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ABSTRACT

Reviewed are research studies and their implications regarding mainstreaming educable mentally retarded (EMR) students. Discussed are studies dealing with topics such as the following: academic changes, learning potential status (stressing the need for individualization), emotional and social adjustment, locus of control (citing the difference between students with high and low learning potential), social acceptance of the EMR (demonstrating that social acceptance does not naturally accompany mainstreaming), teacher attitudinal changes, and factors to consider in integration of the EMR (emphasizing the importance of teacher strategies to foster interaction between students). Listed are nine points to consider in mainstreaming, including the issues of full- or part-time integration and selection of students. Provided are approximately 50 references.
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MAINSTREAMING THE EMR IS NEITHER A PANACEA
NOR A SIMPLE SOLUTION

A Research Study

by

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MAINSTREAMING THE EMR IS NEITHER A PANACEA NOR A SIMPLE SOLUTION

The concept of mainstreaming, or integrating, educable mentally retarded (EMR) students in regular classes with their non-retarded peers is receiving increasing attention (Affleck, 1973; Anderson, 1973).

Reasons advanced for mainstreaming: Five main reasons are advanced for mainstreaming: (1) to boost academic achievement and social acceptability (Gampel et al., 1973), (2) to determine the degree of separateness which is desirable for the optimum teaching of students with limited academic aptitude (Dearborn Public Schools, 1970), (3) to eliminate the assigning of a student to a deviant group which results in his behaving in conformity with his newly ascribed status (Gottlieb & Budoff, 1972), (4) to provide a better education for socioculturally deprived students with mild learning problems and other misclassified students who have been labeled EMR (Dunn, 1969; Mortimer & Hammill, 1971), and (5) to eliminate the assigning of a stigmatizing label which tends to create an undesirable situation (Gottlieb & Budoff, 1972; Dunn, 1968).

Factors which have resulted in bias and/or misclassification. Some students receive a biased diagnosis and/or are misclassified as EMR for one or more of five reasons: (1) the combination of a reading problem and a lower IQ (Mortimer & Hammill, 1971; Robinson & Robinson, 1965), (2) low socioeconomic status and poor school behavior (Rubin et al., 1973; Neer et al., 1973), (3) problems in

the interaction of students with teachers, curricula, and materials - the total system (Balow, 1971), (4) agreement in placement committee that the student's education is best insured in the special class or assignment from the regular class into a special class subject with subsequent assignment to a total special class program, i.e., membership after the fact (Dearborn Public Schools, 1970) and (5) a single criterion, an IQ score (Folman & Budoff, 1972a). These findings add evidence for the necessity of mainstreaming.

Educational settings and their value. Several educational setting comparative studies have been conducted. Their findings reveal both integration and segregation are superior and of equal value.

The Dearborn Public Schools (1970) in Michigan conducted a follow up and comparison of graduates from two types of high school programs for the mentally retarded. School A serves predominantly rural areas and has a self-contained, vocationally oriented program separate from general education. School B serves an urbanized area and has its program integrated into the general high school, where job experience is concurrent with general education and courses are not specifically vocationally oriented. It was found that graduates of School B had a better school attendance record, held more full-time jobs, had higher occupational levels and salaries, were more likely to seek further education, were more prudent in money management, married later or remained single more often, had better homes,

and participated more actively in community activities.

At nine years of age, significant differences favoring regular class retarded subjects over subjects enrolled in special classes were found on measures of academic achievement by Rubin and others (1973) of subjects for whom no differences had been found between the regular and special class subjects on preschool readiness and language development or on achievement prior to differential placement. Walker's (1974) findings indicate only that the academic and socio-emotional needs of the mentally retarded student can be met as well, if not better, in the resource room program as in the special class.

Goldstein and others (1965) found the special classes were no better than the regular classes in raising average IQ and in superiority on a test of social knowledge and in academic achievement. Carvajal (1972) concluded that physical setting, whether integrated or segregated, is not a significant variable in the development of the self concept of EMR adolescents. Blatt (1958) found that mentally retarded special and regular class students do not significantly differ in physical, personality, and academic status. Indeed, Blatt noted the mentally retarded students in both the special and regular classes appeared to have greater academic achievement than that which is expected of them as based on their mental ages.

Kern and Pfaeffle's (1962) study supports the contention that mentally retarded students who are in special classes or spe-

cial schools for retarded students are better adjusted socially than mentally retarded students who are forced to compete with non-retarded students in regular classes. According to all the results noted, then, mainstreaming has yet to prove its inherent worth.

Academic changes. EMR students can improve academically in the regular classroom when individualized programs are utilized. A model group of six receiving precision teaching in an integrated setting improved as much or more than their non-precision taught integrated controls in academic skills. (Bradfield et al., 1973). The Fountain Valley School District (1972) project with sixty EMR students had results indicating an expected five month's growth in reading and arithmetic was an actual gain of nine months in reading and twelve months in arithmetic.

Learning potential status. Three studies in particular demonstrate the advantage of using a learning potential measure or multi-factor criterion in order to determine greater potential for educability when the student's IQ score is low. Two of them appear to support the hypotheses that students who profit from the learning potential assessment are educationally, not mentally retarded, regardless of their IQ score (Folman & Budoff, 1972a) and that fewer students will be diagnosed as retarded if multiple criteria are utilized (Mortimer & Hammill, 1971). Gampel and others' study (1972) suggests the uniqueness of those among the mildly retarded population who have the ability to gain from coaching

could be due to a higher level of motivation to achieve, more adequate social skills, or a more complex combination of motivational and ability characteristics. Whatever the reasons, the findings of these studies stress the importance of individualizing in the mainstreaming process.

Emotional and social adjustment or classroom behavior.

The widely varying reports of the emotional and social adjustment of the EMR in terms of classroom behavior focus on the thought that such variance is due to a range of factors, not just the EMR student in and of himself.

EMR students have been found to be better behaviorally when integrated than when in a special class, than their counterparts in the special class, and than the integrated students without the benefit of prescriptive teaching (Walker, 1974; Bradfield et al., 1973; Lapp, 1957; Gampel et al., 1973; Gottlieb et al., 1973). One study (Gampel et al., 1972) revealed the low incidence of deviant, hostile or aggressive behavior of the EMR students whether separated in special class or integrated into regular class. Indeed, frequencies of occurrence were low and no different from the non-EMR controls.

Gottlieb and Budoff's (1972) study had preliminary findings that indicate EMR students do not manifest fewer behavior problems than students who remain in the segregated classes. Their findings do not match Blatt's (1958) wherein the conclusion was reached mentally retarded children in special classes appear to be

more socially mature and emotionally stable than mentally retarded students in regular classes. Indeed, one study (Kern & Pfaeffle, 1962) found the special school students show the best overall social adjustment.

Baldwin's (1958) and Johnson's (1950) studies indicated the anti-social behavior of the mentally retarded students seem to be the thing that both teachers and regular students resent and cause the regular students to reject the mentally retarded students. Both Baldwin and Johnson felt the anti-social behavior is a form of compensation for a lack of mental ability to cope with a situation in which the mentally retarded students feel inadequate.

Locus of control. More special than regular class adolescents exhibit an external locus of control on hypothetical failure situations (Folman & Budoff, 1972a). In addition, it has been found the more able learning potential (L.P.) students tend to respond with some sense of responsibility for successes and failures, and the less able (L.P.) students tend not to take responsibility for their school work and see little relation between school and later life. As a result, Folman and Budoff suggest that the more able (L.P.) student be maintained within general education, the less able (L.P.) student be maintained in specialized learning situations, e.g., segregated classes, and that the most alienated from school work non-gainer be maintained in the regular class so he may be able to perceive a relationship between his own efforts to learn and a more salutary outcome.

Attitudes of the EMR Student. The results of five studies imply mainstreaming might have better attitude building potential. The attitude of EMR students toward school and academics has been found to be (more) positive when they are integrated (Hayball & Dilling, 1969; Gottlieb & Budoff, 1972). Folman and Budoff (1972a) found few differences on the school-related variables between low income white special and low achieving regular class students. They felt the difference may be ascribed to the effects of a stigmatized status resulting from placement in a segregated class. Guthery (1971) found a significant difference between normal and EMR segregated students in the dimensions of school and academics and a non-significant difference in reported attitude toward teachers. All three dimensions revealed a more negative expressed attitude than by normal students. Then, in spite of the finding that sixty-one percent of 369 students "liked" being in a special class, there appears to be a less than ten percent chance of EMR students perceiving themselves as being mentally retarded and with age a decreasing tendency for EMR students to hold a favorable attitude toward their placement in a special class (Warner et al., 1973).

Social acceptance of the EMR. The degree of social acceptance of the integrated elementary EMR student has been found to vary as follows: (1) no appreciable differences or difficulty in acceptance (Bruininks et al., 1974; Fountain Valley School District, 1972; Hayball & Dilling, 1969); (2) mildly accepting (Miller, 1956), (3) lower social position and seeming unawareness of it (Howe &

Snider, 1969); (4) less acceptance (Baldwin, 1958); (5) less acceptance and more rejection (Johnson, 1950); (6) low acceptance and rejection (Lapp, 1957); (7) no better acceptance with supportive resource room services than EMR students in other studies who had had none (Iano et al., 1974); (8) the integrated being rejected more than the segregated (Gottlieb & Budoff, 1973); and (9) both the integrated and segregated being rejected significantly more often than nonEMR students (Goodman et al., 1971).

The degree of acceptance has been found to vary according to the sex and age of the rater. Females rate more positively (Sheare, 1974; Jaffe, 1966). Males express more overt rejection than females and reject integrated EMR students significantly more often than segregated ones, and primary subjects are more accepting of others than intermediate subjects (Goodman et al., 1971). Students also have been found to tend to assign consistent, stereotypic responses to students of the opposite sex, e.g., "all right" or "don't like" (Bruininks et al., 1974).

The length of time a retarded student is integrated does not apparently influence his acceptance (Monroe & Howe, 1971). Also, while EMR students in an unwalled school are known more often, they are not chosen friends more often, and EMR students in the unwalled school are rejected more often than retarded students in the walled school (Gottlieb & Budoff, 1973).

The just cited findings are quite in contrast to those of two other studies. The first found special class EMRs, who had

been integrated with respect to transportation, lunch and/or recess, music, physical education and all extracurricular activities, were not rejected with greater frequency than their normal grade-mates. Indeed, the normal subjects used the same variables to describe and the same continua to perceive and describe EMRs that they used for other normals (Renz & Simensen, 1969). The second found special class EMRs, who participated in gym classes, assembly programs, and extracurricular activities with the regular students, had a peer image that was based on achieved, not ascribed, status (Clark, 1964). The essence, then, is that social acceptance, social status or position, will not just "happen" because there is mainstreaming.

Self concept. The results of self concept studies present several facets to consider. The following has been found: (1) Physical setting, whether integrated or segregated, is not a significant variable in the development of the self concept of EMR adolescents (Carvajal, 1972); (2) Special class EMRs did not perceive their self concept among peers to be significantly correlated to their academic standing, but, in contrast, their perceptions of self in general, at school, and at home bore a positive relationship to teacher ratings of their academic ability (Richmond & Dalton, 1973); (3) There was no significant difference between residual gains resource room and special class EMRs made over a two year period in self concept (Walker, 1974); (4) Integrated EMR students indicated no difference in their self concept

instrument but more favorable perceptions of themselves by others following integration (Gottlieb & Budoff, 1972); and (5) Seventy-seven percent of the integrated EMR students reached criterion level on the Auditory Self Concept Measuring Instrument and 96% on the Stick Figure Test to measure self concept after receiving individualized programs (Fountain Valley School District, 1972).

Social interests and activities and family status and learning potential of EMRs. Normal and EMR students evidence a commonness with respect to social interests and activities and family status and learning potential. Though it appears the EMR adolescents are more socially isolated and peripheral group members than the normals are, the social interests and activities of special class and low achieving regular class adolescents and of accepted and rejected EMR eleven through fourteen year old boys are similar (Folman & Budoff, 1972b; Kingsley & Blixt, 1973). The family status of special class EMR adolescents has been found to vary according to the rating achieved on a learning potential assessment. The gainers and high scorers manifested responses which are more similar to their low achieving regular class peers than to their nongainer classmates, and the non-gainers evidence the alienation and immaturity in family relations ascribed to the mentally retarded (Folman & Budoff, 1971).

Attitudes toward the EMR. The social acceptance studies finding low acceptance and/or rejection and Strauch's (1970) study

demonstrate contact per se is not sufficient to produce more positive attitudes toward the EMR students. However, Jones (1974) found that for college adults that except for the closest interpersonal relationships (marriage and acceptance as close kin by marriage), the mildly retarded share in the same configuration of attitudes as are held toward the nonexceptional. Attitudinal change, then, appears possible.

A generally positive teacher attitude toward teaching non-sensory handicapped students has been found (Fountain Valley School District, 1972; Sattler & Notari, 1973; Johnston, 1972). However, integrating handicapped students into regular classes with supportive services provided by resource rooms had slight, if any, effects on teachers' attitudes toward EMR and raised questions concerning the feasibility of integrating EMR students into regular classes in schools utilizing the conventional grade organizational pattern (Shotel et al., 1972). Johnston found that teachers who strongly disagreed or disagreed that the special student did get along socially with the other students had the slow learner and the high mentally handicapped.

The effect of disability labels on the attitude and expectations of others has been found to lead to amazement that the special student had any ability (Johnston, 1972), to a significantly greater percentage of EMR waiting list students being promoted than EMR students receiving a parttime special education program (Flynn, 1970), and to findings suggesting that negative attitudes are read-

ily elicited by a stereotyping label rather than by a person more fully described and functioning relatively adequately (Jaffe, 1966). Also, on the basis of certain apparent characteristics of students it was suggested that perhaps labelling a student as mentally subnormal can influence his perceived subnormality only when the student himself also presents relevant cues to his subnormality but these cues are still ambiguous in their implication (Guskin, 1962).

Teacher attitudinal changes. Teachers have been found to change attitudes positively with respect to special education, integration, and prevention and to initially respond with optimism due to a summer institute and meetings (Brooks & Bransford, 1971; Shotel et al., 1972). Actual integration, however, resulted in three types of results: (1) Teachers looked at all the students, project and nonproject, in a positive manner when they rated them on the evaluative scale of the Semantic Differential (Fountain Valley School District, 1972); (2) Attitudinal changes, when they did occur, tended to be in the negative direction, though of small magnitude (Bradfield et al., 1973); and (3) The experimental teachers initially expressed greater optimism concerning EMR integration and academic and social adjustment potentials than they did at the conclusion of the study (Shotel et al., 1972).

Factors to consider if integrating the EMR. The results of the various studies focus in on the complexity involved if mainstreaming is to be successful. Clearly, the problem is not in the

EMR student alone.

Revealed is not a retarded syndrome but a homogeneity and heterogeneity common to both the EMRs and normal students, e.g., learning potential range, similar family status, external and internal locus of control, and similar interests and activities (Folman & Budoff, 1972a; Folman & Budoff, 1971; Folman & Budoff, 1972b). In the light of this review and Gardner's (1968), one realizes there are no specific categories or behavioral characteristics which describe all retardates or even most retardates. Therefore, one must be aware of the range of normal behavior of the EMR, have positive but realistic expectancies, and focus on the EMRs strengths (Glockner, 1973).

No matter what the cause, e.g., social class (Monroe & Howe, 1971) or unacceptable behavior (Johnson, 1950), the frequency of low social acceptance findings means educators must help the low status students become better integrated with their school peers and maintain gains made. Chennault (1967) has shown social acceptance can be increased. However, Rucker and Vincenzo (1970) found their subjects' gains did not last beyond a month. These sources, however, could assist educators develop "techniques" that allow the teacher to administer the strategy or strategies for an indefinite period of time and that incorporate meaningful, dependent interaction between those involved in order to overcome, as previously noted, any tendency for contact per se to not be sufficient to produce positive attitudes (Strauch, 1970) and the length of time an

EMR is integrated not to apparently influence his acceptance (Monroe & Howe, 1971). Multi-level opportunities for interaction and association between EMRs and their peers must be fostered.

The research findings reviewed indicate a district planning to mainstream or to improve its present set-up must reach thoughtful answers to the following questions and do so in terms of research implications and the reality and uniqueness of the district:

1. Should assessment be based on a single criterion, multiple criteria, or a training based assessment, i.e., a learning potential assessment?
2. Should the purpose of assessment be "diagnostic" or "prescriptive"?
3. Should every EMR student be mainstreamed or should eligibility be based upon predetermined IQ scores, multiple criteria proficiency, or learning assessment status?
4. If segregated and integrated programs are or will be available, should the EMRs type of locus of control be a determining factor as to where he is to be placed?
5. Should the ratio be one exceptional student to five normal students in a class population of not more than twenty-five as suggested by Farrer and Guest (1970)?
6. Is the appropriate model full or part-time integration?
7. Since some EMRs evidence higher "restraint" (Hayball & Dilling, 1969) and interact with their peers and teachers significantly less than segregated EMRs (Gampel et al., 1972), how can unstructured interpersonal contacts be encouraged and reinforced?
8. To extrapolate from the findings of Richmond and Dalton (1973), Baldwin (1958) and Johnson (1950), since self concept is enhanced and negative behavior lessened or eliminated with positive academic achievement, what is the best form of individualization possible?
9. What is the best way to develop and maintain educator commitment to the philosophy every student is different and should be provided with an individualized program?

Teachers have expressed a need for special education supportive help services, behavior modification techniques, and courses in remedial reading, social-emotional problems, and edu-

cational programming (Sattler & Notari, 1973). They feel a need for special methods and materials (Shotel et al., 1972). They anticipate the problems of handling behavioral problems, additional planning time being required, and keeping the special student involved in class participation (Sattler & Notari, 1973).

Participation in an inservice seminar has been found to apparently produce changes in teaching behavior and willingness of the teachers to apply what they had learned (Bradfield et al., 1973). The emphasizing of values and attitudes toward handicapped children that are inherent in special education have positively modified teachers' attitudes toward exceptional children (Brooks & Bransford, 1971). These types of meetings are necessary.

Mainstreaming success, then, will be greatly facilitated if the expressed needs are met, the raised problems have practical solutions provided, and the necessary meetings are provided. In addition, the teachers need to be taught to recognize and deal with the rigid-inhibited, undisciplined, acceptance-anxious, and creative styles of learning (Rosenberg, 1968), as they are based on attitudes and personality traits and the methods involved deal with the development of an internal locus of control. And lastly, if all the above is combined with an accepted and practiced philosophy that all students can be turned on with LSD - Love (Respect for one's inherent worth and dignity as an unique individual), Security, Discipline, to which are added a large dose of Listening, Sincerity, and Direction, everyone, including the teachers will profit.

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