What are the major concerns of Kauffman et al. regarding the inclusion of students with emotional and behavioral disorders in regular classes? What kind of definition for inclusion do they propose?

**Inclusion of All Students with Emotional or Behavioral Disorders? Let’s Think Again**

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While we attempt to make regular schools and classrooms inclusive in the best sense for as many students as possible, we should not be guided by overgeneralizations or become detached from the realities of classroom teaching, the authors warn.

Nearly all teachers have at least one student who fits the current federal definition of being “seriously emotionally disturbed”—or, in today’s preferred terminology, having an “emotional or behavioral disorder.” Such students may be severely antisocial, aggressive, and disruptive; they may be socially rejected, isolated, withdrawn, and nonresponsive; they may show signs of severe anxiety or depression or exhibit psychotic behavior; they may vacillate between extremes of withdrawal and aggression; and they nearly always have serious academic problems in addition to their social and emotional difficulties. These students’ problems are severe, pervasive, and chronic—not minor, situational, or transitory.

In many appeals for the restructuring or reform of special education, the call is for inclusion of all students with disabilities, and no attempt is made to disaggregate the population. Consequently, we must consider the nature and extent of the problems we will face if inclusion of all students with emotional or behavioral disorders in regular schools and classes becomes a reality.

Current national statistics show that less than 1% of public school students are identified as having emotional or behavioral disorders, and the majority of these students are now served in separate classes or facilities. Clearly, then, regular classroom teachers will need to be prepared to teach and manage not only those students with emotional or behavioral problems whom they are already teaching, but also additional students who present even more difficult challenges to pedagogy and behavior manage-

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ment. Although we hope that general education will become more accommodating to students with disabilities, we doubt that regular schools and classrooms will ever be able to provide an appropriate education for all students with emotional or behavioral disorders.

**Nature and Extent of the Problem**

Study after study over the past three decades has indicated that some 6% to 10% of children and youths have emotional or behavioral problems that seriously impede their development and require treatment if these students are to function adequately in school and in the larger society. Federal data suggest that 70% to 80% of children needing mental health services do not receive appropriate care. Other reports indicate that many children do not receive any mental health services until their problems become so extreme as to require residential treatment.

Many students with serious emotional or behavioral disorders remain in regular classes and receive little or no special help of any kind. They are unlikely to be identified for special education unless their problems are severe, complex, and global—so severe that they require comprehensive and intensive intervention. Thus only those with the worst emotional or behavioral disorders have been removed from regular classes, and their return would undoubtedly tax the most competent of classroom teachers. The following brief descriptions of two children, provided to us by teachers of our acquaintance, illustrate the severity of problems faced by many regular classroom teachers before children are even identified for special education.

Tom, a third-grade boy with serious academic deficits, has exhibited severe behavior problems with every teacher he has had. In first grade, he frequently urinated in the classroom and other inappropriate places and picked fights with other children. Now, not only is he highly aggressive, but also he frequently steals from the teacher and his classmates and is labeled a thief by his peers. His mother does not see his stealing as a serious problem; his father is in jail. Neither Tom nor his mother is receiving any counseling or mental health services. The school’s pre-referral team has found no strategy to control his aggressive behavior. In the middle of his third-grade year, Tom was placed with an exceptionally strong male teacher, who finds it impossible to control Tom’s behavior and to teach the rest of his class at the same time. This teacher wants Tom to be evaluated for special education.

Pat, a fifth-grade girl, is at or above grade level in all academic areas but has been highly oppositional and defiant of all teachers since kindergarten. Large for her age and strong, she pushes, hits, and threatens her peers, who are fearful of her and will not initiate any interaction with her. She sometimes bangs her head on her desk or the floor, shouting, “I’m no good” or “I want to die.” Pat was evaluated for special education only after terrorizing her classmates and a substitute teacher by tying the cord of a classroom window blind around her neck and jumping from a table, bringing the blinds crashing down with her in an apparent suicide attempt.

In anticipation of the demands of dealing with an influx of more challenging students, we might ask two questions. First, what are the strategies that research and experience have shown to be most effective in working with these students? Second, what is the likelihood that these strategies can be employed consistently and effectively in regular schools and classrooms?

**Strategies That Work**

Programs for students with emotional or behavioral disorders have been accused of overemphasizing external control of behavior. However, programs that do not establish control of disruptive behavior give teachers no opportunity to teach academic and social skills.

Effective programs for students with emotional or behavioral disorders provide the necessary control of aggressive and disruptive behavior, but they also offer a rich curriculum that helps students learn self-control, attain academic competence, and acquire employment-related attitudes and skills that will improve their chances of living happily and successfully in their communities.

Special education and mental health services for students with emotional and behavioral disorders have a substantial history, and a variety of programs have produced significant benefits. Regardless of their differences in philosophy or conceptual orientation, the most effective programs share the following characteristics.

- **Systematic, data-based interventions.** Intervention strategies are chosen on the basis of evidence of their effectiveness and provided to students in a systematic manner that includes continuous assessment of progress and adjustment of strategies accordingly.
basis of the best available data regarding their effectiveness with the specific problems exhibited by individual students, and these strategies are implemented with a high degree of fidelity.

- **Continuous assessment and monitoring of progress.** Each student's progress is monitored frequently, usually daily. Decisions about changes in intervention strategies are based on the measurement of progress, and the student often monitors his or her own progress in addition to having it monitored by program staff.

- **Treatment matched carefully and specifically to the nature and severity of students' problems.** One program is not assumed to be appropriate for all who are categorized as having emotional or behavioral disorders. Rather, each student's specific problems are assessed, and the intervention plan is based on the emotional or behavioral characteristics he or she exhibits. Program personnel understand that many kinds of interventions are required to address the diversity of students' problems.

- **Multi-component treatment.** The program includes a combination of services to address all aspects of the problem, including academic and social skills, social and family services, counseling or psychological therapy, and pharmacological treatment as necessary. Services are not provided piecemeal or in isolation. Rather, services are coordinated and mutually supportive.

- **Provision for frequent guided practice of academic and social skills.** It is not assumed that emotional, behavioral, or academic skills are to be learned merely by talking about them. Rather, teachers give students frequent practice and coach them in actually using the skills. Teaching and practice may begin in “safe” settings in which success is virtually guaranteed, and then problems or lessons of graduated difficulty are provided to ensure continued success. Teachers design instruction carefully, so as to avoid those situations in which failure to use the skills has serious negative consequences.

- **Programming for transfer and maintenance.** Intervention across environments or settings is programmed as necessary to produce generalized improvement and maintain gains. Improvement is not assumed to be permanent or self-sustaining, and improvement in one situation is not assumed to produce automatic improvement in another. Program personnel give extraordinary attention to the specific conditions under which the student who has acquired social and academic skills will be expected to use them.

- **Commitment to sustained intervention.** "One-shot" interventions assumed to be "cures" are avoided. Program personnel understand that most severe emotional or behavioral disorders are developmental disabilities, not transient problems, and that most students with these disorders may require prolonged, if not lifelong, support services.

### Regular School and Classroom Implementation

Few if any of the strategies that are successful with students who have emotional or behavioral disorders are unique; many of the same techniques are appropriate in some form for other students. It is not so much particular features that set successful programs apart, but the precision, duration, and intensity of those features. As we have noted, many students with emotional or behavioral disorders are not now identified for special education; they (along with some of those who have been identified) are maintained in regular classrooms, albeit marginally and with poor results. Some of these students would probably benefit from regular classrooms in which some of the program features we have discussed were implemented, and in all likelihood some of the students now served in special classes or schools could be appropriately served in regular classes, were adequate strategies employed.

Nevertheless, observational studies suggest that most regular classrooms are not characterized by the strategies known to be effective with these students. Very significant changes in what teachers know and do will be required before a majority of regular classroom teachers are prepared to create the minimum conditions necessary for the success of students with behavioral and emotional disorders while also providing an appropriate program for the nondisabled students.

Knowing what is needed to help students is not the same as
being able to provide it. Many teachers, administrators, and mental health workers are frustrated because they do not have the resources to do what they know needs to be done. The resources that are lacking are most often human resources—enough properly trained personnel to allow the time and concentration necessary to address students’ problems effectively. There is also a lack of appropriate settings in which intensive, sustained, and often highly personal services can be provided.

In our current research on placement, we have interviewed teachers, administrators, and mental health personnel who provide special programs for students with emotional and behavioral disorders. They have described to us the conditions necessary for helping these students: 1) a critical mass of trained, experienced, and mutually supportive personnel located in close physical proximity to one another and 2) a very low pupil/staff ratio (approximately 5:1 for students in day or residential treatment and 1:1 for the most severely disabled students). Not only are these conditions seldom met, but we suspect that very few school systems, let alone regular classroom teachers, will ever be prepared or willing to accept some students with emotional or behavioral disorders. Consider the difficulty of teaching a regular class while simultaneously addressing the needs of the students described in the following vignettes, which are drawn from our own classroom experience.

Johnny, a child with emotional and behavioral disorders, is included in a regular second-grade class. He begins the school day by kicking apart the puzzle a girl is assembling on the floor. He then takes another boy’s paper and runs around the room tearing it up and laughing, ignoring the teacher’s instructions to stop. Told to go to the time-out area, he drops to the floor, kicking, pounding the floor with his fists, and crying loudly. When he refuses to stop this behavior the teacher instructs her other 22 students to follow “Plan A”—stop their activities and return immediately to their desks to read or write independently. The teacher then asks a neighboring teacher to supervise her class while she escorts Johnny to the office. Johnny refuses to leave the classroom, so the teacher summons the principal. Johnny ignores the principal’s instruction to follow him to the office, so the teacher and principal physically remove him, screaming, kicking, and crying.

Matt, a seventh-grader, attends a modified self-contained classroom for students with “serious emotional disturbance” but is included in a regular homeroom and goes to lunch with his regular classroom peers. When in his regular homeroom, Matt is prone to jump onto a desk and, when asked to get down, to leap from desk to desk proclaiming loudly, “You can’t catch me!” until flinging himself upon a student below. On one occasion he rigged the wiring of his homeroom’s overhead projector so that someone touching the metal casing would receive an electrical shock (his prank was reported to the teacher by another student before anyone was hurt). Matt has torn down the entire ceiling of the rest room, destroying fixtures, and started fires in the rest room, although he is escorted there and back by a female aide. His inability to handle unstructured time in his homeroom and unsupervised activities elsewhere in the school is a contrast to his successes in the highly structured special class.

Given what we know about effective programming for students with emotional or behavioral disorders, the outlook for public schools’ resources in the foreseeable future, and the movement to include all students with disabilities in regular schools and classes, we need to assess the probability that inclusion will produce the results we want. Studies of the inclusion of students with emotional and behavioral disorders indicate that it is indeed an arduous task and that a careful case-by-case approach is the only responsible course of action.13

At the outset, if we are seriously to consider the placement in regular schools and classes of all students with emotional or behavioral disorders, we must have answers to at least the following questions.

1. How will nondisabled students be affected by the modifications of the regular classroom that are necessary to manage and teach students with emotional and behavioral disorders? Especially, how will the educational and social development of students who need far less classroom control and structure be affected?

2. How will schools justify to parents the placement in regular classrooms of students known to be highly volatile, disruptive, and perhaps violent? Will the physical and psychological safety of other students and the benefits of an orderly learning environment be jeopardized?
What are the legal liabilities of school personnel involved in the inclusion of these students?

3. As special schools and classes are eliminated as placement options, what alternatives are most likely to be used for these students? If school personnel are forced to choose between keeping students with emotional and behavioral disorders in regular schools and classes or simply not identifying them for special education so that they can be suspended and expelled, how will these students be guaranteed an appropriate education?

4. What will be the benefits to students with emotional or behavioral disorders of being included in regular classrooms? If they have not previously imitated appropriate peer models or benefited from the instructional program in the regular classroom, what assurances can be given that they will now imitate positive models and benefit from instruction?

5. What training would be sufficient to allow regular classroom teachers to deal with these students? What training will regular classroom teachers be given, when, and by whom?

6. Which teachers will be asked to include more students with emotional and behavioral disorders in their classrooms? Will the most capable teachers be asked to assume a disproportionate share of the responsibility for these students?

7. What additional support services will be provided to regular classroom teachers? Will the necessary number of trained personnel be available before these students are included?

8. How will the success of inclusionary programs be assessed? What criteria will be used to ascertain that inclusion is having positive effects on both nondisabled students and those with emotional and behavioral disorders? What will be done if such criteria are not met?

An Alternative Definition of Inclusion

A narrow, highly restrictive definition of inclusion requires that all individuals occupy a common space, regardless of whether that space has the features appropriate for their needs; it assumes that every place can be structured to serve every individual's needs. A more adaptive and humane definition of an inclusive school system is one that allows for a variety of placements that offer the conditions under which every individual feels safe, accepted, and valued and is helped to develop his or her affective and intellectual capacities. Such a definition recognizes that in some cases there will have to be different placements for different individuals.

This is not a new idea but is merely a reiteration of the mandate of the Individuals with Disabilities Education Act of 1990—a law with features that some seem to have ignored. Research, the history of human services to people with emotional and behavioral disorders, and personal experience suggest that regular schools and regular classrooms are not now and are extremely unlikely ever to be places in which all students with disabilities experience the conditions described above. The demands on regular classroom teachers' time, the lack of concentrated support personnel, and the severity of children's problems preclude the effective education of some students in regular schools and classrooms.

On the other hand, we know that special schools and classes can be made safe, accepting, valuing, and productive environments for these students.

A century ago, overenthusiasm for the institution as the sole placement option for people with disabilities resulted in great injustices and the needless exclusion of many individuals from regular schools and communities. Perhaps overenthusiasm for the regular school and the regular classroom as the sole placement options for students with disabilities has the potential for creating an equal tyranny. While we attempt to make regular schools and classrooms inclusive in the best sense for as many students as possible, we should not be guided by overgeneralizations or become detached from the realities of classroom teaching.