
Introduction

INCLUSION MEANS . . .

Educational, social, economic, and political policy often collides with classroom reality. The inclusive classroom is a wonderful concept, but also a complex day-to-day challenge for teachers. Problematic behaviors already disrupting classroom communities, specifically exclusion and bullying, may intensify with greater inclusion of child diversity. The reality of modern education means children with a variety of learning and processing abilities and issues are in the general classroom, often with more and different academic and behavior problems. Principles of an inclusive classroom to address the challenges of learning and processing differences are similar to principles addressing socioeconomic diversities of race, ethnicity, religion, class, and family composition. Caring adults hope that children naturally accept each other, interacting with respect, appreciation, and kindness. Everyone wishes that were true, but if wishes simply just came true, then we'd all have ponies! Reality as testified to by veteran teachers' experiences, however, is that it is much more difficult. Children with challenges often experience misunderstanding and mistreatment by classmates, especially those with aggressive tendencies due to their own issues. When teachers are able to create respectful classroom communities, they become a joy in which to learn and teach. Children learn to relate to classmates in healthy and productive relationships predictive of fellow citizens in society.

This book will focus on children with one or more of four specific challenges: children with learning disabilities or differences (LD), children with attention deficit hyperactivity disorder (ADHD), children with Asperger syndrome (AS), and children with gifted abilities. The principles for supporting these children can be both derived from principles supporting all children and applied to children with various other challenges. Children with challenges are often in need of skilled and conceptually

problems almost always have a complexity of issues. Fortunately, issue by issue, and in combination, children's dynamics and functioning make sense. Thus, teachers and other adults, including parents, can address and support children's needs and foster their strengths while compensating for challenges. Generally, children who are ready to learn and be taught are happy children. And happy children learn more readily. Anything academically empowering or stimulating facilitates children's self-esteem, happiness, and social satisfaction. The diverse classroom must integrate prior academic and social-emotional strengths and weaknesses, successes and failures with current challenges for all its students.

INCLUSION MEANS MORE

More LD, ADHD, AS, and Giftedness

Special education services are often curtailed despite the mandates of the American Disabilities Act. Finding special education teachers is challenging.

Historically, teachers trained to work with children with special needs have been difficult to find. According to the group Recruiting New Teachers, 98 percent of school districts have reported shortages in special education professionals. A reason cited by several in the field is overall lack of interest from prospective teachers. (Gaetano, 2006, ¶ 5)

With the right to an equitable education, shortages of special education teachers, and more rigid criteria for special education services, the result is that many children with learning issues are now placed in general education classes. There always have been children with undiagnosed challenges in general classrooms (especially *that kid in your classroom!*), but now children with identified diagnoses are often placed into general classrooms without additional or minimal educational support. Greater diversity in many forms may increase percentages of children with academic and behavioral difficulty. Children with different or quirky behaviors have always been a part of classrooms. Teachers who never heard of high functioning autism (hfASD or HFA) or AS find children with these issues in their classrooms more regularly. Or they now have a diagnosis for the odd behaviors they have seen for years.

Children with gifted abilities are in classrooms with needs that challenge teachers. This occurs whether or not there are effective gifted and talented education (GATE) programs in the schools. The mother of a middle-school boy said, "They designated him as gifted long ago. But from early elementary school to now, they haven't taught him any differently from

COMPROMISING THE INTENT OF INCLUSION

The challenge of inclusion is not always well met. Three practices can compromise the intent of inclusion. *Invisibility* is the practice of keeping people out of sight. Sometimes well-intended teachers downplay, ignore, or pretend not to notice disabilities or differences. They may fear causing others discomfort or embarrassment. Unfortunately, this implies that differences are unimportant. The totality of who I am is much more than just being an American-born son of Chinese immigrant parents. However, denying my experiences as a Chinese-American (born in 1953 during the Cold War, raised primarily in Berkeley, California, in a predominantly black neighborhood during the turbulent 1960s, and attending integrated schools from middle school to high school) would deny formative experiences that have significantly influenced who I am now. Denial or minimizing can happen with ethnic or religious differences as well as with learning ability, attention, restraint, social functioning, and other differences. Children with special needs need to be visible. Otherwise, they cannot become self-loving and self-reliant. They cannot learn how to handle bullies and other life circumstances. Teachers promote this by identifying and celebrating the range of diversity in all forms in the classroom, the greater communities, and the world. However, celebrating only differences can be uncomfortable and can cause children to be targeted for the differences. Instead, teachers can reveal and explore the range of diversity, including what may be assumed to be “normal.”

Infantilizing also defeats self-reliance. Infantilizing is treating individuals with disabilities or differences as fundamentally incapable and dependent like infants. Consistent infantilizing messages create learned helplessness. Overprotected children “fulfill” low expectations of caring adults by becoming incapable, vulnerable, and dependent. Children with challenges often function quite well by drawing upon their strengths and developing compensations. Successful functioning happens only if they reach adulthood without debilitating emotional damage. While infants are expected to gradually develop greater abilities, infantilizing individuals keeps them unable. When teachers understand the depth, breadth, and nuances of any particular challenge, they can counter the presumption of inability. Teachers can then direct children to accentuate strengths and develop compensating abilities. Teachers and all adults support children by requiring them to take risks—to do the exploration and experimentation necessary to develop skills and strengths. Teachers should expect a lot, while providing guidance and support.

All people with differences or challenges possess many other abilities, traits, interests, and individual personalities. *Objectifying* causes harm by seeing only differences rather than whole individuals. When children are objectified, they become fundamentally limited by their definition as the

His parents did not follow up with any treatments, although they were recommended" (p. 390). Further review of records and interviews confirmed an autistic spectrum disorder that the court and the authors felt contributed to emotional and psychological damage over many years.

Jerry was showing behavioral issues at five years old that predicted more serious issues to come. Jerry's parents eventually were able to accept that something was not working for him, but not for several years.

Asperger Syndrome—Rote Learning

Not six days, six weeks, or six months, but six *years* later, Jerry's mother called. Jerry's current school district had just diagnosed Jerry as having some autistic issue. She wanted me, the first person to bring up a concern, to report my observations from six years before. Although somewhat gratified to be finally heard and confirmed, I was furious it had taken six years of failure and frustration. There must have been so many lost opportunities for intervention. Significant damage to Jerry's self-esteem must have occurred before the diagnosis was finally explored and confirmed and intervention initiated. In addition, I should have been the fourth professional, not the first, to bring up something of concern to them. Before he ever came to my program, other professionals met and knew Jerry. He had an infant/toddler caregiver, another preschool teacher, and, of course, a pediatrician. They hadn't intervened with feedback about Jerry's easily observable and out-of-the-norm behavior. Pediatricians in particular are the historical "go-to" professionals when parents have concerns about developmental progression and norms. While they may be experts in physical development and medical issues, some pediatricians have minimal training and knowledge about child emotional, psychological, social, and cognitive development. Parents often go to them to seek their advice or opinions about the information conveyed to them by the professionals with the most experience with child development: early childhood educators such as daycare, preschool, kindergarten, and early elementary school teachers. Some pediatricians incorrectly tell parents, "Your child is fine," when a teacher's education, experience, and expertise says something is not fine. Aaaargh! Both children and parents depend on teachers to assert their extensive education, experience, and expertise about child development. Finally, after six years, enough professionals in Jerry's life gave honest feedback and his parents sought help.

Jerry had AS or some other form of high-functioning autism. Issues on the autism spectrum, including pervasive developmental disorder, are commonly addressed through intensive training, often utilizing rote learning. Expecting children like Jerry to perceive, interpret, integrate, and respond in social situations when compromised by AS creates frustration for everyone.

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Frustration to Resentment to Aggression

LOST SELF-ESTEEM

When children's challenges cause frustration and failure, it leads to both functional and dysfunctional attempts to reassert lost self-esteem and power. Functional responses may be developed intuitively depending on children's social-emotional intelligence, counterbalancing strengths from the challenges, or children's natural personalities or aptitudes. Functional responses are more likely than not to be fostered through adult guidance. For example, adults may direct children to their physical strengths and encourage them to get involved in sports or dance. Enriching the curriculum through differentiated instruction for gifted children helps them explore their interests. Establishing a quiet and more isolated spot for distractible children to read not only helps them be more successful, but also teaches them a successful compensation. One teacher organized a classroom club based on an activity that a child who had trouble developing social relationships knew a lot about. The child was able to shine as an expert in the club. Without adult guidance, children with challenges can easily gravitate to dysfunctional or disruptive responses. Teachers may identify behaviors as problematic but not realize that they may be a result of children's loss of self-esteem. If they respond with boundaries, consequences, or other discipline, these adults inadvertently further frustrate such children instead of offering support or guidance. Can you match the challenge or frustration with the typical response teachers might see in their classroom or playground?