

The Inclusion Exclusion Factor

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Abstract

This article investigates the evaluation of physicians, parents, peers, teachers and administrators regarding the inclusion of people with intellectual disabilities particularly those diagnosed with Down Syndrome in regular education classrooms and other aspects of transition. Does the inclusion movement offer an educational opportunity and quality approach to best prepare people with Down Syndrome and varying degrees of mental ability for life? *The Inclusion Exclusion Factor* takes a critical look at the ongoing discussion concerning people with Down Syndrome and varying levels of ability, the efficacy of inclusion and transition, and what role this population plays with regard to their own autonomy. Those with disabilities often face insurmountable obstacles beginning at birth. The article discusses issues involving inclusion, and concludes with comments on transition. To include or not to include (the inclusion/exclusion factor), that is the question.

The Inclusion Factor

The current movement toward inclusion of all students into the general curriculum has been under fire for several decades. There is research-based literature to support all positions with regard to inclusion that primarily divide the group into two polar camps, those in favor of total inclusion and those who are opposed to inclusion with a third group of experts falling somewhere between these two camps. This third group espouses the belief that inclusion done properly has merit for most students.

Some experts advise that inclusion is a choice based on moral issues rather than on sound research (Gallagher, 1998; Sowell, 1995). These experts assert research-based strategies and espouse that inclusion does not begin in the classroom. Inclusion is a philosophy that continues through life and productive inclusion will occur when teachers apply specific inclusive strategies in their classrooms that are directed to all students, not just a small exclusive portion of the population (Karten, 2005).

The literature designates several research-to-practice approaches that are effective to successful inclusion at all levels. These approaches include; co-teaching and role identification, collaboration and teamwork, and an appropriate utilization of trained paraprofessional educators. These strategies are tools that when internalized by teachers and applied to the whole classroom will affect all students and create a successful inclusive classroom regardless of the diversity of the class population.

There is minimal literature that interprets and reports the complicated nature of issues that surround the education and inclusion of those with intellectual disabilities (once referred to

as mental retardation, MR) alongside students labeled with other disabilities or considered normal learners. Some research reflects the perspectives of individuals who live and work alongside the intellectually disabled population, but not necessarily those of the population themselves. Experts, Vaughn, Elbaum, Schumm & Hughes, (1998) affirm early studies that reveal a growing interest in specific studies that show the opinions of those labeled with (MR) Mental Retardation (now more commonly referred to as Intellectual Disability) not just the reflections of those who are close to this population like parents, siblings, and teachers. One significant expert, to the inclusion movement, James Kaufman, opposes the trend to eliminate pull-out programs. Kaufman maintains that special educators should concentrate on approach, resources, and equipment rather than the combined special and general education teacher effectiveness and peer social interaction in the general education classroom environment (Kauffman, 1995).

Placement for a student with special needs should be individualized to ensure effective instruction, and this complicates the intricacies of the inclusion model. Special education is viewed as a service not a place, according to the Individual Education Plan (IEP) service pages (U. S. Department of Education, 2009). This means that the student's best interests overall need to be considered, not just socialization but also best academic opportunities, future transition into employment and independent living. The best balance for most individuals would be a combination of socialization and appropriate academics in the inclusive setting. When considering the needs of children who have problems learning, the individual needs must be examined. Expanding on Levine's (2002) philosophy that addresses learning and not labels, all students should be encouraged to participate in the lesson, not just a few selected individuals.

Students are often placed in restrictive self-contained classes based solely according to a label or disability. This may seem to be the easiest way to solve the problem of placement and sometimes appease uncooperative teachers, but is a clear violation of IDEA. It would be more appropriate to expose a student regardless of the label to the richness of the general education classroom and curriculum with instruction that is modified to meet the needs of the child. The best inclusion education results from a well-prepared and fully functioning faculty and administration working cooperatively to best serve the needs of all children who have learning problems. Murawski purports (2005), in *Schools Attuned*, a model that helps to remove the barriers often found between the general education faculty and the special education faculty in inclusive education. As water finds its highest level, so would the success of a well-designed, rigorous, inclusion model.

Language skills are very important for communication in daily activities and play a key role in inclusion. When considering language development, it is often beneficial to place a student into the language rich setting of the general education classroom and curriculum with instruction that is modified to meet the needs of the individual child based on their IEP. In this setting, instructional and social communication would occur naturally rather than in an isolated speech and language therapy room and is assimilated throughout the day and generalized by the student on their own accord (Mastropieri & Scruggs, 2006; Meyen & Boui, 2006; Tomlinson et al., 2002; Tiegerman-Farber & Radziewicz, 2008).

Consideration must be given to the varying degrees of disability within a label. People with Down Syndrome (or any ability) have different ranges of intellectual ability. One person historically classified as Trainable Mentally Retarded (TMR) or Trainable Mentally Handicapped (TMH) for example - may not have been able to function on their own while

another classified as Educable Mentally Retarded (EMR) or Educable Mentally Handicapped (EMH) may have been able to function in a range where they can function on their own, are more advanced and are able to read and accomplish their school work with ease and function more independently. The same is true for all ability categories whether a student is considered a general education learner, learning disabled, attention deficit, or behaviorally challenged, etc. Regardless of the classification, if these students are removed from the opportunity to be included in the general education environment and to have the opportunity to interact in the general education curriculum and opportunities, we run the risk of removing their opportunity to reach their own personal potential for social and academic abilities.

The *Individuals with Disabilities Education Act* (IDEA) of 1991, and its revisions, along with the *Americans with Disabilities Act of 1992*, changed the face of public education. These landmarks led to more mainstreaming of children with disabilities, including Down Syndrome, into the public schools. The passage of these pieces of legislation led to the possibility of more inclusion for all children with disabilities, including Down Syndrome, into the public schools in general education classrooms. Consequently, more students and their families come into direct contact with people with Down Syndrome and others with varying levels of intellectual disability. The increased visibility of people with Down Syndrome in schools, on popular television shows, and working in “normal” situations has piqued the interest of the general public. People are interested and want to learn more about diverse populations, especially those who have reached far beyond the limitations imposed on them by their diagnosis.

When considering the population with Down Syndrome (those mysterious people with almond shaped eyes), for example, many have the potential to become accomplished adults. Ashlee Birckhead provides an example of such accomplishments. She earns her own income and

contributes to her household using her talents to express art (ashleesart.com, 2009). Another young adult named John, owns a vehicle he cannot drive and supports himself by cleaning golf balls, towels, and carts at his local country club. Katie saved her family home with her steady paycheck as a bagger at her local grocery store. Inclusion of individuals like Ashlee, John, Katie and others into general education and activities supports the development of academic growth, life skills, and effective communication. The success of these young adults provides an example of how proper inclusion and the equal right to earn an education allows people like Ashlee, John, and Katie to become all that they can be. Chow & Ksari (1999) call inclusion a good experience for all involved.

Observations

Each of the following perspectives (physicians, parents, peers, family, and educators) view varying ability areas from a different position and provide further insight into the issue of inclusion.

Physicians

As the progressive trend continues toward the de-institutionalization of the special education population and inclusion into all areas of community increases, it is very likely that everyday encounters of people with Down Syndrome and other areas of disability and the general population will occur. Medical doctors encourage that given the proper opportunity and with guidance, these children can attain their highest potential socially, intellectually, and spiritually (Schneider, D. 2003).

Desai (1997) writes, “Advances in medical science, improved educational systems, greater social acceptance of people with disabilities in the community, and continuous efforts of

the National Down Syndrome Society working toward the normalization of this population has lead to deinstitutionalization of patients with Down Syndrome in the United States (p. 287).

Children with Down Syndrome will be able to read, write, and perform functional living skills to a certain level depending on their ability and the level of exposure and inclusion in school and out in the world.

Parents

Parents are often a predominant force in the design of the Individual Education Program (IEP) and team meetings. They advocate for services, and advise teachers on their children's needs. Parents can advocate for a self-contained placement or clearly state their desire for their child to have inclusive education services. They can reject any IEP that recommends a separate placement or a change in placement to a separate setting. The National Down Syndrome Association, the Autism Society of America, and the Learning Disabilities Association of America are a few informational sources for parents, but sometimes contribute to the arguments of opposing sides to the inclusion quandary.

A dilemma exists when too much emphasis is placed on the location of the student services rather than the services delivered to the student. The inappropriate placement of a student could result in social and behavioral complications and parents often have a concern in this area. Consequently, some teachers are not welcoming of special needs students in their classrooms and some evidence indicates that these teachers do not accept a student with disabilities (Bryan, 1997). Though a child is placed into a general education classroom they will still benefit from the special educators presence when inclusion is well done. Another benefit

that parents advocate is the social aspects of a mentally challenged individual being influenced by positive peer modeling.

Peers

Inclusion appears to be more weighted as a worthwhile goal for social purposes for both disabled students and regular education students. The literature supports that all types of learners benefit from having both a special educator and a general education teacher in the classroom. The inclusion of all learners into the classroom desensitizes the obvious differences that are set up by physical separation of the special needs children from the regular needs children. Clugston (1995) purports non-labeled students have a positive attitude toward their handicapped peers and toward inclusion.

There are factors revealed on both sides of this debate, but there is still very little input from the MR (ID more recent term) population themselves. As late as 2004, Ringsmose wrote, “What has not been investigated is what the mentally retarded people themselves expect from the services schools offer them” (Ringsmose, 2004, p.1).

Hunter, (2005) examined the opinions of young adults with Down Syndrome about their classroom experiences. The areas of inquiry were self-direction, choices, and opportunities. The subjects reported that they felt their choices were limited, designed to do specific things and that their ideas were not taken into consideration. They thought that the choices in their lives were made by teachers, advocates, and parents, not themselves. They expressed enjoyment and remembered specific teachers and friends from their mainstream experiences.

Teachers and Administrators

Some general education teachers would prefer not to have the extra responsibility that comes with the concept of inclusion. They often feel that they do not have the expertise to meet the individual needs of various populations. Disabled students are often left out of interactions of teachers and peers (Heron & Harris, 1993). Perhaps if all educators were trained as special educators, the inclusion dilemma would be eliminated. Stainback & Stainback (1996) write that all students benefit from having both a regular educator and special educator in the classroom. “Many general education teachers frequently report having inadequate training time, and personal resources for including students with disabilities in general education classes” (Scruggs & Mastropieri, 1996, P.60). The teaching philosophy “Put No Lids on Kids”, (Jordan, 2001) applies appropriately to the suitable placement and raising expectations for all students including those with disabilities.

Summary

There are no easy answers when it comes to the inclusion/exclusion factor. While evidence of successful implementation of the inclusion of intellectually impaired students by general educators into their classes has emerged (Wolpert, 2001), we must be certain that quality educational programs across the continuum of services is offered. The appropriate use of inclusion to contribute to successful educational progress of all populations continues.

Some special education teachers are treated as babysitters while teaching in the inclusion setting. Others are viewed as glorified teaching assistants rather than certified teachers. All teachers must be utilized as part of a fully functioning professional team. How to best use all members of the inclusion team depends on the co-teaching partnership, the differentiated needs

of the students in the class, the grade-level and subject being taught, and the school's administrative support policies. The special needs child is often considered the responsibility of the special educator by regular education teachers (Scruggs and Mastropieri, 1996). In fact, students are the responsibility of the entire instructional team. It is imperative that teachers and administrators are proponents of inclusion and work together to provide a successful inclusive classroom environment.

Public exposure of this population through media, public education and public social interaction seems to have heightened the awareness of the equality that should exist for all people. There appears to be an increased acceptance and positive attitude toward the inclusion of persons with all levels of intellectual and physical ability. Evidence is surfacing that children with special needs fit into the general classroom where appropriate for their individual needs. Even so, there are still diverse perspectives and expectations set by experts in this debate. The ultimate goal must be for all educators to work together and provide the best possible education for all students.

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