CURRENT ISSUES AND PRACTICES AFFECTING THE DEVELOPMENT OF NON-CATEGORICAL PROGRAMS FOR STUDENTS AND TEACHERS

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Preparation of this manuscript was partially supported by a grant from the U.S. Department of Education, Special Education Programs (Grant No. G008102032).

The authors wish to extend their appreciation to Sam Ashcroft, Richard Shores, and Sylvia Scruggs for their assistance with the preparation of this manuscript.

ABSTRACT

This article discusses current issues and practices affecting noncategorical programs for students and teachers. It first summarizes the problems found in categorical special education programs. Major problems are grouped into three sections: Labeling Practices, Definitions, and Service Delivery. Next, noncategorical, competency-based teacher preparation is examined. Noncategorical service delivery and teacher preparation alternatives are then presented. Finally, a number of remaining issues that inhibit noncategorical special education are discussed.

Over the past decade the term *noncategorical* has appeared frequently in the special education literature. The concept of a noncategorical service model for handicapped children was introduced as a solution to the numerous disadvantages of a categorical service model. In response to a noncategorical approach for teaching children, noncategorical teacher preparation programs have been proposed or developed.

Unfortunately, a decade of research, demonstration, and often eloquent discussion has had little impact on the overall nature of our profession's categorization of children. Indeed, special educators are "still vigorously and enthusiastically engaged in the process of classifying children" (Dickie, 1982, p. 355). It is imperative that educators continue to explore this issue and its effects on children, service delivery models, and personnel preparation. To further the dialogue, this article contains a brief review of the problems inherent in traditional categorical models. Next, the article presents models for noncategorical teacher preparation and certification. A number of noncategorical service delivery and teacher preparation alternatives will then be examined. Finally, issues that continue to hinder the development of noncategorical education for handicapped children and their teachers will be discussed.

PROBLEMS OF PRESENT CLASSIFICATION SYSTEMS

The current classification system for identifying and educating handicapped learners has been challenged for reasons of constitutionality (Kirp, 1974), instruction (Neisworth & Greer,

1975), placement (Hallahan & Kauffman, 1978), diagnosis (Ysseldyke, Algozzine, Shinn, & McGue, 1982), and labeling (Forness, 1976; Jones, 1972). Each of these challenges contains an abundance of often overlapping literature and research. This section summarizes the challenges, presenting them under three main areas of concern: Labeling Practices, Definitions, and Service Delivery.

Labeling Practices

Service delivery models through which children are educated according to their diagnostic, categorical classification also label children as being "defective" (Blackhurst, 1981). As Hobbs stated in 1975, categorically classifying children can have serious disadvantages. To summarize Hobbs' (1975) findings:

1. Labels do not accurately describe the characteristics of children.
2. Labels stigmatize and ostracize children.
3. Labels are useless for instructional purposes and planning.
4. Labels usually do not change as children change.

Gillung and Rucker (1977) found that teachers often have lower expectations of labeled children than of nonlabeled children with identical characteristics. Lower expectations of labeled children have been shown to bias teachers' interpretations of student academic performance (Foster & Keech, 1977). Unfortunately, children learn to behave according to teacher expectations and develop a handicap that corresponds to their label (Blackhurst & Berdine, 1981). This self-fulfilling prophecy has often been reported in the literature (e.g., Foster & Keech, 1977; Gillung & Rucker, 1977; Jones, 1972) and continues to be of paramount concern in categorical programs.

Apparently some labels are even more damaging than others. Abroms and Kodera (1979) validated the notion that among the various categories, some labels are perceived as more acceptable than others. Organic impairments (e.g., diabetes) and orthopedic impairments (e.g., arthritis) were rated as more acceptable than categories that involve functional impairments, including mental retardation and mental illness.

Gardner (1982) recently reminded us that the categorical labels assigned children for educational services are psychological constructs designed for administrative convenience and communication. These constructs do not represent physical facts about real human beings. The internal physiological dysfunction model and its continued search for the "true" or "genuine" disability (Lieberman, 1980) is simplistic and obscures the search for more appropriate service delivery systems. In essence, the labels have become more important than the functions for which they were designed.

Unfortunately, the negative effects of labeling children have far exceeded the benefits (Blackhurst, 1981; Forness, 1977; Foster & Keech, 1977; Jones, 1972; Mercer, 1973; Reger, 1974). Despite reforms inspired by P.L. 94-142, categorical labels are still used as though they described physical realities rather than psychological constructs. In fact, the reforms legislated by P.L. 94-142 may have contributed to "the permanent legal encrustation of the inappropriate labels" (Reger, 1982, p. 366) by sanctioning a "legitimate" use of labeling in order that children may receive services.

Definitions

Attempts to define classification categories have not been successful. Proposed definitions of *learning disability* and *mental retardation* have generated disagreement about the characteristics that define membership within a particular disability category. This disagreement is particularly apparent in the ongoing debate and search for a sound definition of *learning disability,* which currently reports prevalence rates ranging from 1 to 40% (Hallahan & Kauffman, 1976; Hammill, 1980). Ysseldyke et al. (1982) found massive misclassification problems with students certified as learning disabled and others labeled *underachievers.* They found that 49 psychometric measures commonly used to identify learning disabilities did not discriminate between students labeled *LD* and those labeled *underachievers.* The resulting misclassification was apparent in both directions. Many students certified as learning disabled did not meet federal and state disability criteria while many underachievers did.

Others have reported that large numbers of students identified as mentally retarded were "cured" or became learning disabled overnight as a result of the 1973 redefinition of retardation by the American Association of Mental Deficiency (Blatt, 1977; Hallahan & Kauffman, 1978; Taylor & Bogdan, 1977). Similar category jumps have been noted when improved teacher in-

struction and student academic performance resulted in "trainable" retarded students becoming "educable" (Forness, 1976). Definition problems have also been noted for emotional disturbance (Hallahan & Kauffman, 1978), for multiply handicapped students (Kishi, 1974), and for students considered educable mentally retarded (Lilly, 1982).

The inability to define categories clearly has been a problem for nonacademic service providers as well. MacEachron (1979) found that among incarcerated offenders, including juveniles, the prevalence of mental retardation ranged from 2.6 to 39.6%, depending upon environmental (e.g., state definitions, availability of community services) and psychometric differences. In one state, the prevalence of mental retardation in the same group of offenders ranged from 4 to 23.6%, depending on test reporting procedures. Grubb (1981) reported the difficulty in distinguishing between disadvantaged and handicapped students in vocational programs. Numerous uncoordinated federal definitions and state practices have prompted the expenditure of large amounts of states' funds to create personnel positions solely to categorize disadvantaged learners.

Service Delivery

The provision of categorical services has been questioned for both mildly and severely handicapped learners. The absence of consistent and significant behavioral differences among special education categories is notable. Overlapping behaviors of educational relevance between students labeled *learning disabled* and *mild* or *educable mentally retarded* include distractibility, auditory and visual discrimination problems, poor motivation and retention, personal/social adjustment problems, underachievement, and below average IQ scores (Hallahan & Kauffman, 1978; Neisworth & Greer, 1975). The absence of unique behavioral characteristics for each category has prompted calls for noncategorical placement and instruction based on behavior and learning variables, specific learning or social deficits, and performance criteria.

Fox and Guess (1980), examining the validity of delivering categorical services to severely handicapped populations, found that the services received by many severely handicapped students were determined by the availability of programs. Curriculum areas, instructional methods, assessment and evaluation procedures, and educational settings for severely handicapped students varied slightly, or not at all, according to professionals' philosophical preferences or to idiosyncratic classroom variations. Despite these service delivery similarities, categorical distinctions included up to seven separate subcategories for this population.

CLASSIFICATION AND TEACHER PREPARATION

Traditionally, colleges and universities have used a categorical approach to train special education teachers. One contributor to categorical training was federal funding patterns. In order to receive federal reimbursement for service delivery, state and local education agencies (SEAs/LEAs) were required by the federal government to report special education student information according to diagnostic categories (Idol-Maestas, Lloyd, & Lilly, 1981). As a result, SEAs and LEAs developed separate educational programs and teacher certification requirements that matched funding categories. In response to these distinct educational programs and teacher certification requirements, colleges and universities developed categorical teacher training programs.

Another source of categorical teacher training was the premise that children in various categories actually learned differently and therefore had different instructional needs (Heward et al., 1981). As a result, colleges and universities prepared teachers to address these different categorical needs. Students preparing to teach children labeled *LD* were educated apart from students studying to teach children labeled *ED*. Although some classes in each of the programs overlapped, the programs remained independent of one another with separate curricula and professors (Heward et al., 1981).

In the past decade, a number of developments in special education have shifted teacher preparation toward a less categorical approach. A major force behind noncategorical teacher preparation has been the influence of SEAs that certify teachers noncategorically (Huntze, 1980). Additionally, arguments against the deleterious effects of labeling have strengthened the case for noncategorical teacher training (Heward et al., 1981). Finally, the premise that mildly handicapped students, regardless of their diagnostic labels, have simi-

lar educational needs has influenced the trend toward noncategorical teacher preparation. Numerous studies have demonstrated the similarities in educational programming for children labeled *EMR, ED,* and *LD* (Neisworth & Greer, 1975) and have suggested that these children could be educated in noncategorical programs according to their instructional needs.

These factors and others have encouraged many colleges and universities to revise their existing categorical teacher preparation programs to noncategorical, generic programs that have encompassed techniques to teach a variety of children. Unfortunately, common guidelines for noncategorical teacher preparation programs have not been developed. As a result, colleges and universities have created a variety of noncategorical teacher training programs reflecting the certification requirements of the state in which they are located (Blackhurst, 1981). Belch (1979) examined the extent to which states awarded noncategorical teaching certificates. Although only 11 states reported such certification, he found a definite movement in that direction. Interestingly, he also found the various states' programs to be quite dissimilar.

The training programs in these states generally have developed around the concept of competency-based teacher education (CBTE). Typically, noncategorical CBTE programs include instruction in applied behavior analysis, curriculum and content, field experiences, assessment, instructional procedures, parent intervention, a special education professional seminar, and a nature/needs course covering mildly, moderately, or severely handicapped conditions (David & Fairchild, 1976; Heward et al., 1981). Other teacher preparation programs have adopted a "mixed solution" (Reynolds, 1979) to noncategorical teacher training. A mixed solution supports the continuation of categorical training for teachers of the visually impaired, hearing impaired, communication disordered, and severely/profoundly handicapped, and applies the concept of noncategorical training to teachers of mildly handicapped students (Blackhurst, 1981).

Clearly, the emphasis of these teacher preparation programs has not been to prepare any single teacher to meet all the instructional needs of every eligible child. The focus has been on identifying instructional needs and corresponding teaching competencies in order to provide more efficient training and to eliminate the negative effects inherent in current categorization practices.

SOME POSITIVE ALTERNATIVES

Those advocating change in categorical service models have suggested developing an ecological system based on the total service needs of children (Hobbs, 1978) or a global educational classification system where student placement is based on the nature of educational services required (Sontag, Smith, & Sailor, 1977). Other researchers have suggested that services be delivered contingent on specific instructional needs or learning deficits (Foster & Keech, 1977; Hallahan & Kauffman, 1978; Neisworth & Greer, 1975).

Several attempts have been made by LEAs, SEAs, research institutions, and teacher training programs to provide noncategorical special education services. Two educational systems described by Forness (1976) demonstrated an effective reconceptualization of categorical service delivery by using behavioral dimensions as criteria for progress through preschool, preacademic, and academic settings. This program was initiated at the University of California Neuropsychiatric Institute and later was adopted by the Santa Monica public schools. Known as the "Madison School Plan," students labeled *retarded, autistic, seriously emotionally disturbed, learning disabled,* and *aphasic* were placed in instructional programs based on curriculum, setting, and incentive needs. Accompanying computerized student schedules were developed that reduced the administrative burden of individualizing schedules in the early childhood classes (Frankel, Forness, Rowe, & Westlake, 1979).

Lilly (1982) described a voluntary transition program by a local school district in Illinois to declassify a significant number of students labeled *educable mentally handicapped.* Two components of the transition program were considered essential to its success. First, the declassification efforts and eligibility criteria explicitly rejected traditional notions of educable retardation (cf., Kidd, 1977). Second, regular educators were thoroughly involved in the implementation of the plan. Consulting teachers were hired as *regular education* support staff to aid the transition.

SEAs that have adopted less categorical approaches to service delivery include such di-

verse areas as Pennsylvania, Vermont, California, and the Trust Territory of the Pacific Islands. Modeling a proposal by Sontag et al. (1977), Vermont offers basic certification in (a) Early Essential Education, (b) Intensive Special Education for Multi-Handicapped Learners, (c) Special Education Class/Resource Teacher Programs, and (d) Diversified Occupations Programs. Pennsylvania provides graduates of noncategorical programs a Comprehensive Special Education Teaching Certificate (Belch, 1982). California has grouped EMR, LD, and ED categories into a Learning Handicapped certification program. Services in the Trust Territory generally are less categorical (e.g., severely handicapped) or contain program descriptors (e.g., resource rooms, early childhood) (Brady & Anderson, 1983).

As previously noted, teacher preparation programs generally have responded to SEA initiatives by developing competency-based teacher education programs. Noncategorical, field-based CBTE programs have been developed for both preservice (Kerr, Shores, & Stowitschek, 1978) and inservice trainees (Brady, 1981, 1983). Unfortunately, many training programs that responded to the CBTE trend did not adequately identify or validate teaching competencies (Shores, Cegelka, & Nelson, 1973; Shores, Burney, & Wiegerink, 1976).

The preservice field-based CBTE program described by Kerr et al. (1978) prepared teacher trainees to target, pinpoint, design, and redirect educational programs based on child needs. Trainee performance was directly tied to child performance. Brady (1983) described an inservice program that based noncategorical, competency-based training on student IEP objectives. Trainers assumed the role of IEP managers and were responsible for training teachers to implement the instructional component of assigned students' IEPs.

Stephens and Joseph (1982) described three outstanding models that address noncategorical teacher preparation: (a) the consulting teacher program at the University of Vermont, (b) the transition model at the University of Kentucky, and (c) Ohio State University's program for teachers of mildly handicapped students. A proposal they outlined reflected the features of these and several other models (Kerr et al., 1978; Reynolds, 1979; Sontag et al., 1977). Categories were reduced by the creation of four general certification areas: (a) mildly handicapped, (b) severely handicapped, (c) language and hearing handicapped, and (d) visually handicapped. Competency clusters were developed that spanned certification areas, but allowed emphasis in some areas. Each cluster consisted of specific competencies to be demonstrated in field-based settings.

These programs, either proposed or in operation, illustrate a range of progressive, if sporadic, alternatives to the traditional categorical model. Numerous issues remain, however, for service delivery and personnel preparation.

REMAINING CHALLENGES

The central issue facing educators has been, and remains, the identification and implementation of a classification system that best results in the delivery of services to children who have significant learning difficulties. Those services must be effective, efficient, obtainable, and nonstigmatizing. They must provide for individualization and be delivered by competent personnel.

As special educators prepare new programs or refine existing ones, a number of unresolved issues will be encountered. Noncategorical education has been viewed in a number of ways that have been reflected in the various types of service delivery models and teacher preparation programs. The lack of a consistent definition of noncategorical education has presented problems for service delivery and teacher preparation (Belch, 1979; Blackhurst, 1981). Further problems have emerged that relate to the inconsistency between various SEA and university definitions of the term *noncategorical* (Blackhurst, 1981). University programs must be coordinated with state certification requirements (Blackhurst, 1981). Teaching competencies identified for training, and ultimately required for certification, must be empirically verified and directly related to student performance (Shores, 1979). Coordinating certification requirements between states to allow for teacher certification reciprocity is yet another problem (Blackhurst, 1981).

As previously mentioned, many educators have applied the concept of noncategorical service delivery only to mildly handicapped students (Reynolds, 1979). However, it appears that moderately and severely handicapped students may also benefit from programs that educate according to service needs rather than categorical labels. The role of age-specific programming

(i.e., early childhood or vocational programs) remains largely unaddressed.

The participation and role development of regular educators are crucial to any effort to restructure a classification system. As Lilly (1982) noted, the involvement of regular educators was an integral part of the Illinois reclassification plan. Indeed, the roles and responsibilities of both special and regular educators may require substantial renegotiation and adaptation. It is both interesting and alarming to note that most of the resistance to noncategorical classification schemes has come from special educators (Lieberman, 1980; Lilly, 1982; Stephens & Joseph, 1982).

Dickie (1982) recently noted that "the impetus for significant change" in the current classification scheme has not come from traditional professional leadership organizations. Although sporadic speculation, proposals, support, or program development has been evident, no consistent advocacy role has been displayed by a professional organization, federal or state special education office, personnel preparation program, or parent group. The continuation of the status quo is due in part to the funding mechanisms tied to services (Lilly, 1979; Reger, 1982; Reynolds, 1979). Ultimately, the delivery of noncategorical services will affect or be affected by funding. Given recent funding trends, it is unlikely that new funding incentives will be offered for noncategorical education. However, service delivery and teacher training programs may find that new funding is not a prerequisite. Indeed, by eliminating redundant services, streamlining training efforts and entering into cooperative agreements with regular educators, special educators may improve services with constant dollars.

CONCLUDING STATEMENT

Current practices for categorizing children are not appropriate for educational systems. If noncategorical service delivery models and teacher preparation programs are to be successful, the special education profession will need to address the remaining challenges and continue to develop alternatives. Educators must continue the dialog. If a discussion of noncategorical special eduction triggers a *deja vu* experience (Dickie, 1982), perhaps that is evidence of an unfinished job.

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