Is Inclusive Education Right for My Child with Disabilities?

by Edward Fenske, M.A.T., Ed.S.
Princeton Child Development Institute
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On September 14, 2015 the U.S. Department of Health and Human Services and the U.S. Department of Education issued a joint policy statement recommending inclusive education for all children with disabilities begin during early childhood and continue into schools, places of employment, and the broader community. The policy includes numerous assertions about the educational benefits and legal foundation of inclusion and a lengthy list of supporting evidence. This paper examines some of these assertions, the supporting evidence, and comments on the departments' recommendation.

Assertion: Children with disabilities, including those with the most significant disabilities and the highest needs, can make significant developmental and learning progress in inclusive settings.

Supporting Evidence: Green, Terry, & Gallagher (2014). This study compared the acquisition of literacy skills by 77 pre-school students with disabilities in inclusive classrooms with 77 non-disabled classmates. Skill acquisition was assessed using pre/post intervention scores on the Peabody Picture Vocabulary Test, Third Edition (Dunn & Dunn, 1997) and the Phonological Awareness Literacy Screening Prekindergarten (Invernizzi, Sullivan, Meier, & Swank, 2004). The results found that children with disabilities made significant gains that mirrored the progress of their typical classmates, although the achievement gap between the two groups remained. Participants had a variety of diagnoses (e.g., developmental delays, autism, pervasive developmental disorder-not otherwise specified, speech and language impairments, cognitive impairments, and Down syndrome). There were several requirements for participation in this study that would appear to severely limit conclusions. Participants with disabilities were functioning at social, cognitive, behavioral and linguistic levels to the extent that their Individual Education Program (IEP) teams recommended participation in language and literacy instruction in the general education classroom with typical peers-an indication that these skills were considered prerequisite to meaningful inclusion.

A further restriction for participation was that only data from children who were able to complete the tasks according to standardized administrative format were included in the study. It is therefore unclear whether all students with disabilities in these inclusive preschool classes made significant developmental and learning progress. The authors suggest that had the lower achieving students received explicit, small group or individual instruction, the achievement gap between typically developing students and children with disabilities may have been narrowed. We can therefore conclude that regular instruction provided in the inclusive preschool classes in this study was not sufficient for all students with disabilities. Furthermore, because the results were not separated by disability, it is not possible to determine whether there was a significant difference in learning across disabilities.

Assertion: Some studies have shown that children with disabilities who were in inclusive settings experienced greater cognitive and communication development than children with disabilities who were in separate settings, with this being particularly apparent among children with more significant disabilities.

Supporting Evidence: Rafferty, Piscitelli, & Boettcher (2003). This study described the progress in acquiring language skills and social competency of 96 preschoolers with disabilities attending a community-based program. Sixty-eight participants received instruction in inclusive classes and 28 attended segregated special education classes. Progress was assessed using pretest and posttest scores from the Preschool Language Scale-3 (Zimmerman, Steiner, & Pond, 1992) and the Social Skills Rating System (SSRS)–Teacher Version (Gresham & Elliott, 1990). Level of disability (i.e., "severely disabled" or "not severe") was determined by scores on the Wechsler Preschool and Primary Scale of Intelligence (WPPSI-R), but the authors did not provide any information about the participants' specific clinical diagnoses. Posttest scores were comparable for "not severe" students in both class types. Children with "severe" disabilities in inclusive classes had higher posttest scores in language development and social skills than their peers in segregated classes, but had higher rates of problem behavior. The extent to which problem behavior interfered with learning for both typical children and those with disabilities was not addressed. Problem behavior, such as tantrums, aggression, stereotypy, self-injury, property destruction and defiance; is displayed by some children with disabilities. These behaviors have very different implications for preschool-aged children than for older children. In this writer's experience, severe problem behavior is extremely resistant to change when not successfully treated during preschool years and may ultimately result in more restrictive academic, vocational and residential placement during adolescence and adulthood. The significance of any academic gains by children with disabilities in inclusive settings should be carefully weighed against the long-term implications of unchecked maladaptive behavior.

Assertion: The right to access inclusive early childhood programs is supported by a robust legal foundation.

Supporting Evidence: Individuals with Disabilities Education Act (IDEA). As stated in the departments' policy statement, "Part C of the IDEA requires that appropriate early intervention services are made available to all eligible infants and toddlers with disabilities in natural environments, including the home, and community settings in which children without disabilities participate, to the maximum extent appropriate, factoring in each child's routines, needs, and outcomes." The words, maximum extent appropriate and each child's routines, needs, and outcomes should not be overlooked. This provisional language charges professionals and parents with the responsibility to consider whether the child in question is likely to benefit from an inclusive experience. The parents and professionals who make this decision are members of the child's IEP team. The reader is reminded that the letter "I" in IEP stands for individual. The word all does not apply.
Discussion. The participants in the studies cited in support of the Departments' Policy Statement were preschoolers with disabilities. Their handicaps included developmental delays, language disabilities, and cognitive impairments. The severity of disability varied among participants. Most of the studies examined children's acquisition of language skills and social interaction. It is conceivable that children whose disabilities included language and social impairments would fare less well in acquiring skills in these areas than children who were not so affected. Because results were not separated by disability, it is not possible to draw any conclusions about the benefit of educational inclusion for specific disabilities.

The emphasis of instruction in early childhood education programs is on language skills, social interaction, and learning readiness. However instruction becomes progressively more abstract and complex as children advance through primary grades, upper elementary school, middle school and beyond. More research is needed to support whether all children with disabilities benefit from inclusive placement beyond early childhood.
Summary. Many children with disabilities and many of their non-disabled peers do benefit from inclusive educational experiences. This writer's concern is with the use of the word all. A review of the studies listed in support of the departments' policy indicates that all children with disabilities were not selected as participants because some did not meet criteria for inclusion in the study, and not all of those who were selected made significant progress in learning new skills. It is therefore presumptuous to suggest that all people with disabilities should be included "... in all facets of society throughout the life course."

More information is needed to help IEP teams make informed decisions about children's readiness for inclusive educational placement. What skills are predictive of meaningful inclusion? What are the outcomes (e.g., employment and independent living in adulthood) for children educated in inclusive classes versus in segregated special education classes? Science-based answers to these questions should be the basis of the Departments' Policy Statement. It should not be assumed that placement in a special education class during early childhood precludes a future opportunity for inclusion. For example, several published studies report that 40% to 60% of children with autism who receive early intensive behavioral intervention (EIBI) in special education programs achieve readiness (i.e., acquisition of prerequisite skills) for mainstream placement in regular education classes without additional support (Fenske et al., 1985; Krantz & McClannahan, 1999; Lovaas, 1987). Follow-up surveys, completed by parents of children with autism who were mainstreamed, report satisfaction with their child's academic and social performance (McClannahan & Krantz, 2001). Furthermore, published research demonstrates that there is a critical window of time during preschool years that impacts the effectiveness of behavioral intervention for children with autism (Birnbrauer & Leach, 1993; Fenske et al., 1985; Lovaas, 1987; McEachin et al. 1993). Depriving or delaying EIBI for children with autism adversely affects the prognosis for positive treatment outcome. In addition, the provision of EIBI to children with autism results in a cost savings of millions of taxpayer dollars because a lifetime of institutional placement is avoided (Jacobson, et al., 1998). All children with autism who receive EIBI do not achieve readiness for academic transitions to mainstream classes. However, if these specialized services continue to be provided through adulthood, many (not all) acquire the skills that enable them to live with increased independence and obtain employment in the community with minimal support (Lawrence & Fenske, 2015; McClannahan & Krantz, 1990; McClannahan et al., 2002). This outcome may be considered vocational and residential inclusion.

Perhaps there should be a stronger partnership and collaboration between general and special educators. Inclusion for children with disabilities is not inherently good and education in segregated special education classes and schools is not inherently bad. Consider this medical analogy. If you have heart disease you may receive services from a cardiologist (a specialist) and a general practitioner (a medical doctor who treats individuals with and without heart disease). These professionals share information with each other for the benefit of the patient. Teachers of students in special education classrooms have valuable expertise that should be made available to some, not all children. Teachers in inclusive classes provide instruction that is appropriate for some but not all children with disabilities. If these professionals work together and share information, more children with disabilities may have meaningful inclusive experiences.

The IEP is intended to be and should remain an educational prescription. That prescription should be based upon the individual child's needs and skills. The prescription may change over time based on the child's progress, or it may not. Inclusion for individuals with disabilities is a legal right, but that does not absolve professionals and parents from the responsibility of ensuring that services are appropriate and meet the individual's needs. The question to ask is, "Is inclusion right for this person?" Answering this question with science-based information benefits all involved: students, their families, their teachers, and taxpayers.

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ABOUT THE AUTHOR

Edward Fenske, MAT, EdS is the former executive director of the Princeton Child Development Institute, a private, non-profit program that offers a broad spectrum of science-based services to children, youths, and adults with autism. Ed is a graduate of the United States Military Academy at West Point in New York. His extensive experience in delivering intervention to children with autism, support services to their families, and training and supervision to professional staff spans 30 years. He has published works that address home programming, language development, and early intervention for students on the autism spectrum.