Chapter 7

Viewpoints on Interventions for Students with Extensive and Pervasive Support Needs

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Abstract

This chapter provides “viewpoints” on the education of learners with extensive and pervasive support needs. That is, students who require the most support to learn, often categorized as having intellectual disability, multiple disabilities, autism spectrum disorder, or related disabilities. The lenses through which we provide these viewpoints are historical and future-oriented; we begin with historic perspectives on the education of students with extensive and pervasive support needs, and then provide 21st century viewpoints for these learners. We interpret the notion of viewpoints in two ways: first, consistent with a viewpoint as indicating an examination of objects (in this case, practices and interventions) from a distance so as to be able to compare and judge; and, second, viewpoint as indicating our perspective on said interventions and practice.

Keywords: Extensive support needs; inclusive education; severe disability; assessment; individualized education program; access; strengths-based
Historic Viewpoints on the Education of Students with Extensive and Pervasive Support Needs

Educating students with extensive and pervasive support needs was not even on the public agenda, in reality, until the passage of Public Law 94-142 in 1975. By then, how disability was understood as it pertained to this population was well established and, so implementers of the then-titled Education for All Handicapped Children Act immediately established a “continuum” of “special education” settings in which such children were to be educated (Jackson, Ryndak, & Wehmeyer, 2008–2009). By “well established,” we mean that from the earliest efforts to habilitate (and eventually just to segregate) people who were determined (by whatever means was in use at the time) to have intellectual impairments onward, their “disability” was understood to be a personal pathology; something was wrong with them, they were broken, diseased, defective, atypical, and different (Wehmeyer, 2013a). We phrase this in ways (intentionally) that sound harsher than what was perceived; indeed, the notion that disability is a problem within the person is the dominant way our society thinks about disability today and, we believe, that is primarily why learners with extensive and pervasive support needs remain largely segregated in schools (Wehmeyer et al., 2016).

When disability is attributed to disease and deficit and seen as a characteristic of the person, it is inevitable that people with disability will be viewed as different from “the rest of us.” And that is exactly what has happened over time. People with disability, and particularly people with intellectual, developmental, and multiple disabilities, have, throughout history, been viewed as menaces to society and to the social good (Smith & Wehmeyer, 2012). With the advent of intelligence testing as the dominant means to determine “differentness,” people with intellectual disability were stigmatized (1) by the notion that so-called “intelligence” was a fixed trait, inherited and genetically determined; and (2) by the questionable notion of a calculated mental age, promulgating the notions of eternal children.

Fast forward to 1975: there is a century’s worth of practice segregating people, stigmatizing them by their purported level of intelligence and mental age, and generally having low expectations for them. When public schools are forced to finally “educate” students with extensive and pervasive support needs, the systems set in place replicated practice to that point: segregated classrooms (the better to provide the myriad of services the children needed, parents were told), so-called “functional curriculum” (since “these” students couldn’t learn actual school content), and a focus on “behavior” emanating from operant, behavioral psychology.
It should be noted, perhaps, that we don’t believe the framers of what we now call Individuals with Disabilities Education Improvement Act (IDEA, 2004) intended that the system would evolve as it has. In 1975, a separate classroom in a public school for children with what we now refer to as intellectual disability seemed like a quantum leap ahead; parents’ groups had begun setting up such classes in church basements and nonprofit agencies in the 1950s. And, as hard as it might be to see today, even the well-known abuses inherent with institutions toward the mid-20th century were not widely exposed or understood until the 1970s. The fact is, however, that the nation had a century’s worth of experiences in institutionalization to know that segregated settings are not equal and lead to discrimination, low expectations, and inequity.

Lest we be accused of being too cynical, let us be clear. Public Law 94-142 was a watershed moment for students who require the most extensive educational supports to learn and progress. It was necessary because most children and youth with extensive and pervasive support needs were excluded entirely from the education system in America. In landmark civil rights cases on behalf of children with intellectual disability and their families, the courts interpreted the Due Process Clause of the 14th Amendment as requiring equal protection under the law with regard to the right to education for all. It is not coincidental or trivial that the 14th Amendment was adopted in the wake of the Civil War and the passage of the Civil Rights Act of 1866, and has been used to ensure citizenship rights and equal protection in situations ranging from the rights of former slaves, to women’s voting rights, to the inherent inequality of racially-segregated public schools, and, in 1975, to IDEA’s assurance of access to a free, appropriate public education for all students. For children and youth with extensive and pervasive support needs and their families, IDEA is first and foremost a civil rights Act.

Further, P.L. 94-142 did more than simply open the school door; from the beginning, the law prioritized educating students with disabilities alongside their nondisabled peers in general education settings. The least restrictive environment (LRE) language as it was originally written in 1975 in P.L. 94-142, and as it exists today in IDEA (2004) varies slightly, but the intent has not changed; that children with disabilities be educated in regular classes with their nondisabled peers with the supplementary aids and services they need to succeed. The fundamentals of inclusive practices are based upon these foundational IDEA presumptions and that they have not come to fruition yet is an aberration of historical viewpoints of how disability is understood and how we respond to disability.
So, to move us forward into a 21st century viewpoint of disability, we begin by describing how understandings of disability have changed in ways that will allow us to move beyond historic perspectives. In 1980, the World Health Organization (WHO) introduced a new classification system, the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) as a means to describe the impact of a health condition on human functioning. Prior to this, any disability-related issue was classified as a disease or disorder under the WHO’s International Classification of Diseases. The ICIDH was the first classification system to “externalize” the notion of disability; that is, rather than simply disability being understood as identical to the impairment, disease, or pathology and, thus, internal to the person, the ICIDH proposed a taxonomy of the consequences of disease, injuries, and other disorders and their implications for the person experiencing such conditions (Wehmeyer, 2013b).

In 2001, the WHO issued a revision of the ICIDH, titled the International Classification of Functioning, Disability, and Health (ICF) in response to criticisms of the ICIDH. The ICF was, according to its originators, a “radical shift” in that it moved from “emphasizing people’s disabilities…to focus on their level of health” (WHO, 2002, p. 3). In essence, the ICF proposed a universal classification of disability in which disability was understood only as the gap between a person’s capacities and the demands of the environment (Thompson, Wehmeyer, & Hughes, 2010).

According to the WHO (2002):

ICF is named as it is because of its stress is on health and functioning, rather than on disability. Previously, disability began where health ended; once you were disabled, you were in a separate category. We want to get away from this kind of thinking. We want to make ICF a tool for measuring functioning in society, no matter what the reason for one’s impairments. So it becomes a much more versatile tool with a much broader area of use than a traditional classification of health and disability. (p. 2)

In essence, the ICF model, referred to as a social–ecological model or a person–environment fit model, conceptualizes disability not as identical to the impairment that resulted in disability, but in the lack of fit between what a person can do and what the person wants to do (in typical settings).
Students with extensive support needs who may not read cannot participate meaningfully in classwide discussions about a text-based young adult novel in a sixth grade language arts class. Students with extensive support needs who have access to a digital talking book version of the young adult novel, however, can participate meaningfully. In this case, what changed was a modification of the delivery of the curricular content (e.g., young adult novel) from print to e-text. The gap between what the student could do and the demands of the context were, essentially, narrowed. There are many examples of how enhancing personal capacity, modifying the environment or context, and providing additional supports and accommodations can enable someone with a disability to function successfully in typical environments, be they work, school, community, or other. In the ICF perspective, then, if the person is functioning successfully in typical settings and contexts, while the person’s impairment does not change, the “disability” becomes irrelevant. It is not the person who is broken, it is the lack of supports to promote greater capacity, environmental or contextual modifications, and other supports that results in the “disability.”

Such models reframe education from deficits-based models of disability to strengths-based models of disability and allow educators to consider how supports in the way of education, opportunities and experiences, modifications, technology, and other supports can interplay to enable the person to function successfully. Traditional models viewed people with extensive and pervasive support needs as apart from typical function; the ICF and social–ecological models view people with extensive and pervasive support needs as part of typical functioning.

**General Education is Where Students with Extensive and Pervasive Support Needs Should Receive Special Education Supports**

Students with extensive and pervasive support needs have long been excluded from schools and communities (Kurth, Morningstar, & Kozleski, 2014). This exclusion has persisted despite the IDEA mandate for students with disabilities to be educated in the LRE. In addition to mandating the education of students with disabilities in the LRE, IDEA also specifies that students with disabilities must have access to the general education curriculum. In addition to the legal mandate for students with extensive and pervasive support needs to be educated in the general education classroom, the ICF and social–ecological models of disability set the context for school teams to plan individualized supports for students with extensive and pervasive support needs that can be implemented
in the general education classroom, rather than identifying the reasons why they should be educated in separate settings. (Shogren, Wehmeyer, Schalock, & Thompson, 2017).

**Outcomes of Inclusive Education**

Inclusive education, or the provision of necessary special education supports and services in general education settings, is the preference of Congress, as described in IDEA. Research substantiates this stance, noting students with extensive and pervasive support needs experience more positive outcomes and have the opportunity to participate in meaningful, grade-level activities with their peers more frequently than if they are placed in separate, self-contained classrooms (Matzen, Ryndak, & Nakao, 2010). Early research documented that students with extensive and pervasive support needs are more engaged in activities in general education classrooms, compared to separate settings (Hunt, Farron-Davis, Beckstead, Curtis, & Goetz, 1994), and more recent research has documented similar findings. For example, Kurth and Mastergeorge (2012) found that students with autism who were learning in inclusive classrooms spent more time engaged in activities linked to the grade-level curriculum, compared to students who were learning in self-contained classrooms. Others have found students with extensive and pervasive support needs are able to successfully access the general education curriculum within general education classrooms (Hudson, Browder, & Wood, 2013), and are able to learn skills linked with grade-level concepts more frequently than students taught in separate settings (Soukup, Wehmeyer, Bashinski, & Bovaird, 2003; Wehmeyer, Lattin, Lapp-Rincker, & Agran 2003). Further, students with extensive and pervasive support needs have access to more instructional opportunities in inclusive classrooms, as compared to separate classrooms (Matzen et al., 2010).

**Assessment is Ecological, Person-Centered, and Strengths-Based**

The most meaningful assessments for students with extensive and pervasive support needs are person-centered and strengths-based. However, school systems continue to use norm-referenced assessments for special education eligibility determination (Trent, Artiles, & Englert, 1998). Normative principles ascribe an individual’s attributes and skills as a position along the curve in relation to other persons’ measured attributes.
Students’ scores are defined by the extent which they vary from the average population (Skrtic, 1995). This model is typical for special education evaluation and placement. However, it is a “deficit-based diagnostic model” used to differentiate learning differences as deficits (Trent et al., 1998, p. 282). Such “deficits-focused” processes are not appropriate for examining a student’s strengths and growth across standard-based academic goals and quality of life outcomes (Hunt, McDonnell, & Crockett, 2012; Yell, Ryan, Rozalski, & Katsiyannis, 2009). There are other methods to assess students authentically in ways that capitalize on students’ strengths, learning priorities, and broader connections to varied learning communities (Ruppar, 2015). The assessment framework discussed in this chapter considers the environment and the instructional strategies used across settings in combination with how the ecologies and techniques interact with the student’s strengths, goals, and supports.

**Person-Centered and Strengths-Based**

Meaningful, authentic assessment is person-centered and strengths-based (Buntinx & Schalock, 2010; Field, 2014). Person-centered assessment embraces students and families as team members in the evaluation process. Through this multidimensional and interdisciplinary path, assessment is both subjective and objective (Buntinx, 2014). Objective measures, such as curriculum-based assessments, are integrated into the assessment process with subjective quality of life markers, including life experiences, desires, and ambitions (Buntinx & Schalock, 2010). Person-centered assessments collect student-based data, including information on student needed supports (Schalock et al., 2010) and support needs (Thompson et al., 2002, 2009). Supports describe the resources and strategies necessary to promote education, development, personal interests, and well-being (Schalock et al., 2010; Thompson et al., 2009). In conjunction, support needs outline the pattern and intensity of person-centered supports necessary for participation in activities associated with everyday life (Thompson et al., 2002, 2009). Ecological assessment is one person-centered approach used to determine individualized supports and environmental arrangements for students with extensive support needs (Hunt et al., 2012).

Strengths-based assessment also includes instructionally relevant student factors (McCarrt, Sailor, Bezdek, & Satter, 2014). Such strengths-based assessment provides information that can be incorporated into instruction, enabling educators to focus on skills that promote personal, social, and academic development; this is contrasted with more traditional
deficit-oriented assessments used to identify weaknesses and eligibility for special education (Cosden, Koegel, Koegel, Greenwell, & Klein, 2006). Further, most traditional assessments are completed in contextually irrelevant settings such as the offices of school psychologists. Thus, taking data as formative assessment measures and using established rules to make data-based decisions is a preferred manner for understanding student ability in the context of routine instruction, using typical instructional materials (Jimenez, Mims, & Browder, 2012). Finally, strengths-based assessment incorporates information gathered with families, educators, and reflects student interests and priorities (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2015).

Data-Driven Decision-Making

An assessment framework that seeks to understand students’ strengths and supports is ongoing and formative. Teachers, related service providers, families, and students all play an active role in ongoing assessment. Progress monitoring data are used to adjust or develop approaches that are distinctive to learning contexts and settings. For example, a team assesses the effectiveness of instructional strategies in supporting a student’s progress and then makes decisions about the efficacy of the approach based on the student’s responses (Kleinhammer-Tramill, Burrello, & Sailor, 2012). School personnel might use work samples, task analyses, portfolios, observations, and commercially or locally produced performance samples for progress monitoring (Field, 2014; Test, Spooner, Holzberg, Robertson, & Davis, 2017). Families may provide data through interviews, narratives, and observations. Examples of data collection for progress monitoring used by students with extensive and pervasive support needs include, but are not limited to, checklists, task analyses, and self-graphing tools (Test et al., 2017). Ongoing, formative data collection should be used to make timely instructional decisions, monitor progress, and understand students’ strengths.

Inclusive Individualized Education Programs

Once assessments are completed with input from all stakeholders, teams use this knowledge to develop a student’s Individualized Education Program (IEP). For students with extensive and pervasive support needs receiving special education services in schools, this includes developing
IEPs that can be implemented inclusively. Teams must develop IEPs in which goals can be addressed within the ongoing routines and contexts of general education settings, and in such a manner that students do not need to leave those settings to obtain needed instruction or services. Determining which IEP goals to prioritize must be a team decision, reflecting the preferences and priorities of the student, family, and all teachers. To facilitate inclusive education, all goals must be linked to grade-appropriate content standards (Browder, Spooner, & Jimenez, 2010). Such linkage aligns general education instruction with special education services. Importantly, this alignment prevents situations in which the IEP content is so different as to be incompatible with instruction in general education settings. To date, many state departments of education, along with alternate assessment organizations, facilitate the development of grade-referenced, standards-based IEP goals by cross-walking standards (as written) with essential elements, or access points, to each standard.

**Collaborative IEP Development**

As specified in IDEA, general and special education teachers, parents, administrators, psychologists, and the child (when appropriate) are required IEP team members. As discussed later, however, we advocate for inclusion of students with disabilities of any age in all IEP meetings. Often, IEP teams are much larger than described in IDEA, as related services providers, advocates, and allies may all be present as well. Perhaps as a consequence of these large school teams, equity is often not achieved among members. For example, school personnel are reported to speak far more frequently in IEP meetings than parents (Ruppar & Gaffney, 2011), with special education teachers speaking the most (Martin, Marshall, & Sale, 2004). Further, parents report disenfranchisement in meetings due to pre-IEP meetings held without them (Bray & Russell, 2016). Additionally, many general education teachers feel ill-prepared to both participate in IEP meetings and implement IEP team decisions (Berry, 2011). While general education teacher attendance at IEP meetings benefited IEP team members, they report being unsure of what to do in meetings, knowing the reason for meetings, and understanding what was said in meetings (Martin et al., 2004). Finally, students are often unaware of the purpose of the meeting or their role in it (Martin et al., 2004), and are simply often not invited to attend their own IEP meetings (Martin et al., 2006; Van Dycke, Martin, & Lovett, 2006).
Researchers and practitioners have identified a variety of strategies to improve collaboration among IEP team members. As content curriculum experts, general education teacher involvement in development and implementation of the IEP is critical for inclusive education. Providing clear information about the purpose of the meeting is one way to facilitate general education teacher involvement (Diliberto & Brewer, 2012). Other practical solutions offered include scheduling IEP team meetings when general education teachers are available, and providing release time as needed for teachers to prepare for and attend the meeting (Menlove, Hudson, & Suter, 2001). Finally, because many general education teachers perceive IEP goals to be disconnected from the curriculum they are teaching (Menlove et al., 2001), developing IEP goals clearly aligned to grade-level content standards is essential (Browder, Spooner, Wakeman, Trela, & Baker, 2006). General education teachers are well-positioned to work with other IEP team members to review grade-level standards and identify the essential elements of those standards to be taught to students with extensive support needs (Ballard & Dymond, 2017).

Including students themselves in the IEP team meeting is another strategy for improving collaboration and developing inclusive IEPs. Researchers have investigated how students in elementary (Danneker & Bottge, 2009) through secondary (Mason, McGahee-Kovac, Johnson, & Stillerman, 2002) school have been involved in leading meetings and developing their own IEPs. Participation of students in their own IEP development is a natural method of promoting self-determination, particularly related to goal setting and attainment (Lee, Palmer, & Wehmeyer, 2009). Yet other positive outcomes are associated with student participation and leadership in their IEP meetings. For example, student participation in meetings is associated with improved academic outcomes (Barnard-Brak & Lechtenberger, 2010), greater participation in the IEP meeting (Danneker & Bottge, 2009; Martin et al., 2006), greater motivation to achieve transition goals (Benz, Lindstrom, & Yovanoff, 2000), improved self-determination related skills (Williams-Diehm, Wehmeyer, Palmer, Soukup, & Garner, 2008), and student knowledge of their rights (Mason et al., 2002). Teachers have further reported improvements in choice-making, self-advocacy, self-awareness, and self-reflection when students lead their own IEPs (Hapner & Imel, 2002). Benefits extend to other team members, as well. Team members, including teachers and parents, report that student-led IEPs result in parent pride, improved climate of meetings, and streamlining the meeting (Eisenman, Chamberlin, & McGahee-Kovac, 2005).
Strategies for Accessing General Education Curriculum

Access to the general education curriculum is an ongoing process that school teams discuss during the IEP meeting and throughout the school year as curricula standards change in different instructional content areas. As IEP teams plan for students with extensive and pervasive support needs to access the general education curriculum, they do so by identifying and implementing accommodations and modifications. Accommodations and modifications support students to complete class activities and assignments. Accommodations are changes to how the student may experience a class activity or test, such as extended time and frequent breaks. An important distinction between accommodations and modifications is that accommodations do not change the learning objective of the assignment (Janney & Snell, 2013). Rather, accommodations support the student to complete the same assignment or test as his peers with greater flexibility than the original assignment (Janney & Snell, 2013). In addition to accommodations, students with extensive and pervasive support needs often benefit from modifications to access the general education curriculum. Modifications change the learning objective for an activity and support the student to actively participate with an adjusted and individualized objective appropriate for the student’s strengths and support needs (Janney & Snell, 2013). Decisions about the design and implementation of a student’s modifications should be made by the IEP team, in alignment with the student’s annual IEP goals.

In addition to accommodations and modifications, teachers who implement differentiated instruction support all students to access the curriculum by adjusting activities and assignments for the range of student support needs in the class (Tomlinson, 2001). Differentiated instruction refers to the adjustment of the complexity of materials and activities in a classroom, rather than adding or reducing work for certain students (Tomlinson, 2001). Additionally, when teachers implement differentiated instruction, they provide all students with various ways to receive the information and various ways for the students to demonstrate their learning. Conceptually, differentiated instruction is closely linked with Universal Design for Learning (UDL).

UDL is an instructional approach guided by a framework of three principles designed to decrease barriers to learning by creating different ways for students to access class content and demonstrate learning. There are three main principles of UDL: “multiple means of representation,” “multiple means of action and expression,” and “multiple means of engagement” (Meyer, Rose, & Gordon, 2014, p. 7). Each of these principles includes a set of guidelines suggesting the importance of designing
instruction to meet the needs of a wide variety of learners by providing visual supports for a lecture, or providing a verbal narration for visual content posted on the class website, for example. Additionally, UDL suggests the importance of providing students with a variety of ways to demonstrate their learning; for example, students may prefer to handwrite their responses, or they may prefer to dictate their answers in an audio file (Meyer et al., 2014). Researchers have documented the use of these strategies in general education classrooms that include students with extensive and pervasive support needs (Kurth, Lyon, & Shogren, 2015; Morningstar, Shogren, Lee, & Born, 2015).

Another strategy that can be used to support student’s access to the general education curriculum is through the implementation of assistive technology (AT). AT may be implemented as part of a curriculum modification, or it may be used to support a student to access the physical environment of the school and classroom. As mandated by IDEA, IEP teams must consider providing students who are receiving special education and related services with AT as a support to “increase, maintain, or improve” a specific skill (IDEA, 2004, Sec. 602(1)(A))). AT devices may include items or systems that range from being “low-tech” (e.g., pencil grips and highlighters) to “high-tech” (e.g., laptops and mobile devices; Bryant & Bryant, 2012). AT devices may support students with extensive and pervasive support needs with a range of skills and activities in the general education classroom.

**Designing and Implementing Inclusive Instruction**

Student learning outcomes are priority within inclusive instructional design as part of the person-centered and strengths-based approach discussed in the *Assessment* section. As with ongoing assessment, the student and their family play an active role in determining learning outcomes. The outcomes ought to be academic, nonacademic, and extracurricular and dependent on the student’s strengths, supports, interests, and futures planning. Prioritizing learning outcomes reflects students with extensive support needs have access to “the full range of learning experiences, environments, and social networks offered to students without disabilities” (Kurth, Marks, & Bartz, 2017, p. 280).

**Context and Content**

Supported by federal mandates and research-based strategies, effective inclusive instructional design requires a focus on context and content.
IDEA (2004) and Every Student Succeeds Act (2015) both emphasize student access, participation, and progress in the general education curriculum within general education contexts (Ryndak, Moore, Orlando, & Delano, 2008–2009). Said differently, effective inclusive instruction requires learning to occur in meaningful contexts with general education curricula. Instruction provided in context happens within natural, inclusive school settings such as general education classrooms and common areas like playgrounds, gymnasiums, and cafeterias where peers are engaged in context-specific activities (Jackson, Ryndak, & Billingsley, 2000). Embedded systematic instruction is one method that capitalizes on general education context and content for students with extensive support needs.

**Embedded Systematic Instruction Across Academic Domains**

Embedded systematic instruction focuses on the general education curriculum through repeated direct-trial instruction and takes place within the flow of instruction in inclusive settings (Johnson, McDonnell, Holzwarth, & Hunter, 2004). This method may incorporate systematic strategies such as task analysis, time delay, feedback schemes, and prompting and fading systems (Jackson et al., 2000). Embedded systematic instruction has been found to be successful in teaching vocabulary (McDonnell, Johnson, Polychronis, & Risen, 2002; McDonnell et al., 2006) and sight words (Johnson & McDonnell, 2004). Further, research has identified peers (Jameson, McDonnell, Polychronis, & Riesen, 2008) and paraprofessionals (Johnson & McDonnell, 2004) can support this method in inclusive settings. Embedded instruction is an evidenced-based practice (Hudson et al., 2013) used to design inclusive instruction across academic domains (Jameson, McDonnell, Johnson, Riesen, & Polychronis, 2007; Jimenez, Browder, Spooner, & DiBiase, 2012).

**Embedded Systematic Instruction for Nonacademic Skills**

Embedded systematic instruction is also used to teach and practice non-academic skills within general education activities and settings, including communication, social-emotional, and behavior skills and supports. Systematic strategies, such as the ones mentioned above (e.g., task analysis, prompting, and fading systems) should be integrated in nonacademic skill instruction. Nonacademic activities embedded in inclusive spaces results in an increase in instructional time (Jackson et al., 2008–2009). In addition, combining embedded instruction with collaboration and
co-teaching models (Solis, Vaughn, Swanson, & McCulley, 2012) further facilitates effective inclusive design. Research indicates systematic embedded instruction is an effective practice for teaching nonacademic skills inclusively (Ryndak, Jackson, & White, 2013).

**Self-Determination**

Closely related to the shift toward strengths-based approaches to disability has been the instructional focus on promoting the self-determination of children, youth, and adults with disabilities. Self-determination refers to a:

- dispositional characteristic manifested as acting as the causal agent in one’s life. Self-determined people (i.e., causal agents) act in service to freely chosen goals. Self-determined actions function to enable a person to be the causal agent in his or her life.” (Shogren et al., 2015, p. 258)

Being a causal agent refers to making or causing things to happen in one’s life. A dispositional characteristic is “an enduring tendency used to characterize and describe differences between people; it refers to a tendency to act or think in a particular way, but presumes contextual variance” (Shogren et al., 2015, p. 258). Thus, people who are self-determined have a tendency to act in ways that are self-caused, rather than other-caused. Choice-making, decision-making, problem-solving, goal-setting and attainment, self-management, self-advocacy, self-awareness, and self-knowledge are all skills and processes associated with self-determination (Shogren, 2013). By teaching students these skills and creating opportunities for them to apply them throughout their life, causal agency and self-determination develop.

Students with disabilities, including students with extensive and pervasive support needs, have far fewer opportunities to learn and engage in actions leading to self-determination and, as such, are less self-determined than their peers (Wehmeyer, Shogren, Little, & Lopez, 2017). Research has also established that students with disabilities can acquire skills leading to later self-determination if provided opportunities; that if they do so, they become more self-determined; and, if they are more self-determined, they achieve more positive school and postschool outcomes (Shogren, Wehmeyer, Palmer, Rifenbark, & Little, 2015). This has been shown to be the case for students with more extensive support needs,
keeping in mind that being self-determined means making things happen in one’s life, and not doing everything oneself. Research has established that if provided opportunities to be engaged in learning (and practicing) skills such as choice-making, problem-solving, goal-setting, and so forth, students with more extensive support needs can acquire skills in these areas and that they benefit when they do (Wehmeyer, 2014), including improved educational goal attainment, improved transition outcomes, and enhanced access to the general education curriculum (Wehmeyer et al., 2017).

**Inclusive Extracurricular Instruction**

Participation in extracurricular activities is critical for students with extensive and pervasive support needs (Kleinert, Miracle, & Sheppard-Jones, 2007). Students pursue personal interests, build academic and nonacademic skills, and explore career pathways through extracurricular activities throughout the year, including clubs, camps, and service learning opportunities (Carter, Swedeen, Moss, & Pesko, 2010). A person-centered and strengths-based approach to designing effective inclusive instruction can be transferred to school- and community-based extracurricular settings (Pence & Dymond, 2015). Further, ecological (Hunt et al., 2012) and supports inventories (Thompson et al., 2009) blended with co-teaching and collaboration provide information for modifications and communication and assistive technologies necessary to guide students contingent on their interests and future goals. Students with extensive and pervasive support needs have a wide range of interests and assets that can be explored and strengthened in inclusive extracurricular settings.

**Teaming to Implement Inclusive Instruction**

A team approach is essential for ensuring the full and meaningful inclusion. As students with extensive and pervasive support needs often have many members on their educational team, identifying roles and responsibilities for each team member to support the student inclusively is essential. Co-planning and co-teaching are effective strategies to support students in general education classrooms. Typically, general and special education teachers co-teach; however, utilizing the strengths of other team members (e.g., speech-language pathologists) as co-teachers is both possible and advantageous. Co-teaching depends upon advance planning, enabling
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all team members opportunities to develop lessons that fully include students with extensive support needs. Ideally, this is accomplished during consistent, duty-free co-planning periods (e.g., Murawski, 2012).

While few studies have directly investigated the impact of co-teaching on student achievement, preliminary research suggests its effectiveness. For example, Hang and Rabren (2009) found significant positive impact of co-teaching on student academic and behavioral performance. The presence of co-teachers has also been found to increase rates of positive feedback, opportunities for students to respond, use of small group instruction, and more one-to-one instruction (Sweigart & Landrum, 2015). Teachers further report using differentiated instruction and assessment, such as more hands-on activities and visual supports such as graphic organizer in co-taught classrooms (Cramer, Liston, Nevin, & Thousand, 2010). Finally, teachers report being able to better meet the needs of all learners in a co-taught classroom (Downing & Peckham-Hardin, 2008).

While related services providers can act as co-teachers, researchers have identified other mechanisms for these team members to provide inclusive instruction and therapy. Notably, both direct- and indirect-services, such as speech or occupational therapy, can be delivered in general education classrooms to students with extensive and pervasive support needs (Giangreco, Prelock, Reid, Dennis, & Edleman, 2000). Although limited research has investigated effectiveness of inclusive related services, existing research has demonstrated benefits to students (e.g., Kellegrew & Allen, 1996) and teachers (e.g., Downing & Peckham-Hardin, 2008). Often, the benefits are to both groups. For example, inclusive related services reduces disruptions for students and teachers, increasing instructional time for both (Rainforth & York-Barr, 1997). Further, inclusive related services allows teams to address IEP goals throughout the day, rather than only in therapy sessions (Downing & Peckham-Hardin, 2008).

Co-planning and co-teaching are also effective strategies for expanding students’ social relationships. At times, students with extensive and pervasive support needs and their peers may require adult facilitation and faded supports for creating and maintaining friendships and social connections (Rossetti, 2012). Team members explicitly facilitate social interactions by embedding direct social skill instruction into general education curricula, providing feedback, teaching restorative problem-solving, and reinforcing interactions. Collaborative teaching partners can also implicitly expand social relationships by modeling positive interactions, demonstrating respectful communication exchanges, and redirecting interactions (Biggs & Carter, 2017). As collaborative teams, teachers, related services providers, and paraprofessionals encourage social relationship development across
grade levels, with varying supports and levels of independence (Rosetti & Goessling, 2010).

In addition to implementing supports through co-planning and co-teaching, educators in general education classrooms plan and facilitate peer supports for students with extensive and pervasive support needs. Peer support strategies are intended to “facilitate the development of a normalized range of positive and age-appropriate social relationships” (Janney & Snell, 2006, p. 45). Peers can also support students with extensive and pervasive support needs to access the general education curriculum (Carter & Kennedy, 2006). During the adolescent and high school years, peer supports are particularly important as they may be a way to support a student that is less stigmatizing than if the student were to receive support from an adult, for example. Formalized peer supports and interventions are supervised by the adults at the school, and they are specifically designed to provide individualized support for students. The adults at the school may invite specific peers to participate and then teach or train them on how to provide support for that student effectively and appropriately (Carter & Kennedy, 2006; Carter et al., 2016).

**Conclusion**

In this chapter, we grounded current educational practices of separating and segregating students with extensive and pervasive support needs in an historical understanding of disability, and then contrasted that with a 21st century viewpoint on both the construct of disability and provision of education services. This included discussions of the critical role of inclusive education for students with extensive and pervasive support needs, along with emerging research-based strategies for delivering inclusive, strengths-based education supports and services. The supports and services included assessment, planning, accessing general education curriculum, and strategies for designing curriculum and teaming to support inclusive instruction.

As discussed in this chapter, our viewpoint is firmly rooted in a commitment to strengths-based, inclusive education for learners with extensive and pervasive support needs. While this viewpoint reflects a substantial shift from the status quo of schools today (i.e., separating and segregating students with extensive and pervasive support needs), we believe the strategies and supports articulated here, when enacted, will result in positive lifelong outcomes for students, teachers, and families. There is
today a substantial body of research demonstrating the feasibility and appropriateness of this viewpoint, and we anticipate a future in which all learners are valued and welcomed in their schools and communities, with strengths recognized and capitalized.

References


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