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INCLUSION AT THE HIGH SCHOOL LEVEL:

A CASE STUDY

by
Vicki L. Isler

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
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Approved by

Professor

Date Approved 5-9-00

ABSTRACT

Vicki L. Isler
Inclusion at the High School Level:
A Case Study
2000
Advisor: Dr. Roberta Dihoff
School Psychology

This case study was conducted in order to assess the differences in occurrence of maladaptive behavior displayed by an 18 year old student with developmental disabilities placed in two different school settings. One setting, a special needs school, concentrated on vocational and daily living skills. The other setting, a public high school, provided her with four non-academic classes and the opportunity to socialize with her peers without disabilities. She was provided with a 1:1 teacher's aide in both settings.

Data sheets were completed in both settings for a three month period. These data sheets contained information on the frequency and intensity of the student's defined maladaptive behaviors of tapping, grabbing, hitting, hissing/making a face and crying.

The data was analyzed both descriptively (graphs) and statistically (chi-square) comparing frequency of behavioral occurrences between and across programs. The results indicated that there was a significant increase when moving between settings as well as between different times of day while at the high school. As analyzed clinically, inclusion for this individual child did not produce positive results.

MINI-ABSTRACT

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This case study was conducted in order to assess the differences in occurrence of maladaptive behavior displayed by an 18 year old student with developmental disabilities placed in two different school settings. Descriptive and statistical analysis indicate a significant increase in behavioral occurrence in the inclusive setting

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Chapter One

The Problem

Need

In the past, inclusion has been an overused and misunderstood word in education. Can a child with learning disabilities and/or severe emotional or behavioral disorders be included in a regular education classroom within their neighborhood school system? This idea provokes many questions, and individual educators, as well as educational advocacy groups, have drawn lines and taken sides. Those in support of inclusion maintain that educating a child with disabilities along with his non-disabled peers will strengthen the social and academic achievement of both. Those in opposition believe a child with disabilities will not receive the specialized education he/she needs and that the general education classroom will be disrupted, therefore keeping the child without disabilities from reaching his/her full potential.

An important factor in this equation is how the children react to one another. If the child with disabilities is considered an outcast or is socially isolated from other students, is the child in the best environment? The inclusion setting can be confusing and overstimulating to a child with disabilities, causing inappropriate emotional or behavioral outbursts, further isolating him/her from their peers without disabilities. In this case, would the child be better served by, and suited to, a special school or classroom with individualized educational services? This, of course, is the debate.

So who decides what is best for the child? Some believe that the courts should decide, and many cases have been put in the hands of lawyers and judges. Parents believe that they have the right to decide what is best for their child. And finally, educators believe that they have the knowledge and educational background to make decisions in the best interest of the student. But ultimately whoever makes the decision must realize that every child is different and presents unique challenges regardless of the setting they are placed in.

Purpose

The purpose of this study is to assess the individual needs of one student who is placed in two different settings. She spends three full days and two afternoons in a school for special needs children and attends her public high school the other two mornings. The case study will look at behavioral and emotional changes in the child as she attends school in both settings. Then, looking at the results of the study, attempt to decide if inclusion is in the best interest of this individual child.

Hypothesis

In general, developmentally disabled children do not react well to overstimulating situations. A large high school, where bells ring and students are noisy while switching classes, would most likely be confusing and upsetting to the child with special needs. Therefore, the hypothesis of this study is that the behavior of the child will not improve and will in fact become more disruptive while attending classes at the public high school.

History

The history of the general treatment of children with behavioral and/or emotional disorders is grim. Centuries ago they were considered to be possessed by evil spirits and unspeakable exorcisms were performed on them. At the beginning of this century, they were shut away in insane asylums, which eventually became our psychiatric hospitals. In the 1940's psychiatric medications such as Thorazine and Haldol came into being. While these antipsychotic medications calmed and virtually extinguished their outbursts, the individuals were left drugged and lethargic. The children were simply maintained and cared for. The thought of providing an education to these children was never remotely considered.

The *Individuals with Disabilities Education Act (IDEA)* of 1975 changed all of this. The law required that all children, regardless of their disability, be provided with a free and appropriate public education. Most schools provided education to children with mild disabilities by placing them in self-contained special education classrooms that were isolated from the rest of the school. There was little or no contact with regular education children. The children with severe disabilities were sent to special schools where teachers were trained to accommodate severe behavioral and educational problems.

The concept of inclusion goes one step further. The idea is that all children be educated in the same classroom regardless of the level or severity of the disability. The word *mainstream* is used to describe the moving of children with disabilities from special schools or classrooms into the regular education classroom. Mainstreaming still leaves many problems to solve. Are colleges and universities training new teachers in the

diversity of students they will encounter? Are current teachers receiving the specialized training they require to effectively teach the children who will be in their classrooms? Will schools be able to maintain a safe and orderly environment? And finally, is this in the best interest of all students?

The IDEA was revised in 1997 and changed the word *appropriate* to *quality*. Now the child must receive a quality education. Again we must go back to the question, “Who decides what a quality education is?” Is it in a specialized school or classroom, or is it in a mainstream classroom? And again the answer must be decided on an individual basis with the child’s best interest in mind. There can be no blanket law or policy that mandates the same course of action for every child. Therefore, a wide variety of services must be made readily available to meet each child’s needs.

Definitions

Antipsychotic medications may also be referred to as neuroleptics. These drugs are used to relieve major symptoms of schizophrenia and produce walking states that resemble sleep. Examples of antipsychotic medications are Haldol and Thorazine.

Down Syndrome is a disorder associated with the presence of an extra chromosome in pair 21, resulting in disfigurement and mental retardation.

Functional Behavior Assessment (FBA) is the process of reaching an understanding of what leads individual students, with all their mitigating factors to act inappropriately (“Functional Behavior Assessments,” 1998).

Inclusion is a movement toward having all students, regardless of their ability, attend school in their residential school districts.

Individual Education Plan (IEP) means a written plan developed at a meeting according to N.J.A.C.6A:14-2.3(h)2 which sets forth present levels of performance, measurable annual goals, short term objectives or benchmarks and describes an integrated, sequential program of individually designed instructional activities and related services necessary to achieve the stated goals and objectives (N.J.A.C.6A:14-1.3, 1999)

Individuals with Disabilities Education Act (IDEA) - Public Law 94-142 was passed by the United States Congress in 1975. Mandated to be in effect by 1978, this law ensures a free and appropriate public education for all children.

Least Restrictive Environment (LRE) means that students must be educated to the maximum extent appropriate with students who are not disabled.

Mainstreaming is the practice of placing children with disabilities into the regular education classroom.

Needs-based Assessment is the process of determining suitable interventions for a particular child. This approach extends the curriculum beyond academics and includes behavior management as instruction in the social curriculum (Cessna and Skiba, 1996).

Assumptions and Limitations

While working in two completely different settings there can be many variables that lend themselves to the validity of the study. In this particular case, it must be assumed that the data on the frequency and intensity of behavioral outbursts, is recorded consistently in both the high school and the special needs school. It must also be assumed that the reaction to, and the treatment of, any behavioral outbursts are consistent at both schools. This is important because the success of any behavioral intervention relies on the

same consequence occurring each time the behavior occurs. The assumption must also be made that the teachers in both settings are positive and accepting of the child, thus providing a comfortable learning environment.

The limitations of this study are that it is just a case study and therefore examines only one child. Because of the individual needs of each child who presents an educational challenge, there can really be no generalization to the overall population.

Overview

In the chapter that follows, literature will be reviewed that presents both sides of the inclusion controversy. Alternative suggestions to the two extremes of full inclusion and complete segregation will also be presented.

Chapter 3 will outline the methods for collecting data and describe why those selected methods give measurable results. The analysis of the data collected will be illustrated in chapter 4, and discussion of the results will occur in Chapter 5.

Chapter 2

The Literature Review

The Views of Those in Support of Inclusion

Many of those in support of inclusion hold the view that ultimately the child with disabilities will have to live and function in his/her community, and should therefore spend his/her educational years in a regular education classroom. They do acknowledge that the child will most likely need an extensive support system consisting of everyone involved in the child's life. The support system must always work as a team, have open communication, and be trained in a variety of techniques that enable them to provide a successful learning environment for the child. In this type of environment, the entire school community will take ownership for the child's successes and failures, the child's peers will learn to understand and accept him/her as a unique individual, and everyone will learn the importance of respect for human differences.

Van Dyke, Stallings and Colley (1995) outline three important reasons why inclusion must be in the forefront of educational reform. First, the child has a legal right to be placed in the least restrictive environment (LRE) as mandated by IDEA. They equate this to a fight for the child's civil rights, and note that the outcome of most court cases favors inclusion. Second, they state the research shows that the more time a child spends in the general classroom and the less he is separated from his peers, the better the child does. And finally, there is a moral and ethical argument for the rightness of

inclusion. Segregation classifies children, creates bias and makes them different. Van Dyke, Stallings and Colley (1995) believe that the segregation of children with disabilities will become an embarrassing chapter in our educational history just as racial segregation was in the 1960's.

Seigal-Causey, McMorris and McGowen (1998) go so far as to suggest that self-contained classrooms, home bound instruction and special schools should be abolished. Just being in the mainstream classroom presents an academic and social advantage to the child with disabilities because it makes him/her adhere to a higher level. They also believe that the child should attend the neighborhood school where they live. They contend that mainstreaming the students reflects the society, it is not cost effective to have special classes, potentials are limited when labels are applied, and frequently children must endure lengthy bus rides to attend special classes or schools.

While those in favor of inclusion agree that there is a great deal of work to be done, including a complete paradigm shift of how we view the educational classroom, they believe that the benefits every child will receive far outweigh the struggle to get there.

The Views of Those Opposed to Inclusion

The opposition feels that children are not "one size fits all" and that not every child can be taught to their fullest potential in one classroom. This extends to the gifted and talented children as well as the child with a disability. When children with emotional and/or behavior problems are placed into the regular education classroom, they present problems that are severe, pervasive and chronic, not minor, situational or transitory (Kauffman, Lloyd, Baker and Riedel, 1995). They contend that we are not training our

teachers to educate such a diverse population and question what will be the benefit to both the general education student and the special education student. The belief is that the child with a disability can have their needs addressed more effectively in a specialized classroom that will sustain appropriate interventions with continuous assessment by trained and skilled teachers.

The commitment of general education teachers must also be brought to the forefront. When a child with a disability consumes so much of the teacher's time, the other classroom children are surely affected. This creates an atmosphere of frustration and the child is viewed by everyone as a challenge instead of just another pupil (Turnbull and Turbiville, 1995).

Socialization has been promoted as one of the major benefits all children will receive in the process of inclusion. Siegel et al. (1998), in presenting an opposing view, express concern that the more able children will become bored while the children with special needs will become increasingly frustrated. The result is an all around decrease in achievement scores. Do we want to create an educational system that places academic achievement secondary to socialization?

The Denver Post, October 1, 1999, reports a new buzzword in the Colorado public schools: Inclusion. Students are being made to sign an oath stating that they will not engage in exclusionary activities. The pressure is being put on the students to be accepting and to ensure that no student will feel like an outsider. In reality it's not the students but the schools, teachers and parents that are the culprit. Schools today are more about crowd control than anything else; students must fit in, be quiet, move along and

comply. In a world of “fit in”, where do these children fit in? (Crane, 1999) Do schools really want inclusion or do they want to create the illusion of inclusion?

Needs-based Assessment

There must be some common ground between these two extreme views. Cessna and Skiba (1996) present a responsible approach to inclusion called needs-based assessment. Many of the included children have problems that our educational system, as it is currently structured, cannot address. The whole child must be taken into consideration. First determine the individual needs of the child, acquire the resources necessary to best serve the child, and deliver them. The focus must be on what services the child needs and not segregated vs. integrated programs. The outcome is far more important than the degree of inclusion (Edgar and Seigel, 1995). This gives the child the opportunity to participate in the general classroom when possible and receive specialized teaching based on their particular needs. Dr. David L. Holmes (1997), in his book *Autism through the Lifespan: The Eden Model*, clearly explains the meaning of this concept.

Although students with disabilities may need special supports to reach their goals, it would be a tremendous disservice to them not to support the concepts associated with inclusive education....Including students with disabilities in society could mean placing the student with his typically developing peers in a local public school, if the student's family and teachers decide it would result in an appropriate educational experience for him. Or, inclusion could mean that the student attends a highly specialized education program, but visits a local regular education school once a week to participate

in physical exercise activities, or to eat lunch in the cafeteria. Each of these inclusion options, as well as those in between, would provide opportunities for him to interact with his peers in regular education (86-87).

The mandate of LRE is not well defined. It seems likely that a child with a severe behavior disorder would need a more restrictive environment. While putting the child in a residential facility may seem extreme, the swing to general classroom inclusion is just as extreme. Resources must be added, and we must adapt services to the children not vice versa (Cessna and Skiba, 1996). The environment must support the student with disabilities. If it does not, then the general education classroom is no longer the LRE and a more appropriate placement must be found. The failure to appropriately assess and properly place the child will prove to be disruptive to the lives of all students and teachers. The answer is a variety of placements that address individuality and where everyone feels safe, accepted and valued (Kauffman et al, 1995).

The Story of Sydney Taylor

Sydney Taylor is a child with Down syndrome. When she was evaluated, her parents were told that developmentally she was in the bottom 1% in the nation and that she would never read and never fit in. Sydney's parents fought to have her placed in regular education and won. Eight years later, as books line her bedroom walls, Sydney is headed to high school, proving the expert's advice is not always correct. Sydney has grown from a social misfit who bit people to a proper young lady, and is opening the door for others to be included.

There is a downside to Sydney's success. Her friends are the other students in the special education classroom and because Sydney is the only child who is fully included, she can only see them at lunch and after school. They are her peers and her friends. Her socialization should be in part with them.

Sydney must have a 1:1 aide to lessen the strain on the classroom teacher. While her peers are learning life skills such as how to ride a bus, how to shake hands and what the colors on the traffic lights mean, Sydney is in academic classes where she is given different, less difficult tests. Sydney needs to be taught social skills not social studies (Wilson, 1999).

Behavioral Issues

The most controversial and unsettling aspect of inclusion is severe behavioral problems. No matter what the setting, they are constant and time consuming (Van Dyke et al, 1995). Those in favor of inclusion contend that if these children are only exposed to other children with severe behaviors, they will never learn the proper way to behave. Also, their peers need to understand why these behaviors occur and help with the solution. This is a valuable skill that will benefit them throughout their entire life. Opponents contend that it is about school safety.

If a child has a reading problem on Monday, they will have that same reading problem on Thursday. In contrast, behavior may be acceptable for two hours, two weeks or two months. There is no way to predict it. When it does occur, all of the teacher's time and attention must be focused on controlling the behavior, often at the expense of the rest of the class (Cessa and Skiba, 1996). Behavioral issues are difficult to predict in the

inclusion setting unless the teacher is trained to recognize antecedent conditions (those conditions which precede the behavioral outburst) and properly adjust the environment to accommodate the student.

Sugar Creek elementary school in Arkansas has adapted a program that teaches students to “Stop and Think” about their behavior. What started in the inclusion classrooms has spread throughout the entire school. The program, which uses positive reinforcement, includes all students and does not single out any one child or behavior. The program has been successful because the effort has reached beyond the school and become a community effort as well (“How it Works,” 1999).

Inclusion works if a child is blind, deaf or has attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD). The teacher can allow more time, give short-term activities or give oral tests. These types of adjustments are easily planned. But what happens when severe behaviors occur? There is no planning for them and the initial response is reactive: If you do this, then this will happen to you.

The revision of IDEA in 1997 calls for the use of Functional Behavior Assessment (FBA). The idea is to find out why the behavior is occurring. By completing a FBA the following information is gathered: When the behavior occurs; what events occur around the behavior; the function of the behavior, or what purpose is the behavior serving for that child; what the child is trying to communicate; when doesn't the behavior occur; and any other unique factors that pertain to the behavior (“Functional Behavior Assessments,” 1998). While treatment philosophies differ greatly among professionals, the need to conduct a comprehensive functional behavior analysis is one area in which there is no debate (Gerhardt and Holmes, 1994). Their development of The Eden Decision Model

(EDM), and its Accountability Process, provides professionals with a comprehensive, systematic guideline that encompasses all areas of consideration on the way to determining the best course of action for behavioral treatment (see Appendix A for the EDM worksheet). “The Accountability Process, also a set of guidelines, ensures that the intervention chosen is the least restrictive intervention possible, and that the intervention meets clinical and human rights criteria” (Holmes, 1997. p. 135).

The primary goal while addressing challenging behaviors is to teach new alternative behaviors that can be used in response to stressful situations. Teachers must realize that becoming frustrated, reacting to the behavior and trying to control the student will not work. The student must be part of the solution and the environment must be one of teaching. There must also be the understanding that this method is not a “quick fix” and that the behavior will not stop immediately (Today’s School Psychologist, 1998).

The use of behaviorally based consultants can be useful in these situations. Many times the teacher is not trained in behavioral techniques and the result is the unnecessary referral of a child to special education. The behavior consultant can conduct a behavior analysis, identify antecedents and consequences, assist in collecting data, design reinforcement systems and train the teacher how to effectively implement the treatment plan (Today’s School Psychologist, 1998).

Inclusion skills must always be kept in mind when addressing challenging behaviors. Nancy Medows (1996), in her article *Meeting the Challenges of Responsible Inclusion*, says that teachers must be able to identify when the child is in crisis, develop a plan for when the crisis occurs and have a plan for when the crisis has passed. She calls this the “curriculum of the moment.” This is the idea of creatively changing in order to

address the behavior. This can not solely rest on the shoulders of the classroom teachers alone. There must also be preparation by special education teachers as well as support staff that extends beyond the school to the family and community (Schwartz, 1997).

Positive Behavior Support (PBS) considers all aspects of the child's life in a team approach to managing behavior (Weigle, 1997). She recognizes that the classroom situation is often reactive and the need for a "quick fix" only winds up being a negative approach which in turn causes an increase in the behavior. PBS emphasizes functional behavior analysis with positive rather than negative consequences. There is a behavior support team that works with the teacher in a school-wide team approach. The program is based on applied behavior analysis (ABA) and therefore its definitions are concrete and its plans are clear, concise and consistent. There is never a question as to what should be done when a behavior occurs. This takes the guesswork out and there is no trial and error. The teacher is trained to decrease aberrant behavior while increasing appropriate responses (Weigle, 1997).

Regardless of how difficult the behavior is, the teacher can never see the child as a problem to be fixed. The goal is to create a classroom that keeps anxiety and stress at a minimum therefore avoiding self-destruction in the classroom ("Creating Inclusive Environments," 1998). Every child needs to be stimulated and challenged, but they also need to know that they are cared for.

There comes a time when the behavior simply can not be controlled. When behavior supports and extensive teacher training just will not make a difference, a change of placement must then be considered. This situation occurs in children with pervasive developmental disorders, severe mental retardation and autism. These children may need

to be placed in special schools where the teachers are highly trained in implementing behavior reduction programs that would not be appropriate in the public school system. This decision is not made lightly nor is it the first choice in treatment.

The Use of Paraprofessionals

One way to lessen the strain on general classroom teachers is to have a paraprofessional or teacher's aide assist the child during their school day. Sydney, who we previously discussed, was helped through her regular school day by the use of a 1:1 aide. The purpose of the aide is to shadow the student and teach them to be as independent as possible (Wilson, 1999). Transitions from one environment to another are often stressful to the child. Examples of transitions are changing classes in high school or the movement from elementary to middle school. The aide can provide stability across situations and make the student comfortable in their changing environment.

Paraprofessionals are not required to hold a teaching certificate and many times only hold a high school diploma with little pre-service training for the job (Wadsworth and Knight, 1996). They suggest that schools provide training in a team approach, expanding the paraprofessionals skills to include data collection and behavior management skills.

Many times parents have challenged the abilities of the classroom aide provided for their child. In light of these challenges it is recommended that the aides have the following qualifications: Be familiar with the student; have worked with the student in the context of home programming; be trained in ABA; be able to prevent dependence; assist the student's teacher; and have experience in the child's particular disability (e.g.: Down syndrome, autism etc.). If it is determined by a hearing board that the aide is not qualified,

the school district will be ordered to find an appropriate aide. (“Aide Assigned to Student,” 1999).

A study conducted by Marks, Schroder and Livine (1999) involved extensive interviews with 20 paraeducators who worked with individuals with a wide range of disabilities. Their findings indicate that the paraprofessionals assume increased levels of responsibility for managing both behavioral and academic needs. They feel the responsibility to balance the needs of the included child and the needs of the general education teacher. They saw their primary roles as follows: Making sure the student is not being a bother to the classroom teacher; meeting the student’s academic needs; being seen as the expert on the child, but only implementing what others say; and representing inclusion.

The problems they see with their position is that it keeps the teacher from really getting to know the child, there is no real team approach and those who are not in support of inclusion do not support the paraprofessionals.

New Jersey Administrative Code

Chapter 14, special education, of Title 6A, Education, addresses the general provisions provided to students who qualify for specialized services. The purpose of the chapter is to: (1) Ensure that all students with disabilities have available to them a free, appropriate public education as provided by IDEA; (2) Ensure that students with disabilities are educated in the least restrictive environment; (3) Ensure the provision of special education and related services; (4) Ensure the rights of students with disabilities and their parents are protected; (5) Assist public and private agencies providing

educational services to students with disabilities; and (6) Ensure the evaluation of the effectiveness of the education of students with disabilities (N.J.A.C. 6A:14-1.1, 1999).

While the above is simply an overview of a very in-depth chapter in New Jersey's education code, it does not indicate that every child would be best served in an inclusive general education classroom. Instead it opens the door for the child to be provided with an array of services indicated by each child's individual needs.

Summary

IDEA, and its subsequent revisions, is designed to provide all students, regardless of their level of disability, with the most beneficial educational environment. This can not be accomplished by going to extremes. Just as we can never go back to complete segregation of children with disabilities, neither should we swing the pendulum to removing the option of specialized services. Holmes (1997) suggests that it is not the ideas of inclusion that are detrimental to the education of students with disabilities but the narrow interpretation of what those ideas mean. While the inclusive setting may be appropriate for some students with disabilities, advocates for full inclusion believe the regular classroom is the best placement for all students, regardless of their level of disability. This position not only narrows placement options but eliminates them. Therefore, if the choice of full inclusion does not fit the child's needs, there are no other options. When inclusion is mandatory as opposed to an appropriate option, the student is merely "physically included" in the classroom instead of a full active participant (Holmes, 1997).

The following chapter presents the design of the case study. Included are the sample, measures, procedure, design, hypotheses and the type of analysis that will be used in order to evaluate this individual case of inclusion.

Chapter Three

The Design of the Study

Introduction

The decision to include a child in a general education setting is just the beginning. Consistent, reliable measures must be taken to assess their progress. Concrete data must be collected in order to either support the child remaining in the setting or to determine if an alternative plan should be considered. Decisions about a child's progress can not be made simply on subjective opinions. The purpose of this study is to analyze the data collected on one child who has been included at the high school level.

Sample

The child in this study is an 18 year-old female diagnosed with Pervasive Developmental Disorder (PDD), Down Syndrome and Severe Mental Retardation. She spends three full days and two afternoons a week in a specialized school setting and travels to her public high school two mornings per week. She is included in home economics, art, physical education and a resource room class. She has an aide with her in both settings.

Measures

Antecedent/Behavior/Consequence (ABC) data sheets were designed in order to record what was happening, either with the child or in her immediate environment, just prior to the display of the behavior (antecedent); describe the actual behavior (behavior); and to record the actions taken as in response to the occurrence of the behavior (consequence). This data was collected at both the specialized school setting and the high school (data sheets are contained in Appendix B). A measure of frequency and intensity of her defined behaviors was recorded. These defined behaviors included tapping, grabbing, throwing, hissing/making a face and crying. The treatment for these defined behaviors was a formal behavior reduction plan (prompting her hands to her lap or sending her to another area in a modified time-out procedure) and was included in her Individual Education Plan (IEP). There are no formal reliability measures in this study.

Procedure

ABC data sheets were completed daily, in both settings, over a three-month period. Using descriptive and statistical methods, the results were analyzed and graphed. Comparisons were made between the frequency of behavior occurring in both settings. Also analyzed were the difference in behaviors occurring during the four different classes (art, gym, home economics and resource room) attended at the high school.

Design

This study is a single subject research design. The same child was measured over a three-month period across two different settings.

Hypotheses

H₀: There will be either a decrease or no change in behavior when moving from one setting to the other.

H₁: There will be an increase in behavior when moving from one setting to the other.

H₀: Incidence of maladaptive behavior either lessen or remain the same in the inclusion setting as opposed to the special school setting.

H₁: Incidence of maladaptive behavior will be greater in the inclusion setting as opposed to the special school setting.

H₀: There will be no difference in behavior between the four select classes in the high school setting.

H₁: There will be a difference in behavior between the four select classes in the high school setting.

Analysis

The analysis will be conducted through the use of nonparametric statistics and descriptive measures. The increase or decrease in behavior will be graphed. Assumptions of the study are that the data is collected consistently in both settings and that the atmosphere of each setting is positive and accepting. Limitations to the study are that there is only one subject and results can not be generalized to the entire population of included students.

Summary

The inclusive setting must be beneficial to the child being included as well to the other children in the environment. Through consistent data collection, changes in behavior are measured and analyzed. A decision must then be made as to whether the child's environment is beneficial or there is a need for change. The following chapter analyzes the collected data and presents a summary of behavioral changes in both school settings.

Chapter Four

The Results

Introduction

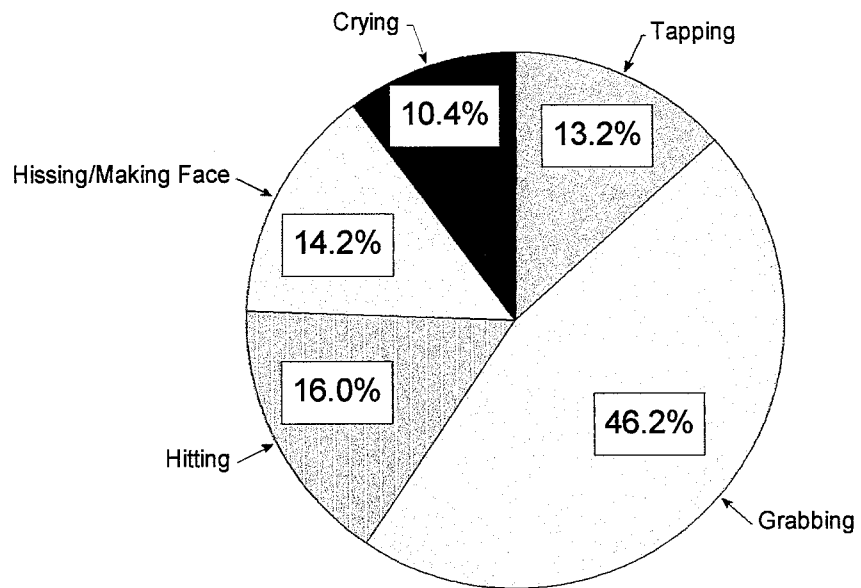
This case study was analyzed for the purpose of determining whether there were differences in the behavior of an adolescent with developmental disabilities across two different school settings. Antecedent/Behavior/Consequence data was collected at both the public high school and the special needs school for a period of three months. These data sheets contained information on the frequency and intensity of the student's defined maladaptive behaviors of tapping, grabbing, hitting, hissing/making a face and crying.

Results

Figure 4.1, *Percent of Behavioral Occurrence across Programs*, shows a breakdown in the percentage of occurrence for these specific behaviors across both the high school and special needs school. As shown, the most frequently occurring behavior, grabbing (46.2%), included both the grabbing of herself (pulling her own hair) and others. Hitting (16.0%) included punching and slapping of herself and others. In some cases these behaviors were limited to one occurrence while at other times they were repeated, either involving one or several people. The behaviors of tapping, hissing/face making and crying occurred at generally the same frequency. Crying included not only isolated cases by also periods of extended crying that lasted throughout most of the day.

Figure 4.1

Percent of Behavioral Occurrence Across Programs



Three hypotheses were formulated in order to compare behavioral occurrences between and within settings.

Hypothesis One

The null hypothesis states that there will be either a decrease or no change in behavior when moving from one setting to the other. The alternate hypothesis states that there will be an increase in behavior when moving from one setting to the other. A statistical analysis for nonparametric measures was conducted. The results of the chi-square show a significant difference between behaviors occurring while moving between schools as opposed to remaining in one setting.

Table 4.1: Comparison between day of the week and school

	Day Of The Week	N	Mean Rank
School	Monday	14	24.50
	Tuesday	34	63.47
	Wednesday	43	65.17
	Thursday	7	24.50
	Friday	8	24.50
	Total	106	

School	
Chi-Square	47.863
df	4
Asymp. Sig.	.000

a. Kkruskai Wallis Test

b. Grouping Variable: Day of the Week

As shown in both Table 4.1 and Figure 4.2, *Behavioral Occurrence by School and Day of Week*, the null hypothesis is rejected and the alternate hypothesis is accepted.

Behavioral increases were shown on Mondays while adjusting between being home for the weekend and returning to school, and on Tuesdays and Wednesdays when moving between school settings. The lowest frequency of behavioral occurrence was shown on Thursdays and Fridays when the student spent the entire day in the special needs school setting.

Hypothesis Two

The null hypothesis states that the incidence of maladaptive behavior will either lessen or remain the same in the inclusion setting as opposed to the special school setting. The alternate hypothesis states that maladaptive behavior will be greater in the inclusion setting as opposed to the special school setting. As shown in Figure 4.3, *Percent of Behavioral Occurrence by School*, the use of descriptive statistics suggests that the null hypothesis is rejected and the alternate hypothesis is accepted. Tuesdays and Wednesdays, the two days of the week when the student travels to both settings, were isolated and the percentage of behavioral occurrence was calculated. For those two days 75.3% of behavioral occurrence was in the high school while only 24.7% occurred in the special school. This indicates that behavior while at the high school occurs at approximately three times the rate of behavior at the specialized school.

Hypothesis Three

The null hypothesis states that there will be no difference in behavior between the four select classes in the high school setting. The alternate hypothesis states that there will be a difference in behavior between the four select classes in the high school setting. As

Figure 4.2

Behavioral Occurrence by School and Day of Week

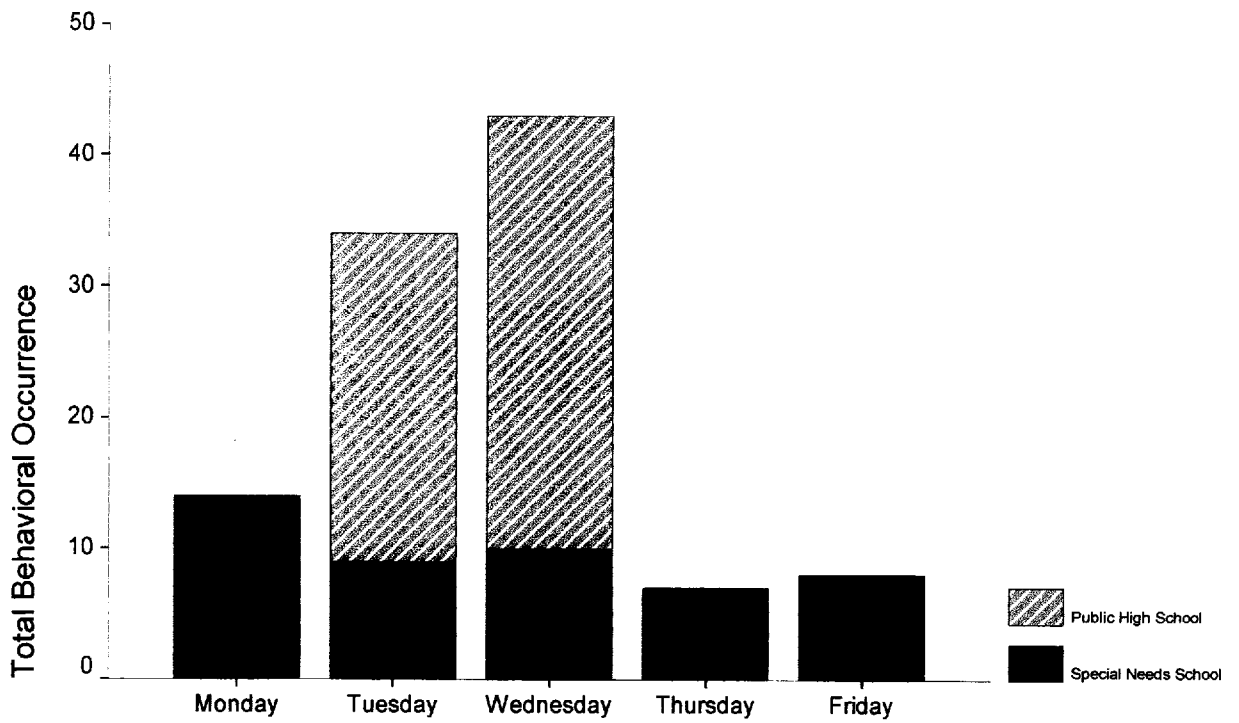
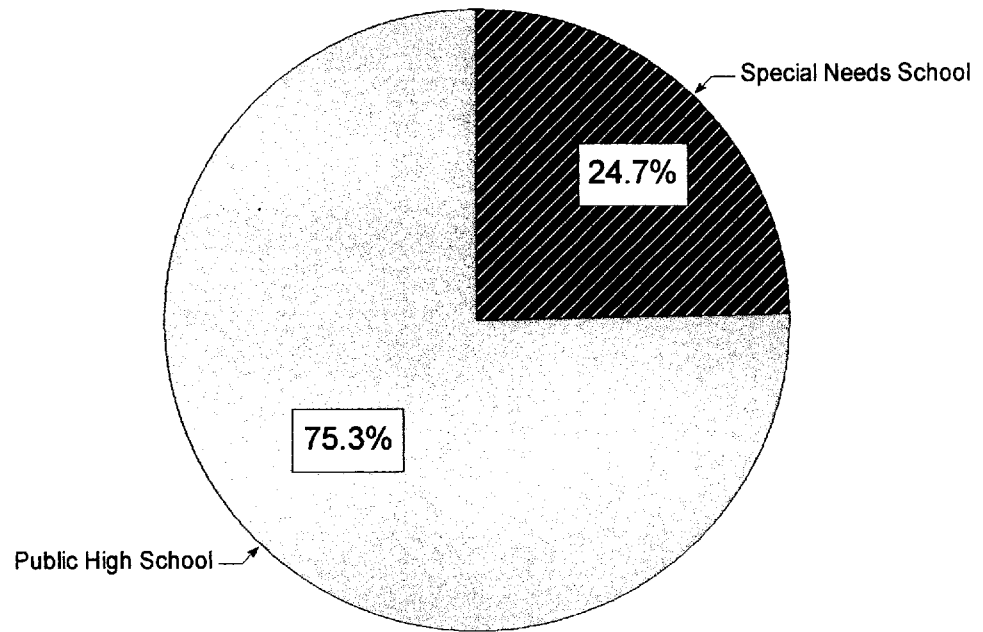


Figure 4.3

Percent of Behavioral Occurrence by School



shown in Figure 4.4, *Behavioral Occurrence by Time of Day: Public High School*, the null hypothesis is rejected and the alternate hypothesis is accepted. A steady increase in behavioral occurrence is shown as the morning progresses. The student begins her day in the resource room at 8:30am and then moves to art (9:15am), home economics (10:00am) and finally to gym at 10:45am. With the completion of gym, she boards a bus and returns to the special school. Figure 4.5, *Behavioral Occurrence by Time of Day: Special Needs School*, while at a lower rate of occurrence, also shows an increase in behavioral occurrence as the day progresses. Table 4.2 illustrates the statistical significance shown when a test of nonparametric measures was conducted.

Table 4.2: Comparison between time of day and school

	Day Of The Week	N	Mean Rank
School	8:30 to 9:00am	4	77.50
	9:00 to 10:00am	16	64.25
	10:00 to 11:00am	23	68.28
	11:00am to noon	31	63.82
	noon to 1:00pm	14	24.50
	1:00 to 2:00pm	18	24.50
	Total	106	

School	
Chi-Square	56.067
df	5
Asymp. Sig.	.000

a. Kkruskai Wallis Test

b. Grouping Variable: Time of Day

Figure 4.4

Behavioral Occurrence by Time of Day

Public High School

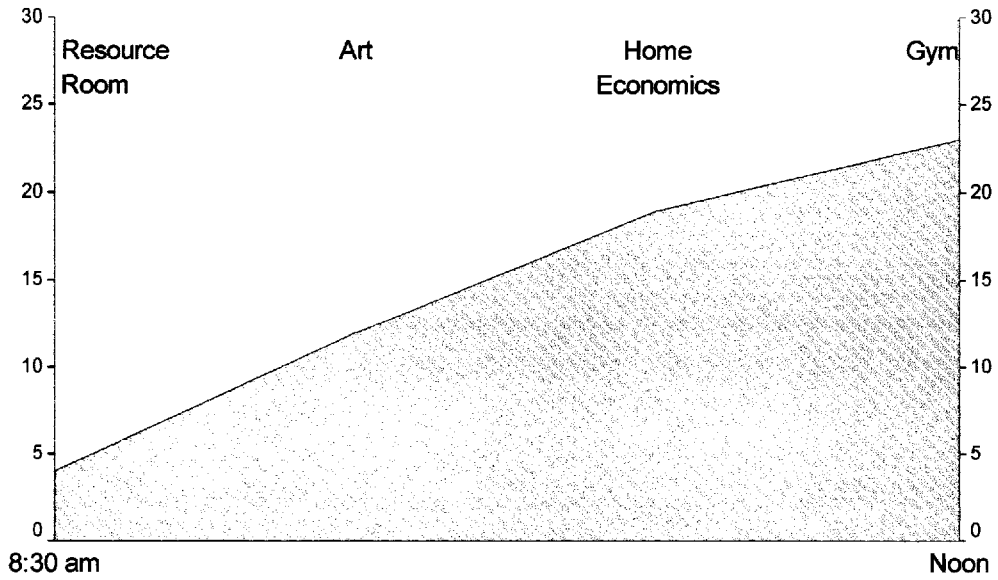
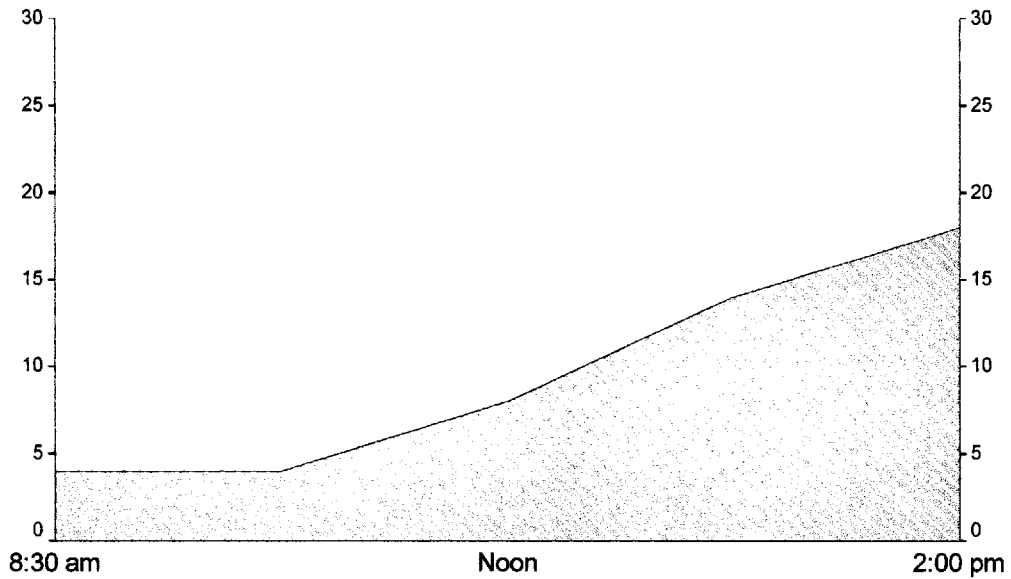


Figure 4.5

Behavioral Occurrence by Time of Day

Special Needs School



Summary

In conclusion, this case study was conducted in order to determine the effects of an inclusive setting on the maladaptive behavior of an adolescent with developmental disabilities. The ABC data was collected and analyzed by the use of statistical and descriptive methods. Total occurrences of behavioral outbursts were compared between and within settings.

The results of the study show that there is a measurable difference in the frequency of defined behaviors between the inclusive public high school setting and the special needs school setting, with the greater frequency occurring at the high school. Behavioral incidence also occurred more frequently when the student experienced a change in setting. This is true not only when transitioning from school to school but also when adjusting from the weekend at home to school.

The four classes at the high school, when analyzed in isolation, showed that behaviors increased at a steady rate as the morning progressed. The fewest incidences were during the first period of the day while in the resource room. An increase continued as the student moved from art class to home economics and finally to gym. The greatest incidence was noted during her last class of the morning, gym. The occurrence of behaviors was also shown to increase throughout the day in the special needs school as well.

Overall, behavioral issues were markedly greater in the inclusive setting. Chapter five discusses possible explanations for this increase and the implications it may have on the push to include all students in regular education settings. Suggestions for future research will also be detailed.

Chapter Five

The Conclusion

Summary

This case study was conducted in order to assess the differences in occurrences of maladaptive behavior displayed by an 18 year old student placed in two different school settings. One setting, a special needs school, concentrated on vocational and daily living skills. The student was taught to sort, wash and dry her laundry, fold her clothes, prepare for lunch and wipe tables. She attended school with other students with disabilities and seemed to relate socially to them.

The other setting, a public high school, provided her with four non-academic classes and the opportunity to socialize with her peers without disabilities. While great effort was made on the part of the teachers and students at the high school, her needs were just too involved. Her behavioral outbursts, such as grabbing and hitting, isolated her from even the most accepting students. The girls in one of her classes, in trying to make her feel accepted, even bought her a pocket book thinking it would keep her from grabbing theirs. She started with a 1:1 teacher's aide but because of behavioral concerns this had to be increased to 2:1.

Explanation of Findings

Antecedent/Behavior/Consequence data sheets (see Appendix B) were designed and formulated to record defined target behaviors occurring across and between two distinct educational programs (special needs school and public high school) the student presently attends. The target behaviors include grabbing, hitting, tapping, hissing/making a face and crying.

When analyzing the data collected by school and day of the week, Monday was the day with the highest frequency of behavioral occurrence in the special needs school. This indicates the difficulties in adjustment between the home setting for the weekend and returning back to the school setting. In contrast, Thursday appeared to be the day with the least number of behavioral occurrences. The student demonstrated fewer problems when leaving the special needs school on Wednesday afternoon and returning to the same setting for the entire day on Thursday. The slight increase of behaviors on Friday could be the result of the student becoming fatigued as the end of the week approaches.

The highest frequency of behavioral occurrence was Tuesday and Wednesday. On these days the student spent her morning at the high school and her afternoons at her special needs school. 75.3% of maladaptive behavior for these two days occurred at the high school. This significant increase can be attributed not only to a change in placement but also to the high school environment itself. Ringing bells, changing classes and crowded confusion contribute to additional stress and in turn, excess stimulation, frustration and behavioral outbursts.

The frequency of behavioral occurrence was studied within the public high school setting in reference to time of day. A steady increase was shown as the morning progressed. She began her day in a resource room followed by art, home economics and gym. During the period of time this data was collected the final class of the morning was gym. Previously the last class of the morning had been art. The change in the time of art and gym was necessary because of increased destruction of art supplies. When the change occurred and the behavior rate still remained high two possibilities were formulated. One, it was the end of the morning and the student had just become tired and frustrated, and/or two, this was the time her teacher's aide left for lunch and to return to the special needs school to continue her afternoon session. The student was not accepting of her replacement aide and demonstrated this through increased behavioral outbursts.

In general, the data appears to indicate that for this particular student the experience of attending a regular education high school only increased behavioral occurrence and added to the increased stress associated with the experience.

Integration of Findings with Past Literature

Those in support of full inclusion would contend that the child in this case study has the legal right to be included in her public high school and that there is a moral and ethical obligation on the part of society to ensure that this happens (Van Dyke et al., 1995). Those opposed argue that a child with emotional, academic and behavioral problems is not best served in a general education setting and in addition having the child in the class is detrimental to the other students (Turnbull and Turbiville, 1995). This particular study would seem to support the latter.

When determining when and if a child is able to be included, the best interest of the child must always be primary. The focus has to be on what the child needs and not the degree of inclusion accomplished (Edgar and Seigel, 1995) Obviously two full mornings a week in the public school was too overwhelming for this child. Throwing art supplies and hitting other students did not increase her socialization with her non-disabled peers but only isolated her from them. Just as in the case of Sydney Taylor (Wilson, 1999), was this child being denied access with her more accepting and appropriate friends at the special needs school? Perhaps attending only one day a week for physical education or lunch as Holmes (1997) suggests would have been a better place to start. Inclusion need not be an all or nothing proposition.

Significant behavioral increases were shown for this student in the high school setting. While she was provided with a 1:1 aide, these outbursts only added to the confusion in the classroom putting pressure on that aide to keep the situation under control. The findings of Marks, Schroder and Levine (1999) indicated that paraprofessionals feel the responsibility to balance the needs of the included child and the needs of the general education teacher. Should the needs of the child have to be balanced or should they be considered as a first priority?

This study also raises the question of how much the student depends on the aide. The data indicated that behavioral outbursts became more frequent when her full-time aide left to go to lunch. The child was placed in a confusing situation by being in the high school in the first place. It is not surprising that behavior increased when her security was removed and replaced with an unfamiliar person.

Yes, this child is included, and yes, it is her legal right, but is this one individual child, and that is the only way inclusion should be evaluated, being provided with a *quality* education? She is being placed into a general education classroom with a teacher who has no special training and with a teacher's aide who is not required to hold any type of degree or certification. Her maladaptive behavior significantly increases and she has no friends to socialize with. Would she not be better served attending her specialized school more regularly?

Holmes (1999) addresses the notion of all teachers being able to teach every child. This implies there would be no need for special education teachers and that general education teachers should be able to serve the needs of every child. He does not discount the importance of ideologies, as they allow us to *reach for the stars*. It is when these ideologies become policy that people suffer. The concept of inclusion, believing that every teacher is capable of teaching every child, contradicts reality. Holmes concludes that , "it is important to reach for the stars, as long as you keep your eyes on the horizon, with your feet firmly planted in the realities of day to day life" (2). It is only then that we can provide the specialized, individualized education that adequately services every child.

Implications for Further Research

Providing the individualized services that every child with a disability needs, no matter how slight or profound the disability is, will never be adequately addressed if the children are all grouped together. The child with a severe handicap, such as the one in this case study, is the exception rather than the rule in assessing inclusion.

Further research of children with profound disabilities is imperative before the statement can be made that all children would benefit from full inclusion. Not only does research need to be more comprehensive in assessing the child with disabilities, but research must also include the affect inclusion has on regular education students. Does inclusion give regular education children more tolerance or does it further isolate them from the included child?

Still another area of research should be directed towards the teachers. They must be adequately trained and given the proper supports in order for inclusion to be a successful experience for all those involved. Are our colleges and universities providing the skills necessary for teachers to make the shift to inclusion? And finally, are school districts providing the appropriate supports to these teachers entering into a new realm of education?

Only with extensive research in the above mentioned areas and the development of measurable, concrete plans, will our education system be able to move toward its plans for inclusion.

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Appendix A

(Please refer to Appendix B for further details)

Eden Decision Model
Behavior Reduction Program Development Checklist

Participant/Student: _____

Topographical Classification of Behavior: _____

I. DETERMINATION OF NEED

Is the behavior perceived as being:

harmful to self or to others? _____

highly work interfering? _____

restricting access to community? _____

Please explain: _____

Operational definition of behavior: _____

Baseline information:

Date of baseline: _____

Type of baseline: _____

Rate at baseline: _____

Additional baseline information (e.g., intensity rating, duration): _____

DOES BASELINE DATA VALIDATE NEED?

Yes _____ No _____

Are there potential medical causes? LIST: _____

List associated medical intervention strategies and results: _____

Results: _____

Current Rate: _____ Date: _____

ACCORDING TO THE DATA, IS THERE A NEED FOR THE DECISION
MAKING PROCESS TO PROCEED FROM THIS POINT?

Yes _____ No _____

II. ENVIRONMENTAL CONSIDERATIONS

What conditions of the physical environment may be perceived by the individual as being uncomfortable (e.g., inadequate heat or light, the absence of adaptive devices, uncomfortable furniture, etc.) as indicated by their association with the display of the defined behavior?

Proposed Intervention Strategies: _____

Results: _____

What conditions of the individual's learning environment may be perceived by the individual as being distracting (e.g., music, noise, presence or absence of preferred stimuli) as indicated by their association with the display of the defined behavior?

Proposed Intervention Strategies: _____

Results: _____

Does the individual demonstrate an ability to exert appropriate control over his or her environment, with emphasis on situations associated with the display of the defined behavior?

Yes _____ No _____

If "No," what associated programming is proposed? _____

Results: _____

AT THIS POINT AND TO THE BEST OF YOUR KNOWLEDGE, is the individual's physical environment comfortable and capable of promoting the development and display of adaptive competing behaviors to the defined behavior, and is programming in place to teach appropriate environment control?

Yes _____ No _____

Current Rate: _____ Date: _____

ACCORDING TO THE DATA, IS THERE A NEED FOR THE DECISION
MAKING PROCESS TO PROCEED FROM THIS POINT?

Yes _____ No _____

III. CURRICULAR CONSIDERATIONS

Does the data indicate that a task or tasks precipitate the behavior?

Yes _____ No _____

LIST: _____

Potential Curricular Related Interventions

Is the task potentially absent from the individual's skill repertoire?

Yes _____ No _____

Proposed Intervention Strategies: _____

Results: _____

Is the task potentially highly complex or overly difficult?

Yes _____ No _____

Proposed Intervention Strategies: _____

Results: _____

Is the task potentially boring for this individual?

Yes _____ No _____

Proposed Intervention Strategies: _____

Results: _____

AT THIS POINT AND TO THE BEST OF YOUR KNOWLEDGE, is the individual's curriculum individualized, functional, and appropriate?

Yes _____ No _____

ACCORDING TO THE DATA, IS THERE A NEED FOR THE DECISION MAKING PROCESS TO PROCEED FROM THIS POINT?

Yes _____ No _____

IV. DIFFERENTIAL REINFORCEMENT

As indicated by the data, are there identifiable reinforcing conditions present which are associated with the continued display of the defined behavior?

Yes _____ No _____

LIST: _____

Do alternate behaviors exist, and is there opportunity to reinforce their use?

Yes _____ No _____

LIST: _____

Is the defined behavior a low frequency/intensity of aggression/self-injurious behavior?

Yes _____ No _____

Therefore, AT THIS POINT AND TO THE BEST OF YOUR KNOWLEDGE, is DRO, DRI, DRL, or DRH *alone* appropriate at this time?

Yes _____ No _____

If "No," please explain: _____

If "Yes," briefly describe the differential reinforcement program being implemented:

Results: _____

Describe necessary troubleshooting: _____

Results: _____

ACCORDING TO THE DATA, IS THERE A NEED FOR THE DECISION MAKING PROCESS TO PROCEED FROM THIS POINT?

Yes _____ No _____

V. DECELERATIVE PROCEDURES

As indicated by the data, is the behavior maintained by positive reinforcement?

Yes _____ No _____

Describe any related strategies: _____

As indicated by the data, is the behavior maintained by negative reinforcement?

Yes _____ No _____

Describe any related strategies: _____

As indicated by the data, is the behavior maintained by perceptual reinforcement (self-stimulatory behavior)?

Yes _____ No _____

Describe any related strategies: _____

Have previous intervention strategies from Components II through IV failed to attain functional significance?

Yes _____ No _____

Describe any related strategies: _____

DOES THE DEFINED BEHAVIOR REMAIN PROBLEMATIC?

Yes _____ No _____

Current Rate: _____ Date: _____

ADDITIONAL INFORMATION:

Appendix B

ABC RECORDING FORM - Special Needs School

STUDENT _____

Date/ Time period	Other Present	Antecedents	Behaviors	Consequences
General Notes				
Interpretation				

Public High School

Date: _____

Behavior: _____

8:30 - 9:00					
9:00 - 9:30					
9:30 - 10:00					
10:00 - 10:30					
10:30 - 11:00					
11:00 - 11:30					
11:30 - 12:00					

1. mild tapping/brief
2. repeated tapping
3. repeated grabbing
4. repeated hitting - out of control

Behavior: _____

8:30 - 9:00					
9:00 - 9:30					
9:30 - 10:00					
10:00 - 10:30					
10:30 - 11:00					
11:00 - 11:30					
11:30 - 12:00					

1. makes a face
2. hissing
3. controlled crying
4. spitting
5. cries all day

Daily Data Sheet D

Public High School

ABC Recording Form

Student: _____

Date: _____

Date/ Time period	Other Present	Antecedents	Behaviors	Consequences
General Notes				
Interpretation				