VIEWPOINTS ON INTERVENTIONS FOR LEARNERS WITH DISABILITIES

ADVANCES IN SPECIAL EDUCATION

Series Editor: Festus E. Obiakor and Jeffrey P. Bakken

VIEWPOINTS ON INTERVENTIONS FOR LEARNERS WITH DISABILITIES

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About the Editors

Festus E. Obiakor, Ph.D., is the Chief Executive Manager, Sunny Educational Consulting, Shorewood, Wisconsin. He has served as Department Head and Professor, Valdosta State University, Valdosta, Georgia and The City College of New York, New York. A Teacher, Scholar, Leader, and Consultant, he has served as Distinguished Visiting Professor at a variety of universities. He is the author of more than 150 publications, including books, articles, and commentaries; and he has presented papers at many national and international conferences. He serves on the editorial boards of reputable nationally and internationally refereed journals, including *Multicultural Learning and Teaching* in which he serves as executive editor. Dr. Obiakor is a leader who has been involved in many landmark scholarly works in the fields of general and special education, with particular focus on African American and other culturally and linguistically diverse learners and he continues to prescribe multidimensional methods of assessment, teaching, and intervention for these individuals. Based on this premise, Dr. Obiakor created the comprehensive support model, an intervention model that values the collaborative, consultative, and cooperative energies of students, families, teachers/service providers, communities, and government agencies.

Dr. Jeffrey P. Bakken, Ph.D., is the Associate Provost for Research and Dean of the Graduate School at Bradley University. He has a Bachelor's Degree in Elementary Education from the University of Wisconsin-LaCrosse, and Graduate Degrees in the area of Special Education-Learning Disabilities from Purdue University. His areas of interest include the following: response to intervention, collaboration, teacher effectiveness, assessment, learning strategies, technology, smart classrooms, smart universities, and smart pedagogy. He has written more than 170 academic publications that include books, chapters, journal articles, proceedings at international conferences, audio tapes, encyclopedia articles, and has made 235 presentations at the international/national and regional/state conferences.

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Preface

As a construct, "intervention" indicates mediation, remediation, or proactive action that can be intentional, unintentional, systemic, or individualistic. And as a topic, intervention has changed over the years from its first introduction in clinical psychotherapy, psychology, and psychiatry to affect human behavior. Today, it has become a popular topic in general and special education arenas due to advocacy, legislation, research, and new pedagogical trends. In addition, this topic can be somewhat controversial depending on the disability that a child, student, or youth might have; and it can depend on the professional dispositions of those involved in the process of working with learners with disabilities. To a large extent, in general and special education, interventions involve change-oriented pragmatic efforts to solve or ameliorate problems confronting children, youth, and adults who may or may not have exceptionalities. Despite the importance of these efforts, there is no comprehensive voluminous resource that effectively addresses differential viewpoints on interventions in the field of special education. It is in this spirit that we produce this book volume titled, *Viewpoints on Interventions for Learners with Disabilities*.

It is a common fact that there continues to be difficulty in keeping up with everything in education and also be updated in all areas related to special education. This is the more reason why we are very excited about *Viewpoints on Interventions for Learners with Disabilities*. First, this book is edited and written by leaders in the field of special education and its related fields. In other words, it is an excellent resource for regular educators, special educators, administrators, mental health clinicians, school counselors, diagnosticians, psychotherapists, and psychologists, to mention a few. And second, this book contains viewpoints and perspectives that are evidence-based, research supported, and practitioner friendly. A logical extension is that it addresses how interventions have changed over time and how they have impacted direct services for learners with disabilities.

Viewpoints on Interventions for Learners with Disabilities is a book for this day and age. As indicated, we are impressed with the scholarship and clarity of our book's contributors. In Introduction, we introduce readers to viewpoints on interventions for learners with disabilities; in Chapter 1, Weiss focuses on interventions for students with learning disabilities; in Chapter 2, Brigham et al. focus on interventions for students with emotional and behavioral disorders; in Chapter 3, Bouck and Bone focus interventions for students with intellectual disabilities; in Chapter 4, Borders et al. focus on interventions for students who are deaf and hard of hearing; in Chapter 5, Kelly focuses on interventions for students with visual impairments; in Chapter 6, Stuart focuses on interventions for students with autism; in Chapter 7, Kurth et al. focus on interventions for students with severe disabilities; in Chapter 8, Canto and Eftaxas focus on interventions for students with traumatic brain injury; in Chapter 9, Bailey focuses on interventions for students with speech or language impairments; in Chapter 10, Obi focuses on interventions for students with physical disabilities and other health impairments; and in Chapter 11, in collaboration with Graves, we go beyond tradition to discuss interventions for students with disabilities.

Finally, books of this nature will not materialize without professional collaboration, consultation, and cooperation. We thank our contributors for their dedication to excellence. This book will be an excellent resource to general and special education practitioners, educator preparation professionals, and undergraduate and graduate students. In the end, we wholeheartedly thank our wives and children for their crucial support during this worthy venture.

Festus E. Obiakor
Jeffrey P. Bakken
Series Editors

Viewpoints on Interventions for Learners with Disabilities: An Introduction

Jeffrey P. Bakken and Festus E. Obiakor

Abstract

People with disabilities have always existed in our communities and societies; however, how we treat them has always been an issue. For example, for a long time, people with physical disabilities received more attention than those with disabilities that we could hardly see (e.g., learning disabilities). Very early research focused on students with sensory impairments and then the focus shifted to students with cognitive impairments. Finally, the focus was on students with learning disabilities and emotional behavioral disorders. Early research with this last group of students focused on comparing students with and without disabilities to document deficits and characteristics of these individuals. Over time, when the characteristics were established, researchers moved their attention to interventions or ways to improve deficits in specific content areas such as reading and mathematics. This chapter is an introduction to the rest of this volume that addresses different viewpoints on interventions for students with different types of disabilities.

Keywords: Disabilities; research; research-based; interventions; outcomes

Introduction: Early Roots of Special Education

Formed by a combination of philosophical, economic, legal, sociocultural, and political factors (Fleischer & Zames, 2001; Giordano, 2007;

Osgood, 2007; Reynolds, 1989), the history of special education has seen continuing challenges, successes, and debates. Recent attention has focused on desired goals and outcomes, what populations should be served by special education, how research-based practices can be provided to students, and the best environment to educate students with exceptionalities.

Through the 1800s, physicians usually advised parents who gave birth to a child with a disability to let the child die or place him/her in an institution (Chesterton, 2000). Those children allowed to live were usually committed to institutions and rarely seen in public. The 1880 U.S. Federal Census offers an example of the social context of the time as it refers to a category of people as "insane, idiots, deaf-mutes, blind persons, homeless children, prisoners, paupers, and the indigent"(Ancestry.com, p. 1). Institutions were basic and less than ideal – dealing only with basic needs – and crowded with the main purpose to control people with disabilities in order to protect the public. Education was not an option for the disabled, and attendance in public schools was strictly restricted.

Initial Focus on the Sensory Disabilities

Initial efforts to deliver special education and develop specially designed instruction were focused on individuals with sensory disabilities (Best, 1930; Winzer, 1998). During the mid-sixteenth century, Pedro Ponce de Leon, a Spanish Benedictine monk, created oralism, an alternative to sign language that involved the teaching of lip-reading and speech, to teach wealthy deaf individuals to speak in order to obtain their inheritance (Buchanan, 1999; Burch & Sutherland, 2006; Lane, 1989; Winzer, 1998). The use of oralism grew and became the dominant mode of communication taught in schools for the deaf from the 1890s to the 1920s (Burch & Sutherland, 2006; Winzer, 1998). However, Michel Charles de l'Épée, a French priest, challenged the use of oralism and fostered the belief that the use of written characters and sign language was the most effective way to educate the deaf, which resulted in the use of sign language as the prevailing deaf education pedagogy during the first half of the 1800s (Winzer, 1998).

Successful instructional practices for the deaf led to efforts to develop effective specially designed approaches and techniques for blind individuals (Winzer, 1998). In 1784, Valentin Haüy, the founder of a school for the blind in Paris, devised a system of raised print and embossed books to educate blind students (see Winzer, 1998). In 1829, Louis Braille, a former student at the Paris Blind School, created a raised dot method for reading

and a stylus for writing, which led to the creation of a tactile alphabet that provided blind individuals with access to reading materials and allowed them to be more fully included in French society (Koestler, 1976).

As word of the successes of these efforts to educate individuals with sensory disabilities spread outside of Europe, educators traveled to learn about these effective special education practices and to implement and expand on them in their countries (see Winzer, 1993). As a result, Dr. John D. Fischer, created the New England Asylum for the Blind in 1829, which was later renamed the Perkins Institute for the Blind now called the Perkins School for the Blind (Fleischer & Zames, 2001; Winzer, 1993). At the Perkins institute, Dr. Samuel Gridley Howe worked with Laura Bridgman, a deaf-blind student. Employing an individually designed approach based on her ability to identify letters by distinguishing shapes, Howe showed that Laura Bridgman could be educated. The groundbreaking work of Howe and Bridgman challenged the accepted beliefs that deaf-blind individuals could not learn and served as a forerunner for the ensuing accomplishments of Helen Keller and her teacher, Anne Mansfield Sullivan (Osgood, 2005; Smith, 1998).

Social Advocacy Movement

Dr. Samuel Howe was noted for his lobbying efforts to deinstitutionalize people with mental retardation and provide training for them. In 1848, he persuaded the legislature of Massachusetts to appropriate public funds to establish the first state school in the U.S. to educate persons with mental retardation. Table 1 summarizes many of the important events occurring during the social advocacy movement, which advanced the recognition of and rights for people with disabilities.

In 1946, Ambassador and Mrs. Joseph P. Kennedy (parents of U.S. President John F. Kennedy) established the Joseph P. Kennedy, Jr. Foundation in honor of their eldest son and in public recognition of the mental disability of one of their daughters. This public acknowledgment that was a surprise to the American people led many to rethink their biases concerning people with disabilities. The foundation continues today, working with and on behalf of individuals with intellectual and developmental disabilities and their families (Joseph P. Kennedy, Jr. Foundation, n.d.).

In 1961, when John F. Kennedy became the U.S. President, he organized the President's Panel on Mental Retardation, formally established the panel in 1966, and directed the members to review and report on mental retardation. The panel found that (a) the quality of care given to

Table 1: Synopsis of Events as Human Rights Began to Evolve for People with Disabilities (People who are Deaf, Blind, Intellectually Disabled, or Learning Disabled).

1817	The first permanent school for the deaf in the U.S., the Connecticut Asylum at Hartford for the Instruction of Deaf and Dumb Persons, opens.
1829	The first school in the US for children with visual disabilities, The Perkins School for the Blind (then called the New England Asylum for the Blind) opens in Massachusetts.
1840	The first American state to mandate compulsory education for children is Rhode Island.
1848	Funding for the "Massachusetts School for Idiotic and Feebleminded Youth," the first school of its kind in the U.S., is secured by Dr. Samuel Howe.
1864	The first college specifically for deaf students, Gallaudet University, is started with the help of Edward Miner Gallaudet.
1876	The first president of the organization that eventually would evolve into the American Association on Mental Retardation is Edouard Seguin.
1905	An article published by Alfred Binet and Theodore Simon describes the development of a measurement instrument that helps to identify students with intellectual disabilities: the Binet–Simon scale.
1916	Louis M. Terman and a team of Stanford graduate students completed an American version of the Binet–Simon scale. This development initiated the widespread use of intelligence testing used over the course of the next century as part of the procedure for identifying students with learning disabilities.
1918	All states in the U.S. had established compulsory education for children by this time. Education for ALL children, however, was not actually an option: Children with disabilities were not included in public schools.

Source: Adapted from McConnell (2007) and Philpot (n.d.).

people with mental retardation varied widely among state institutions, and (b) institutions were overcrowded and had inadequate budgets and staff shortages. Based on these results, the panel identified the need for

staff attitudinal changes toward patients at the facilities. In addition, they recommended changes in administrative practices that were leading to widespread abuse, along with improvement in the programs available to people with mental disabilities. In response to the panel's findings, President Kennedy signed into law the Mental Retardation Facilities Construction Act. This Public Law specified that the federal government (a) make federal monies available for the construction of mental health centers and (b) provide grants to assist in the construction of public or nonprofit clinical facilities with the purpose of working with individuals with mental retardation (Public Law 88-164, Mental Retardation Facilities and Community Mental Health Construction Act, 1963). These actions led to positive systemic changes in building local and state services with the goals of (a) making institutions safe, (b) training professionals across disciplines, (c) using expertise found in universities, (d) building interdisciplinary services, and (e) supporting research in mental retardation (now called intellectual disabilities). Although it was not until later that specialized education was mandated for persons with disabilities, the social advocacy movements made progress in providing better measurable services for them.

The Emergence of Specialized Interventions

Whereas intial efforts to design and provide specially designed instruction were focused on individuals with sensory exceptionalities, the provision of special education began to expand to include individuals with cognitive disabilities. Although this period in the history of special education saw the development of specialized interventions for this group of individuals, it also was characterized by the rise of institutions and specialized schools.

Specialized Interventions for Individuals with Cognitive Disabilities

In the early 1800s, the work of Jean-Marc-Gaspard Itard with Victor, who was referred to as the wild boy of Aveyron, served as a seminal event in the field of special education (Safford & Safford, 1996). Itard developed a specially designed pedagogy that enhanced Victor's language and cognitive development, which showed that individuals previously considered uneducable could learn (see Safford & Safford, 1996). Itard's work served as a springboard for other European scholars and educators (Hinshelwood, 1900;

Ireland, 1877; Morgan, 1896) to disseminate their efforts to study and validate a collection of effective special education instructional practices. The most prominent of these efforts was Édouard Seguin's publication, *Treatise on Idiocy*, which presented a set of specialized instructional principles, techniques, and devices that provided others with a pedagogical model for teaching individuals with cognitive disabilities (Giordano, 2007).

Advocacy Groups

The rise of specialized schools and classes and the legislation in Europe led families and professionals to form advocacy groups that called for greater inclusion of individuals with exceptionalities into all aspects of society including providing them with increased educational opportunities (Yell, Rogers, & Rogers, 1998). These groups included the Council for Exceptional Children, a professional organization that was founded in 1922, and the Cuyahoga County Ohio Council for the Retarded Child, one of the initial groups of families who banded together to advocate for their children in 1933.

The Rise of Socially Constructed Disability Categories

The mandates and movements to educate students with exceptionalities contributed to a concomitant increase in the numbers of students identified and changes in the types of students with exceptionalities served by special education. While special education initially focused on serving students with sensory disabilities and then cognitive disabilities, students with socially constructed disabilities now make up the vast majority of students served by special education. These changes were fostered by the creation of such socially constructed disability categories as *emotional disturbance* and *learning disabilities* (Armstrong, 2002). In particular, the category of learning disabilities, a term initially used by Kirk and Bateman (1962), related to students who performed poorly but did not have sensory, physical, or severe cognitive disabilities. This led to a significant growth in the number of students served by special education and the thrust toward a noncategorical approach to structuring the delivery of special education services (Brownell, Sindelar, Kiely, & Danielson, 2010). Additionally, there has been a surge in the number of students receiving special education services who are identified as having an autism spectrum disorder or an attention-deficit disorder (Salend, 2011).

The Ongoing Commitment to Research-Based Practices

Consistent with the field's inception and continuing efforts to develop and disseminate empirically based interventions, the commitment to create and use research-based practices that fosters equality, quality instruction, and educational opportunities for all students continues to be a hallmark of the field of special education (Crockett, Gerber, Gersten, & Harris, 2010). The 1960s and 1970s were characterized by (a) debates over effective models (e.g., the medical model, diagnostic-prescriptive teaching model, and the behavioral model); (b) pedagogical approaches (e.g., perceptual and modality training, dietary changes, motor patterning, and aptitude-by-treatment interaction approach (Mostert & Crockett, 2000; Van Acker, 2006); and (c) the emergence of the precision teaching model that was predicated on examining teaching effectiveness and collecting data related to students' mastery of specific behavioral objectives (Brownell et al., 2010).

Early special education research focused on characteristics of individuals with disabilities. Much of the research investigated student deficits and documenting difficulties they exhibited. For example, research on students with learning disabilities often had samples of students identified with a learning disability and those not identified (normal). They would then have both groups complete an academic task (i.e., reading a passage and retelling it) and compare the results of both groups. The results would indicate that students with learning disabilities did worse than students who did not have a disability. Much of the early research focused on comparing students with and without disabilities and documenting the deficits students with disabilities were experiencing. After the deficits were substantially documented, researchers then began to focus on intervention research, which aimed at finding ways to improve deficit areas of students with disabilities

Special education research has contributed significantly to knowledge and practice not just related to individuals with disabilities but for all learners. Special educators have had the dual responsibility of (a) designing interventions that meet the feasibility criteria for general education classrooms aimed at enhancing outcomes for a range of learners and (b) developing intensive interventions for special educators to meet the individual learning and behavior needs of students with disabilities (Vaughn & Swanson, 2015). Over the past 20 years, considerable emphasis in special education has been placed on designing and implementing effective practices for enhancing outcomes for all learners, including those with disabilities, served in the general education classroom (see Vaughn & Swanson, 2015).

It is generally agreed that intervention research refers to scientifically based efforts to document specific techniques intended to improve, in some acceptable way, the functioning of individuals characterized as learning disabled (Scruggs, 1990). It seems critical that all students included in intervention research studies be shown to exhibit some deficit in the area targeted for intervention (Scruggs, 1990). A major goal of intervention research is to develop effective treatments for students with disabilities. It is important that researchers pursue criteria for determining treatment effectiveness. Skill and strategy-based training have resulted in effects that are consistently positive (Scruggs, 1990).

Once specific interventions are determined to be effective, it is assumed they will be disseminated widely for the purpose of improving practice. Initially, validated practices may be published in special education journals where they are read by university professors, classroom teachers, and undergraduate and graduate students. This is an important forum for dissemination of results (Scruggs, 1990).

Empirical investigations may first start in a laboratory setting where extraneous factors can be controlled and then after positive results would move to an actual classroom setting. In the classroom setting, actual school-based materials could be implemented with all students. Classroom-based research requires the implementation of many different interconnected experiments conducted over extended periods of time, but have the advantage of providing the most valuable information for the special education field. Both laboratory and classroom-based procedures are of critical importance in intervention research.

The Movement to Inclusive Education

Concerns about the growth and segregated nature of special education initially expressed by Lloyd Dunn (1968) and supported by the ongoing research questioning the efficacy of special education programs (McLeskey, 2007), legislative and judicial actions, the persistent problem of disproportionate representation of culturally and linguistically diverse students, and the work of advocacy groups led the field of special education to initially focus on mainstreaming, and then the implementation of inclusive education programs that educate all students together in the general education classroom (Osgood, 2005; Valle & Connor, 2010; Salend, 2011). In general, the research findings suggest that inclusive education can benefit students with and without exceptionalities when their teachers use differentiated instruction and assessment as well as curricular and

teaching accommodations within the general education setting (Black-Hawkins, Florian, & Rouse, 2007; Cushing, Carter, Clark, Wallis, & Kennedy, 2009; Salend & Garrick Duhaney, 2007). Because inclusive education is a relatively new philosophy and inclusion programs are multifaceted and varied in their implementation and the services provided (Ainscow, 2008; Idol, 2006), research and models that enhance its implementation, effectiveness, and long-term impact continue to be focuses for the field (Sindelar, Shearer, Yendol-Hoppey, & Liebert, 2006).

The inclusive education movement has led researchers to continue to conduct and share research regarding the efficacy of general education placements for students with exceptionalities (McLeskey, 2007; Salend, 2011). The growing body of research has resulted in the development and validation of innovative practices that have become integral parts of general education such as universal design for learning, collaborative teaching arrangements, cooperative learning, family involvement and empowerment techniques, learning strategy instruction, positive behavioral supports, self-management strategies, and culturally responsive teaching (Gibson & Obiakor, 2018; Obiakor, 2018; Obiakor, Banks, Rotatori, & Utley, 2017; Salend, 2011). The technological advances of the late twentieth and early twenty-first centuries also have led to widespread use of a range of assistive and instructional technologies that enhance student learning and socialization, foster individualized instruction, expand access to all aspects of society, and transform views of exceptionality (Beard, Bowden Carpenter, & Johnston, 2011; Brownell et al., 2010; Blackhurst, 2005; Gibson & Obiakor, 2018).

Conclusion

This chapter sets the stage for the rest of the book chapters on viewpoints and on interventions for learners with disabilities. It also emphatically reiterates the common knowledge that people with disabilities have lived among us in our respective communities. However, the focus was on disabilities (e.g., physical disabilities) that were visible. Later, it became apparent that some disabilities could not be seen physically (e.g., learning disabilities). Over time, individuals conducted research on students with disabilities. Very early research focused on students with sensory impairments and then the focus shifted to students with cognitive impairments. Finally, the focus was on students with learning disabilities and emotional behavioral disorders. Early research with this last group of students focused on comparing students with and without disabilities to document deficits and characteristics of these individuals. Over time, when the characteristics were established, researchers

moved their attention to interventions and research that focused on improving student deficits in specific content areas like reading and mathematics. Finally, there is no doubt that frantic efforts have been made to improve interventions for learners with disabilities. Our focus today should be on how to create more intervention techniques that will help people with disabilities to maximize their fullest potential. Clearly, to enhance interventions in the future, we must continue to broaden our scopes toward using evidence-based techniques, emphasizing inclusive education for learners with and without disabilities, and recognizing multicultural education as an important ingredient in special education.

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