student with</td>
<td>50</td>
<td>13</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>physical or intellectual disabilities on a regular basis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you asked a student with a physical or intellectual disability</td>
<td>23</td>
<td>39</td>
<td>27</td>
<td>11</td>
</tr>
<tr>
<td>to be your partner or group member?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Classroom Climate

The classroom atmosphere can either foster or hinder the social inclusion of students with moderate and severe disabilities. The tone the classroom teacher sets regarding the acceptance of students with disabilities can dramatically impact social inclusion. Students were asked to comment if they noticed whether the classroom teacher greeted students with moderate and severe disabilities (Table 2). Students indicated that only half of the teachers greeted students with disabilities in their classroom on a regular basis.

In addition, group work is an important aspect of classroom life as well as an opportunity for socialization; therefore, students were asked to comment on the inclusion of students with disabilities into group studies within the classroom. The majority of students indicated that they have not asked students to be a part of their group in a class. Table 2 indicates that only 23% of students have asked their peers with disabilities to be part of a group assignment. Moreover, students indicate that a large proportion of teachers (48%) do not assign students with disabilities to groups. The results of the study indicate that difficulty interacting/communicating with students with special needs was the primary
reason for exclusion from group work situations. However, 21% of students indicated that they perceived having a student with disabilities in their group as more work for themselves.

Furthermore, similar to the responses in elicited from the inquiry about student greetings (Table1) wherein students were tolerant if approached and returned greeting is first greeted, students will accept their peers with disabilities into their group if they are assigned. Moreover, the data in Table 3 indicates, they are generally welcomed. One student indicated he would probably [welcome them] because I’d feel bad. When questioned using an open ended response regarding how students felt about having a peer with a disability in their group, the most common response indicated that they would be pleased (28%). However, a significant number of students (41%) indicated other feelings, such as ambivalence and annoyance, in their responses.

<table>
<thead>
<tr>
<th>Table 3 Group Work Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM</td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Has your teacher assigned a student with an intellectual or physical disability to a group with you?</td>
</tr>
<tr>
<td>Do you generally welcome students with physical or intellectual disabilities if they are assigned to your group?</td>
</tr>
<tr>
<td>If a person with a physical or intellectual disability asked to be in your group would you welcome them?</td>
</tr>
</tbody>
</table>

**Socialization**

Socialization during free time or at extra-curricular activities is critical to the formation of friendships. The data indicates that students are generally accepting if approached by peers with disabilities and will include them. However, students without disabilities, who indicated they would not interrelate, cited difficulty interacting or communicating with them as the primary reason for excluding them from conversation. One student indicated in a written comment that he would include them in conversation once approached, but, in all honesty, the conversation would probably just stop. Moreover, students indicate that they do not include students with disabilities in their conversations because they are not my friends. Ironically, this is a Catch 22 situation as students cannot develop friendships without communication, but there is a reluctance to communicate with those who are perceived not to be friends.

Repeatedly, lack of knowledge appears to be a primary factor affecting the social inclusion of students with special needs. Table 4 indicates that 46% of students feel that they would be more comfortable talking to students with disabilities if they knew what to say to them. In addition, 25% indicated through opened comments that perhaps they would feel more comfortable if they knew what to say or do with a person with a physical or intellectual disability.

Students were asked directly if they socialised with their peers with disabilities at extra-curricular activities. Forty-eight percent of students who attended extra-curricular activities did not socialize with students, while 32% affirmed that they did. The primary reasons for not socialising were difficulty interacting or communicating and other reasons such as: they are not my friends.

School dances are a popular event at most secondary schools; therefore, there were three questions related to social interactions at school dances. Table 5 indicates that only 17% of students would ask a student with a disability to dance, while 34% stated that they would dance if asked by the student with a disability; of those respondents, 82% were female. The most common reasons stated for declining to dance with students with disabilities was discomfort (44%) and peer pressure (32%).
### Table 4 Socialization

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Yes %</th>
<th>No %</th>
<th>Sometimes %</th>
<th>No Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a student with a physical or intellectual disability approached you and a group of your friends at lunch or break would you include them in your conversation?</td>
<td>57</td>
<td>9</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>If you “knew” what to say or do with a person with a physical or intellectual disability would you feel more comfortable talking to them?</td>
<td>13</td>
<td>37</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Do you socialise with students with disabilities at school sponsored extra-curricular activities?</td>
<td>32</td>
<td>48</td>
<td>0</td>
<td>21</td>
</tr>
</tbody>
</table>

### Table 5 Interaction at School Dances

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Yes %</th>
<th>No %</th>
<th>No Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you ask a student with a physical or intellectual disability to dance at a school?</td>
<td>17</td>
<td>66</td>
<td>18</td>
</tr>
<tr>
<td>Would you dance with a person with a physical or intellectual disability at a school dance if they asked you?</td>
<td>32</td>
<td>48</td>
<td>21</td>
</tr>
</tbody>
</table>

### Teacher Assistant Role in Fostering Inclusion

There were several questions designed to determine if teacher assistants could play a role in fostering the social inclusion of students with special needs. Students overwhelmingly stated that they would assist a student, 82% of students indicated that they would help if asked by a teacher assistant, while only 10% stated that they would not (Table 6). Furthermore, 60% of students indicated that they would interact more with students, if the teacher assistant explained how to relate to the student.

### Table 6 Role of Teacher Assistants

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Yes %</th>
<th>No %</th>
<th>No Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you assist a student with a physical or intellectual disability if a teacher assistant asked you?</td>
<td>82</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Would you interact more if the teacher assistant who works with a student with a physical or intellectual disability explained how to interact?</td>
<td>60</td>
<td>28</td>
<td>12</td>
</tr>
</tbody>
</table>

### Knowledge and Inclusion

Lastly, the final three questions of the student questionnaire requested information regarding the role of knowledge in fostering the social inclusion of students with disabilities. When questioned if students with physical or intellectual disabilities could fit in better socially if their peers knew more about disabilities, the majority of students, 68% affirmed that they would. Table 7 indicates that 48% of students would like to learn more about disabilities; while 68% feel that students with physical or intellectual disabilities could fit in better socially if students knew more about disabilities. Lastly, 40% of students indicated that they would be interested in volunteering with students with disabilities. The literature review indicated that there were several factors, which influence the social inclusion of students with moderate and severe disabilities. Moreover, the findings of this study paralleled the
findings of the literature. Both indicate that culture, the nature of the student’s disability, teacher attitude, peer pressure and most importantly knowledge; affect the ability of people with special needs to be seen as valued, contributing members of their community.

Table 7 Knowledge and Inclusion

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Yes %</th>
<th>No %</th>
<th>No Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like to learn about intellectual or physical disability?</td>
<td>48</td>
<td>41</td>
<td>11</td>
</tr>
<tr>
<td>Given the opportunity and training would you like to do some volunteer work with people with physical or intellectual disabilities.</td>
<td>40</td>
<td>51</td>
<td>10</td>
</tr>
<tr>
<td>Do you think that students with physical or intellectual disabilities could fit in better socially if students knew more about disabilities?</td>
<td>68</td>
<td>19</td>
<td>12</td>
</tr>
</tbody>
</table>

Discussion And Recommendations

According to Llewellyn (2000), society creates physical and social barriers towards people with disabilities. Moreover, she states that the general public’s knowledge of disabilities is lacking and especially poor in children. Knowledge can be a powerful tool in shaping the social structure of a school. Increased social contact between adolescents with disabilities and their typical peers is occurring as a result of integration; thereby, providing typical adolescents with the opportunity to learn about people with disabilities. It is now recognized and reflected in the growing literature, that social interactions with children with moderate and severe disabilities is closely tied to the attitudes and behaviours of their typical peers (Grenot-Scheyer, 1994, p.260).

Friendship formation in adolescence is complex and reliant on sophisticated social skills and interactions; which are often difficult if not impossible, for many students with low incidence disabilities. As a result, several recommendations are presented to help facilitate the social acceptance of students with low incidence disabilities. The first challenge is to shape the culture of the school and community by raising awareness of the abilities of people with special needs, by fostering opportunities for the community to become involved with students with special needs. In addition, friendships can be fostered by increasing the understanding and tolerance of students within the school by fostering opportunities for peer interactions and participation in extra-curricular activities by students with disabilities.

Secondly, as the attitude of teachers has a profound impact on the success of the social inclusion of students with special needs, opportunities for professional development on issues relating to students with special needs should be made available to teachers. Furthermore, a newsletter or website with current information could be produced. Thirdly, peer pressure and the developmental stage of adolescents makes inclusion more difficult as students are unwilling to risk stigma by association.

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Working with a small group of non-disabled volunteers to foster acceptance is a starting point and formal friendship groups could be established.

Fourthly, The nature and severity of the student’s disability was referenced by students as a factor which affects inclusion as it often limits the student’s ability to communicate effectively. An attempt must therefore, be made to minimize the impact of the student’s disability on their ability to participate in class and social settings. Augmentative and alternative communication strategies for greetings and conversation, for students who do not use speech, should be utilized in all social situations. Furthermore, provision of social skills training as well as clear guidelines for acceptable behaviour for students with disabilities would also be beneficial.
Lastly, as knowledge was mentioned repeatedly in the results of the study, it is critical that it is addressed. A lack of knowledge about how to communicate, and about the nature of the students disability, leads to fear and decreased acceptance impacting social inclusion. Increasing the knowledge of student’s in the school could occur through presentations each semester in the students class, in the form of an introduction about the student. Moreover, the modelling of appropriate interactions, as well as encouraging social interaction by teacher assistants in the classroom could have a positive effect on social acceptance.

Conclusion
Peer acceptance is fundamental to the quality of life of students with moderate and severe disabilities. This study indicates that the social inclusion of these students is hampered by several factors including:
1) lack of knowledge about disabilities, which leads to fear and uncertainty in how to interact with students;
2) peer pressure, which discourages students from interacting with their classmates with disabilities;
3) school and community culture, which values success and achievement;
4) nature of the student’s disability, which hampers traditional communication and may also lead to inappropriate social interactions; and
5) teacher attitude, which determines the tone of the class and therefore, the degree of acceptance of students.
This study indicates that students with special needs are accepted in certain situations at senior high school; however, there is room for improvement through education and encouragement of non-disabled students and staff at the school. Knowledge is the key to inclusion of students with disabilities. It decreases fear and diminishes the stereotypes associated with people with moderate and severe disabilities, thereby facilitating their social inclusion.

References

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