SUPPORTING CLASSROOM TEACHERS: INCLUSION OF STUDENTS WITH SEVERE BEHAVIOR DISORDERS

DENISE ROSE

B.Ed., University of Calgary, 1978

A One-Credit Project
Submitted to the Faculty of Education
of The University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree

MASTER OF EDUCATION

LETHBRIDGE, ALBERTA

June, 1994

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Abstract

The purpose of this study was to examine how classroom teachers believe that they can best be supported as they work towards inclusion of students with severe behavior disorders in the regular classroom. A mail-out questionnaire was completed by a representative sample of 59 out of 107 elementary classroom teachers (Kindergarten - Grade 7). Teachers' responses were collected, analyzed and discussed in the areas of: teacher/teaching background; classroom teaching environment; characteristics/descriptions of students with severe behavior disorders; interventions and challenges; and, ways to support. The study resulted in a categorized, prioritized summary of teachers' descriptions of supports that were currently available and of their value to them together with other areas where additional support was needed. The most significant consideration that surfaced from the results of this study is that in order for teachers to feel "supported" as they work towards inclusion of students with severe behavior disorders, "support" must become an entire community effort.

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The Beginning of Inquiry

Three years ago, in a small school district in British Columbia,

elementary students with severe behavior disorders were taught in a

segregated "district" program and integrated into regular classrooms

with age appropriate peers throughout the school at certain times during

the school day (eg. gym, music, library, special events). At that time, I

was working in a school that was a Primary school (K-3) with 75 students

in the French Immersion program, 103 students in the English program and

twelve students in the A.D.D. (Attention Deficit Disorder) program. The

A.D.D. program was the segregated "district" program that was in our

school. This program, which was limited to a maximum of 12 students,

accommodated primary-aged students (ranging in age from 6-8 years old)

from throughout the district who had been identified as having attention

deficit disorders and/or severe behavior disorders. A full-time resource

teacher and three full-time child care workers were responsible for

providing appropriate educational programs for each of these twelve

students. Whenever any of these students were integrated into the regular

classroom, one of the three child care workers would accompany the student(s). Educators (classroom teachers, the resource teacher, and child care workers) within the school felt that the A.D.D. program provided an efficient, organized means by which to deliver an educational program for these twelve students. They also felt concerned, however, that the segregated program lacked appropriate role models for, and attached negative "labels" to the students within the program.

The following year, in support of the Ministry's new Primary Program initiatives, special education personnel within our district decided that we should begin to work towards a more inclusive neighbourhood model for integrating students with severe behavior disorders. As a first step towards achieving this goal, all of the students who were in our A.D.D. segregated program were given the opportunity to be included in regular classrooms within their neighbourhood school. Two of the twelve students from our A.D.D. program were our neighbourhood students; the other ten students were considered to be outside our neighbourhood. When the parents of the students within the A.D.D. program were given the option of continuing to have their child integrated into a regular classroom in the English program at our school or have them

included in a regular classroom at their neighbourhood school, they all requested that their child remain at our school even though many of their children lived a significant distance from our school. They indicated that the reason for this decision was the support they and their child had received from the school staff in the past. In September of that year, all twelve of the students from the A.D.D. program were fully integrated into four regular classroom settings (with their age-appropriate peers). Each regular classroom (in the English program) included three students from the A.D.D. program, resulting in approximately 10 % of the class being comprised of students with severe behavior disorders. This percentage did not include two new students with some very demanding behaviors that also moved into our school neighbourhood. Additional support was provided within each of the four regular classroom settings for the students integrated from the A.D.D. program by the full-time resource teacher and the three child care workers. At times, because of scheduling difficulties, the regular classroom teacher did not have any additional support personnel working with her in her classroom. This was a very demanding year for everyone within our school!

Because of the large number of students with severe behavior

disorders attending our school, we ended up with an unnatural proportion of students with very demanding needs in each of our classrooms. These behavioral demands were such that they could not be ignored by the other members of the classroom environment. Teachers and parents expressed concern about the overwhelming numbers of students with behavioral difficulties within each of the classrooms and the difficulty this was creating in providing a quality educational program for all students. As the principal of the school, I acknowledged their concern and reminded them that the school (and district) was in the middle of a transition from "segregated", exclusive practices towards "integrated", inclusive practices. I reinforced to them that if we intended to achieve the goal of a quality "inclusive" system within our school and district, we needed to recognize that it was going to take time and commitment. I also emphasized to them that with each new school year, we would be moving closer to natural proportions of students with severe behavior disorders being included in each of our regular classrooms and gave them the example that six of the twelve students from our A.D.D. program would be moving from our school to their neighbourhood school for their Grade Four year.

As promised, the next year we had fewer students with severe behavior disorders integrated within each of the regular classrooms in our school. Teachers and parents however, still expressed concerns. Despite being committed to the principles of quality inclusive education, I sensed a feeling on the part of parents and teachers that students with behavior difficulties demanded so much of the teachers' time within the regular classroom that the "other" students were losing out. Determined to develop a clearer picture whether or not these were in fact the issues, I interviewed and questioned a number of parents and teachers within my school community.

Preliminary Research

I began my search by formally interviewing the Student Support Services teacher as well as two teachers each of whom had one student with severe behavior disorders mainstreamed (full-time) within their regular education classroom (see Appendix A - Teacher Interview). I also haphazardly chose eight parents who had children in one of these two classrooms to complete a questionnaire about their views on including students with severe behavior disorders in the "regular" classroom (see Appendix B - Parent Questionnaire). To ensure consistency, I used the

following description to define "students with severe behavior disorders"

in each of my interviews and questionnaires:

> Students with severe behavior problems are those who exhibit a
> variety of long standing excessive and chronic deviant behaviors.
> These behaviors can be exhibited through impulsiveness,
> aggressiveness, depression and withdrawal. The severely behavioral
> disordered child may also demonstrate bizarre and inappropriate
> behavior including self-injury, destructiveness, crying and feelings
> of inferiority. These students frequently exhibit a <u>significant</u>
> discrepancy between academic performance and potential. Their
> behaviors are so profoundly inappropriate that they significantly
> interfere with the academic process of self and others (British
> Columbia Ministry of Education, 1985, p. 3).

Inclusive education system was defined as a system which:

"develops accommodating environments for all students; includes all
students (including students with severe disabilities) in regular
education and regular classes; and, provides all students, within the
mainstream, appropriate educational programs that are challenging yet
geared to their capabilities and needs, and any support and assistance they
or their teachers require" (Stainback & Stainback, 1992, p. 4-6).

All of the parents and teachers provided detailed responses to each

of the questions that focused on including students with severe behavior

disorders in the regular classroom as well as a summary statement

outlining their views on "an inclusive system" and areas that they felt

needed to be addressed regarding "an inclusive education system."

Two main themes emerged from the parent/teacher responses. The

first theme was that schools should include students with disabilities in

the regular classroom and that by doing so, all students would have an

opportunity to develop a greater understanding and empathy towards

students with disabilities. The second theme that emerged from the

responses was that in order for students with severe behavior disorders

to be successfully included in the regular classroom, the system required

adequate "support." A sampling of responses follows:

> I think this type of system is quite good. I think that disabled
> students benefit from being included with "normal" children. They
> probably do better as there are students to help and become friends
> with that help to make them feel "normal." The regular students
> also benefit by seeing that these kids, even though disabled, are just
> like them and can be treated as an equal. It will make all of them
> more relaxed instead of uneasy when meeting other disabled people.
> (Parent 3)
> Providing there are enough qualified staff in this environment,
> I feel it [an inclusive education system] would go far in teaching our
> children a better appreciation of their fellow man. (Parent 5)
> I think it is a very good system. It helps not only the
> challenged students obtain their educational needs, but helps other
> students to gained [sic] a better understanding of the daily
> challenges faced by students with disabilities. I think it helps
> students to become more tolerate [sic] of others and increases their
> awareness of others needs...I feel that there is a continued need for
> a teacher assistant in "an inclusive education" classroom. I also
> wonder if each student with a severe behavior disorder should be
> evaluated to determine how severe their disorder is, and if there is
> potential for that student to harm the others in his/her classroom.
> (Parent 8)
> An "inclusive system" (or "integration" as I first heard it
> called), sounded acceptable when I thought of disabilities such as
> deafness, blindness and mental retardation. The idea was that there
> would be a worker in the classroom to work specifically with that

child's need, and I thought that it would be good for the rest of society to learn from a young age about acceptance and understanding of handicapped people. The reality of this, however, is that we are really talking more about behavioral disorders. Children with behavioral disorders tend to dominate the class and provide a steady stream of interruptions and conflicts in the learning environment. This is compounded with each additional child with a behavioral disorder being added to a class. It's not wrong for children to have some exposure to students with behavioral problems, but there should be a good healthy environment in a classroom which is not dominated by the "abnormal." (Parent 7)

[With] full support from the inclusive education system ... we feel the needs [of all students within] the classroom can be met. Careful consideration has to be given for the safety and protection of all students and adults. We feel it should be a combined effort between all involved - parents, school, ministry, careworkers. (Parent 1)

The present system seems to be welcoming all kinds of children, but at the same time, the system can not accommodate all kinds of children. (Parent 2)

Accommodating environments - I feel if a child needs extra help with math, reading, etc. I'd like to see them get it. (Parent 4)

Part of this system puts a strain on the teacher when it come to special needs students, for where it takes "extra time" for these children, the rest of the children in the class are held back unless there is a teachers aid [sic] to help out in these classes. [An inclusive education system] needs more teachers' aides and fewer students per teacher. (Parent 6)

Need support within the classroom to ensure the learning needs of all students are met. Too often [the teacher] had to be in too many places at one time (eg. following through on consequences with students with behavior disorders - needed a CCW to support me). (Teacher 1)

Professional development - support to the classroom teacher as an integral part of our job (eg. conflict resolution, anger management, Learning for Living concepts). Parents - society (inclusion isn't just attitudes in a school) the community needs to

take responsibility for inclusion, not just the education system (eg. social services, public health, to extend support systems to the home). (Teacher 2)

An "inclusive education system" must have appropriate support (CCW, Student Support Services teacher, counsellor) to be effective - all teachers must welcome students in their classrooms, administrators must be supportive advocates for the teachers (eg. provide resources, time, etc. to the teachers as needed). Inservice for parents of "normal" students so they are less apprehensive and more understanding of "inclusion." (Teacher 3)

The two main themes that emerged from the parents and teachers comments supported Stainback and Stainback's ideal (1992) of an inclusive education system; however, the responses also reinforced to me that there was an element of dissatisfaction and lack of clarity surrounding the inclusion issue. In many instances, the parents and teachers were accepting of a theoretical, ideal "inclusive education system", but they were not convinced that this ideal was reflected in practice. Parents also seemed to be more accepting of including students in the regular classroom if the students' disabilities were either physical or mental handicaps rather than a severe behavior disorder.

This parent/teacher feedback in my preliminary research led me to focus on two areas that I felt were central to the inclusion issue. First, more co-ordinated action for supporting integration was needed in order to help bridge the gap between theory and practice. Second, severe

behavior disorders needed to be recognized as being a "disability" in the

same way that physical and mental handicaps had been recognized.

Clarifying the Research Question

As a school administrator, I felt obligated to provide the leadership

required to ensure that an inclusive educational program for students with

severe behavior disorders could exist, both in theory and in practice,

within our school and district. My own personal experiences and

explorations seemed to indicate clearly that in order for an inclusive

education system for students with severe behavior disorders to exist,

classroom teachers needed "support." But what this support "looked like"

was unclear. This lack of clarity and teacher need for assistance

coincided with my need to complete a research project for my Master of

Education degree. This combination of factors led me to design a research

study to examine the question: How can classroom teachers best be

supported as they work towards inclusion of students with severe

behavior disorders in the regular classroom? In an attempt to answer this

question, I explored a number of areas in my study.

Specific Research Questions

1) How do classroom teachers define and identify students with severe behavior disorders?

2) What challenges do students with severe behavior disorders pose in the regular classroom?

3) How do classroom teachers deal with students with severe behavior disorders?

4) What support do classroom teachers currently have and use to assist them in working with students with severe behavior disorders?

5) What other supports do classroom teachers perceive they need to assist them in working with students with severe behavior disorders?

To provide answers to these questions, I conducted a formal review of the current literature and research on severe behavior disorders and inclusive education systems, and designed a formal survey to obtain data from elementary teachers within our school district. The following report summarizes the data arising from these sources, explores the significance of the conclusions drawn from this study, and suggests possibilities for

future direction within our school district.

Review of the Literature

Severe Behavior Disorders

Philosophical and Conceptual Foundations

The perspective from which educators view behavior disorders is influenced by their beliefs about why children misbehave. These "different paradigms lead to different kinds of questions about disorder, disturbance, or deviance and lead one to different conclusions about the nature and meaning of these phenomena" (Epanchin & Paul, 1987, p. 40).

Coleman (1986) highlights two philosophical perspectives from which conclusions about the nature of behavior disorders are developed. The first is from an ecological perspective where educators view the interactions of the child with the environment as the major factor causing disturbed or disordered behavior. Treatments or interventions designed to assist the child in changing the behavior focus more on changing the environment to be more accommodating as opposed to changing the child. The ecological perspective supports the principles of an inclusive education system; thus, advocates for "inclusion" will often analyze behavior disorders and determine appropriate intervention practices from

this perspective.

The second philosophical base from which educators view disturbed or disordered behavior is from a biophysical or psychodynamic perspective. This perspective views the primary source of disturbed behavior as being factors within the child. Physiological treatments or interventions are used to assist the child in changing the behavior.

A number of conceptual models have been developed on the basis of each of these two perspectives. These conceptual models provide philosophical and developmental foundations upon which educators draw conclusions and make decisions about why children misbehave. This includes the process of defining, assessing, and diagnosing behavior disorders in children.

Defining and Identifying Severe Behavior Disorders

Even though we can all name students within our schools and classrooms that are problematic and exhibit some form of behavior disorder, the literature is unclear about what causes these disorders and/or what interventions/ strategies/ programs are most successful in addressing these behaviors. There are complex ethical issues regarding fair and effective treatment of students with severe behavior disorders in

classrooms and schools, yet there are "no empirically - validated, large

scale, full-time mainstreaming strategies for student with behavior

disorders" (Fuchs, et al., 1991, p. 146).

This may be due in part, to the difficulty in accurately defining the

attributes that describe the target group of "students with severe

behavior disorders" and the number of students that fit within this

definition. Definitions used throughout the educational literature tend to

describe various conditions and use these descriptions to define

behavioral disorders. For example, aggression, attention deficit disorder

with hyperactivity (ADD - H), conduct disorders, suicide, depression,

schizophrenia, autism, anxiety, phobias, and psychosomatic disorders are

all terms used to define "behavioral disorders" (Coleman, 1986; Epanchin

& Paul, 1987; Gelfand, Jensen, & Drew, 1988).

Variations in individuals' tolerance ranges for behavior also

contribute to the difficulties in developing an acceptable definition for

behavior disorders (Rhodes, 1967). What one teacher may view as a severe

behavior disorder may be viewed by another teacher as being a problem

behavior but not one severe enough to be defined as a "behavior disorder."

Developing an understanding of the nature of behavior and its

acceptability is also influenced by changes in our social environment.

Social - role expectations (eg. differences in age and sex roles) as well as

sub - cultural expectations (eg. differences within socioeconomic levels,

racial, ethnic and religious groups, and geographical locations) influences

ones' definition of severe behavior disorders (Epanchin & Paul, 1987).

Finally, students with severe behavior disorders have been studied

from a variety of perspectives, with each different perspective yielding a

number of explanations for why the behavior occurs as well as an equally

varied list of suggested interventions.

This lack of a clear operable definition for what constitutes a

"severe behavior disorder" makes it difficult to develop valid and reliable

research studies which focus on inclusion of students with severe

behavior disorders. The wide variance in prevalence estimates in the

literature reflects this difficulty. The results of research studies in the

United States indicate a range of approximately two percent of school-age

children with an incidence of severe behavior disorders with another

seven percent to ten percent indicating behavior or emotional problems

that require intervention (Coleman, 1986). Recent studies conducted in

Canada identified between two and fifteen percent of school-aged

students (5 to 14 years old) who show signs of emotional disturbance and require assistance beyond what the school can offer (Csapo,1990). Prevalence estimates for disruptive behaviors range anywhere from 30 to 40 percent (Cullinan, Epstein, & Lloyd, 1983).

A report by the British Columbia Ministry of Education entitled Special programs. A manual of policies, procedures and guidelines (1985) estimates that less than 1% of the school-aged population are students with severe behavior problems. They also note that "while prevalence of severe behavior problems is difficult to determine, there is a tendency to overestimate the number of such children" (Sec. 7.44). These difficulties in clearly identifying students with severe behavioral problems contribute to the difficulties in developing a thorough understanding of approaches, strategies and interventions that might assist educators in feeling supported as they work towards successful quality inclusive education.

<u>Inclusive Education</u>

Definition and Principles

An inclusive education system (Stainback & Stainback, 1992) is a system that educates all students (including students with disabilities) with others their age in regular classrooms in their neighborhood school.

An inclusive education provides all students with appropriate educational programs that are challenging yet geared to their capabilities and needs, and also provides any support and assistance they or their teachers require.

Principles of An Inclusive Education System

There are five basic principles (Porter & Richler, 1991) that support inclusive education in education systems. These are outlined as follows:

- the "child" is the curriculum and thus instructional strategies are designed around the needs of the individual learner;

- equal opportunities are provided for all students to be learners within the same classroom;

- the system is accountable for providing quality education for all of its learners. It is our responsibility as educators to create successful learning experiences within the school setting;

- the education of all learners is a responsibility shared between the child, the parents and the educational system. Often, parents know more about their child's' learning needs than does the system; and,

- there must be opportunities for students to be guided through the transition from school to work, to be provided with experiences wherein

they are able to successfully apply what they have learned in school to a

real work experience.

Emerging Trends in Theory

Early Movements in Special Education. In the early 1900s, students

with special needs were placed in segregated, institutional settings

(Porter & Richler, 1991). Over time, our society became more accepting

of people with disabilities and the public school system felt an increasing

amount of pressure to assume greater responsibility for the education of

students with special needs. As a result, special schools and special

education classes were established within the public school system.

These special schools and special education classes were designed to

provide educational programs that specifically met the learning needs of

students with disabilities. This was a popular movement in its time and

brought about a sharp increase in the number of special education classes

available throughout the public school system. There was also an increase

in the number of students identified as "having" special needs and

therefore needing to be excluded from regular classroom instruction to

attend either special schools or special education classes increased.

By the late 1960s, researchers were not convinced that exclusion of

students with special needs for the purpose of providing instruction in special classes/schools resulted in better learning. " The results of all of the efficacy studies were inconclusive" (British Columbia Ministry of Education, 1993, p. 3). This caused educators, researchers, and parent advocacy groups to question prior practice. Why were schools excluding students with special needs from regular classroom instruction if this practice wasn't able to be proven to be more effective in meeting the students' learning needs? Throughout the early 1970s, parent advocacy groups for students with disabilities began to challenge existing laws which supported exclusion and petition for changes in the Constitution. They wanted new legislation which would give students with disabilities greater rights for inclusion within the school system.

The United States responded to this pressure for equality with the introduction of new federal legislation. This new legislation focused on providing students with disabilities equal opportunities to access a "regular education" as well as supporting inclusionary teaching practices and organizational structures. In and around this period of time, Canada also began to experience similar pressures. "Early legislation in Canada was in Nova Scotia (1968) and Saskatchewan (1971). Legislation in other

provinces though the 70's and 80's took various forms, with the general

themes in common" (British Columbia Ministry of Education, 1993, p. 4).

These themes included such concepts as mainstreaming, parental

involvement, placement in the least restrictive environment, and

individualized education programs. By 1982, Canada's Constitution was

revised and a new Charter of Rights was introduced which recognized the

"rights" of students with disabilities.

British Columbia Policy. As was the case in most provinces, law,

advocacy and educational innovation were the initiating factors behind

many of the changes in special education in British Columbia. Advocates

for the adoption of inclusive approaches were motivated by concerns that

segregated practices were denying students with disabilities equal

educational opportunity. Changes in Canadian law (Canadian Charter of

Rights and Freedoms - 1982, School Act, Ministerial Order 150/89 - 1989)

and a Royal Commission on education in British Columbia (A Legacy of

Learners, The Report of the Royal Commission on Education - 1988)

mandated that the educational system in British Columbia reflect upon and

reshape current policies and practices (Year 2000: A Framework for

Learning, Primary Program/Intermediate/Graduation Documents). "These

policy developments reflected trends elsewhere, although entrenchment in

legislation came somewhat later than in many provinces" (British

Columbia Ministry of Education, 1993, p. 4).

Impact of the Royal Commission on Education. Issues such as

"mainstreaming," "integration," "least restrictive environment," "full

inclusion," "neighborhood schools," all relate to the placement of children

with disabilities and all were researched and discussed by parents,

educators and Ministry officials. The concept of "inclusion" was an

evolving social ethic and as legislation and social policy reflected this

ethic, so too should schools (A Legacy of Learners, 1988). The final

recommendations of the Sullivan Commission (1988) regarding the

education of students with special needs are as follows:

> 1. That present policies, programs, and services
> aimed at providing appropriate learning experiences for
> special needs learners of the province be continued.
> 2. That the appropriate ministries of the provincial
> government provide additional educational support services for
> both special needs learners and their teachers in normalized
> classroom settings.
> 3. That, where necessary, special needs learners and their
> families be provided with extended social and educational
> services designed to assist learners in overcoming the
> educational challenges they face.
> 4. That the rights of special needs learners and their
> parents be clarified in the School Act, together with
> provisions by which disputes between parents and school

authorities would be referred to, and settled through appropriate third-party arbitration (British Columbia Ministry of Education,1993, p. 6-7).

As a result of these recommendations, legislative changes were incorporated into the School Act (1989) which supported placement of students with special needs in the least restrictive educational setting and the involvement of parents regarding placement decisions. Inherent in these changes was the assumption that all children are to be placed in the classroom and that exclusion is to be the exception. This legislative change shifts the responsibility for an inclusive education system from a few specialists to shared ownership of the challenges of inclusion for all of those who work within the education system. With these changes and recommendations came the expectation that school systems throughout British Columbia would support an inclusive education system.

In support of "inclusion", the British Columbia Ministry of Education organized a comprehensive review of special education services to be completed in the spring of 1994. This review is designed to provide a foundation framework from which the overall direction and principles for special education will be set throughout the province of British Columbia. As well, the Ministry is presently undergoing a review of the Primary

Program and has plans for reviewing the Intermediate/Graduation

programs as they are implemented. During these reviews, issues

regarding inclusive education are to be discussed.

Philosophical Foundations of the British Columbia Primary Program

The mandated curriculum as outlined in the British Columbia

Primary Program Curriculum Foundation and Resource Documents clearly

supports Porter and Richler's five principles of quality, inclusive

education as previously stated. The goals and objectives stated in the

Primary Program Foundation Document (1991) reflect the belief that

education should be child-centred, that the diversity of individual

learners should be recognized and valued, that a wide range of students'

needs should be accommodated whenever possible in regular classrooms in

their own neighbourhood schools, that an enabling environment should

exist within schools which supports the achievement of learning goals and

an enhanced self-concept for all students, and that the most valuable

resources in school are the children, parents, and educators who make up

its community. It is the goal of education in British Columbia that the

school systems which reflect these philosophical beliefs in their

practices will create a strong foundation from which students will be

able to make informed decisions about career and lifestyle in their later years.

Assumptions about Delivery. The model of service delivery in our school district assumes that services will be provided in the neighbourhood school in accordance with the inclusive school model. Inherent in this assumption is that students will attend school in their predetermined catchment area. Inclusive schooling stresses the importance of the role of the regular class teacher in the delivery of special education services (Board of School Trustees, 1993).

Implementation Challenges

Upon first glance, the five principles of inclusive education (Porter & Richler, 1991) appear quite simple. Further examination indicates that in order to implement these principles into quality inclusive education practices, our task becomes significantly more difficult. In our undertaking to promote innovative directions within our school systems and to be responsive to Ministry directions, we need to ensure that for complex inclusion issues, we consider reasonable and realistic solutions that are grounded in the principles of quality inclusive education.

The complexity of the "change process" underscores this premise

that "solutions" to inclusion are not easily achieved. As Michael Fullen

indicates in his book <u>The New Meaning of Educational Change</u> (1991)

change requires persistence, coordination, follow-up, conflict resolution,

and leadership. "Skrtic (1991) proposes that to achieve change, we must

think beyond current definitions of how schools function, and to

reconfigure our thinking" (British Columbia Ministry of Education, 1992, p.

29). As one begins the implementation process of inclusive education for

students with severe behavior disorders, these are fundamentals that need

to be considered.

Bridging Theory and Practice

The Ongoing Dilemma. Current research indicates quite clearly that

"there are still a large number of students with severe behavior disorders

that are not placed in mainstream classrooms" (Denny, Epstein, & Rose,

1992, p. 33). Crawford and Porter (1992) concluded in their research that

in most parts of Canada, "inclusion is a long way from replacing

segregation as the defining paradigm in the field" (p. 18). Despite the

significant thrust towards a inclusive education system designed to meet

the personal goals, aspirations and needs of all students, inclusionary

practice has been slow to occur. One of the biggest barriers hampering

the progress of inclusive education systems is as a result of the concern

expressed about the negative effects of having students with behavioral

and emotional difficulties in regular classrooms (Crawford & Porter,

1992). Recent publications on "inclusion" from both the British Columbia

Teachers' Federation (BCTF) and the Alberta Teachers' Association (ATA)

support this concern. Feedback to each of these Associations from their

teaching membership indicates that teachers are feeling overwhelming

physical and psychological strain as they work towards including students

with severe behavior disorders in their classrooms.

In a recent survey sponsored by the British Columbia Teachers'

Federation (1993), 47% of the teacher respondents agreed that students

with identified special needs were best served educationally by being

integrated into regular classes; 37% disagreed; and 15% didn't know.

Eighty-four percent of the teachers agreed that integration of students

with special needs was the right policy but that there were serious

problems with implementation. Seventy percent of the teachers indicated

that they had to make changes in their teaching in order to manage special

needs students with aggressive, disruptive behaviors. Fifty-seven percent

of the teachers responding to the survey indicated that they personally

had students with special needs integrated into their regular classroom. Twenty-nine percent of these teachers rated the stress level that they personally felt as a consequence of the work required to integrate these students as very high, 32% rated their personal stress level as high, and 30% rated their personal stress level as moderate. Sixty percent of the teachers surveyed with special needs students did not feel that an appropriate process for placement of students with special needs was being followed (ie. consultation before placement). Seventy percent of the teachers with students with special needs integrated into their regular classes felt that the educational program of the other students suffered as a consequence of them having to manage special needs integration.

When teachers from Alberta were surveyed for their views on "trends and innovations" in education (Trying to Teach, 1993), teachers identified that, without a doubt, the specific development in education causing them the greatest amount of concern was that of "integration."

> Their submissions on this topic were the most in-depth and passionate, and clearly displayed the frustration felt by teachers. [An overwhelming concern was expressed] on the part of many teachers that in too many cases, the process is not working, and is in fact creating educationally unsound situations. [These teachers supported the principles of integration but were concerned with issues that related to actual implementation of an inclusive education program.] For the most part we [teachers] agree with the

philosophy of integration, however, schools must have adequate resources to meet the needs of the integrated students without detracting from the needs of regular program students. These resources should include funding, programming, consulting services and material resources (p. 4 - 5).

Studies Supporting Inclusive Education. Studies which specifically

research successful inclusive practices for students with severe behavior

disorders within the regular classroom are very limited. Studies (Fuchs,

Fuchs, Fernstrom, Hohn, 1991) that focus specifically on students with

severe behavior disorders looked at how students might be successfully

reintegrated back into the regular mainstream from residential care

programs as well as issues of concern as these students were placed in

the regular classroom. When reviewing regular education initiatives,

researchers were unable to find empirically-validated studies that

focused on strategies that could be used to support teachers and students

with severe behavior disorders in an inclusive classroom (Braaten,

Kauffman, Braaten, Polsgrove, & Nelson, 1988; Council for Children with

Behavioral Disorders, 1989; Fuchs et. al., 1991). Epstein, Patton,

Polloway & Foley (1992) concurred with these findings and identified this

as an area for research that should be given top priority.

Studies that were available and supported inclusive models of

service delivery were based on research that focused on students with

"physical and mental disabilities." One national study (Crawford & Porter,

1992) concluded that: "Inclusive education does not happen by chance.

Systematic efforts have to be made to ensure that the range of supports

students need for inclusion are in place" (p. 7).

In reviewing those school districts where inclusive education was

being successfully implemented for students with disabilities, a number

of factors were identified by Crawford & Porter (1992) as facilitating

acceptance of inclusive education. These are outlined below:

1. Policy development: On a provincial and district level, policies

that were consistent with and supportive of the principles of

inclusive education.

2. Curriculum, Instruction, Assessment: On a school-wide and

classroom level, educational approaches to instruction that were

adapted/modified to meet the needs of students with disabilities, as

well as strategies that evolved specifically in response to the needs

of students with disabilities.

3. Professional Development/Inservice Training: Opportunities for

professional development and inservice training that were provided

to classroom teachers, special education specialists, and teacher assistants on a regular, ongoing basis. These learning sessions were related to techniques, strategies, and new models that were being employed to teach students with diverse levels of ability within the same classroom. Throughout these learning sessions, the changing roles of the classroom teacher and the outside specialists were emphasized. The new model of service delivery moved away from specialists to a support system based on teamwork, collaboration, consultation, and empowerment.

4. Teacher Education Programs: A number of teacher education programs at Canadian colleges or universities that focused on the educational practice required for inclusive education were required. The initiatives needed to be linked with community schools and classrooms.

5. Role of Parents: The changing role of the parent where parents were viewed as important partners in making decisions involving their child's education.

6. Paraprofessionals: Where appropriate, paraprofessionals were available to support classroom teachers in the delivery of services

in the regular classroom. Training programs were offered at local

colleges for people employed in the school system as special

education teacher assistants/child care workers.

7. Interagency Liaisons/Community Support Services: Collaboration

and co-operation between the Ministries of Education, Social

Services, and Health whereby a systematic plan for service

provision was identified and implementation costs were shared.

Those teachers surveyed by the BCTF (Teaching in the 90's,1993)

identified the following conditions as being important in making

integration work successfully (listed in order of importance):

-contract limits on the number of students with special needs in a

class

-appropriate modified curriculum and materials

-a good working relationship with the parents of students with

special needs

-a supportive administrative officer

-an effective school-based team

-a trained teaching assistant working in the class

-time set aside for consultation

-inservice training

-support from a resource teacher in the school

-district services for assessment and support available to teachers

in their schools.

The ATA Special Education Council concluded in their document

Trying to Teach (1993), that successful integration of students with

behavioral difficulties into the "regular" classroom requires attention to

the following:

-understanding the process

-sufficient preparation time

-training of educators

-students and parents

- effective service delivery

-ongoing evaluation.

Local Observations. My personal explorations lead me to believe that

the teachers and parents within our school district have the same

concerns as outlined in the recent research on inclusive educational

programs for students with severe behavior disorders. At present,

teachers are feeling overwhelmed with the demands of including students

with behavior disorders. As teachers struggle to develop and implement quality inclusive practices, both parents and teachers have begun to question the educational value of including students with severe behavior disorders within the regular classroom. Comments shared with me through interviews and questionnaires were consistent with submissions made by those teachers surveyed by the British Columbia Teachers' Federation and the Alberta Teachers' Association.

If we accept and believe in the principles of quality inclusive education and the theory of "inclusion," then it is our responsibility as educators to become actively involved in identifying ways that we can successfully support teachers and students in their quest for inclusion of students with behavior disorders in the regular classroom. Hopefully, as a result of ongoing efforts in this area, we will eventually be able to bridge the gap that presently exists between theory and practice and ultimately achieve the goal of quality inclusive education.

Research Methodology

The information for this research project came from mail-out

questionnaires completed by elementary "homeroom" classroom teachers.

A direct contact/direct response data-gathering procedure was chosen to

gather information from all of the elementary classroom teachers in a

small school district on how they felt they could be supported as they

work towards including students with severe behavioral disorders in their

classrooms.

The mail-out questionnaire was selected over an in-person

individual or telephone interview for two reasons: It was anticipated that

there would be greater participation in the study and more accurate

responses if absolute anonymity was provided to all respondents; and,

given the time constraints within which the study was to be conducted

and the large sample of participants, questionnaires provided more

immediate data in an economical fashion.

Writing down verbatim responses to in-person or telephone

interviews would have been a tedious task and summarizing responses or

recording major points from the responses may have contributed to

reactive bias. On the other hand, the mail-out questionnaire was limiting

in that it did not allow for in-depth probing of responses in order to

expand on and extend the information provided by the respondents. As

well, the chances of questions being misinterpreted by the respondents

were greater as they were unable to seek clarification.

Sample

Practicing classroom teachers were used as the source of

information for this research study in an attempt to blend what is known

about supporting students with severe behavior disorders in theory (based

on past research studies and trends in education) with what is presently

occurring in our own practice. Hopefully by recognizing and utilizing

knowledge gained through scientific research, as well as knowledge

gained through experience and intuition, this research study will provide a

valid beginning to bridging the gap between theory and practice.

The sample invited to participate in this research study were 107

elementary teachers (33 male and 74 female) who teach a "homeroom"

class in any one of the eight elementary schools throughout a small school

district in British Columbia. Of the 107 elementary teacher participants,

53 teachers (49.5%) had taught for more than 15 years, 23 teachers

(21.5%) had taught between 11-15 years, 11 teachers (10.3%) had 6 - 10

years of teaching experience and 20 teachers (18.9%) had 1-5 years of teaching experience. There were no elementary "homeroom" teachers who had taught for less than one year.

Volunteer bias was recognized as a potential problem when trying to obtain a representative sample of classroom teachers. In order to identify the nature of this bias, a return graph was completed indicating early volunteers and late volunteers. It has been found that often responses from late volunteers are similar to those potential responses from non-volunteers/non-respondents (Palys, 1992). Thus, this comparison allowed for some measure of whether or not late volunteers/non-volunteers felt differently than did the early volunteers about the issues surrounding support for classroom teachers as they work towards inclusion of students with severe behavior disorders.

Setting

For the purpose of this study, "homeroom" class was defined as the class in which the teacher spends the majority of his/her teaching time. At the time of this study, the school district's enrolment was 2,586 elementary students. Fifty of the "homeroom" classrooms were primary level: 8 Kindergarten (enrolling students in both morning and afternoon

classes) and 42 Grades 1 to 3. One of the "homeroom" classrooms was a multi-aged primary (Grade 3)/intermediate (Grade 4), and 51 of the "homeroom" classrooms were intermediate level, Grades 4 to 7. Of the 102 classrooms, 16 were multi-age (containing two grade levels) and 86 were single-age (containing only one grade level).

Class size maximums are specified for both primary and intermediate classrooms, in accordance with Article 40 "Class Size and Class Composition" of The Collective Agreement (1992) between the School Board and the Teachers' Association. Maximum class size for Kindergarten is 20, Primary multi-age (Grades K-1) is 20, Primary multi-age (Grades 1-3) is 22, other Primary (Grades 1-3) is 24, a grouping combining both Primary and Intermediate students is 24, Intermediate multi-age (Grades 4-7) is 26 and other Intermediate (Grades 4-7) is 29.

The elementary placement policy of the school district in which this study was conducted registers all of its students within a regular "homeroom" class. Article 41 "Inclusion of Students with Special Needs" of the Collective Agreement (1992) states that "students with special needs will receive the same consideration as other students for placement in their neighbourhood school" (p. 64). Instructional programs for

students with special needs are the responsibility of the "homeroom" teacher, with assistance from Student Support Service personnel. Student Support Service personnel within each school includes a resource teacher (at least one per school) and child care workers (paraprofessionals). Elementary school counsellors (2.8 full time equivalent/FTE) and speech/language pathologists (2.0 FTE) are shared amongst the eight elementary schools.

Outside Student Support Service personnel, to be shared amongst the eleven schools (Grades K - 12) throughout the district, include a director of Student Support Services, an integration co-ordinator, a teacher for the gifted, an assessment co-ordinator (.2 FTE), a teacher for English as a second language (.5 FTE), a teacher for the visually impaired (.5 FTE), and a teacher for the hearing impaired (.5 FTE).

The amount of Student Service Support personnel assigned to individual schools varies and is based on the number of students identified as requiring support within each school.

Community support services, which include personnel from the Ministries of Social Services and Health, are also available in extremely critical cases.

Questionnaire Development

Development of the items for the questionnaire began with my own

personal experiences in special education as both a resource teacher and a

school-based administrator and was supplemented with feedback from

parents/teachers in a preliminary pilot study carried out within my own

school community. An extensive literature review across the disciplines

of special education, educational policy, educational psychology, and

teacher education provided background for the development of items on

the questionnaire that explored issues related to my research question.

Items included in the questionnaire were chosen to provide research

information which would address the question: How can classroom

teachers best be supported as they work towards inclusion of students

with severe behavior disorders in the regular classroom?

In order to maximize the reliability and validity of the research

results, the purpose of the study was clearly outlined in a personal

consent letter attached to each of the mail-out questionnaires. The

questionnaire was designed so that all of the items on the questionnaire

provided relevant information related to the research question. Consensus

between myself and my two faculty advisors determined the wording of

the statements and the combination of both open-ended and structured

statements. The thirteen statements were chosen to gather information in

five categories: teacher/teaching background, classroom teaching

environment, characteristics/descriptions of students with severe

behavior disorders, interventions and challenges, and ways to support.

These statements provided the respondents with a variety of

opportunities and ways to express their thoughts or opinions on how they

could be supported in working toward inclusion of students with severe

behavior disorders in their classrooms. Questionnaire items 1 through 4

explored the teacher/teaching background of the participants in the study

(ie. gender, number of years of teaching experience, and specific

education/training in Special Education). Questionnaire items 5 through 7

developed a general overview of the classroom teaching environment of

the teacher respondents. The information gathered from questions 1

through 7 was used to determine if, and the extent to which the results

from the research sample were representative of the larger population of

elementary classroom teachers. Questionnaire item 8 explored the

characteristics/descriptions of students with severe behavior disorders

and addressed the research question: How do classroom teachers define

and identify students with severe behavior disorders? Questionnaire

items 9 and 10 explored "interventions and challenges." This information

was used to address the research questions: How do classroom teachers

deal with students with severe behavior disorders; and, what challenges

do students with severe behavior disorders pose in the regular classroom?

Questionnaire items 11 through 13 and the open-ended comment section

explored "ways to support." Information from each of these items was

used to address the research questions: What support do classroom

teachers currently have and use to assist them in working with students

with severe behavior disorders; what other supports do classroom

teachers perceive they need to assist them in working with students with

severe behavior disorders?

Procedure

The procedure used in this study involved developing an

experience/literature based questionnaire and surveying "homeroom"

elementary classroom teachers through a mail-out system.

Each of the 107 elementary teachers was mailed a personal consent

letter and questionnaire (see Appendix C) on January 14, 1994. They were

asked to complete the questionnaire and return it to me in an anonymous,

self-addressed reply envelope by January 28, 1994 (late returns were

accepted). The return date was recorded on each of the questionnaires as

they were received.

Use of a "courier/inter-school"mail system within the district,

offered the participants a convenient system for returning questionnaires.

As well, the participants were able to contact me personally if they had

any questions about the questionnaire or the study. Being employed in the

same school district as those teachers who were participating in the

research study made me readily accessible for any follow-up

questions/comments.

Analysis and Interpretation

Aggregated responses from the 59 returned questionnaires were

compiled under each of the thirteen questionnaire items.

For each of the questionnaire items 1 through 7, the teachers'

responses were tallied, totalled and recorded as (n), where n = number of

teacher responses. Number of teacher responses (n) for each

questionnaire item (1 through 7) were also converted into percentages

based on the number of questionnaires returned. Narratives, which

included number of teacher responses and percentages, were used to

present the findings for each of the questionnaire items 1 through 7.

All of the comments made by the teachers responding to questionnaire items 8 through 13 and the open-ended comment section were listed under each of the corresponding questionnaire items. Any comments made by more than one teacher respondent under each of the questionnaire items were grouped together and counted. Comments made by more than one teacher were followed by (n) where n = number of recurring teacher responses.

The listing of teacher respondents' comments under each of the questionnaire items (8 through 13) were categorized and given a descriptive title which reflected the nature of the comments within each of the categories. The number of general categories for each questionnaire item varied depending on the number and nature of the teachers' comments. For each questionnaire item, the general categories were organized in descending order (according to the number of teacher comments within each category).

Tables (1 through 7) present the general categories for each of the questionnaire items 8 through 13. Where appropriate, narratives and direct quotes are used to complement and extend the information provided

in the table. Appendices (D through I) provide a verbatim listing of all the

raw data grouped under the general categories for each of the

questionnaire items.

Findings

Fifty-nine of the 107 questionnaires were returned which yielded a

return rate of 55.1%. Follow-up requests may have increased these

numbers but project timelines precluded this. An analysis of the

questionnaire responses and the corresponding return dates of the

questionnaires indicate that there was no significant difference in the

quality of responses between early volunteers and late volunteers.

The following results are a compilation of responses from the 59

teacher respondents who completed and returned the questionnaires.

Teacher/Teaching Background

Sixteen of the teachers who responded to the questionnaire (27.1%)

were male and 43 of the teachers (72.9%) were female.

The majority of the teachers (n=34, 57.6%) had taught for more than

15 years, with a number of teachers (n=13, 22.0%) having taught between

11-15 years. Eight teachers (13.6%) had 1- 5 years of teaching experience

and 4 teachers (6.8%) had 6-10 years of teaching experience. None of the

teachers who responded to the questionnaire had taught for less than one year.

The gender and years of teaching experience of the 59 teachers who responded to the questionnaire were representative of the larger population of 107 elementary classroom teachers throughout the district.

Very few of the teachers responding to the questionnaire had any coursework in Special Education. Thirty-six (61.0%) of the teachers indicated that they had no special education coursework. Only 17 teachers (28.8%) had a B. Ed. Degree with Special Education coursework, 5 teachers (8.5%) had a 5th year with a Special Education focus, and 1 teacher (1.7%) had an M. Ed. Degree with a Special Education focus. None of the teachers who responded had a B. Ed. Degree with Special Education Coursework as well as a 5th year with a Special Education focus. These results are not surprising given that the teachers responding to the questionnaire were classroom teachers registered in teacher-education programs that focused on teaching students in the "regular" program. Classroom teachers during the late 60's and early 70's did not need to (nor were they required to) take courses in Special Education because the practice in most schools was to group students with special needs

together in "specialized" programs which were separate from those students in the "regular" program. Thus, teacher-training programs offering coursework in Special Education were only required for those teachers interested in preparing themselves to teach in a segregated, specialized program (eg. Resource program teacher).

For most of the teacher respondents, developing their skills in the area of Special Education was a result of classroom teaching experience integrating students with behavioral disorders (n=42, 71.2%) and workshops, conferences, and inservice activities (n=38, 64.4%). A few of the teachers had specialized teaching experience as a Learning Assistance teacher and/or Resource teacher (n=14, 23.7%). Twelve (20.3%) of the teachers had no Special Education training whatsoever.

Classroom Teaching Environment

The teachers' responses reflected a fairly even range of "homeroom" class teaching assignments from K - Grade 7. Eleven (18.6%) of the teachers taught a Grade 3 class, eight (13.6%) of the teachers taught either Kindergarten or Grade 2, six (10.2%) of the teachers taught either Grade1, Grade 4, Grade 5 or multi-grade levels, five (8.5%) of the teachers taught Grade 7, and three (5.1%) of the teachers taught Grade 6. These

results represent a fairly even range of grade levels from Kindergarten through Grade 7. This range is consistent with and representative of the overall range and number of teachers assigned to "homeroom" classes for the 107 elementary teachers throughout the district.

There was a wide range in the number of students in each of the teachers' "homeroom" classes. At the time of the questionnaire, class sizes ranged from 16 students to 30 students: 15 teachers (25.4%) indicated that their "homeroom" class had 16 - 20 students; 28 teachers (47.5%) had 21 - 25 students; and 19 teachers (32.2%) had 26 - 30 students. These results indicate that the numbers of students in each of the "homeroom" classes were consistent with the class size restrictions outlined in the Collective Agreement. "Homeroom" classes with 16 - 26 students were mainly primary classes (K - Grade 3), while all of the "homeroom" classes with more than 26 students were intermediate classes (Grades 4 - 7).

Five of the 59 teacher respondents identified three or more students with severe behavior disorders integrated within their "homeroom" class: three of these teachers (5.1%) indicated that they had 3 - 4 students with severe behavior disorders and two of these teachers

(3.4%) indicated that they had more than 5 students. More than half of the teacher respondents (n=31, 52.5%) reported that they had "no students" with severe behavior disorders integrated within their "homeroom" class, while 24 (40.7%) of the teachers identified 1 - 2 students with severe behavior disorders. The wide range in the numbers of students identified as having severe behavior disorders in the questionnaire results supports the wide variance in prevalence estimates found in the literature. The teacher respondents identified anywhere from zero to more than five students who were integrated into their "homeroom" class with severe behavior disorders.

Characteristics/Descriptions of Students with Severe Behavior Disorders

All of the 59 teacher respondents provided lengthy descriptions of the "type" of students they identify as having severe behavior disorders. Each of the teachers' descriptions was grouped within twelve general descriptions (in descending order of frequency mentioned); these are presented in Table 1 (Appendix D provides the compiled listing of the specific descriptions provided by the teacher respondents).

Specific descriptions of behaviors that fit within the first three categories were mentioned more often than descriptions that fit within

the remaining nine categories: 65 of the behaviors described by the teacher respondents fit within the first and second categories; 25 of the behaviors described by the teacher respondents fit within the third category; and, 49 of the behaviors described by the teacher respondents fit within categories four through twelve. It should be noted however, that many of the behaviors listed by the teachers were not necessarily mutually exclusive in that many of the behaviors could have been included under more than one general description.

Table 1

Descriptions/Characteristics of Students with Severe Behavior Disorders

Descriptions/Characteristics	Frequency of Response (n)
Inappropriate relationships with teachers, parents, and other "authority" figures (eg. refuses reasonable requests, strikes out, or otherwise attempts to hurt others)	33
Other social-emotional problems (eg. in constant motion, behavior does not improve with usual disciplinary methods, acts impulsively)	32
Disturbed relations with peers (eg. hits, bites, kicks, or otherwise physically assaults peers)	25
Previous years' history	11
Low self-esteem	10
Physiological (eg. medical diagnosis, genetic)	7
Deficits in academic areas (eg. learning problems in reading, writing, mathematics)	6
Dysfunctional families	5
Disordered temporal relationships (eg. unable to sequence events, cannot shift readily from one activity to another, disorganized)	5
Deficits in basic motor skills (eg. can not tie shoes, unable to throw and catch a ball)	3
Environmental (eg. poor "fit" between child and environment)	1
Deficits in communication skills (eg. developmentally inappropriate speech patterns, unable to find the "words" to describe/explain a situation or a feeling)	1

Most of the teachers' responses reveal various conditions and an assortment of descriptions used to identify students as having severe behavior disorders. In most instances, these conditions and descriptions refer to behavioral, attitudinal, emotional, and/or cognitive characteristics. This diversity is consistent with information presented in the literature.

Some of the teachers' descriptions of the students with severe behavior disorders also include explanations of why they have identified a particular student as having a severe behavior disorder (eg. dysfunctional families, medical diagnosis). These explanations reflect a mixture of support for the two perspectives from which educators view behavior disorders as described in the literature: the ecological perspective and the biophysical or psychodynamic perspective.

Most of the teachers' comments include more than one associated or causative factor that was used to identify students as having severe behavior disorders. This variance in responses provides support for the multidimensional nature of severe behavior disorders discussed in the literature.

Interventions and Challenges

All of the teachers were able to identify at least three

interventions/strategies that they used in their "homeroom" classes when

working with students with severe behavior disorders. Each of the

specific descriptions of interventions and strategies identified by the

teacher respondents were grouped into one of eleven general categories

and are presented in Table 2 (Appendix E provides a detailed listing of the

teachers' verbatim descriptions of interventions and strategies).

The categories in Table 2 are presented in descending order of

frequently reported descriptions. Descriptions within the first four

categories were mentioned more often than descriptions within the next

seven categories: interventions/strategies that were grouped in

categories one through four were described four times more often by the

teacher respondents than were interventions/strategies grouped in

categories five through eleven. It should also be noted that all of the

categories in Table 2, and the descriptions within each of the categories,

were not necessarily mutually exclusive in that, in some instances, the

descriptions could have been grouped within more than one category.

Table 2

Interventions/Strategies for Severe Behaviors

Interventions/Strategies	Frequency of Response (n)
Relationship building/environment (eg. consistent, supportive, safe, caring, empathetic)	34
Support personnel (eg. CCW, Student Support Services teacher)	28
Reductive techniques (eg. verbal reprimand, taking away privileges, detention, isolation "time out" of student from class)	20
Family/parent involvement	15
Curriculum modifications/adaptations	8
Peer support (eg. buddy systems)	5
Incentive programs (eg. rewards)	4
Anger management/conflict resolution	2
Highly individualized (eg. charting behavior/recording)	2
Physiological intervention (eg. medication)	1
Self-management	1

The teacher respondents listed a variety of interventions/strategies

that they used when working with students with severe behavior

disorders. There was a common purpose in all of the

interventions/strategies identified by the teacher respondents: to

decrease the incidence of negative/aggressive responses of the student

displaying the severe behaviors; and, to replace these behaviors with

positive social skills and cooperative responses. However, the

interventions/strategies listed by the teacher respondents reflect two

different perspectives concerning the most successful means to achieve

these desired student behaviors: an ecological perspective which

emphasizes the importance of providing a safe, caring, supportive,

nurturing environment where students with severe behavior disorders are

able to experience success and thereby increase their self-esteem (eg.

relationship building/environment); and, a biophysical/psychodynamic

perspective which emphasizes the necessity of imposing consequences

(eg. reductive techniques) as a means of changing the students' behavior.

Most of the teacher respondents identified interventions/strategies using

an eclectic approach which reflect views from both of these two

perspectives. These findings are consistent with and supportive of the

information discussed in the literature.

Very few of the teacher respondents (n=<4) indicated that they used

"published" or "teacher-made" programs to help them in working with

students with severe behavior disorders. Table 3 outlines those programs

that were identified by the teachers (in descending order of frequency

mentioned).

Table 3

Programs for Severe Behaviors

Programs	Frequency of Response (n)
CARE Program (Child Abuse Awareness/Education Program)	3

Building Self-Esteem
    "Winner Circle" techniques
    PUMSY Program (Self-Esteem for the Elementary
        Child)
	3

Second-Step Violence Prevention Program	2
Anger Management	1
Reading Recovery	1
Premack Principle	1
Community Access Program - designed to build on the strengths and interests of the students and integrate them into the community	1

Most of the programs identified by the teacher respondents were designed to assist students in developing greater self-confidence and to teach skills that would enable the students to communicate effectively with others, to solve problems in an appropriate way, and to make wise decisions.

Each of the descriptions of the challenges of working with students with severe behavior disorders identified by the 59 teacher respondents was grouped into one of seven general categories. Table 4 outlines the seven general categories in descending order of frequently reported

descriptions. Most of the teacher respondents' descriptions of

"challenges" (n=66) fit within the first two categories. Descriptions

within categories three and four were mentioned less often than the first

two categories but still made up 34 of the teachers' responses. Only 10

of the challenges described by the teacher respondents fit within

categories five through seven. (Appendix F provides each of the teachers'

descriptions of the challenges of working with students with severe

behavior disorders listed under one of the seven general categories.)

Table 4

Challenges for Teachers*

Challenges	Frequency of Response (n)
Finding "time"	36
Teaching socially acceptable behavior and social responsibility	30
Maintaining teacher personal health and well-being	19
Meeting the wide range of learning needs within the classroom	15
Teaching academic skills	7
Improving low self-esteem	2
Inclusion	1

*Descriptions within each of the categories not necessarily mutually exclusive.

Most of the challenges identified by the teacher respondents clearly describe some of the difficulties and frustrations that teachers are experiencing as they work towards inclusion of students with severe behavior disorders (eg. finding "time"). The challenges identified by the teachers responding to the questionnaire support findings from other teacher surveys throughout British Columbia and Alberta.

Ways to Support

The teachers' descriptions of the type of support available to them in their "homeroom" class were grouped according to five main categories as presented in Table 5 (descending order of frequency mentioned).

Most of the teachers' descriptions of "available support" (n=97) fit within the "Human Resources" category. This category was further divided into six subcategories: school support personnel (eg. child care workers, learning assistance/student support service teachers, other teachers, administration); district support personnel (eg. school counsellors, integration co-ordinator, speech/language pathologist, teacher for the visually impaired); outside support agencies (eg. mental health, public health, social services, community support workers, daycare, Boys and Girls Club); parents; classmates; and, resource teams

(eg. parents and personnel from the school, district, and outside agencies).

A few teachers (n=3) indicated that there were "few or no" supports available to them. Only 3 of the teacher respondents' descriptions of the "available supports" fit into one of the last three remaining categories. (Appendix G provides a detailed listing of each of the teacher responses within the five main categories and six subcategories).

Table 5

Available Teacher Support

Type of Support	Frequency of Response (n)
Human resources	
School Support Personnel	56
District Support Personnel	22
Outside Agencies	12
Parents	3
Resource team (eg. School, outside agencies, district, parents)	3
Classmates	1
Few or none	3
Feedback -diagnostic/evaluative (eg. how are things going, impact of decisions, changes required, future directions)	1
Theoretical/background information (eg. general information on behavior disorders, professional literature, policy, philosophical beliefs/goals for integration)	1
Practical/concrete (eg. strategies, methods, ideas - specific to student and present situation, skills that can be implemented immediately, individualized, teacher experience)	1

Table 6 presents those supports described by the teacher respondents as being the most valuable of all the supports that are currently available to them (in descending order of frequency mentioned). Seven out of the nine supports identified as being the most valuable to teachers as they work towards integrating students with severe behavior

disorders into their "homeroom" classes were human resource support

personnel. Child care workers (paraprofessionals) were mentioned most

often (n=17) as the most valuable support currently available to teachers.

Other supports that were currently available and of the most value to

teachers were mentioned considerably less often by the teacher

respondents (n<5). These supports included: other human resource support

personnel such as student support services teachers, administration,

integration co-ordinator, school counsellor and parents; as well as, other

supports, such as "daily" consistency and planning time.

Table 6

Most Valuable Support Currently Available to Teachers

Type of Support	Frequency of Response (n)
Human resources: Child Care Workers (CCW)	17
Student Support Services teacher (Learning Assistance)	4
Combination CCW/Student Support Services teachers	3
Administration	3
Integration co-ordinator	3
School counsellor	2
Parent(s)	2
Time for developing comprehensive plans	2
Consistent "daily" support	2

Feedback received from the teacher respondents clearly summarizes why the child care workers were mentioned as the most valuable support to teachers as they work towards integrating students with severe behavior disorders into their "homeroom" classes (Appendix H offers a complete listing of the teachers' reasons for why certain "Human resource" personnel were chosen as providing the most valuable support).

The majority of teacher respondents felt that the child care worker was the most valuable "available support" because the child care workers: "...can provide one-on-one and pull-out (quiet area) when needed"; "...provides extra support for difficult students (academic and emotional) and the rest of the class"; and, "...[although] the least trained of all, [are] actually there daily helping to deal with the child."

The teachers' comments reflected the value of available "time" that a child care worker could devote to working with students with severe behavior disorders. Teachers indicated that without a child care worker in their classroom, this high level of student support would not occur. "Her only focus is one child...mine is 20." "... more time available in my classroom." "...student could never function in a normal classroom without 1-1 supervision."

The teachers also commented that in order for the child care workers to be effective in their role of supporting the classroom teacher, it was critical that the child care workers were well-matched to both the students and the teacher with whom they were assigned to work. "[The child care worker] must be effective to be supportive - [they have to be able to] assist in the implementation of the 'plan' which provides one to one supervision, guidance, [and] individual direction required to meet the student's needs." "[The child care worker] can provide excellent assistance or she could be an additional burden, it depends upon the skill and experience and personality of the CCW."

Table 7 lists eight categories where teachers felt that additional support was needed as they work towards integrating students with severe behavior disorders. These categories are presented in descending order of frequently reported descriptions. (Appendix I provides the compiled listing of the specific descriptions given by the teacher respondents.) It should also be noted that all of the categories in Table 7, and the descriptions within each of the categories, were not necessarily mutually exclusive in that some of the descriptions could have fit into more than one category.

Table 7

<u>Additional Support Needed by Teachers</u>

Type of Support	Frequency of Response (n)
Human resources (eg. CCW, Student Support Services teacher)	23
Practical/concrete (eg. strategies, methods, ideas - specific to student and present situation, skills that can be implemented immediately, individualized, teaching experience)	17
Flexibility to utilize alternate placements (eg. in-school suspensions, time-outs, pull-out/one-to-one instruction)	16
Family intervention/parent programs	8
Financial/budgetary (eg. money to support students' individualized learning needs, additional staff)	7
Physical resources (eg. classroom materials, facilities)	7
Emotional (eg. active listening, empathy, understanding, team-work, sharing, confidentiality, trust)	5
Medical intervention (eg. medication, proper nutrition)	3

The teachers' comments on support that was currently available to them and of the most value, as well as comments on any additional support that they felt they needed were consistent with and described many of the factors that were identified by Crawford & Porter (1992) in their research: policy development; curriculum, instruction, assessment; professional development/inservice training; role of parents; paraprofessionals; and interagency liaisons/community support services.

Additional comments from four of the 59 teacher respondents indicated that they are unsure of the benefits of "inclusion" and that perhaps the best support for them would be "exclusion" of the students with severe behavior disorders from the regular classroom. "I have to ask the question is it benefitting all students to have some of these students in the regular classroom?" (Teacher respondent 1) "I'm not sure that there is anything that would aid the integration of these students into my classroom - sometimes I think the best support is to remove these behavior disordered kids from our classes; is it worth disrupting the education of the other 28 kids and losing their teacher (on a stress leave) for the sake of integrating one difficult child into the classroom?" (Teacher respondent 2) "I would like to see an "Alternate School" program for elementary kids who just can't be integrated because their very poor behavior is like a cancer for the rest of the school." (Teacher respondent 3) "Severe behavior disorders do not belong in a regular classroom." (Teacher respondent 4)

Follow-up Requests/Comments

Nine of the 59 teacher respondents requested a summary of the

research results (five participants made personal requests and four

participants signed their name to the outside of the return envelope). Ten

of the 59 teacher respondents contacted me personally to indicate that

they felt that the study was timely (given the number of students with

severe behavior disorders "showing" up in our school district). They also

commented that they were eager to complete the questionnaire because

they felt that "support for students with severe behavior disorders" was

an issue that needed to be explored not only within our school district, but

throughout the entire education system.

Discussion

Current Needs

The detailed responses made by the 59 teachers participating in

this research study have assisted me in developing a greater

understanding of how classroom teachers can best be supported as they

work towards inclusion of students with severe behavior disorders in the

regular classroom. The majority of the teachers' comments in this study

reinforce that they are committed to the philosophical principles of

inclusion; but, in order to implement these principles into their daily teaching practice, they need support and assistance which will help them to create a classroom teaching/learning environment that provides positive, meaningful learning experiences for all its members (students, teachers, and parents).

The teachers in this study described students with severe behavior disorders as being those students who demonstrated extremely inappropriate relationships with teachers, parents, and other "authority" figures (eg. attempting to "hurt" others, striking out) as well as other social-emotional problems (eg. acts impulsively, behavior does not improve with usual disciplinary methods). It was as a result of behaviors such as these, that the teachers identified these students as being the most difficult to accommodate in the inclusive classroom.

According to the results of this questionnaire, as well as other teacher surveys throughout Alberta and British Columbia, one of the greatest challenges that teachers are faced with as they work towards including students with severe behavior disorders is finding the time to manage all that is required of the teacher in an inclusive classroom. This includes: "finding time to 'deal' with the episodes that arise [within the

classroom which are] demanding of constant supervision, attention,

controlling, and physical assistance during the day"; "time to meet the

wide range of learning styles within the classroom"; and, "[finding time]

to communicate with specialists". A second challenge, described by many

of these same teachers, was that of teaching socially acceptable behavior

and social responsibility. This includes: "assisting the child to learn

strategies that will help him cope in the classroom and society [such as]

problem-solving skills, decision-making, conflict resolution"; "developing

strategies that will best help the child with his problems"; and,

"instructing other students on how to deal with an 'out of control'

student." As a result of these challenges, teachers are experiencing a

high degree of personal stress and are feeling overwhelmed with inclusion

of students with severe behavior disorders in the regular classroom.

The teachers in this study were eager to share their thoughts when

asked to respond to a questionnaire designed to find out their views on

how teachers could best be supported as they work towards including

students with severe behavior disorders in the regular classrooms.

Human resource personnel (eg. child care workers, student support service

teachers, administration, integration co-ordinator, school counsellors,

parents) were identified as being the greatest support currently available to teachers as they work towards integrating students with severe behavior disorders in their classrooms. The teachers welcomed the support of human resource support personnel especially if they were available to work with the students and the teacher on a consistent, "daily" basis.

Of all the supports currently available to teachers, the child care worker was of the greatest value in assisting them in their classroom. They valued this type of support within their classroom because the child care worker was able to provide the teacher with more time to work with "the rest of the class [while the child care worker] spends time with the difficult student helping him solve problems/behavioral interventions." The teachers often used support personnel such as child care workers as the main intervention/strategy when working with students with severe behavior disorders in the regular classroom. Whenever necessary, the child care worker would be available to diffuse the escalation of inappropriate behaviors with empathetic responses as well as carry out consequences for inappropriate behaviors. Additional support personnel in the classroom also creates a smaller class size ratio thus allowing for

more time and opportunity to build relationships and create a positive, meaningful teaching/learning environment for the teachers and students.

Even though "Human resources" was the area where teachers were currently receiving the most available support, this was also an area where they indicated that additional support is required. Additional support from human resource personnel such as school counsellors, administration, and specialists was seen as being needed so that students, parents, and teachers could be worked with on a regular basis. The teachers also needed additional support in developing practical/concrete ideas on how to work with students with severe behavior disorders. This includes: "more specific inservice on intervention/strategies/ programs on 'behavior disorders'"; "more Pro-d [professional development] on specific disorders like autism"; and, "useful strategies to enable these students and others in the classroom to cope socially and academically."

Future Considerations

The results of my research have convinced me that providing support to teachers as they work towards inclusion of students with severe behavior disorders is crucial to promoting effective inclusion and thereby developing "inclusive cultures." In order to be truly effective, we must

continue to challenge ourselves to think of new and creative ways to

support teachers in order to facilitate inclusion of students with severe

behavior disorders in our schools. This challenge requires an

understanding and acceptance of the principles of inclusion for students

with severe behavior disorders, flexibility, and a recognition of and

provision for time.

I believe that in order for teachers to truly feel supported as they

work towards including students with severe behavior disorders into their

regular classes, "support" needs to become an entire community effort.

Both the school community (eg. school-based personnel, parents, trustees,

District staff, Ministry of Education) and the larger community (eg.

interagency personnel, community support agencies, businesses, media,

the "greater" work force, community/church groups) need to become more

knowledgeable about the goals and philosophy of inclusive education and

the needs and characteristics of students with severe behavior disorders.

Ongoing, constructive feedback that reflects an appreciation of the time,

energy and efforts of school-based personnel to meet the learning needs

of all students and the challenges that they face as they work towards

"inclusionary practices" within regular classrooms would go a long way in

providing support. The school community and the larger community must be responsive to the needs, frustrations, and fears of teachers as they work through the transition of excluding students with severe behavior disorders from their regular classrooms to including students with severe behavior disorders into their regular classrooms. Sensitivity is required to address parental and teacher concerns as they move from segregation towards inclusion. A climate which encourages risk-taking, creativity, open-mindedness, trustworthiness, empathy, and confidentiality is essential in working through this transition.

The Ministry of Education, District staff, trustees, and school-based personnel need to demonstrate a greater commitment towards "inclusive education" and become more actively involved in supporting inclusionary practices. Funding and budget decisions should reflect an understanding of the program needs (and the related spending costs) of including students with severe behavior disorders in the regular classrooms. "Educating" the public about the goals and outcomes of "inclusion" as well as listening to and responding to the publics' concerns and needs (in a way that supports inclusion) should become a shared responsibility.

District policies and collective agreements that are responsive to

the individual needs of schools and are supportive of the on-going

evolution of integration need to be considered. This might include policies

that address flexible scheduling, flexible work weeks, staffing, class

size, flexible/expanded use of outside support personnel in the schools

(eg. therapists, counsellors, parent volunteers), and consideration of

school-based management as an effective way to manage funds and make

effective decisions that relate to providing teacher/student support.

Greater co-operation, collaboration, and communication between the

school community and larger community needs to be considered as a means

to explore common issues that relate to inclusion of students with severe

behavior disorders. One issue that needs to be explored and developed is a

well-thought out, practical Student Support model that could be used as a

basis from which to provide community-wide service delivery for

including students with severe behavior disorders. Hopefully, a Student

Support model such as this would help to provide support to teachers such

as the one who made the following comment on the teacher questionnaire:

"My biggest frustration is that once the child is placed in my

classroom s(he) becomes MY problem. All other agencies and supports can

choose what assistance they will give, and there is no other co-ordination

of nor responsibility for this child's needs or practicality of the

integration itself."

The development of individual, school-based organizational models

for Student Support Services that support the principles of inclusion

should also be considered. It is important that the school-based models

compliment the model developed for the larger community, are responsive

to and supportive of teachers'/students'/parents' needs, and support

inclusive education practices. Given these parameters, school personnel

need to consider the following when developing and implementing a school

based Student Support Services model: moving away from direct service

delivery (eg. sending students to various specialists) to indirect service

delivery (eg. classroom teacher co-ordinates resource support for

student); providing school personnel with additional time and preparation

to co-ordinate support services; establishing support groups, and

involving parents in decision-making and follow-up as it relates to their

child.

An expectation for all personnel involved in the education system to

complete a required number of special education courses focused around

"inclusion" is another possibility that might be considered. This could

include: a predetermined number of special education courses being

required in all teacher education programs as well as an upgrading

requirement for those teaching/administrative personnel in the education

system without any special education coursework; and, a requirement for

all paraprofessionals (eg. CCW) to have certification in a recognized

Special Education training program as well as an upgrading requirement

for those paraprofessionals in the system without any special education

training.

Universities and community colleges might also consider changing

their policies/course offerings/programs to support the school community

by ensuring that all personnel involved in the education system have at

least a base level of special education coursework.

School personnel must work together to develop a common

philosophy that supports inclusion and an understanding of how the ideals

of inclusive education theory can be put into practice. School personnel

also need to partake in ongoing inservice, training, and professional

development in order to put the ideals of inclusive education theory into

practice. Taking advantage of staff development opportunities such as

these will assist school personnel in developing practices that support

the principles of an inclusive education system (eg. classroom

instruction/management styles that are child-centred and self-directed,

broadly based learning objectives that include process as well as

knowledge/skills in their learning outcomes, resolving conflict through

shared problem analysis/problem solving).

In conclusion, society has developed to a point in which it has been

determined that inclusion of students with severe behavior disorders

provides the most appropriate educational setting. Society then, with

such prompting as is required by education, must be willing to provide the

necessary support to fulfill this desire for inclusion.

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Appendix A

PRELIMINARY RESEARCH

<u>Teacher Interview</u>

Name: _____   Date: _____

Position: _____

Number of Years of Experience: (in present position) _____

General Information:
Total number of students in your class:
      - females-
      - males-

Age range of students within your class:

Students with Severe Behavior Disorders:
<u>Definition</u>: Students with severe behavior problems are those who exhibit a variety of long standing excessive and chronic deviant behaviors. These behaviors can be exhibited through impulsiveness, aggressiveness, depression and withdrawal. The severely behavioral disordered child may also demonstrate bizarre and inappropriate behavior including self-injury, destructiveness, crying and feelings of inferiority. These students frequently exhibit a <u>significant</u> discrepancy between academic performance and potential. Their behaviors are so profoundly inappropriate that they significantly interfere with the academic process of self and others. (Ministry of Education, British Columbia, 1992)

Number of students with severe behavior disorders in your class:
      - females-
      - males-

Home Setting:
- mother only-
- father only-
- blended family-
- natural or adoptive parents-
- other-

Socioeconomic status:
- lower-
- middle-
- upper -

Home influence:
- negative-
- very little influence-
- positive-

Briefly describe the children that you have identified and the behaviors that they demonstrate:

Program Personnel:

As a classroom teacher, what is your educational background and training?

Do you possess any general training in the area of special education?

Have you done any additional course work in the education of students with behavior disorders?

    No

    Yes .... please describe:

Do you feel qualified to work with students with severe behavior disorders?

    Yes .... why?

    No .... why not?

What % of time during the day do you estimate that you spend working with:

    -students with behavior disorders?

    -other students in your classroom?

What additional support personnel do you have available to you?

Support Personnel? (ie. CCW, Student Support Teacher, School Counsellor ....)	Amount of time available?	Type of support? (ie. responsibilities, in-class, pull-out, small group, large group ....)

Is the child and/or family currently involved with outside professional agencies?

Agency	Amount of time available?	Type of support?

Specific Service/Program Delivery Considerations:

For students with severe behavior disorders:

-do you use Individual Education Plans (I.E.P.)?
      Yes .... what?

      No .... why?

-do you use any specific instructional programs and/or effective learning strategies?

      Yes .... what?

      No .... why?

-do you use behavior modification strategies?

      Yes .... what?

      No .... why?

-do you use peer support interventions (ie. peer tutoring, peer partners)?

  Yes .... what?

  No ... why?

-do you have parental support?

  Yes .... what?

  No .... why?

-is medication used to control inappropriate behaviors?

  No

  Yes .... what?

    .... do you believe it is helpful? (if so, in what
     way?)

Attitudes/Perceptions:

Definition: Inclusive Education System

An inclusive education system:
       -develops accommodating environments for all students,
       -includes all students (including students with severe disabilities)
       in regular education and regular classes, and
       -provides all students, within the mainstream, appropriate
       educational programs that are challenging yet geared to their
       capabilities and needs, and any support and assistance they or their
       teachers require. (Stainback and Stainback, 1992)

What are your views on "an inclusive system?"

Do you feel that you are able to meet all students' learning needs within your classroom?
       Yes
       No
       Please comment:

Do you feel that there are adequate support personnel available to assist you in meeting the learning needs of all students in your classroom?

Yes

No

Please comment:

What do you believe to be the positive aspects of including students with behavior disorders?

What concerns do you have about including students with behavior disorders?

What areas do you feel need to be addressed with regards to "inclusion?"

Appendix B

PRELIMINARY RESEARCH

<u>Parent Questionnaire</u>

Name: _____   Date: _____

Number of Children: _____

Gender: ___ Female (Ages: _____)

       ___ Male (Ages: _____)

Attitudes/Perceptions:

What are your hopes and aspirations for your child?

What are your child's strengths, gifts and talents?

What is your worst fear for your child?

Do you feel that your child's learning needs have been met within his/her classroom?

     Why or why not?

Definition: Inclusive Education System

An inclusive education system:

     -develops accommodating environments for all students,

     -includes all students (including students with severe disabilities) in regular education and regular classes, and

     -provides all students, within the mainstream, appropriate educational programs that are challenging yet geared to their capabilities and needs, and any support and assistance they or their teachers require. (Stainback and Stainback, 1992)

What are your views on "an inclusive system?"

Do you feel that your child's teacher is able to meet all students' learning needs within an inclusive classroom environment?

     Please comment:

Do you feel that there are adequate support personnel available to assist your child's teacher in meeting the learning needs of all students in an inclusive classroom environment:
Yes
No
Please comment:

Students with Severe Behavior Disorders:
Definition: Students with severe behavior problems are those who exhibit a variety of long standing excessive and chronic deviant behaviors. These behaviors can be exhibited through impulsiveness, aggressiveness, depression and withdrawal. The severely behaviorally disordered child may also demonstrate bizarre and inappropriate behavior including self-injury, destructiveness, crying and feelings of inferiority. These students frequently exhibit a significant discrepancy between academic performance and potential. Their behaviors are so profoundly inappropriate that they significantly interfere with the academic process of self and others. (Ministry of Education, British Columbia, 1992)

What do you believe to be the positive aspects of including students with severe behavior disorders?

What concerns do you have about including students with severe behavior disorders?

What areas do you feel need to be addressed with regards to "an inclusive education system?"

Who do you feel should be responsible for addressing some of the areas previously mentioned?

Any additional comments:

Appendix C

<u>Consent Letter/Teacher Questionnaire</u>

January 14, 1994

Dear ***,

      As part of the requirements for completion of my Master of Education Degree from the University of Lethbridge, I am conducting a study entitled "How can classroom teachers best be supported as they work towards inclusion of students with severe behavior disorders in the regular classroom?" My intent is to survey all elementary classroom teachers throughout ********* in order to get direct input from each of you on how you believe you are being or might be "supported."

      Your responses are very important in obtaining an accurate and complete picture of the kind of support that is or should be available to teachers. Please complete the attached questionnaire and return it to me by Friday, January 28, 1994 in the reply envelope. Your responses to this survey will be handled in a confidential and professional manner. When responses are released, they will be reported in summary form only. Further, no names, locations and any other identifying information will be included in any discussion of the results.

      I very much appreciate your assistance in this study. If you have any questions please feel free to call me at 426-8931. Also, feel free to contact my faculty advisor, Dr. Bob Gall at (403) 381-8171 and/or any member of the Faculty of Education Human Subjects Research Committee, University of Lethbridge. The chairperson of this committee is Dr. Robert Runte.

      Thank-you for your support.

Sincerely,
Denise Rose,
M. Ed. Graduate Student

TEACHER QUESTIONNAIRE

Please answer questions 1- 13 below.

_____

Q-1   Your Gender. (Circle number of your answer)

               1   MALE
               2   FEMALE

Q-2   Your number of years of teaching experience. (Circle number)

        1   less than 1 year
        2   1 - 5 years
        3   6 -10 years
        4   11-15 years
        5   more that 15 years

Q-3   Your specific education in Special Education. (Circle all numbers
      that apply)

        1   B. Ed. Degree with Special Education
                 coursework
        2   5th Year - Focus: Special Education
        3   M. Ed. Degree - Focus: Special Education
        4   No Special Education coursework

Q-4 Your specific training in Special Education. (Circle all numbers that apply)

1 Workshops, conferences, inservice activities
2 Specialized teaching experience - eg.
Learning Assistance Teacher, Resource Teacher
3 Classroom teaching experience integrating students with behavioral disorders
4 No Special Education training

Questions 5-13 refer to the "homeroom" class in which you spend the majority of your teaching time.

Q-5 Grade level of your "homeroom" class. (Circle one number)

1 Kindergarten
2 Grade 1
3 Grade 2
4 Grade 3
5 Grade 4
6 Grade 5
7 Grade 6
8 Grade 7
9 Multi-grade levels

Q-6 Number of students in your "homeroom" class. (Circle one number)

1 Fewer than 10 students
2 11 - 15 students
3 16 - 20 students
4 21 - 25 students
5 26 - 30 students
6 More that 30 students

Q-7 Number of students with severe behavior disorders integrated within your "homeroom" class. (Circle number)

1   No students
2   1 - 2 students
3   3 - 4 students
4   More than 5 students

Q-8 Briefly describe the characteristics that led you to identify these students as having severe behavior disorders.

Q-9 What challenges do students with severe behavior disorders pose for you in your "homeroom" class?

Q-10 What interventions/strategies/programs do you use when working with students with severe behavior disorders in your "homeroom class?

Q-11 What supports are available to help you work with students with severe behavior disorders?

Q-12 Which of these supports do you find most valuable? Why?

Q-1 3 Think about the students you have identified as having behavior disorders in your "homeroom" class. What additional supports would be helpful to you?

Is there anything else that would support you with the integration of students with severe behavior disorders in your "homeroom" class?
If so, please comment in the space below.

_____

Your contribution to this effort is very greatly appreciated. If you would like a summary of results, please print your name and school on the back of the return envelope (NOT on this questionnaire). I will see that you receive it.

Thanks, Denise

Appendix D

Descriptions/Characteristics of Students with

Severe Behavior Disorders*

(n = frequency of recurring teacher responses)

Inappropriate relationships with teachers, parents, and other

"authority" figures (eg. refuses reasonable requests, strikes

out, or otherwise attempts to hurt others)

inappropriate/unacceptable responses to questioning/discussions

(n=2)

noises (n=3)

arguing (n=2)

shouted out (often inappropriate sentences with sexual

content)

rude, interruptive (n=2)

verbally and physically aggressive (n=2)

disruptive behaviors such as angry shouting, loud demanding

voice seeking attention (n=6)

inappropriate language - swearing (n=4)

sneaky

compulsive theft

deliberately hurting teachers

defiant behaviors

refusing to comply with directions from teachers or

supervisors (n=3)

often arguing and refusing to carry out instructions and/or

routines (n=4)

Other social-emotional problems (eg. in constant motion,

behavior does not improve with usual disciplinary methods, acts

impulsively)

emotional problems (n=2)

compulsive/impulsive behavior (n=2)

unable to stay on task (n=2)

difficulties attending (n=3)

very short and limited attention span (n=2)

easily distracted and irritated (n=2)

frequent wandering and pacing during lessons or work periods

(n=3)

fiddling with things (n=3)

extreme hyperactivity (n=2)

displays of "Out of Control" behavior - severe anger

constantly seeking attention (n=4)

inappropriate acting out

disrupting classes (own class and other classes throughout the

school)

inability to refrain from speaking out (n=3)

stood on his chair, tried to balance on chair back, walked

across bookshelves

Disturbed relations with peers (eg. hits, bites, kicks, o r

otherwise physically assaults peers)

inappropriate/unacceptable interaction with peers

frequent to constant touching of peers in group situations

(n=3)

verbally and physically aggressive

display of anti-social behaviors such as biting, pinching,

throwing chairs, destroying property (n=3)

poor social skills during non-instructional times such as

recess and lunch hour - bullying behaviors such as

fighting, hitting others (n=5)

deliberately hurting other students (n=3)

difficulty acting appropriately/functioning in large group play

situations (n=6)

interfering in others space and play

socially unaware

unco-operative

lacks empathy

Previous years' history (n=11)

Low self-esteem (n=4)

gives up even with lots of encouragement

no self-confidence

puts themselves and others down

loners

does not accept responsibility for his actions/statements

adamant denial even when positive proof otherwise

socially pleasant but no interest in school

not able to cope on her own

Physiological (eg. medical diagnosis, genetic)

medical diagnosis

cystic fibrosis

attention deficit

severe anxiety syndrome

cerebral palsy, blindness, paraplegic, mentally handicapped

autistic

aggressive, violent

nonverbal

screams, temper tantrums

unable to relate to others

hums

pervasive developmental disorder (autistic-like behaviors)

slips into fantasies/fixations

nonverbal

does not interact or play with others

unusual and disruptive behaviors - eg. running

continuously around the room

brain damaged, loss of sight in one eye and hearing in one ear

Deficits in academic areas (eg. learning problems in reading,

writing, mathematics)

learning disabilities - in ability to learn and follow through

reading difficulties

inability to handle most/all of the curriculum managed by the

majority of students (n=2)

inability to store and retrieve information

difficulty making associations

academically below grade level by 3 years

Dysfunctional families

dysfunctional family background (n=5)

Disordered temporal relationships (eg. unable to sequence events, cannot shift readily from one activity to another, disorganized)

finds transition times very difficult

incomplete assignments (n=2), rushed work, untidy, disorganized

(n=2)

Deficits in basic motor skills (eg. can not tie shoes, unable to throw and catch a ball)

inability to tie shoes

very slow movements

lacks co-ordination skills

Environmental (eg. poor "fit" between child and environment)

requires lots of physical space

Deficits in communication skills (eg. developmentally inappropriate speech patterns, unable to find the "words" to describe/explain a situation or a feeling)

immature speech patterns

* (information compiled from the 59 participant responses on Q-8 of the teacher questionnaire)

Appendix E

Verbatim Descriptions of Interventions/Strategies

Used by Teachers for Severe Behaviors *

(n = frequency of recurring teacher responses)

Relationship building/environment (eg. consistent, supportive, safe, caring, empathetic,)

constant positive action, reinforcement and encouragement (n=5)

ignoring insignificant things

building on strengths

provide structure and consistency

clearly stated classroom/school rules, expectations,

educational and behavioral goals, consequences,

etc. (n=7)

ensure that educational and behavioral goals are

understood by the student, parent, teachers and

other school staff

behavior code

diffusing escalation of inappropriate behaviors with

empathetic responses (n=3)

demonstrate constantly that I care about the child

(I like you very much but I don't like the behavior)

use of humour (keep the classroom a "fun" place)

patience and perserverence

experience (n=2)

individual time with student to build rapport (n=4)

one-to-one talks, no put downs

counselling

modelling expected behavior (n=3)

Support personnel (eg. CCW, Students Support Services teacher)

direct access to school/district support workers (n=2)

as much one-on-one time with the CCW (n=8) and LA

teacher as possible (n=6)

school counsellors (n=3)

assessment workers

administrator

working with CCW:

planned time in a quiet, spare room when "out of

control" behavior seems evident or when

frustration levels are high

focus on controlling student - teaching skills or helping

academically, giving extra positive reinforcement

CCW and/or teacher in direct physical proximity to each of

these children (eg. rub back when sit nearby, hold hand,

etc.)

use parent aides, individual classroom CCW (n=4)

Reductive techniques (eg. verbal reprimand, taking away

privileges, detention, isolation "time out" of student from

class)

consequences for inappropriate behavior

written behavioral plan in which consequences match

escalating, inappropriate behaviors (n=4)- child

has own copy and can make decisions from that

guide

each misbehavior = 2 minutes to serve after school

two day out of school suspension (student stays at

home), then gradual re-entry back into school - 1/2

days for a week, full-time after the week but home

at lunch)

"time-out"

in-class

outside of the office

with child care worker, outside of class (n=2)

isolation outside of class eg. quiet room, hallway, room

across the hall from classroom (n=3)

time-outs (area not specified) (n=4)

giving them a special spot to sit when listening

no special programs - treat the same as the rest of the

students, time-out to gain control himself when the

situation warrants

Family/parent involvement

close and constant contact with parents, inviting and

soliciting the support of the parent, open discussion,

involvement in the planning process (n=5)

telephone calls home

frequent parent interviews

homework notebooks/behavior booklet (daily

evaluations home) (n=3)

notes home (n=2)

communication book (n=3) between

home/school/daycare

Curriculum modifications/adaptations

modifying assignments (n=4)

adapt program and provide time adjustment to program

(n=2)

allow students to express their understandings of

concepts in different ways

providing choices to the student during planned time-out

periods (firmly following through on the choice made)

Peer support (eg. buddy systems)

buddy system/peer partners (encouragement from a

considerate partner) (n=5)

Incentive programs (eg. rewards)

rewards

stickers

bringing mother to class to watch him work

based on educational/behavioral goals

Anger management/conflict resolution

co-operative learning techniques

problem-solving techniques

Highly individualized (eg. charting behavior/recording)

charting behaviors and lots of recording

deal with the situation as it arises - each situation is as

different as each child, thus you have to deal as you see

fit at that particular instant, there rarely is time to

think of "which" strategy to use

Physiological intervention (eg. medication)

    medication (Ritalin)

Self-management

    turning over responsibility to child

* (information compiled from the 59 participant responses on Q-10 of the

teacher questionnaire)

Appendix F

<u>Challenges for Teachers Working with</u>

<u>Students with Severe Behavior Disorders</u>*

(n = frequency of recurring teacher responses)

Finding time

"managing/assisting" the child in the classroom/minimizing

disruptions of lessons and teaching so that there can be

time to assist all the other children, less time to teach

"average" child (n=16)

finding time to "deal" with episodes that arise, demanding of

constant supervision, attention, controlling, and physical

assistance during the entire day, disruptive to

classroom activities (n=11)

time to meet the wide range of learning styles within the classroom

(n=2)

workload is so much more extensive when disabled kids are in

the class (n=3)

to communicate more with specialists, Learning

Assistance, music, library, principal, district

staff, Special Ed. personnel (therefore takes up

much of your preparation time-before and after

school, lunch hours) (n=4)

Teaching socially acceptable behavior and social responsibility

assisting the child to learn strategies that will help him cope in the

classroom and society (n=4)

problem-solving skills, decision-making, conflict

resolution

developing strategies that will best help the child deal with

his problem behaviors (n=3)

reducing/eliminating disruptions

needs rigid structure (n=2)-does not handle change

easily - uncontrollable changes sets off tantrums

socially acceptable behavior to be learned

other kids are tolerant but often suffer (n=1)- distracted

(n=6), frightened (n=3) or hurt (n=3) by the inappropriate

behaviors

-integrated all day, "we" do not get a break the other

students and myself, there are days we all "cope"

difficult to integrate socially, emotional outbursts, getting

them to co-operate acceptably with others (n=4)

creates a need to instruct other students on how to deal

with an "out of control" student (n=2) (eg. ignoring bad

behavior)

Maintaining teacher personal health and well-being

stressful (n=5) and exhausting (n=4) for the teacher (even on good

days)

severe drain on teachers' emotional resources (n=3)

can create doubts and fears of personal insecurities of

being perceived as a poor teacher because of lack

of control

feel like I'm always on guard, always have to be on the

alert

more demanding in terms of energy required to work with

these students

frustration with their lack of progress (my frustration)

scheduling meetings with all those involved with these

children can sometimes be an added stressor on

planning and organizational time (n=3)

Meeting the wide range of learning needs within the classroom

to meet the variety of learning styles within the classroom, often

requires special programs (n=3) and resources (n=3)

type of activities chosen for the class is sometimes

determined by the limitations of the disabled students

needs lots of one on one help (n=3), difficulty following

directions, disruption of routines (n=5)

Teaching academic skills

managing to teach the difficult child academics (n=6)

refuses to work on many assignments

managing to teach academics to the rest of the class

Improving low self-esteem (n=2)

Inclusion

* (information compiled from the 59 participant responses on Q-9 of the

teacher questionnaire)

Appendix G

<u>Support Available for Teachers Working with</u>

<u>Students with Severe Behavior Disorders</u>*

(n = frequency of recurring teacher responses)

Human resources (eg. CCW, Student Support Services teacher)

    School support personnel:

        CCW (n=18)

            not always helpful in dealing with the difficult student

            having a child care worker <u>in classroom at all times</u>

            skillful worker, children respond well to her

            have a part time child care worker (n=3)

        Learning Assistance (Student Support Services) (n=18)

            not enough time to meet demands of the entire

                school

            arranges schedules for meetings with families,

                social worker, etc.

            supports and helps guide child care workers

            helps focus on problems and helps to develop

                behavioral plans

            most helpful "pull-out" program

Teachers

    other teachers in school (n=2)

    previous teachers (n=2)

    student teachers (n=2)

Administration (n=9)

    both assist in carrying out consequences and intervention

        when needed

    both offer guidance and support through home and school

        Principal (n=2)

        Vice-principal (n=3)

District support personnel: (n=3)

    School Counsellor (n=10)

        offers help in behavior planning

        counselling (n=8)

    Integration co-ordinator (n=6)

    teacher for the visually impaired

    speech/language pathologist (n=2)

Parent(s) (n=3)

Classmates

Outside agencies:

Mental Health

Behavior Therapist (n=2)

Public Health (n=2)

Social Services (n=3)

Community Support worker (n=3)

Daycare

Boys and Girls Club

team meetings (n=3)

a "plan" developed through consultation with the team -

counsellor, Public Health, parent, teacher, school

administration, Social Services, leaning assistance

with parents

Few or none

few

none in classroom

one of my students is very bright so I receive no help with him

Feedback -diagnostic/evaluative (eg. how are things going,

impact of decisions, changes required, future directions)

planning and evaluation time for modified programs which the

student is using

Theoretical/background information (eg. general information on behavior disorders, professional literature, policy, philosophical beliefs/goals for integration)

    school discipline policy

Practical/concrete (eg. strategies, methods, ideas - specific to student and present situation, skills that can be implemented immediately, individualized, teacher experience)

    experience

* (information compiled from the 59 participant responses on Q-11 of the teacher questionnaire)

Appendix H

Most Valuable Support

Available for Teachers Working with

Students with Severe Behavior Disorders*

(n = frequency of recurring teacher responses)

Human resources:

Child Care Worker (CCW) (n=17)

helps supervise during transition periods

can provide one-on-one and pull-out (quiet area) when

needed

more time available in my classroom

provides extra support for difficult students (academic

and emotional) and the rest of the class

spends time with the difficult student helping him solve

problems/behavioral interventions, frees up the

teacher to work with rest of the class

monitors the child's behavior in the classroom

the least trained of all is actually there daily helping to

deal with the child

deals with most disruptive behavior daily

always there, takes initiative on her own

has built a good relationship with the child and has many

techniques for dealing with him

her only focus is one child - mine is 20

student could never function in a normal classroom

without 1-1 supervision

must be effective to be supportive - assist in the

implementation of the "plan" which provides one to

one supervision, guidance, individual direction

required to meet the student's needs

can provide excellent assistance or she could be an

additional burden, it depends upon the skill and

experience and personality of the CCW

wonderful, she is always in the room working mainly

with the special needs but available to others as

well

Student Support Services teacher (Learning Assistance) (n=4)

provides one on one assistance or small group assistance

on daily basis, in a safe and focused atmosphere

Administration (n=3)

at this school have a great deal of skill and

knowledge regarding how to facilitate behavioral

plans

aware and sensitive to the needs of both the children, the

teacher, and the CCW

work as a team with everyone involved, develop

consistent expectations

principal follow-up in this particular case has been very

good, student tries hard to do his best to please

him every day now

Combination CCW/Student Support Services teacher (n=3)

having both trained (Student Support Services teachers) and

untrained (CCW) to support the students, different roles

the trained teacher works with very small groups to help

overcome difficulties scholastically and

emotionally, able to remain in the classroom setting

with untrained person (CCW)

child care worker and student support services because

they are available when they are needed and see the

specific behaviors and problems that need to be

dealt with on a daily basis. They deal with the

problem now not next week. They do, rather than

observe - they know what works and what doesn't

Integration co-ordinator (n=3)

ideas and information that really helps

School Counsellor (n=2)

really understanding - appreciated the fact that she

honestly seemed to care about how I was feeling

and doing, reassuring to find someone who seemed

to feel that perhaps the teacher was as important

as the student (n=2)

Parent(s) (n=2)

provides the same consistency and helps create a

shared value for those children

parent interest is positive for the child

Time for developing comprehensive plans

time for planning and evaluating students programs with other

school personnel, a comprehensive plan (CCW and

Student Support Services) (n=2)

Consistent "daily" support

any support that is right there on the "front line" (daily) is the

most valuable

therefore those that are most helpful are

administrators and the CCW, home support is also

very valuable

severe behavior problems frighten people and often the block of time

that other support people are scheduled to help is filled or

illness or something else comes up

* (information compiled from the 59 participant responses on Q-12 of the

teacher questionnaire)

Appendix I

Additional Support

Needed for Teachers Working with

Students with Severe Behavior Disorders*

(*n* = *frequency of recurring teacher responses*)

Human resources (eg. CCW, Student Support Services teacher)

being able to have specific children spend more time - preferably

on a regular basis-with the counsellor (n=4)

more counsellors - 1 per 2 schools (at least) to help with

the day-to-day front line problems that come up with these

children and their families

District counsellors observing/working within classroom

Assessment counsellor to do observation and give suggestions

counsellors could come in and discuss Second Step - role-playing

close working relationship with school/district counsellors

involved with the children and PARENTS

Student Services personnel working with the student

more time in the LA room

specialists in their field should assist more and have more

designated time with these students, CCW are expected to

know everything and be professional in specialized areas

that they are not qualified for

especially qualified support services (n=3)

a qualified teacher who is experienced in these types of

behaviors and knows what works and what doesn't,

or what to try

it would be very helpful if the administrative staff (both school

and board office) would spend a few hours <u>on their own</u> in

classroom situations to see what takes place - how

these kids interact with others and what effects they

have on them. Five or 10 minutes here and there is <u>not</u>

sufficient to assess a child/ren.

at this point, this year don't feel that I am in need of any

additional support. If things deteriorate, however, I will turn

to the A.O. and the school counsellor

an extra pair of hands would be very helpful (CCW) (n=2), anyone in

the class working with me, mentorship programs

a CCW for each student in the classroom with a severe

behavior disorder

more teacher aide time, having an <u>effective child</u>-care

worker is extremely valuable

for ADD syndrome child a CCW in the class so she can the

remove the ADD child when he "lost it" and began

leaping about the room

the continued active role in the school and district

administration to remain involved and informed in the

daily problems and decisions regarding the integration of

the students with severe behavior disorders and

their effect on the classroom and its learning

environment

this year for the first time the parents of the

"normal-average" students have been quite

vocal about their concerns of their child's

relationship with the severe behavior student

more support at district level - dealing with child and family -

district staff is the constant in total school life

someone OTHER THAN ME! to co-ordinate the efforts of the variety

of agencies working with these children and their families

Practical/concrete (eg. strategies, methods, ideas - specific to

student and present situation, skills that can be implemented

immediately, individualized, experience)

a plan in place to deal with the behavior

a more comprehensive program through the district and community

to integrate these students into the community through field

trips, work and service opportunities and sports

team meetings - to brainstorm strategies and interventions to try

on particular children

more Pro-D about <u>specific</u> disorder eg. last Spring Conference on

autism in Kamloops - if it was known he was to be in my class

I should have been the one to go

workshop early in the year on autism, specific suggestions -

what to <u>do,</u> a lot of days I feel I am just "coping". I don't

have any courses and am learning as we go along.

more specific inservice on intervention/strategies/programs on

"behavior disorders" (n=6)

inservice training prior to receiving a student with a behavior

disorder (n=4)

useful strategies to enable these students and <u>others</u> in the

classroom to cope socially and <u>academically</u>

welcome observers and like to hear <u>specific</u> observations

about behaviors and my responses

an exchange with the student's previous teachers to discuss

their background, and possible strategies that will help

integrate the student successfully

Flexibility to utilize alternate placements (eg. in-school

suspensions, time-outs, pull-out/one-to-one instruction)

opportunity to phase a student into full-time in class and/or time-

out as needed (n=4)

in school support through time-out days or periods where

the student is absent from the class (n=2)

flexible assistance to make best use of the integrated

students' optimal times plus removal for the

negative times to prevent major disturbance to the

class is ideal

a respite period for the class where the student is

involved in programs outside the classroom. I do

not agree with <u>total</u> integration for one child at the

expense of the majority of the class. I see

integration as being a part of the class for the

majority of the day, but a part of more specialized

programs as well. The students is not always

involved in what we are doing anyway.

I can see the benefits of integration. However, I think

there are also benefits of pulling these students

out of the classroom for part of the day -

particularly for students who are attention deficit

and have difficulty handling a lot of stimuli

simultaneously.

an alternative placement other than a regular classroom

initially, to establish the beginning of some socially

acceptable expectations and skills

support dealing directly one on one with the child

on social skills and manners

times when the student was out of the class

learning social skills with another teacher so

I could give my undivided attention to the

rest of the class --chunks of time eg. 3

afternoons a week - part of a morning

removal from classroom

removed if they can't co-operate, they should not lower the

level of education that cooperative children get.

more time to interact on one-to-one basis with the children

without having to be constantly disturbed by the other

children

plenty of one/one work in small independent areas rather

than within the regular classroom

separate class for students working 3 years below grade level

Family intervention/parent programs

supportive parents who would be consistent in behavior

expectations and consequences (n=2)

family/parent programs/training skills and counselling

which would help with many problems at their

root (n=4)

a way/process to get the student's family involved with

agencies that can help them

family intervention to establish bed, eating, dressing

routines. Lack of sleep and poor nutrition cause a

lot of poor behaviors.

Financial/budgetary (eg. money to support students'

individualized learning needs, additional staff)

government resources (money and people) - kids with behavior

disorders need to be recognized as special needs children and

programs need to be funded on a par with physically and

mentally disadvantaged children

restricting the number of severe behavioral students in the

classroom and adjusting the class size accordingly (n=4)

a class size limit of 22 or 20. It depends upon the make-

up of the class too.

weighting formula

class size - primary classrooms no higher than about 15 to 18

students per class

visitation days to meet/work with these children prior to

their entering "homeroom" class in September

Physical resources (eg. classroom materials, facilities)

a computer/printer in the classroom would offer an alternative

means of communicating through written work for those

children with poor motor skills - might lessen

frustration level of child

proper physical facilities within classroom and school

having a supervised space/room where student could spend

time when hugely disruptive (n=4)

every school should have a T.O. room - a <u>safe</u> place for a child

to gain control (not paper room with paper cutter)

Emotional (eg. active listening, empathy, understanding,

team-work, sharing, confidentiality, trust)

stress management workshop - takes its toll on the classroom

teacher

team meetings - (Support group) (n=2)

I think we must look at each special needs students

carefully and examine the class in which they're

placed closely. Administrators might spend a day

in the class to get a feel of the dynamics and

problems in the room

my biggest frustration is that once the child is placed in my

classroom s(he) becomes MY problem. All other agencies

and supports can choose what assistance they will give,

and there is no other co-ordination of nor responsibility

for this child' needs or practicality of the integration

itself.

Medical intervention (eg. medication, proper nutrition)

ritalin - there was a period of about two weeks when he did not

take it, which made me realize how effective it is. Though I

am not a believer in this drug, it is working in his case.

have children diagnosed adequately before coming to school

accurate diagnosis - not general labels such as ADD

a lunch or nutrition program at school

*(information compiled from the 59 participant responses on Q-13 and the

comments section of the teacher questionnaire)