

Promoting a Lifetime of Inclusion

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The purpose of this article is to assist parents and professionals in developing effective educational programs that promote a lifetime of successful inclusion for individuals with severe disabilities. We first establish the principle of normalization as the philosophical basis of inclusion. We next describe conditions and practices that reflect the principle of normalization and that foster inclusion across the life span. These conditions and practices consist of universal design, person-centered planning, self-determination, and positive behavior support. We end by suggesting that inclusion may be viewed as a continuum and that with the appropriate supports and skill development, all people, regardless of disability level, can successfully move up the continuum to more inclusive environments.

Inclusion is a philosophy that urges schools, neighborhoods, and communities to welcome and value everyone, regardless of differences. Central to the philosophy of inclusion are the beliefs that everyone belongs, diversity is valued, and we can all learn from each other. This is different from the educational practice of mainstreaming. Mainstreaming implies that individuals with disabilities have a separate placement and enter the mainstream only for the activities that they can perform at the level needed to succeed. Inclusion is also different from integration. Integration implies bringing an individual back into a unified system; the physical act of bringing people back does not necessarily create an inclusive environment. An inclusive environment is created by building a system that meets everyone's needs from the onset, and inclusion extends beyond the K-12 school boundaries to people of all ages with disabilities.

Inclusion is a lifelong goal that crosses all environments and social settings where people without disabilities learn, work, live, and play. For inclusion to work, everyone within the target environments, including those with disabilities, must be equipped with the skills to be successful. The purpose of this article is to describe the philosophies, conditions, and practices that best prepare people with disabilities to be successful in inclusive environments. We begin with a conceptual analysis of inclusion to establish its philosophical basis. We next describe the environmental conditions that support effective inclusion. We then list and describe a number of practices that promote successful inclusion by equipping people with disabilities with skill repertoires that match environmental demands. Our intention is to promote a lifetime of inclusion by presenting those strategies and practices that facilitate inclusion both during and beyond the school years.

Conceptual Basis of Inclusion

The origins of inclusion can be traced back to the normalization principle. Nirje (1969) defined the normalization principle as "making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society" (p. 181). The normalization principle reflects several perspectives (Nirje, 1993):

1. People with disabilities ought to have lives that are similar to the lives of people without disabilities. Thus, the principle is rooted in the concept of equality.
2. People with disabilities ought to have the opportunity to create and pursue good lives that are related to their own personal situations. Thus, the principle is rooted in the concept of quality of life.
3. People with disabilities ought to be valued and have the same rights as people without disabilities. Thus, the principle is grounded in the concept of human rights.

The normalization principle provides the framework for inclusion by stating that individuals with disabilities "should participate equally in the normal routines of community life, including having a home to live in, access to school or a job, self-selected and self-directed leisure time, and the opportunity to establish social networks which include individuals without disabilities" (McDonnell, Hardman, McDonnell, & Kiefer-O'Donnell, 1995, p. 32).

Inclusion is not a place; instead, it is a lifestyle in which a person is an active participant in his or her life, rather than a passive observer and the recipient of decisions someone else has made. To this end, inclusion promotes quality of life by:

- a. empowering individuals to have control over their own lives
- b. providing individuals with the opportunity to select the lives of their choosing, and
- c. conferring individuals with the sociopolitical power to defend their choices.

Thus, in sum, the conceptual basis of inclusion is to create a life that is both satisfying and successful for a person with a disability.

Universal Design

Because inclusion is a philosophy and not a place, curriculum, or activity, inclusive schools, neighborhoods, and community settings must be created to accommodate the range of potential participants. When people develop environments with the belief that everyone belongs and everyone can contribute, individual productivity will be maximized. To facilitate accessibility, an environment must be structured with the notion that a diverse group of individuals will be using it. However, an accessible environment is only a prerequisite to inclusion. Individuals both with disabilities and without disabilities must acquire skills needed for living and learning in inclusive settings. These skills include those needed to interact with each other, support each other, cooperate with each other, and compliment each other's strengths.

Perhaps the concept of universal de-sign is a good way to think about creating inclusive environments. Universal design, a concept that originated in architecture, refers to the creation of buildings or structural designs that accommodate the universe of potential users. Inherent in the design is the flexibility to accommodate and the belief that "de-signing for the divergent needs of special populations increases usability for every-one" (Center for Applied Special Technology [CAST], 2002, p. 1). This concept has been extended to education, to a large extent, through the use of technology in instruction (CAST, 2002; Orkwis & McLane, 1998). Computer-assisted instruction, using digital technology, provides the flexibility to accommodate learning style and response mode differences.

If we take the concept of universal de-sign a step further and apply it to the organization of educational and other learning environments to meet the range of needs presented by all individuals who represent the community from which they come, we will create an inclusive learning environment. The use of an organizational strategy like cooperative learning provides the flexibility to address the learning needs of a wide range of individuals, including those with disabilities. Project-based and other hands-on learning activities also provide the needed flexibility to address individual needs and have been suggested as good practice for all students (Zemelman, Daniels, & Hyde, 1998). Similarly, community-based instruction provides flexibility to accommodate all students with very diverse needs. For example, by using the community as an instructional setting, students can apply complex mathematical and scientific concepts, whereas students with significant disabilities can acquire more basic skills, such as street crossing. This range of targeted skills can be addressed in one community-based instructional session if the teacher plans for the session. If a teacher plans with universal design in mind, the need to isolate individuals with disabilities from other individuals in educational or community environments does not exist. The environments and activities will be inclusive, with the need for accommodation occurring only in the most extreme situations.

A universal design strategy also can be applied to the design of employment, social, recreational, and other community environments. If these environments are designed with the range of users in mind, accommodation will be necessary only as an exception. When physical accessibility is addressed in the design of employment settings, for example, the need to make accommodations required by law for individuals with disabilities is infrequent; in addition, efficiency in the work environment may be increased for all. Similarly, if the organization of the work setting builds employee support, hiring individuals with disabilities may not require any additional resources beyond using what is available in a different way to support an employee with a disability. This might be as simple as placing an employee with a cognitive disability who is unable to follow a schedule independently in a job where he or she can work next to a co-worker doing the same job. The co-worker could easily prompt the employee with a disability to follow the schedule, as he or she is also following the schedule. Another example of building supports is creating an employment setting in which two employees work collaboratively, using their respective expertise to complement one another's abilities and complete the jobs successfully. In addition, employment settings that are always supervised provide more opportunities to employ individuals with disabilities. Bringing in job coaches or other paid resources is common practice in supporting individuals with disabilities in employment settings. These options create support without increasing costs by deviating from common practices in employment settings.

Inclusion is a philosophy that must be incorporated into any activity from the onset. Therefore, those involved in

developing environments or in designing activities must be very thoughtful. The outcomes of their efforts should be activities or environments that embrace differences and accommodate varying abilities, as opposed to those that fit individuals into the existing environments or activities. See Table 1 for a guide for creating opportunities for inclusion.

Given the diversity in skills, strengths, needs, interests, and necessities of the range of people in any community, each participant must be approached as an individual. Lifelong inclusion will not look the same for everyone. Participation in home, community, work, social, and recreational activities will vary depending on the individual and his or her dreams and aspirations. Therefore, the parameters of a program designed to promote lifelong inclusion will differ with the individual.

TABLE 1
Checklists for Promoting Normalization and Inclusion

Practice	Definition and checklist
Environmental considerations	<p>The process of identifying the factors that should be considered when designing an environment for all potential users</p> <ul style="list-style-type: none"> • Is the physical environment designed with the diverse range of potential users in mind? • Does the activity have the flexibility to accommodate a range of participants? • Are participants with disabilities being expected to fit into the activity or environment, or has the activity or environment been designed with them in mind? • Are the materials selected for the activity easily modified for accommodating the range of potential participants? • What skills would assist individuals, with or without disabilities, in successfully utilizing or participating in the environment or activity? • If instruction is needed, have strategies or contexts been selected that are flexible and can accommodate the range of learners? • Is the support structure for participation in the activity flexible and able to be adapted to the needs of individuals?
Person-centered planning	<p>The process in which the dreams and nightmares of an individual with disabilities are explored and realistic outcomes or goals for the individual are identified</p> <ul style="list-style-type: none"> • Were participants selected by the person and by his or her family? • Is the plan based on the person's dreams? • Are the services chosen to meet the goals based on the individual, regardless of whether the services already exist? • Is the plan used to create the person's IEP, ITP, or IHP?
Ecological inventory	<p>A careful and systematic approach to identifying skills that are high priority for an individual to learn to realize his or her futures plan</p> <ul style="list-style-type: none"> • What are the primary home, community, recreational, and potential work environments in which the individual spends or will spend his or her time? • Were significant persons in the individual's current residence (e.g., parents, family, housemates) assessed to determine high-priority activities and skills for instruction or needed supports for increased participation? • Were individuals in desired future residences assessed to determine high-priority activities and skills for successful placement? • Were targeted environments visited and analyzed to identify the skills that are essential for competency in each environment? • Was the individual assessed to determine which skills he or she can already perform and which he or she needs instruction in or accommodation for? • Were skills ranked in order of the most to least important for instruction? • What supports are necessary for competency in home, community, employment, and leisure and recreational settings?
Self-determination	<p>The skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior</p> <ul style="list-style-type: none"> • Were the person's current skills, needs, and interests assessed to determine which self-determination skills need to be taught? (use direct observation, discussion with person and/or family members, assessment instruments) • Have goals been set for instruction and included in IEPs, ITPs, or IHPs? • Have you carefully reviewed curriculum options to select the one(s) that best meet the person's needs? • Did you take steps to make the environment receptive to self-determined behavior? • Does the instructional plan include steps to promote the generalization of skills to the target environment? • Have you maintained high expectations for the person's ability to be self-determining?
Positive behavior support	<p>A skill-development process that includes functional assessment and comprehensive, multicomponent interventions</p> <ul style="list-style-type: none"> • Was a functional assessment conducted? • Was the functional assessment thorough? • Is the positive behavior support plan based on the results of the functional assessment? • Is the positive behavior support plan comprehensive? • Is the positive behavior support plan individualized? • Does the positive behavior support plan reflect skill development and not rely on punishment or

- was the functional assessment thorough?
- Is the positive behavior support plan based on the results of the functional assessment?
 - Is the positive behavior support plan comprehensive?
 - Is the positive behavior support plan individualized?
 - Does the positive behavior support plan reflect skill development and not rely on punishment or coercion?
 - Does the positive behavior support plan aim to prevent problem behavior (i.e., is it proactive?), rather than respond to problem behavior after it has occurred (i.e., reactive crisis management)?
 - Does the positive behavior support plan reflect the principle of normalization and not emphasize obedience and compliance?

Table 1 Checklists for Promoting Normalization and Inclusion

Person-Centered Planning

Person-centered planning for an individual with disabilities is driven by the individual's desires, strengths, needs, and dislikes. Each step in person-centered planning must reflect the individual's unique combination of interests and issues. An initial step in person-centered planning is personal futures planning, which should be followed by a method of establishing specific priorities for the individual that when met facilitate progress toward achieving the futures plan.

Personal Futures Planning

Personal futures planning is a process in which the dreams and nightmares of an individual with disabilities are explored and realistic outcomes or goals for the individual are identified. As a part of the futures planning process, problem solving of how to reach the desired goals is conducted and a plan for providing training programs, needed supports, or both is developed (Miner & Bates, 2002). The key word in personal futures planning is personal. This emphasizes the individualized nature of the process and the fact that the plan should reflect the needs and desires of the individual and should not be limited to existing services. In other words, the process should not end in fitting an individual into what currently exists (e.g., an adult day program, a clustered employment site, a special recreation program that currently is offered in the community) but in creating the services (some of which might already exist) that meet the individual's needs. Personal futures planning empowers an individual and his or her family to direct their own future.

The personal futures planning process may involve a number of people. The individual should be the key participant, with significant others in his or her life being involved. These individuals might include family members, friends, support people, and service providers. Participants should be those individuals whose relationships are most important to the individual. Most futures planning meetings include a facilitator who guides the participants through the process with the desired goal of creating a program plan for reaching desired objectives or outcomes for the individual in postschool environments. The futures planning process should precede the development of an Individualized Education Program (IEP), Individual Transition Plan (ITP), or Individual Habilitation Plan (IHP) because the outcomes of the process give direction to these program plans (Miner & Bates, 2002).

A number of approaches to personal futures planning have been developed, including Personal Futures Planning (Mount & Zwernik, 1989), McGill Action Planning (Vandercook, York, & Forest, 1989), Lifestyle Planning (Wilcox & Bellamy, 1987), and Group Action Planning (Turnbull & Turnbull, 1997). Common elements of these processes include the collaboration of the individual and significant others in identifying desired outcomes and problem solving how these outcomes might be achieved. The futures planning processes should culminate in an action plan that can be implemented to achieve the identified desired outcomes. The action plan can and should be revisited and revised, if appropriate, on a regular basis. Ultimately, this process should result in an improved quality of life for the individual by increasing choice, skills, and involvement in inclusive environments. See Table 1 for a checklist of questions to consider when conducting personal futures planning.

Ecological Inventory and Analysis

Futures planning provides the long-term desired outcomes and the context for planning specific activities relevant to achieving the outcomes identified. Following personal futures planning, an ecological inventory of an individual's priorities for skill development and supports should be conducted. Ecological inventory refers to a careful and systematic approach to identifying the skills that are most important for individuals to learn to realize their futures plan. With this approach, a standard curriculum guide or text that delineates learning objectives would not be an appropriate resource to guide program planning or instruction. Instead, a careful assessment of important home and community environments should be conducted to identify the skills that an individual would need to realize his or her desired outcomes. Ecological analysis is

a process that requires the following:

1. focusing on the primary home, community, recreational, and potential work environments in which the individual spends or will spend his or her time;
2. assessing significant persons in the individual's current residence (e.g., parents, family, housemates) to determine priority activities and skills for instruction or needed supports for increased participation;
3. assessing desired future residences to determine activities and skills with the highest priority for successful placement;
4. visiting these environments and analyzing the skills that are essential for competence in each environment;
5. determining which of those skills the individual can already perform;
6. prioritizing the skills that the individual cannot perform in order of the most to least important for instruction; and
7. identifying the needed supports for participation in the most important environments in home, community, employment, and leisure and recreational settings.

Ecological inventory and analysis is a process, not a book of curriculum objectives. The strength of this approach is that it truly exemplifies individualization of programs and supports and focuses on only the life skills with the highest priority for instruction. The process of eco-logical inventory and analysis includes observing an individual's targeted environments (current and future) and surveying community members (e.g., store owners, employers, health services) to identify priorities for successful participation and may include interviewing significant individuals in those environments to identify important skills or needed supports for successful participation.

Several aspects of conducting an eco-logical analysis should be noted. First, direct observation is superior to phone interviews or secondhand information. Collaborating with other service providers, such as social workers, teachers, case coordinators, and other appropriate staff members, to conduct the visits may be more efficient and effective than conducting an inventory alone. Some visits (e.g., to a local drugstore) can be useful for more than one individual for whom a service provider is responsible. Finally, although an ecological inventory should precede the development of an IEP, IHP or ITP, there is no reason that home and community visits cannot and should not take place throughout the year, not just at the end of the service year immediately before the development of a service plan.

A number of commercially available curriculum development materials have been developed (e.g., Giangreco, Cloninger, & Iverson, 1998; Renzaglia & Aveno, 1986; Schnorr, Ford, Davern, Park-Lee, & Meyer, 1989; Wilcox & Bel-lamy, 1987). Each of these curriculum development procedures has an ecological inventory component that establishes an individual's priorities. In addition, the individual's family is a primary source for identifying priorities. The procedures for surveying family priorities for an individual with disabilities differs across the various curriculum procedures, but the outcomes are similar. Each available curriculum development process also includes a negotiation step in which teachers, multidisciplinary team members, or other service providers negotiate with the individual's family to identify mutually agreed upon goals. The degree of specificity differs, however, across materials. A collaborative process that involves the individual, his or her family members, and other key stakeholders increases the likelihood of identifying meaningful activities or contexts for instruction resulting in meaningful outcomes. For example, social skills can only be judged for appropriateness in relation to context. Therefore, it makes sense to instruct skills within meaningful contexts (e.g., making small talk with co-workers during a work break), rather than in isolation. Table 1 provides some suggestions for ecological inventory and analysis.

Inclusive Instructional Environments

As schools, communities, neighborhoods, and employment sites become more inclusive, service providers must consider the vast number of potential instructional environments that are available to meet the diverse needs of inclusive groups of individuals. Inclusion does not change an individual's needs but should provide a wider range of instructional environments in which to teach. However, to meet all individuals' needs, service providers cannot assume that what is learned at a desk in a classroom will be applied in meaningful situations in criterion environments. The notion of instructional environments must be expanded. The community should be viewed as a potential classroom. When taught in natural settings, targeted priority skills take on more meaning and have a higher likelihood of generalizing to relevant real-life situations.

Identifying Potential Instructional Environments

Service providers must be actively involved in identifying and inventorying instructional environments. The purpose of this process is to systematically identify and gather information about environments that may be useful for instructing individuals with disabilities in their high-priority objectives. School, home, and community environments should be surveyed to identify their value as instructional settings for meeting standard goals and objectives. Stores, shops, restaurants, and recreational facilities that are near school or easily accessed from school may provide excellent instructional settings. Although they are not the criterion environments, these community environments that are selected for instruction because of similarity to criterion environments provide opportunities for learning skills in meaningful settings and increase the likelihood of generalization. In addition to commercial settings, home environments should be considered for instruction on domestic skills. If not an individual's own home, then perhaps community group homes, nonoccupied apartments, or a volunteer's home can serve as instructional settings.

Self-Determination and Self-Advocacy

If inclusion is truly a philosophy that supports active participation in one's own life, then simply providing an optimal environment is not sufficient for full achievement of inclusion. Because individuals with disabilities have historically had others in control of their lives, self-determination skills are a necessary counterpart to environmental supports for meaningful inclusion. Self-determination entered the language of individuals with disabilities through the normalization movement (Nirje, 1972) and has recently been defined as follows:

A combination of skills, knowledge, and beliefs that enable a person to engage in goal directed, self-regulated, autonomous behavior. An understanding of one's strengths and limitations together with a belief in oneself as capable and effective are essential to self-determination. (Field, Martin, Miller, Ward, & Wehmeyer, 1998, p. 2)

Because many definitions and conceptualizations of self-determination have been offered since 1972, a large body of literature exists that describes different component skills of self-determination. One well-researched conceptual model includes the following essential components of self-determining behavior: choice-making skills; decision-making skills; problem-solving skills; goal-setting and -attainment skills; self-observation, self-evaluation, and self-reinforcement skills; self-instruction skills; self-advocacy and leadership skills; an internal locus of control; positive attributions of efficacy and outcome expectancy; self-awareness; and self-knowledge (Wehmeyer, 1999).

For decades, the self-advocacy movement has been strong among adults with disabilities. Groups such as Self-Advocates Becoming Empowered and People First and programs such as Partners in Policy-making have worked to create inclusive environments through legislative advocacy and policy changes at the national, state, and local levels. More recently, beginning with a series of grants from the Robert Wood Johnson foundation, self-determination has entered the realm of human service agencies, as individuals with disabilities have gained control over the way their service dollars are spent. For example, a person may investigate several living opportunities to decide whether she or he would prefer to live in an apartment alone or in a house with a roommate. Service providers and family members may help this individual investigate those options and weigh the factors to come to a conclusion about which she or he would prefer; her or his service dollars would then be allocated toward that type of housing. By learning to speak for themselves and by making decisions, solving problems, and setting goals, individuals with disabilities become equipped with the skills to more successfully navigate their environments and become active participants in their own lives.

Self-Determination Instructional Procedures

As with personal futures planning and ecological analysis, the focus of self-determination instruction should be very individualized and will thus vary by age, ability, interest, and situation. Young children can begin to learn choice-making skills within their daily routine (Wehmeyer, Sands, Doll, & Palmer, 1997). Primary school children can begin to learn about the characteristics of their disabilities to better understand their strengths and weaknesses. Self-advocacy skills can be built on self-awareness as students learn more about themselves, they can better articulate their needs. Goal-setting and goal-attainment skills can be taught beginning in elementary grades, starting with small daily goals and moving to larger, long-term goals (Wehmeyer et al., 1997). During the transition years (ages 14 to 21), students can apply their skills in new settings and with different people. Self-determination instruction is appropriate at any time during the life span. Although early learning of self-determination skills optimizes opportunities for self-determination in adulthood, even those who did not have an opportunity to learn self-determination skills during their school years can learn these skills later in life.

The methods used to teach self-determination vary. Among individuals with more mild disabilities, self-advocacy, self-

awareness, and goal setting and attainment are the most frequently taught skills (Algozzine, Browder, Karvonen, Test, & Wood, 2001). The most common method for teaching these skills is through direct instruction, using a sequence in which information about the skill is presented, the learner practices the skill through role-play, and the learner eventually applies the skill in a typical setting. The content conveyed through this method may be created by the instructor or based on a published curriculum. A recent review of literature and the Internet yielded 60 curricula that are designed to teach self-determination skills (Test, Karvonen, Wood, Browder, & Algozzine, 2000). These curricula are designed for a range of age groups, from school-age through late adulthood. The curricula also vary in terms of the abilities of the intended audiences and the skills to be taught. One curriculum, *Putting Feet on My Dreams* (Fullerton, 1994), is designed specifically for adolescents with autism. Other curricula are appropriate for individuals with a range of developmental disabilities. When considering the use of a published curriculum to teach self-determination, it is important to re-view the curriculum to determine whether it covers the skills the learner needs and is a good match for the instructional setting in terms of age appropriateness, ease of use, time required for instruction, and cost of materials (Test et al., 2000).

Among individuals with more significant challenges, self-determination instruction most often emphasizes choice-making and problem-solving skills (Algozzine et al., 2001). People can make choices in the community ranging from the type of leisure activities they prefer to the type of job they want. Depending on the individual, it may be necessary to directly experience all of the options before making a choice. Having personal experience with each option can help the person indicate what she or he liked or disliked about each experience, thereby helping family members and service providers understand her or his preferences. As people become aware of the individual's preferences, they might identify other inclusive opportunities consistent with those interests and preferences.

Self-advocacy and problem-solving skills can help individuals be more successful in occupational settings. For example, self-regulation and self-prompting skills might be taught to someone who needs to learn the signs that a copy machine is malfunctioning and that if the machine malfunctions a supervisor should be notified. For individuals without verbal communication, systematic preference assessment can promote self-determination if it is used for the purpose of honoring the identified preferences, rather than for the purpose of using preferences as rewards for behavior that someone else identifies as appropriate. Person-centered planning is a mechanism for achieving self-determination for individuals with limited communication. When the people involved in the personal futures planning process are familiar with the individual's behavior and can use it to identify preferences, personal futures planning can be based on those preferences.

Regardless of the method used to teach self-determination and the skills that are taught, generalization is a critical step in using self-determination to promote inclusion. Someone who receives instruction on how to investigate housing options must be able to use those skills in inclusive settings, with individuals who may not be knowledgeable about people with disabilities. A person is more likely to experience success and build self-efficient investigation skills if he or she is able to apply the skills in progressively more natural settings. For example, the individual could start by acquiring and practicing investigation skills with a case manager, then with a group home manager who knows what he or she is trying to learn, and finally with an apartment manager who is unaware that the person even received skill instruction at all.

Assessing progress in learning and applying self-determination skills is an important part of teaching these skills. Self-determination can be measured prior to teaching to determine which skills to teach. Existing instruments, interviews with family members and the person, observations, and documentation of existing skills may be used to help determine what the focus of instruction should be. Self-determination can also be measured periodically during instruction to determine the effectiveness of instruction and the need to teach other skills. Several assessments are available commercially. The Self-Determination Knowledge Scale (Hoffman, Field, & Sawilowsky, 1995) and The Arc Self-Determination Scale (Wchmeyer & Kclchner, 1995) require students to complete a paper-and-pencil survey, whereas others, including the ChoiceMaker Self-Determination Assessment (Martin & Marshall, 1994), the Minnesota Self-Determination Scales (Aberv, Elkin, Smith, Springborg, & Stancliff, 2000), and the AIR Self-Determination Scale (Wolman, Campeau, DuBois, Mithaug, & Stolarski, 1994), use ratings by teachers and others familiar with the person (e.g., family members) to measure the individual's self-determination skills. Two of these assessments, the ChoiceMaker Self-Determination Assessment and the Self-Determination Knowledge Scale, are designed for use in conjunction with published self-determination curricula for adolescents.

Self-determination also can be assessed without commercially produced instruments. Observation checklists can be used with role-playing or community-based activities. For example, a task analysis could be developed for someone who is learning to ask a store employee for assistance in finding an item. The percentage of steps completed correctly and independently could be recorded to determine how well the person has learned to use that particular skill. Self-determination can also be assessed in school-age individuals if self-determination goals are written in the IEP (Wood,

Karvonen, Test, Browder, & Algozzine, in press). An IEP goal such as "I will identify five possible occupations that I will explore during the summer internship program" could be separated into several objectives (e.g., complete an occupational interest inventory, learn about 10 jobs that match my interests, narrow those 10 down to 5 choices, participate in job shadowing activities), with progress assessed quarterly.

It is important to remember that if self-determination skills are going to help promote inclusion, environments must be receptive to active participation of individuals with disabilities. Those in the community who interact with individuals with disabilities must provide opportunities for people to be self-determining and honor the choices that self-determined people make. The expectation that people with disabilities can be self-determining is the first step in creating an environment that is receptive to self-determining individuals. People who teach self-determination skills also can educate community members about what to expect from individuals who are applying their new skills and model appropriate responses to self-determined behavior. Table 1 includes some questions to guide self-determination instructional planning.

Positive Behavior Support and Inclusion

Problem behavior may be the single greatest barrier preventing people with disabilities from living, working, playing, and socializing with nondisabled peers in community settings (National Institutes of Health, 1989; Reichle, 1990). Children, adolescents, and adults who are vocally or verbally aggressive (e.g., scream, swear), physically aggressive (e.g., throw or kick furniture, hit or kick others), or otherwise disruptive ultimately may be excluded from community settings. Historically, approaches to these types of behaviors have focused on eliminating or reducing problem behavior through the use of punishment (e.g., time-out, response cost). We now know that punishment may reduce problem behavior but often does not result in a person learning any alternative acceptable forms of behavior (Drasgow, 1997). Indeed, behavior reduction approaches are inadequate when they "leave the student compliant but in a socially, academically, and personally barren situation" (Horner, Albin, Sprague, & Todd, 2000, p. 208).

The driving forces behind positive behavior support are normalization and inclusion (Carr et al., 2002). Positive behavior support represents a movement away from punishment-based approaches that emphasize obedience and compliance and toward instruction that emphasizes functional skill development. Skill development, not behavior reduction, prepares people with disabilities to be successful in the same school, work, recreation, and social environments as people without disabilities. Moreover, positive behavior support includes engineering environments that make problem behavior irrelevant, inefficient, and ineffective while making people responsive to new alternative skills. Engineering environments to support desirable behavior reflects the concept of universal design.

Positive behavior support is consistent with the principles of person-centered planning and self-determination. First, person-centered planning represents a movement away from program-centered planning, through which people with disabilities are offered only those services that an agency has available. In person-centered planning, the specific characteristics, needs, and situations of the person drive the services. The same is true of positive behavior support. Positive behavior support is individualized to meet the unique life skills and circumstances of the individual. There is no "one size fits all" behavior support plan. Second, positive behavior support is consistent with self-determination. Among other things, self-determination involves decision making. Positive behavior support empowers individuals with disabilities to express their decisions through socially accept-able means (e.g., handing someone a picture, vocalizing), instead of through problem behavior (screaming, hitting). Positive behavior support returns control of one's life to the person, rather than usurping control for instructional or environmental convenience.

In sum, positive behavior support is driven by a number of philosophical principles and empirical facts:

1. Problem behavior usually serves a purpose for the person displaying it. Problem behavior is often a very predictable and effective way for a person to get a desired outcome (e.g., throwing books on the floor is an effective way to avoid schoolwork).
2. The goal of intervention is education, not simply behavior reduction. The main goal of intervention is to teach an individual new ways of influencing other people so that the problem behaviors are no longer necessary.
3. Problem behavior does not occur in a vacuum. It occurs in a dynamic and reciprocal social context. Thus, intervention involves changing social systems, not just individuals. Reducing problem behavior often involves change on everyone's part.
4. Complex problems require complex solutions. Problem behavior is most often the result of multiple factors and complicated situations. Thus, assessment and intervention must reflect strategies that take into account the

complex nature of problem behavior.

5. Lifestyle change is the ultimate goal of intervention. The broader goal of intervention is to produce change that positively affects how people live their lives. Successful intervention enables a person to influence others without having to resort to problem behaviors. Most important, it permits people to participate directly in the community, moves them toward independence, and allows them access to all the opportunities available in society (Carr et al., 1994).

Positive Behavior Support Procedures

Positive behavior support consists of two procedures: (a) conducting a functional assessment and (b) implementing comprehensive, multicomponent interventions (Horner & Carr, 1997). First, functional assessment (or functional behavioral assessment) is a procedure used to identify why problem behavior occurs and what purpose it serves. Functional assessment procedures usually consist of collecting information about the problem behavior through indirect and direct methods. Indirect methods include checklists and interviews, and direct methods most often consist of observing the actual occurrence of problem behavior and recording important aspects of the situation. The functional assessment component of positive behavior support should achieve four outcomes:

1. operational definition of the problem behavior or problem behaviors,
2. identification of the factors (e.g., times, places, activities) that predict the occurrence and nonoccurrence of the problem behaviors,
3. identification of (or hypotheses about) the consequences responsible for the problem behavior, and
4. verification of the predictors and consequences through direct observation.

There are several materials available for conducting functional assessments. We recommend O'Neill et al.'s (1997) hand-book as the most practical and comprehensive guide currently available.

The second procedure of positive behavior support is developing and implementing comprehensive interventions. Intervention is comprehensive when it (a) addresses the functions of the behavior as determined by the functional assessment; (b) addresses all problem behaviors; (c) is implemented throughout the day and in different settings; (d) consists of multiple intervention strategies; and (e) consists of procedures that match the skills, values, and resources of the people responsible for implementing it (Carr et al., 1994; O'Neill et al., 1997). Developing comprehensive and effective interventions can be very challenging, and practitioners often require intensive training to be competent. We again recommend O'Neill et al.'s (1997) hand-book as the most practical and comprehensive guide currently available. Table 1 lists some points to consider when implementing positive behavior support interventions.

Moving up the Inclusion Continuum

The traditional developmental model of services for individuals with disabilities has assumed that people with disabilities have to learn to perform prerequisite skills before moving on to develop new ones, similar to the developmental process for individuals without disabilities. In combination with the normalization movement, this developmental model has yielded a continuum of service options in each functional life domain (Mc-Donnell et al., 1995). Whereas the developmental model in itself has actually ended up limiting the participation of individuals with disabilities in more inclusive settings (cf. Bellamy' Rhodes, Borbeau, & Mank, 1986), the continuum of services can be used to help families and service providers set a series of objectives to reach their inclusive goals.

Using a combination of ecological analysis, personal futures planning, self-determination skill instruction, and positive behavior support, individuals with disabilities can progress along the continuum from the least inclusive setting to more inclusive settings without being limited, even if they have not mastered foundation skills. It is possible that the skills that service providers decide are prerequisite are not actually necessary to be successful in a more inclusive environment.

Inclusion is not an "all or nothing" proposition. People with disabilities do not have as their only residential options living in a public institution or living in-dependently in their own homes. Person-centered planning can be used to identify vocational, residential, educational, recreational, and other community goals. The person-centered planning team may also identify smaller steps to help the family reach its goals. Ecological assessments can help identify the skills and supports that will be needed at each step. Instruction in self-determination and functional skills, with plans for practicing those skills in their natural settings, can help the person prepare to function effectively in the target environments. Positive behavior support, including functional assessment and comprehensive intervention, is used to help the individual continue

learning behaviors that support his or her inclusion in the environment while eliminating the occurrence of socially stigmatizing behaviors. Service providers should be discouraged from assuming that a person with limited skills and responses will never be able to function in a more inclusive environment. With the appropriate supports and skill development, even individuals with the most significant challenges can gradually move to more inclusive settings.

Conclusion

Historically, services for individuals with disabilities have been based on available options rather than on programs created to meet the unique needs, desires, and situations of each individual. Moreover, these services often may be guided by the inaccurate assumption that such skills as obedience and compliance are prerequisites to functioning in inclusive settings. The philosophy of inclusion is a response to this situation. Inclusion is founded in normalization and the principles of equality, human rights, and quality of life. These principles entail individualization and equal opportunity for all citizens, regardless of type or level of disability. Thus, it is imperative that families and service providers maintain high expectations and use the practices described here to support the successful inclusion of individuals with disabilities in the community and across the lifespan. Figure 1 illustrates the dynamic relationships among the practices described in this article. Person-centered planning and ecological assessment create an individualized picture of a person's goals and skills, and the supports needed to help reach the goals. Self-determination skills provide essential tools to help individuals function in inclusive environments, and positive behavior support helps keep the focus on individuals' capacity to learn and participate in inclusive settings while eliminating unacceptable behavior. If high expectations and attainable goals are set and the supports necessary for successful inclusive experiences are provided, individuals with disabilities can become integral and valued members of the community.

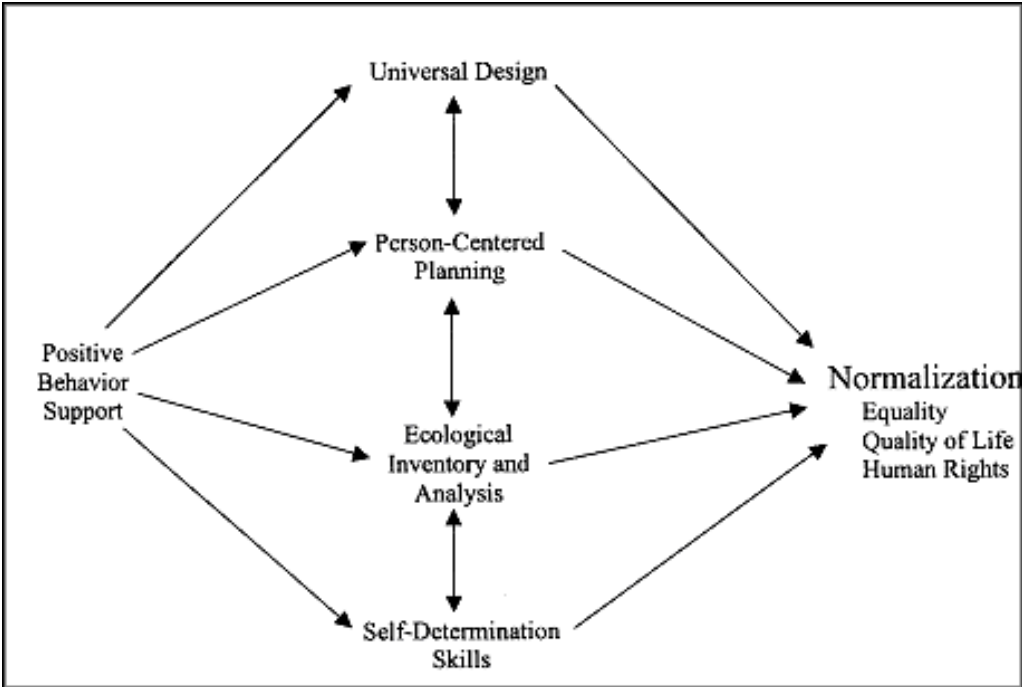


Figure 1. Practices to promote normalization and inclusion.

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