

Exchange

Fewer Paraprofessionals and More Teachers and Therapists in Educational Programs for Students With Significant Disabilities

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During the post-World War II baby boom, increasing numbers of children with significant disabilities survived the birth process and lived longer than their predecessors. Many viewed them as less valuable than others and incapable of developing to more than the level of an infant without disabilities (Kliwer & Drake, 1998). Predictably, they were excluded or rejected from public schools and private alternatives emerged and proliferated. Most who provided direct services in these segregated private settings were untrained, relatively low paid, not college educated, or licensed. Subsequently, some legislatures established tax supported settings for these excluded and rejected children. Two additional segregated service models emerged: tax supported government operated programs and private services supported by public school tax dollars. In these settings, it was not unusual for one teacher and five

paraprofessionals to be responsible for 25-30 students with significant neurologic, intellectual, social, physical, and/or behavioral difficulties.

The passage of the Education of All Handicapped Children Act in 1975 required public school officials to serve increasing numbers of students with significant disabilities. Most did so by expanding or adopting segregated service models and continuing paraprofessional dependent personnel patterns for at least the following reasons.

1. Segregated service models for students with less challenging disabilities were ubiquitous. They were considered even more appropriate for these newer students who presented more significant challenges.
2. It was assumed that, as these new students could not learn very much, those hired to be with them did not need to know very much. They needed someone to help them eat, toilet, sit at a table and put a peg in a peg board, go to and from therapy, and get ready for recess, lunch, and the bus home. Highly paid college graduates with teacher and therapist licenses were not necessary.
3. Even if a school district wanted to hire more certified, licensed, trained, college educated teachers and therapists, they, and effective instructional strategies, were not available.
4. Valuable tax dollars could and should be better spent on students who were more able and therefore more valuable to society (Kennedy, 1942; Owen, 1999).
5. Who else but those who were untrained and un-

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The terms paraprofessionals, paraeducators, teacher assistants, teacher aides, and educational assistants are considered interchangeable. The phrase "students with significant disabilities" refers to approximately the lowest intellectually functioning 1-2% of a naturally distributed population from birth to age 22.

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educated would work with large groups of children of low capacity, in small rooms, for low wages and tolerate such low status?

During the mid 1980s, some parents and professionals began to focus on the dream of all children being educated in the schools and classes attended by brothers and sisters, friends, and neighbors (Brost & Johnson, 1986; Brown, Long, Udvari Solner, Davis, et al., 1987; Brown, Long, Udvari Solner, Schwarz, et al., 1987; Strully & Strully, 1985). When those who so dreamed pondered how children with such pronounced disabilities could function in regular education classes in home schools, most concluded that large numbers of paraprofessionals should be utilized (Salisbury & Chambers, 1994).

By the late 1990s, substantial experiences related to paraprofessionals functioning in symbiotic relationships with students with significant disabilities in regular education classes were accrued. Some concluded that in too many instances, providing these well intended "extra supports" produced counterproductive results (Freschi, 1999; Giangreco, Edelman, Luiselli, & MacFarland, 1997; Marks, Schrader, & Levine, 1999; National Joint Committee on Learning Disabilities, 1998). Specifically, assigning a paraprofessional to a student with disabilities in a regular education setting too often inhibited, prevented, or excused others from sharing the responsibility for educating all children and from developing a meaningful array of relationships with schoolmates who did not have disabilities. In addition, one-to-one relationships often inhibited students from learning to do for themselves, because someone else was available to do for them. Indeed, some paraprofessionals feared that if their students improved, their jobs could be in jeopardy. This created barriers between students with and without disabilities, the opposite of that which attending regular education classes in home schools was intended to produce. Finally, the high turnover and sporadic daily attendance rates of paraprofessionals in some schools interfered with the development of the expertise and other phenomena needed to generate success in regular education settings.

The educational opportunities students with significant disabilities can enjoy in 2000 will be remarkably different from those available in 1945. Several examples follow. As a result of increased federal and state initiatives, colleges are producing many more regular and special education teachers and therapists who are skilled at and committed to providing educational services to a wide array of students with disabilities in integrated settings. The resources invested in developing humane instructional practices that are effective in integrated settings are now bearing fruit. Indeed, each day the professional literature adds more to the growing body of knowledge related to how to modify or adapt instructional elements so students can learn

things that many years ago were believed to be impossible. Thus, the repertoires of instructional personnel charged with the responsibility of meeting the educational and related needs of students with significant disabilities in stimulating regular education settings increase continuously in quantity and complexity (McGregor & Vogelsberg, 1998).

Innovations in alternative and augmentative communication, assistive technology, curriculum development, and more humanistic attitudes that embrace and celebrate diversity and inclusion are forcing the rejection of segregation and the presumptions of incompetence and limited value. Indeed, some students who were excluded or rejected from public schools, confined to institutions, and/or who were considered to be profoundly retarded are now attending college, communicating effectively, and working in integrated settings. Who is and who is not capable of substantial learning cannot be determined a priori. All children deserve to have their humanity respected, valued, and honored. They should also have access to the talents of the most effective professionals and the most stimulating environments (Sobsey, 1999). We are entering a post level and category era that prizes the natural distribution of students with disabilities (Brown, Kluth, Suomi, & Jorgensen, in press). Naturally distributed settings do not tolerate the homogenous groupings by label or level so prevalent in the past. Thus, settings that include unnatural numbers of students with autism and physical and other low incidence disabilities will be much less common.

If paraprofessionals can:

1. Provide meaningful individualized instruction to groups of students with and without disabilities;
2. Use existing and create new individualized assessment strategies;
3. Generate nonschool work training and placement sites, conduct job analyses, match students to jobs appropriately, and teach important skills in real work environments;
4. Build social relationships with peers who do not have disabilities;
5. Fade to natural supervision in school and non-school settings;
6. Train and monitor peer tutors;
7. Learn and adapt regular education curricula in individually meaningful ways;
8. Incorporate computers into instructional programs;
9. Learn and use effectively the rapidly developing advances in assistive technology;
10. Positively influence the attitudes of regular education teachers, administrators, and parents of children who do not have disabilities; and,
11. Acquire critical knowledge about the ever ex-

panding array of other important supplementary aids and services; then we need more of them.

Typically, they cannot and it is doubtful that they will be provided the training required to learn to do so. Indeed, if they can do such things, they should be employed as teachers and therapists.

In the years ahead, the responsibility for educating all children who attend a school will be shared by all who function therein. Paraprofessionals can and should be valuable and effective members of cost-efficient educational teams and should be trained, paid, respected, and distributed so they can do so effectively (Pickett, 1996). Indeed, some are quite skilled and do outstanding work, some are as competent as the teachers and therapists with whom they interact, and relying on paraprofessionals to provide supplementary aids and services is sometimes more cost-efficient than employing licensed teachers and therapists (Etscheidt & Bartlett, 1999). However, because learning is so difficult for students with significant disabilities, they are in dire need of continuous exposure to the most ingenious, creative, powerful, competent, interpersonally effective, and informed professionals. All students should have access to such competent personnel. However, many students without disabilities learn in spite of less than stellar instruction. Those with significant disabilities cannot. As more students with disabilities function in integrated settings, they will need less of the services provided by paraprofessionals and more of those that can be best provided by highly trained teachers and therapists. Thus, it is reasonable to assign a paraprofessional to a school, a team, or a class, but only in the most extreme circumstances should one be assigned to a student. The quality of education a student with disabilities receives should not be dependent on the effectiveness of those who have the lowest status and the least training of any professionals in the school system. Service delivery models that are overly dependent on paraprofessionals seriously compromise consistent access to excellent instruction.

If fewer paraprofessionals are assigned to students with significant disabilities in regular education settings, with what do we replace them? Some of the paraprofessional replacement strategies endorsed are:

1. Continuing to strengthen more constructive and respectful attitudes regarding the value of individuals with disabilities;
2. Commingling regular and special education resources;
3. Providing more comprehensive and locally appropriate inservice training;
4. Counterbalancing challenging students and professional expertise;
5. Rotating direct service responsibilities;
6. Lowering/adjusting class sizes, yet adhering to

natural distributions of students with and without disabilities;

7. Utilizing mobile and competent technical assistance teams; and,
8. Merging regular and special education teacher training programs so all learn to respect, enjoy, and assume responsibility for all who attend a school.

Finally, a shortage of qualified teachers and therapists is acknowledged. The solution to this international problem is the same in education as it would be in law, engineering, medicine, or any other discipline. The resources necessary to produce the needed personnel must be generated. The solution is not to excuse, attempt to justify, or otherwise maintain an overreliance on paraprofessionals.

References

- Brost, M., & Johnson, T. (1986). *Special education does not mean special classes: Two parents' observations about Louisville, Kentucky's experiences in integrating special and regular education systems and students*. Madison: Wisconsin Coalition for Advocacy.
- Brown, L., Kluth, P., Suomi, J., & Jorgensen, J. (in press). Serving formerly excluded or rejected students with disabilities in regular education classrooms in home elementary schools: Three options. In W. Sailor (Ed.), *Inclusive education and school/community partnerships*. New York: Teachers College Press.
- Brown, L., Long, E., Udvari Solner, A., Davis, L., VanDeventer, P., Ahlgren, C., Johnson, F., Gruenewald, L., & Jorgensen, J. (1987). The home school: Why students with significant disabilities must attend the schools of their brothers, sisters, friends and neighbors. *Journal of The Association for Persons with Severe Handicaps*, 14, 8-13.
- Brown, L., Long, E., Udvari Solner, A., Schwarz, P., VanDeventer, P., Ahlgren, C., Johnson, F., Gruenewald, L., & Jorgensen, J. (1987). Should students with severe intellectual disabilities be based in regular or in special education classrooms in home schools? *Journal of The Association for Persons with Severe Handicaps*, 14, 8-13.
- Etscheidt, S., & Bartlett, L. (1999). The IDEA amendments: A four-step approach for determining supplementary aids and services. *Exceptional Children*, 65, 163-174.
- Freschi, D. F. (1999). Guidelines for working with one-to-one aides. *Teaching Exceptional Children*, 31 (4), 42-45.
- Giangreco, M. F., Edelman, S. W., Luiselli, T. E., & MacFarland, S. Z. (1997). Helping or hovering? Effects of instructional assistant proximity on students with disabilities. *Exceptional Children*, 64, 7-18.
- Kennedy, F. (1942). The problem of social control of the congenital defective: Education, sterilization, euthanasia. *American Journal of Psychiatry*, 99, 227-233.
- Kliwer, C., & Drake, S. (1998). Disability, eugenics and the current ideology of segregation: A modern moral tale. *Disability and Society*, 13 (1), 95-111.
- Marks, S., Schrader, C., & Levine, M. (1999). Paraeducator experiences in inclusive settings: Helping, hovering, or holding their own? *Exceptional Children*, 65, 315-328.
- McGregor, G., & Vogelsberg, R. T. (1998). *Inclusive schooling practices: Pedagogical and research foundations: A synthesis of the literature that informs best practices about inclusive schooling*. Baltimore: Paul H. Brookes.
- National Joint Committee on Learning Disabilities. (1998).

- Learning disabilities: Use of paraprofessionals*. Rockville, MD: Author.
- Owen, M. J. (1999, April). A "new" Dr. Death at Princeton. *TASH Newsletter*, 25 (4), 14-18.
- Pickett, A. (1996, September). Factors that influence the performance, development and supervision of paraeducators in inclusive classrooms. *TASH Newsletter*, 22 (9), 7-8.
- Salisbury, C., & Chambers, A. (1994). Instructional costs of inclusive schooling. *Journal of The Association for Persons with Severe Handicaps*, 19, 215-222.
- Sobsey, D. (1999, April). Canada's Latimer case: Implications for equal justice. *TASH Newsletter*, 25 (4), 30-33.
- Strully, J., & Strully, C. (1985). Friendship and our children. *Journal of The Association for Persons with Severe Handicaps*, 10, 224-227.

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