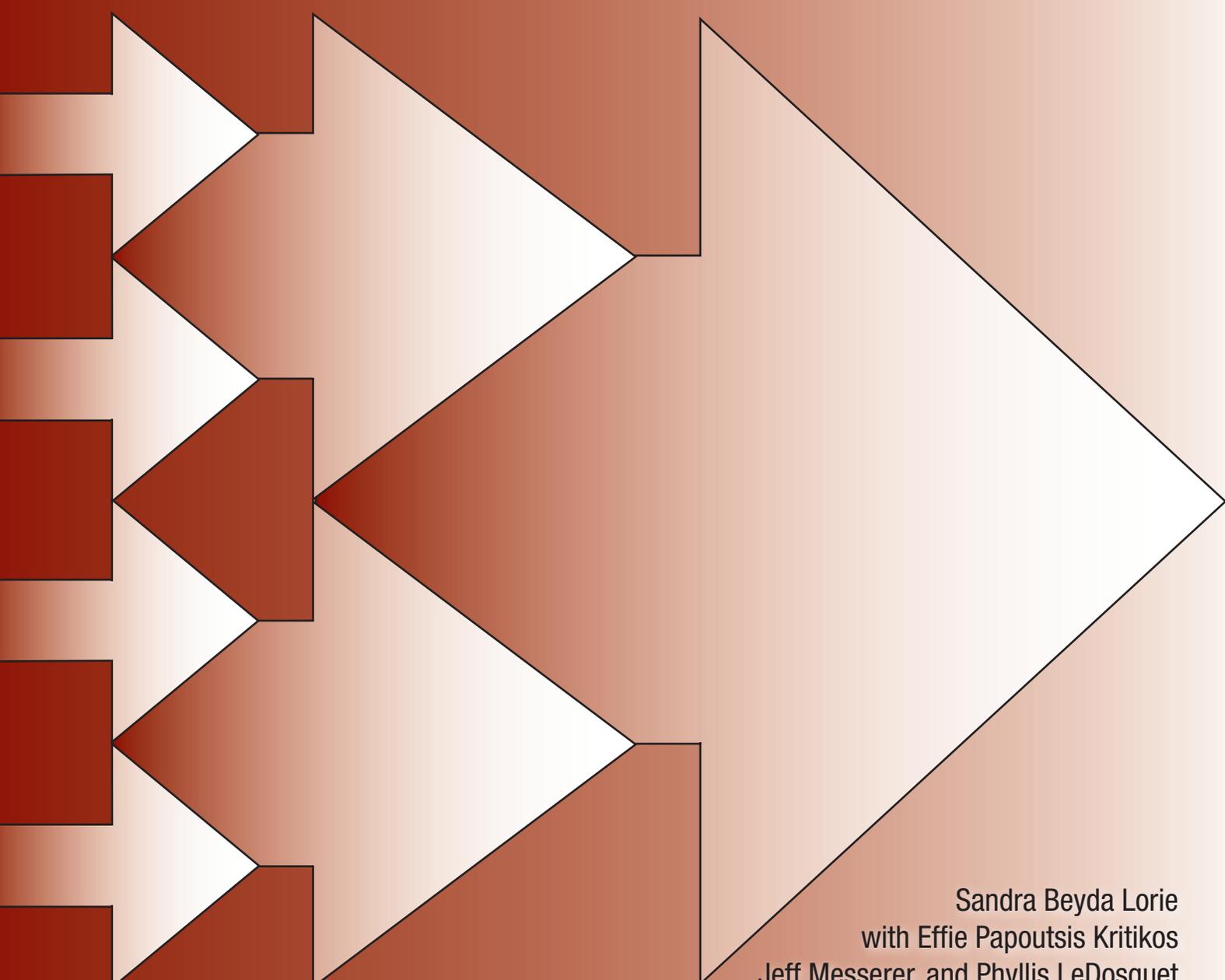


CURRICULUM INFUSION OF REAL LIFE ISSUES

Curriculum Infusion of Real Life Issues for Students with Exceptionality



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Preface

For more than fourteen years faculty and staff members from Northeastern Illinois University's Network for Dissemination of Curriculum Infusion (NDCI) have been preparing higher education faculty members and future and in-service P-12 teachers to integrate pressing life issues into classes across the curriculum. These issues include substance abuse, violence, bullying, social ostracism and at risk sexual activity. The Real Life Issues Curriculum Infusion (CI) strategy is designed to improve the teaching and learning process by making classes more relevant to students and by connecting teachers more closely to their students and to the communities where they teach.

Real life issues CI emphasizes the need for teachers to assess the pressing life issues their students confront in the context of the social and cultural realities that affect students' lives. An essential component of the assessment process is understanding classroom diversity. Only by understanding the realities of diverse student cultures can teachers design lessons that effectively engage students, developing curriculum relevant to the students' life experience and social context. Real Life issues CI contributes to Colleges of Education departments and faculty meeting the NCATE accreditation standard in the area of diversity.

The CI strategy also emphasizes that teachers be prepared to fit the real life issues content seamlessly into classes, substituting the innovative curriculum for some existing class content consistent with class learning objectives and state standards. To encourage student resilience and prevention the Real Life Issues CI methodology also prepares teachers to incorporate evidence based prevention strategies into the lessons and lesson plans that they design. The CI methodology that we disseminate is spelled out in detail on our website (www.neiu.edu/~k12pac).

For the past three years a grant from the U. S. Department of Education Fund for the Improvement of Post Secondary Education (FIPSE) has supported the Real Life Issues Curriculum Infusion work that we carry out. Prevention First, the major prevention resource in Illinois, has provided support for dissemination of Real Life Issues CI in the state of Illinois. With these sources of support we have now trained more than 100 College of Education faculty members in Illinois to prepare future teachers to integrate pressing life issues into the curriculum. The NDCI has begun to disseminate the strategy nationally at regional meetings and national conferences.

We train faculty members from departments across the curriculum of Colleges of Education and observe effective incorporation of Real Life Issues CI into courses in each department. An especially positive response to Real Life Issues CI has come from Special Education faculty members. At our home campus, Northeastern Illinois University in Chicago, three quarters of the full time faculty in the Special Education Department faculty have been trained in the Real Life Issues CI methodology. In this monograph Sandra Beyda Lorie with her colleagues Effie Papoutsis Kritikos, Jeff Messerer, and Phyllis LeDosquet indicate why the Real Life Issues CI strategy is so valuable for special education teachers. The authors provide a thorough literature review indicating how real life issues substantially affect the social and educational development of students with special needs. These issues include the high levels of stigma and bullying special needs students experience and the vulnerability of some special needs students to at risk sexual activity and to sexual exploitation. The issues also include the high levels of aggression and substance abuse by some special needs youth. Dr. Beyda Lorie and her colleagues discuss the significance of a range of issues of diversity for students with special needs and, based on their experience, describe how Real Life Issues CI can be incorporated into courses throughout an initial certification program in the area of Special Education.

We welcome their valuable contribution to the Real Life Issues Curriculum Infusion project and to the field of Special Education.

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Abstract

Curriculum infusion is the process of seamlessly integrating pressing life issues such as substance abuse, violence, HIV/AIDS, social ostracism and bullying into k-12 classes across the curriculum. It has arisen out of a critical need to prepare future teachers to more effectively reach students and relate to the communities where they teach. The current monograph describes the need for curriculum infusion methodology in one specific teacher preparation program, special education. The authors provide a comprehensive review of the vulnerabilities students with disabilities face in regards to each real life issue. A description follows of how attempts have been made to integrate CI methodology throughout one university's special education teacher preparation program.

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I. Introduction to Real Life Issues Curriculum Infusion

Daniel is a 9-year old male student who is Caucasian and has Attention Deficit Hyperactivity Disorder (ADHD). His father is addicted to cocaine and alcohol. Both parents are professionals who work full time and are seldom there when Daniel and his brother get home from school. However, a baby sitter is there to take care of the boys until their parents return home, typically between 7 p.m. and 8 p.m.

Daniel attends a school in an affluent suburb, which is comprised of 62% Caucasian students, 34% Asian American students and 4% "Other." The community has experienced a strong and stable local economy. The school relies on its strong base of parental and community support. The percentage of students who qualify for free or reduced price lunch is 3.8%. The primary language spoken by the student population is English. The gender breakdown is 53% male and 47% female. However, in Daniel's special education program the ratio of males to females is 5 to 1. Eighty-seven percent of students who graduate from the local high school go on to college. Students and their parents place a strong emphasis on scholastic achievement.

Athletic ability is also highly valued at Daniel's school. The community is particularly proud of its high school football team, which has been undefeated for the past two seasons. Parents and other adults often ignore students' drinking parties, which typically accompany the football season. Another underground school event is the annual hazing ritual of juniors that takes place as a rite of passage for seniors. The parents who know about these events dismiss them as good old traditions and harmless fun. These values have trickled down to Daniel's elementary school where students who are neither athletic nor scholastic have difficulty finding a place to fit in. Bullying is common and Daniel is both the instigator and object of it.

It is not uncommon for Daniel to lash out at his fellow classmates or at his new teacher, Ms. Barrett. Daniel has few friends at school. As early as the age of 3, Daniel was grabbing toys from other children or hitting them when he did not get his way. Soon his peers began striking back. Daniel has to be monitored closely on the playground so that he does not fight with his classmates or become the victim of their aggression.

Today is a particularly bad day. During a morning math class, Daniel has torn up his assignment, swearing at his teacher and kicking a nearby desk. Ms. Barrett sends Daniel to time-out to cool down. Over the next few days, Ms. Barrett will consider an individualized behavior management system for Daniel to help both Daniel and his teacher regain control over his behavior. After all, her training in behavior management has prepared her to do this. However, Ms. Barrett has received no training in effective prevention strategies; she will address neither the impact of substance abuse, and bullying and violence on Daniel's life, or his vulnerability to these issues.

Tyrone is a seventh grade student who is African American and has severe reading disabilities. Tyrone is known to be popular with the girls. Furthermore, he has also been a member of a gang since he was 9 years old. His 17-year-old brother introduced him to this gang network, assuring Tyrone that this "family" would always be there for him.

Although Tyrone and his brother live with their mother, she is often away from the home working two jobs to provide what her family needs.

Ms. Temple is Tyrone's special educator and new to the school district and community. She has begun to conduct an informal, yet careful assessment of Tyrone, his peers and the school community. For instance, she knows the school has 67% of its student body on the free or reduced lunch program, while 65% of the students come from single parent homes. African Americans comprise 82% of the school's student population, 14% are Hispanic and 4% are Caucasian. Although the majority of disciplinary referrals from the past 3 years were for non-violent infractions (e.g., defiance, class skipping) referrals for violent misbehavior (i.e., fighting and physical harassment) was indicated as the cause for referral in 36% of the cases. Students who received free or reduced-price lunches were three times more likely to be referred for violence. Furthermore, students who are referred for violence tended to be male and African American. She has found that in the greater community, gang involvement, drug dealing and teen pregnancy are problematic issues in the context of the limited opportunities afforded young people from the community.

Ms. Temple decides to integrate the real life issues of substance abuse, and HIV/AIDS throughout the year in Tyrone's classes and speaks to some of the general education teachers about ways to collaborate. She realizes that Tyrone and his peers may be engaging in risky behaviors out of a sense of belonging without accurate information about the risks of substance use and unprotected sex. She intends to make her students aware of these risks. She will address them in part, by presenting drug trafficking as a form of oppression especially damaging to people of color and focusing on the disproportionate representation of African American individuals with HIV/AIDS. She will contact community leaders to come in and represent these issues. Also, these issues could easily be addressed from the standpoint of human rights, which would be a perfect fit to the 7th grade curriculum.

Ms. Temple approaches several general education teachers in whose classes Tyrone is included. The mathematics and social studies teachers think that Tyrone and the other students might conduct an anonymous survey in the 7th grade to find out how many of their peers drink regularly, have had at least 5 or more drinks within the past two weeks, and have used illegal substances. The data will be graphed and analyzed in math class. Such surveys are an effective way to correct students' misperception of norms (Typically, young people exaggerate substance use by peers).

In social studies, results from this survey will be used to support and make relevant students' understanding related to the economic and political ramifications of drug trafficking. For instance, after surveying the use of drugs and alcohol at their school, students will be asked to describe how unemployment and lack of community opportunities affects the buying and selling of illegal drugs both abroad and in the community in which Tyrone lives. Students will also investigate policy toward HIV/AIDS in the United States and who determines that policy. The focus will be to explore the history of HIV/AIDS funding during the 1980s and 1990s and its effect on African Americans dying of AIDS. State and city research data will also be presented.

In English, Ms. Temple and the general educator can review basic human psychological needs, such as survival, love/belonging, power and fun by discussing these needs in relation to the characters in a novel, such as S. E. Hinton's The Outsiders, about a group of youth from a low socio-economic background. The teachers will be careful to include the fact that the characters in The Outsiders experience exclusivity by class, rather than by both race and class, the experience of the students in Tyrone's school.

In science, students will explore human rights as these relate to honoring and protecting one's physical well-being. Specifically, students will learn about how a virus is spread, and ways to protect themselves from harm. For example, Tyrone and his peers might investigate the relationship between intravenous drug use and the spread of AIDS. Students will also study the contributions of individuals including researchers who are African American and are activists in the stopping of the spread of HIV/AIDS in African and other nations. Ms. Temple knows that increasing students' knowledge of personal risk and promoting pro-social norms are effective prevention strategies.

Like most teachers Ms. Barrett has not been effectively prepared to address real life issues in the classroom (Goodland, 1998). These real life issues include substance abuse, HIV/AIDS, violence, bullying and social ostracism. In one of the few nationwide studies that explored special educators' preparedness to address prevention education, Genaux, Morgan, and Friedman (1995) found that teachers of students

with behavioral disorders reported less than adequate or very inadequate knowledge in the area of substance abuse prevention. Of those teachers who did address this issue, it was generally a one-shot approach rather than a comprehensive prevention curriculum. However, prevention education does make a difference for students with exceptionality. For instance, students with learning disabilities who had spent 75% or more of their time in general classes were more likely to have received AIDS education than those who spend less time in general education classrooms (Blanchett, 2000). These individuals were more likely not to engage in sexual activity or to use condoms if they did. One of the challenges teachers face in prevention education is finding time in an already loaded curriculum to address these crucial issues.

In this monograph, we emphasize the need for prevention education to address the real life issues students with exceptionality face every day. We describe a curriculum infusion (CI) model that allows special educators to seamlessly integrate real life issues into k-12 classes across subject areas. Unlike "add-on" programs that fragment the learning experience (Hixon, 1994), the CI curriculum is not separated from the learning objectives of a class or for individual students with exceptionality. Furthermore, the model is based on best practices in prevention education. Finally, we will offer examples of how one university's faculty in the area of special education are altering their higher education courses to train their teachers to understand and apply the CI model.

II. The Real Life Issues Curriculum Infusion Methodology

Background

The Real Life Issues CI methodology was introduced at Northeastern Illinois University where we teach through a grant from the U. S. Department of Education Fund for the Improvement of Post Secondary Education (FIPSE). The grant was designed to prepare future teachers in all areas of study (including teacher education, educational leadership and counseling as well as special education) to integrate pressing life issues into classes across the K-12 curriculum. Objectives included making classes more relevant to students' lives and connecting teachers more closely to the realities and cultures of the communities where they teach. The grant philosophy and approach are detailed on its website—www.neiu.edu/~k12pac/.

FIPSE grant personnel make a Real Life Issues CI Handbook available to all students in any class where real life issues CI is included (Glick, Joleaud, & Messerer, 2006). It can be downloaded from the website (www.neiu.edu/~k12pac). The CI handbook explains the CI methodology and offers suggestions to students for preparing relevant lesson plans. The section on the CI Methodology which follows is derived from the handbook.

The Methodology

The Real Life Issue CI methodology consists of three overlapping parts: (1) Assessment, (2) Seamless Fit and (3) Evidence Based Prevention Strategies (See Figure 1).

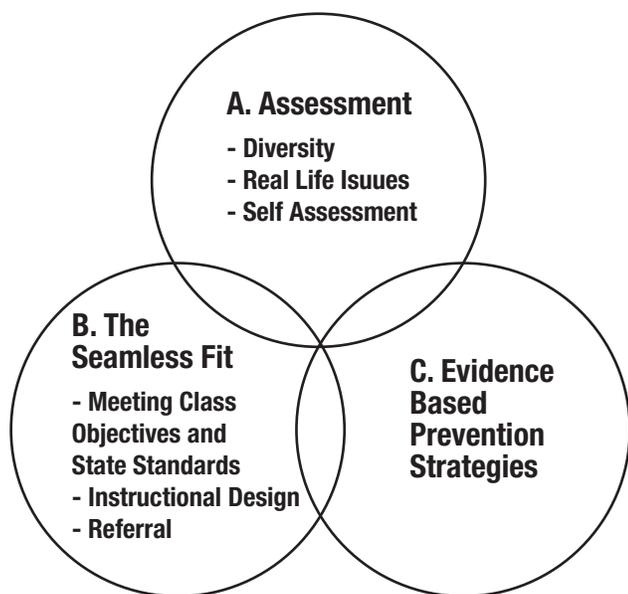


Figure 1

Assessment includes (a) the analysis of classroom diversity (i.e., race/ethnicity, including language and religion, socio-economic status, gender, sexual orientation, age and developmental status, exceptionality, and other characteristics, such as geography, student subcultures, etc.), (b) the real life issues affecting students including social and environmental factors that contribute to real life issues and social injustices in the society that impact diverse populations, and (c) self-assessment of the teacher's own attitudes and perceptions of students and communities.

The second part of the CI methodology, Seamless Fit, represents the teacher's ability to meet the expected state learning standards and school curriculum goals while at the same time integrating relevant information about a specific real life issue. Consideration of student diversity and sound instructional design principles are key to integrating real life issues effectively.

Evidence Based Strategies, the third part of the CI methodology, consists of five evidence based strategies that have been delineated by research as most effective in prevention education. Each of the five strategies is a response to one of three levels of influence on the student: (1) the influence of the wider community, (2) the influence of significant others, and (3) the personal needs and beliefs of the individual which affect attitude and behavior (e.g., the need for approval, the belief that one is invincible). We discuss each part of the CI methodology in greater detail next.

1. Assessment

Classroom diversity. As indicated, the Real Life Issues CI method requires each teacher to analyze the diversity of his/her class by race, ethnicity, including language and religion, socio-economic status, gender, sexual orientation, age and developmental status, exceptionality, and other (geography, student subcultures, etc.). Knowledge and understanding of diversity is an expectation for College of Education students. It is also an important part of the accreditation process, since the National Council on Accreditation of Teacher Education (NCATE) requires that knowledge and skills related to diversity be effectively taught. An understanding of the diversity characteristics of one's classroom guides the lesson planning process and informs related instructional practices (e.g., classroom management techniques, communication style). Teachers who are proactive about instructional planning assess the varying needs and interests of their students. For instance, they realize that some students come to school with the prior knowledge and skills necessary for learning particular subjects, while others may not. They recognize that cultural differences between students translate into differing values, (e.g., freedom of choice and individualism is not a value shared by all students; Kalyanpur & Harry, 2004) and that these differing values impact instructional decision-making.

Assessment of real life issues affecting students. Not all schools, classrooms or students are confronted by the same real life issues nor do these real life issues express in the same way. Teachers must ask themselves what they know about the real life issues facing their students, as well as what causes or contributes to them. For example, the principal reason for violence at one particular school may be gang-related conflicts, while substance abuse may contribute most significantly to violence in another school community. Still another source of student violence may be racial conflict. School practices may also promote or interact with real life issues that students face. For instance, researchers have identified school connectedness as a significant deterrent to student violence, substance abuse and other unhealthy behavior (Resnick, et al., 1997). Proactive (establishing consistent classroom expectations) rather than reactive disciplinary practices (e.g., suspension), creating a welcoming environment for students, an atmosphere where students feel respected and able to talk to teachers, are just some aspects of the school environment that

interact with real life issues and factors that teachers need to consider when assessing real life issues affecting students. Gathering data on real life issues may include a variety of tasks including talking with students and observing their interactions, reviewing the number and distribution of school discipline cases and conducting surveys related to the real life issues. Teachers may also access data from outside the school. Sources of information may include reviewing available community based surveys of drug and alcohol use, or contacting community agencies, organizations and churches that provide services in problem areas such as HIV/AIDS.

Understanding the real life issues that affect students includes assessing the social and environmental influences that contribute to real life issues. For instance, bullying doesn't involve the perpetrator and victim exclusively. It takes place in a social context that includes the bystanders, who witness it without intervening, adults who fail to see it, or who minimize its occurrence and may even champion a value system that promotes it (e.g., valuing athletic prowess over intelligence, or using more restrictive placements for individuals with disabilities with a greater frequency). Likewise, tobacco and alcohol use is affected by community norms.

Understanding real life issues that students confront also includes understanding how social injustices in the society have impacted diverse populations by virtue of their identities. Many students with exceptionality have been stigmatized because of their disabilities, for instance. Similarly, although well intentioned, teacher educators may make preservice teachers aware of the challenges of educating culturally diverse children without sharing the many success stories (Delpit, 2006), unintentionally perpetuating reduced expectations for learning. Real Life Issues CI provides the opportunity for teachers, counselors and administrators to examine the ways in which unjust treatment of diverse groups interferes with learning. Furthermore, strategies aid to empower educators and students in terms of learning.

Self assessment. Any worthwhile assessment of classroom diversity begins with a teacher's ability to examine his or her own attitudes and dispositions. Teachers must be aware of how their own diversity characteristics could affect the attitudes they hold toward students who possess characteristics, which are similar or dissimilar to their own. Approximately 90 percent of k-12 teachers in the U.S. are White, even though 36 percent of their students are not (King, 2000). These differences might be apparent in the way a teacher communicates to students and for how long, how student behavior is viewed and what kind of disciplinary plans are implemented, and choice of learning materials, to provide just a few examples. Real Life Issues CI encourages educators to reflect on personal biases that impact teaching and learning and to make themselves better informed about groups of students whose culture, language, gender, etc. differs from their own.

2. The Seamless Fit

Learning objectives, goals and standards. Seamless fit refers to incorporating real life issues into k-12 classes consistent with class learning objectives and state learning standards. As with any purposeful instruction, educators begin with the skills and concepts they need to teach their students. Then they determine what real life issue(s) they plan to incorporate into their lessons based upon the needs of their students, school and community. There are many ways real life

issues may be seamlessly infused into the curriculum. For example, in science class students might be asked to define a virus, discuss how it is transmitted and how youngsters might protect themselves from transmission. In mathematics, students can address multiplying with decimals by determining the cost of smoking cigarettes for a period of 1 year, 5 years and 10 years, while identifying better choices for spending the equivalent amount of money. Early readers might practice their decoding skills using *The Ugly Duckling*, a story addressing social ostracism. In social studies, students could explore and role play the judicial system and mediation while addressing the issue of violence.

Incorporating social/emotional learning standards is also recommended.

These include assisting children in:

- Developing awareness and management of their emotions;
- Setting and achieving important personal and academic goals;
- Using social awareness and interpersonal skills to establish and maintain positive relationships; and
- Demonstrating decision making and responsible behaviors to achieve school and life success

For instance, teaching students how to control and channel anger might be incorporated in a lesson about the Civil Rights legislation and hate crimes by examining the way in which fear has historically contributed to anger and violence. Providing instruction in how to enter play groups appropriately (i.e., using interpersonal skills to establish positive relationships) would fit easily into any kindergarten curriculum.

Instructional design considerations. The CI methodology involves having teachers adopt instructional strategies that consider diversity and differences. For instance, many students with exceptionalities require instructional practices that are explicit, systematic and incorporate frequent opportunities for review. Students who are high achievers require enrichment projects including opportunities for independent study.

Some questions that teachers might ask themselves to address instructional design include: Are the materials being used for the lesson authentic, are the lesson plan activities gender-appropriate and considerate of differences in socio-economic status, or are the strategies used modified according to learning style and individual learning needs? For example, students from a middle or upper middle class community typically have access to many resources when completing projects (e.g., computers, science fair materials). Teachers may select instructional arrangements and activities that allow for greater self-reliance and prior knowledge in these communities (e.g., independent research projects). Even a lesson which infuses a real life issue will fail if the instructional methodology and/or learning materials are not selected with the diversity issues of one's students in mind.

Effective integration of Real Life Issues content into k-12 classes also includes involving students as active learners engaged in critically analyzing problems. That is, teachers must engage the student in conversations and reflective activities to help strengthen students' understanding about the real life issues, particularly as they affect their own lives. Examples of active learning methodologies include brainstorming, debates, discussion, games, panels, role play, simulation and skits.

Referral. When issues such as substance abuse and violence are addressed in the curriculum, many students who struggle directly or indirectly may confide in their teachers. Teachers will need to consult with and refer students to professionals such as the school counselor or social worker in certain cases. These professionals will also have other information that may be valuable for the student or that student's family (e.g., mental health agencies, women's shelters).

3. Evidence Based Prevention Strategies

Real Life Issue Prevention CI also incorporates prevention strategies that research has demonstrated are effective. These strategies respond to three levels of influence on problems of children and adolescents (Bronfenbrenner, 1979; Flay & Petraitis, 1994). The first level of influence is the *wider community*. Teachers could involve students in community prevention efforts. Service learning projects might include having youngsters tutor children whose parents are incarcerated because of substance abuse or violence. Children and adolescents might put up posters for HIV/AIDS organizations or participate in a mural with an anti-drug message, or raise money for children who have a parent dying of AIDS. Each of these activities could be linked to the standard learning curriculum.

The second level of influence is the level of *social interaction with significant others*. Here, two evidence-based prevention strategies are effective, (1) promoting pro-social norms, and (2) correcting misperception of norms. In reference to promoting pro-social norms, teachers must ask themselves what alternatives are available to students rather than engaging in risky behaviors? Are all students welcome to join school clubs and events? Is social ostracism and bullying ignored at school, or are pro-social expectations made clear? For example, one teacher reported that she witnessed a child carrying a backpack in the school hallway and saw another student knock it off repeatedly. When the teacher spoke to her class about a similar "scenario," her students suggested that the victim use another hallway rather than taking steps to prevent such bullying. Promoting pro-social norms means that incidents such as these do not go unchecked, but are made into learning opportunities for students so that they develop empathy and do not readily accept behavior that degrades others. Teachers look for ways to channel such behavior into more appropriate outlets. The after school drama teacher might involve students with learning and behavioral disorders who might not desire or have the skills to perform onstage to instead build the sets and scenery for the production. Reading materials for language arts class that address the real life issue of violence are selected carefully so that these stories promote the peaceful resolution of problems (promoting prosocial norms). Furthermore, such lessons include ample student discussion about negative consequences of violence and the value of non-violent alternatives.

Correcting misperception of norms refers to the fact that people act on their perceptions of the world, rather than the world itself. For example, students generally exaggerate the use of drugs by peers, and their drinking and drug using behavior conforms to the overestimated levels (Perkins, Wesley, & Wechsler, 1996). In fact, a survey study of low-income African American and Hispanic youth ages 14-25 found that young women reported using condoms less consistently when they perceived that their friends did not use condoms (Norris & Ford, 1998). However, both males and females used them more consistently when they perceived that their friends did. An educator's job is to replace students' perceptions of less desirable behavior with a more accurate perception of peer expectations and practices. Teachers of students with behavioral disorders might have students conduct a school survey to discover just how many of their peers really do approve of bullying behavior.

The third level of influence is the *individual level*. Two evidence-based prevention strategies align themselves with this level, (1) increasing perception of personal risk, and (2) developing and enhancing life skills. Many youngsters with disabilities think in terms of the here and now. Getting them to understand that engaging in risky behaviors could affect them down the line is both a challenge and mandate of CI methodology. Young people who see themselves as personally invulnerable to the negative effects of high risk behavior are more likely to experience the negative consequences of such behavior than students with a more accurate assessment of personal risk. Yet students with disabilities often lack the knowledge base of their peers. For instance, Bell, Feraios and Bryan (1991) found that adolescents with and without learning disabilities lacked knowledge about causal transmission and prevention of AIDS. Teachers must not assume students know their risks to the various real life issues, but explore ways of informing youngsters of these risks.

Developing and enhancing life skills is an evidence-based prevention strategy well suited to students with disabilities, who often suffer from poor decision-making skills. These life skills include but are not limited to the following: improving decision making, assertiveness training, resisting peer pressure, coping with stress, improving communication skills, and developing conflict resolution skills. These skills are considered protective factors that increase the probability that an individual will be resilient from engaging in harmful behaviors such as substance use (Bernard, 1991).

Teachers are more than deliverers of content and skills, however effective they may be in these areas. Teachers are also leaders and role models for their students. Teachers who use the Real Life Issues CI methodology are encouraged to recognize and make use of their capacity to positively influence student decision-making. Rather than being transmitters of knowledge, teachers have the potential to transform the lives of children and youth.

III. Research on the Real Life Issues and Students with Exceptionality

Students with exceptionality are particularly vulnerable to each of the aforementioned real life issues, substance abuse, violence, bullying, HIV/AIDS and social ostracism (See Tables 2-5). What follows is a review of the literature in each of these five problem areas broken down by types of exceptionality.

1. Substance abuse

Individuals with Attention Deficit Hyperactivity Disorder and substance use. The diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) is determined by a set of criteria of the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (DSM-IV-TR) (American Psychological Association, 2000). According to the DSM-IV-TR, there are three subtypes of ADHD: (1) the hyperactive-impulsive type, (2) the inattentive type, and (3) the combined type. It is the third type (combined) that has the highest rates of co-occurrence with conduct disorder (aggression) (Banaschewski, et al., 2003). Individuals with ADHD may qualify for special education services under the Individuals with Disabilities Education Act (IDEA) under (a) a co-occurring category of disability (e.g., learning disabilities and emotionally disturbed) or (b) under the category of other health impairment.

Several studies have indicated that individuals with ADHD use and abuse substances at higher rates than individuals without this disorder. Primarily, differences have been found in the area of tobacco.

Hartsough and Lambert (1987) found a greater number of boys with hyperactivity¹ had tried cigarettes (57.4%) versus controls (36.2%) and reported more frequent heavy use of cigarettes. Others have noted that children with ADHD begin smoking earlier than their peers without ADHD, (25% before age 15 and 46% between age 15 and 16) (Milberger, Biederman, Faraone, Chen, & Jones, 1997). Even when earlier initiation of smoking has not been found, researchers have noted significant differences in the age at which their youth begin smoking regularly (Lambert & Hartsough, 1998). That is, it has been reported that youth with ADHD become regular smokers around 15 years of age, whereas their peers begin smoking regularly at age 17. According to Lambert et al., 42% of adults with ADHD had already smoked more than 100 cigarettes in their lifetime compared to 26% of their age-mate controls. The ADHD group was significantly more likely to be dependent on tobacco and cocaine, both stimulants, even though they matched their age-mates on alcohol and marijuana dependency. These findings may support the notion that many individuals with ADHD use stimulant-inducing substances as a form of self-medication to alleviate their symptoms of impulsivity and hyperactivity.

By now it is generally accepted that it is conduct disorder and not ADHD alone that predisposes an individual to engage in use or abuse of substances. Support for this premise comes from several longitudinal studies (Barkley, Fischer, Edelbrock, & Smallish, 1991; Burke, Loeber, & Lahey, 2001; Gittelman, Mannuzza, Shenker, & Bonaqura, 1985). Gittelman, et al. (1985) examined a group of boys (ages 6-12 years) who had been referred to a psychiatric hospital by teachers because of behavioral problems (diagnosed at the clinic as hyperactivity) and a control group. Those children who retained the ADHD symptoms at follow-up had a 50-50 chance of having a conduct disorder in late adolescence or early adulthood. In turn, almost two-thirds of

the youngsters with conduct disorder progressed to drug or alcohol abuse. However, drug abuse in these individuals rarely occurred if a conduct disorder had not already begun. That is, children with pure hyperactivity displayed no higher rates of cigarette, alcohol or drug use than control children.

Using another clinic-referred sample that also included females, Barkley, et al. (1991) conducted an 8-year longitudinal study of 123 hyperactive children and control children (aged 4-12; 91% male). The researchers examined use of eight different substances including cigarettes, alcohol, marijuana, hallucinogens, cocaine, stimulants, sedatives, and heroin. The hyperactive group was found to use cigarettes and marijuana at higher rates than the control group, with conduct disorder accounting for much of this outcome.

Large-scale studies suggest that 1.3% to 7.3% or more of school-age children may be taking stimulants for behavior management (Jensen, Kettle, & Roper, 1999). Given the number of children taking medication, concerns have been raised about the possibility that use of stimulants such as methylphenidate could predispose children with AD/HD to substance abuse disorders in adolescence and young adulthood (Wellbery, 2003). Although it has been suggested that use of stimulant medication increases the likelihood of tobacco and cocaine dependency in these youngsters (Lambert & Barkley Hartsough, 1998), others have disagreed (Barkley, Fischer, Smallish, & Fletcher, 2003; Klein, 1998). In fact, Mick, Biederman, and Faraone (2000) found that pharmacotherapy was associated with an 85% reduction in the risk for substance use disorders in youth with ADHD.

In summary, research suggests that youth with ADHD try cigarettes earlier, use them more regularly and heavily than youth without ADHD. These patterns appear to be the result of the mediating influence of conduct disorder, rather than ADHD itself.

Students with emotional and behavioral disorders. Some of the literature on substance abuse and disabilities addresses school-identified students with emotional and behavioral disorders (EBD) (comprising 2% of the school population; Smith, Lochman, & Daunic, 2005). The Individual Disabilities Education Act (IDEA) categorizes these same students as emotionally disturbed (ED). However, unless identified otherwise in a particular research article, we will use the term EBD to refer to these students.

It cannot be determined from these studies what percentage of the students had AD/HD. Therefore, we address this literature separately. These studies have primarily relied on self-report instruments. *Like the findings for children and youth with AD/HD, this body of literature indicates a greater use of substances for students with severe EBD than either other disabled or non-disabled populations.*

For instance, Elmquist, Morgan, and Bolds (1992) administered a survey to middle, high school and self-contained students in a large suburban school district (96.8% Caucasian) to assess alcohol and other drug use. Incidence rates of substance abuse were assessed for five groups of students: (1) nondisabled, (2) learning disabled, (3) behaviorally disordered/less aggressive, (4) behaviorally disordered,

and (5) behaviorally disordered/self-contained students. The students with BD who were self-contained and attending a separate school reported more use of all the substances addressed (tobacco, alcohol, marijuana, other illegal drugs) than the other groups. The students with BD who attended self-contained classrooms in the middle schools or high schools, while reporting less use than those at a separate school, still had more substance use than the other groups of students.

Gress and Boss (1996) surveyed over 43,000 students in 11 public and non-public school districts. Similarly, they noted a greater use of cigarettes and marijuana during the elementary and junior high school years for students with severe BD compared to students with specific learning disabilities, developmental disabilities and students without disabilities.

For smoking specifically, adolescents with EBD have higher smoking rates than students with LD or students without disabilities (Fidler, Michell, Raab, & Arlton, 1992). In two school-identified samples of 13-14 year olds, male and female students with EBD were also more likely to be smokers and to be heavy smokers than their peers without disabilities. *In sum, the research indicates youth identified as EBD engage in higher use of substances than youth with other disabilities or youth without disabilities.*

Students with learning disabilities. The majority of the literature on students with learning disabilities (LD) and substance abuse has failed to yield differences in use or abuse between youngsters with and without LD. Early research found no differences in substance use in youth described as hyperactive (ADHD as identified under either the DSM-II or III) than youth without disabilities (Alladi, 1986; Beck, Langford, MacKay, & Sum, 1975; Clampit & Pirkle, 1983). Similarly, no relationship has been identified between reading disabilities and rates of substance problems (Bruck, 1985; Maughan, 1995). More recently, Robertson and Jackson (1996) investigated the initiation of cigarette smoking between students with and without LD and found no differences. In a rare study of substance use among members of a specific ethnic group, Mexican-Americans, with and without LD, Katims, Zapata, and Yin (1996) found no differences in the use of minor or major substances between the two groups.

However, more recent investigations that targeted students with learning disabilities more generally suggest that a greater proportion of youth with learning disabilities than their non-disabled peers may use and abuse substances (Beitchman, Wilson, Douglas, Young, & Adlaf, 2001; Karacostas & Fisher, 1993; Maag, Irvin, Reid, & Vasa, 1994). For instance, Maag, Irvin, Reid and Vasa (1994) found that self-reported tobacco use was higher for adolescents with LD (26%) than for those without LD (19%).

For substance abuse (rather than use), Karacostas and Fisher (1993) examined students with and without LD (ages 12-18) in a school sample. A higher proportion of the youth with LD than without LD were classified as chemically dependent when administered a substance abuse screening inventory (Karacostas & Fisher, 1993). The presence or absence of a learning disability was a better predictor of being classified as chemically dependent than gender, ethnicity, age, SES or family composition. However, it was also noted that the majority of the students with LD in that study (76%) were not classified as chemically dependent.

Beitchman, et al. (2001) studied whether or not a learning disability was associated with and/or predictive of a substance abuse disorder. Their sample included participants with and without learning disabilities at age 12 and 19 (all Caucasian) who had initially been part of a study involving 5-year-olds with and without speech and language impairments. Investigators found that youth who had consistent LD (qualified as LD at age 12 and at age 19) were more likely to have a substance abuse disorder than participants without LD, even though youth with and without LD did not differ in substance use, consumption levels or onset history. However, poor language skills did not predict a substance abuse disorder at age 19. Unfortunately, one confound of this study was that at least half of the participants with LD at age 12 and at age 19 had more than one disability. Also, those with a language disorder at age 5 were also likely to have other psychiatric disorders, such as antisocial disorder at age 19. Therefore, the study did not adequately control for the mediating influence of conduct disorder on the development of substance abuse.

In short, problematic in much of the available research on learning disabilities and substance abuse is that it has not made clear the type of learning disability present, nor the presence of a co-occurring conduct disorder. Therefore, final conclusions remain elusive. Nevertheless, students with LD are at least as much in need of substance abuse prevention programs as students without LD or with other disabilities.

Individuals with mental retardation. Christian and Poling (1997) reviewed the sparse literature available on drug use and abuse and individuals with mental retardation (MR). They identified five studies, most of which were limited to alcohol alone or alcohol and marijuana use. The findings concluded that although youth and adults with mental retardation do use and abuse substances, all showed a lower prevalence of use than for the general population. Individuals with mental retardation also begin using substances at a later age and have lower severity scores on measures of substance abuse severity (Westermeyer, Kemp, & Nugent, 1996). Nevertheless, when individuals with mental retardation use substances, they experience the same kinds of job-related problems (DiNitto & Krishef, 1984; Krishef, 1986; Krishef & DiNitto, 1981) and relationship problems (Krishef, 1986) that individuals without MR experience. Furthermore, these individuals may have greater difficulty getting treatment. First, many of the drug-related problems of individuals with MR may mirror behaviors typically observed in this population (e.g., tantrums, loss of self-help skills) (Rivinus, 1988). Second, many treatment programs do not accept individuals with moderate or severe MR (Lottman, 1993). Third, many treatment programs do not accept Medicaid, the typical medical insurance of individuals with MR (Lottman, 1993). Finally, because the prevalence of substance use and abuse appears to be somewhat lower for individuals with MR, outreach to this population may be limited (Christian & Poling, 1997).

2. Violence

In the literature that addresses individuals with exceptionality, aggression is the terminology typically used to describe youth who exhibit harmful behavior toward others. These youngsters typically receive special education services under the label emotionally disturbed (ED). According to a stratified random sample of Florida public school special education teachers serving students with ED, incidents of hitting, choking or other forms of extreme physical aggression occur with some frequency (Ruhl & Hughes, 1985). Over half the teachers surveyed reported that these incidents occurred at

least once a month and 29% reported weekly occurrences. Verbal aggression was reported by 97% of the sample. Sixty-eight percent of the teachers reported that verbal aggression occurred daily and 92% said it occurred at least weekly. More recently, Kaplan and Cornell (2005) found that students in special education who were referred to the principal made nearly half of all reported threats in two school divisions in and around central Virginia, even though they represented only 17% of the school's enrollment. Of those individuals, 50% of students making these threats were identified as EBD and 37% as LD. However, according to the authors, students with and without special needs did not differ in types of threats made.

It is students with ADHD (combined type) who are most vulnerable for aggressive behavior. If identified for special education services, these students would fall under the categories of either ED, LD or they might also receive services under another Section 504. Whereas only 4% to 10% of average children develop aggression (Strain, Cooke, & Apolloni, 1976), 45% to 70% of students with ADHD learn to behave aggressively (Loney, 1987; Meyer & Zentall, 1995). Aggressive rates of behavior are 90% higher for students with ADHD than for their peers and are stable across situation, informant, and time (Prinz, Connor, & Wilson, 1981).

Interpersonal difficulties. Social problems with students identified as ED are common. Inherent in the federal definition of serious emotional disturbance in the Individuals with Disabilities Education Act (IDEA) is an inability to build or maintain satisfactory relationships with peers and teachers. In preschool, children who continue to use instrumental aggression (rather than solve problems through negotiation and similar verbal skills) become the target for peer rejection (Coe & Cillessen, 1993) and counter-aggression (Olson, 1992). Aggressive children who are also rejected tend to exhibit more severe behavior problems than children who are either aggressive or rejected only (Smith, et al., 2005).

Aggression appears to be the major contributor to peer difficulties in children with ADHD (Landau, Milich, & Diener, 1998). Although boys show more total aggression than girls with ADHD (Abikoff et al., 2002), relational types of aggression have not been assessed. However, research on girls with ADHD cite peer rejection (Gaub & Carlson, 1997), difficulty making friends and instability in friendships (Blachman & Hinshaw, 2002) as major social concerns. In addition to being disliked by peers, girls with ADHD were more likely to be "doubly disliked," that is disliked by both peers and adults (Mikami, Chi, & Hinshaw, 2004).

One likely source of interpersonal difficulty is a speech/language disorder. For instance, it has been documented that between 19% and 84% of juvenile delinquent adolescents have communication disorders (Cozad & Rousey, 1966; Falconer & Cochran, 1989; Irwin, 1977; Sanger, Moore-Brown, Magnuson, & Svoboda, 2001). Incidentally, in a sample of speech and language pathologists 80% reported that they had not received training regarding communication disorders and violence (Sanger, Moore-Brown, Montgomery, & Hellerich, 2004).

Social cognitive processing deficiencies. A wide body of literature has identified distinct differences in social cognitive processing among children with aggression at several stages. At the encoding stage, children with aggression collect fewer pieces of information prior to making a decision about another's hostile intent (Dodge & Newman, 1981) and selectively attend to hostile rather than neutral cues

(Lochman & Dodge, 1994). They also use fewer of the relevant cues needed to make a decision about how to react in a conflict situation (Dodge & Tomlin, 1987).

At the interpretation stage, they infer that others are acting toward them in a hostile manner (Lochman & Dodge, 1994). At the problem solving stage, they have been found to possess social goals that are more dominance and revenge oriented and less affiliation oriented than children without aggression (Lochman, Wayland, & White, 1993). They also offer fewer verbal assertion solutions to their problems, fewer compromise solutions, and more direct action and physically aggressive responses (Lochman & Dodge, 1994; Pepler, Craig, & Roberts, 1998). Research has also noted processing differences in the way these children evaluate their solutions. Children with aggression evaluate aggressive behavior as more positive (Crick & Werner, 1998) and expect their solutions to be more successful (Lochman & Dodge, 1994) than children without aggression. Clearly, prevention education must take into consideration the qualitative and quantitative deficiencies children with aggression possess in the social problem solving process.

Early development of aggression. Children learn aggression through aggressive role models provided in the family (Ramsey & Walker, 1988). Rejecting, overly harsh, punitive and hostile behaviors have been found to occur at higher rates among parents of aggressive children (Dumas & LaFreniere, 1993; Eron & Huesmann, 1984; Loeber & Dishion, 1984; Patterson, 1982). Restrictive fathers, aggressive retaliation from siblings, mothers' reports of more physical aggression toward their partners and verbal aggression from partners were the factors found to differentiate preschool boys with hyperactivity plus aggression from children with hyperactivity but without aggression (Stormont-Spurgin & Zentall, 1995). Television also provides aggressive role models (Eron, 1982; Eron, Huesmann, Lefkowitz, & Walder, 1972; 1974).

Inconsistent discipline is another contributing factor to aggression. Specifically, providing less positive reinforcement for appropriate behavior, and inconsistent responses to a child's inappropriate, noncompliant behavior appears to set up an intermittent reinforcement schedule that maintains child misbehavior (Dumas & LaFreniere, 1993; Dumas & Wahler, 1985; Erickson, Sroufe, & Egeland, 1985; Snyder, Dishion, & Patterson, 1986). Withdrawal of aversive stimuli as a direct consequence of a behavioral act (negative reinforcement) maintains problematic behavior. Patterson (1982), for example, found that 70% of the time, family members who intruded aversively on the child, withdrew following the child's counterattacks. Parents also monitored their child's whereabouts, activities and peer associations infrequently and inconsistently (Patterson, Dishion, & Bank, 1984; Ramsey & Walker, 1988).

Mediating factors in the development of aggression. Even though aggressive behavior decreases after the toddler years for most children (Minde, 1992) when it does not, its continuance has been attributed to inherent child characteristics (temperament, poor verbal skills) as these characteristics interact with incidental learning from family and community models. Temperamental factors appear to influence the quality of children's social functioning (Eisenberg, Fabes, Murphy, Maszk, Smith, & Karbon, 1996). Typically temperament has been characterized as a combination of emotionality and self-regulation. Emotionality is defined as "stable individual differences in the typical intensity with which individuals experience their emotions . . . and

in threshold to relatively intense levels of emotional responding” (Eisenberg & Fabes, 1992, p. 122). Self-regulation skills refer to attentional processes (attention shifting and focusing) and the ability to activate or inhibit behavior (Derryberry & Rothbart, 1988). Children who have poor regulation skills and highly negative emotional intensity may be prone to behavioral and social problems. Eisenberg et al., (1996) found poor regulation skills combined with high emotionality predicted poorer social functioning and problem behaviors, whereas high emotionality but good regulation skills did not.

The link between child temperament and aggression appears to be indirect. That is, a difficult temperament operates as a vulnerability factor for aggressive behavior (Ramos, Guerin, Gottfried, Bathurst, & Oliver, 2005), while an easy temperament functions as a protective factor (Tschann, Kaiser, Chesney, Alkon, et al., 1996). The additional risk factors of aggressive role models and poor child-rearing skills, however, may tip the scales in favor of aggressive responding.

Another child characteristic that may mediate child aggression is language, although this area has not been well researched with children identified for EBD. The data that is available indicates at least half of children with EBD also show a significant problem in oral language skills (Donahue, Cole, & Hartas, 1994). In a rare study on pragmatic language, McDonough (1989) identified significant difficulties in the conversational skills of children with behavioral disorders relative to control children. Unfortunately, children with behavioral disorders rarely receive speech/language services (Casby, 1989). A child who cannot express his or her needs verbally may resort to physical aggression to resolve challenging interpersonal situations.

In sum, research indicates that students identified as ED often exhibit aggressive behavior. This behavior negatively impacts peer relationships and manifests in qualitative differences in the way the student processes social information. Several factors contribute to the development of aggression. These include aggressive family role models and inconsistent disciplinary techniques. In addition, these factors may interact with inherent child characteristics including difficult temperament and language problems.

3. Bullying

In the general school population, bullying is not uncommon. According to a recent study of five school districts in rural communities, 45% of seventh graders and 42% of eighth graders reported that bullying occurred “often” at school (Seals & Young, 2003). Similarly, at least 75 percent of 12-18 year olds in the Midwest said they had been bullied at least once (Hoover, Oliver, & Hazler, 1992). However, teachers tend to report lower prevalence rates of bullying than do students (Stockdale, Hangaduambo, Duys, Larson, & Sarvela, 2002), and do not always correctly identify bullies (Leff, Kupersmidt, Patterson, & Power, 1999). Whereas bullying is a form of aggression, researchers believe that it is the repetitive nature of bullying which distinguishes it from simple aggression (Hazler, Hoover, & Oliver, 1992; Olweus, 1991). Also, several studies have found a high correlation between anger and bullying (Bosworth, Espelage, & Simon, 1999; Espelage, Bosworth, & Simon, 2001), suggesting that anger management might be an important life skills area to address.

Students who bully share many features of children and youth with aggression, who may be identified for special education services. Kumpulainen, Rasanen, and Puura (2001) found that children who

bully are likely to have attention deficit disorder. Their parents also share similar characteristics to the parents of children who develop aggression (e.g., hostile and rejecting, inconsistent; Batsche & Knoff, 1994). Boys who bully tend to be physically aggressive (Olweus, 1993) whereas girls who bully use indirect or relational aggressiveness (Atlas & Pepler, 1998; Prinstein, Boergers, & Vernberg, 2001).

Children who are victimized tend to possess the following characteristics. They are submissive (Schwartz, Dodge, & Coie, 1993). They tend to give in to the bullying by relinquishing resources and displaying signs of pain and suffering (Patterson, Littman, & Bricker, 1967; Perry, Williard, & Perry, 1990). They are physically weak (Hodges, Malone, & Perry, 1995; 1997). They lack prosocial skills (Hodges et al., 1997; Pierce, 1990). In addition, victims’ lack of social support makes them vulnerable to those who bully, who attack without worry of consequences (Boulton, 1995; Egan & Perry, 1998; Hodges & Perry, 1999). In contrast, Mouttapa, Valente, Gallaher, Rohrbach, and Unger (2004) explored the association of school bullying with several characteristics of a friendship network in 6th grade Latino and Asian adolescents. They found that friends of aggressive students were victimized less often than other students.

Two types of victims have been identified in the literature, provocative/aggressive and nonaggressive. Approximately 10% to 20% of provocative victims also bully (Olweus, 2001). Provocative victims are seen as exceptionally argumentative, always having to have their own way, ready to blame others for things they don’t do, persistent in attempts to play with peers who don’t want them, prone to lie and steal, and likely to respond to teasing with anger (Pierce, 1990). They also exhibit characteristics that sound very much like students identified as ADHD with conduct disorder, that is, disruptiveness, hyperactivity, problems with concentration and aggression (Miller, Beane, & Kraus, 1998; Olweus, 1997; 2001; Perry, Kusel, & Perry, 1988). In addition, problems with writing and reading have been cited in the provocative group (Olweus, 2001). The provocative group suffers the more severe rejection by peers (Pellegrini, 1998; Perry et al., 1988). Victims who are nonaggressive are viewed by peers as being withdrawn, depressed, anxious, avoidant of conflict and likely to hover rather than try to enter peer groups (Pierce, 1990).

Research indicates that students with exceptionality are more likely to be victimized by bullying than students without exceptionality (Dawson, 1996; Llewellyn, 2000; Martlew & Hodson, 1991; Morrison, Furlong, & Smith, 1994; Nabuzoka & Smith, 1993; Sabornie, 1994). In a sample consisting of 38 students with LD and their matched 6 and 7th grade controls, students with LD reported significantly more victimization (i.e., having things stolen, being threatened or beaten up at school) (Sabornie, 1994). In Ireland, students with special needs who are removed from general education classes or who obtain services in separate classes were found to be at significant risk of being involved as bullies or as victims (O’Moore, 1995).

Exactly what it is that differentiates children with LD who are victimized from those who are not awaits further research. However, literature suggests that it may be the contribution of peer rejection (and the factors that lead to peer rejection) that places children with LD at risk for being bullied. We will explore this in the next section on social ostracism.

4. Social ostracism

That some students with special needs are the targets of social ostracism has been well documented over the years (Dore, Dion, Wagner, & Brunet, 2002; Goodman, Gottlieb, & Harrison, 1972). In fact, children and youth with LD are more likely to be rejected, not accepted, and neglected by peers (Greenham, 1999; Kuhne & Wiener, 2000; Nabuzoka & Smith, 1993; Wiener, 2002). Greenham (1999) indicates 25% to 30% of students with LD are socially rejected versus 8% to 16% of students without LD. Martlew and Hodson (1991) found that children with LD had fewer friends and were teased significantly more than their nondisabled peers. Gottlieb, Gottlieb, Berkell, and Levy (1986) found that students with LD tended to play alone at least 75% more often than their peers. In addition, girls tended to have a lower social status than the boys.

There is also some research to suggest that disability placement considerations affect the extent of student rejection. For example, Cohen and Zigmond (1986) concluded that students who are pulled out during the day for any length of time are more likely to experience the negative effects of stereotyping—Students who were pulled out of the general education classroom during the day on a regular basis had a greater likelihood of earning lower peer acceptance ratings than students who were integrated in the general education classroom (Haager & Vaughn, 1995; Madge, Affleck, & Lowenbraun, 1990).

In sum, students with exceptionality in the area of LD appear to be at higher risk for social ostracism than their non-disabled peers.

5. HIV/AIDS

Children and adolescents who have HIV and AIDS require services in the schools, qualifying as “Other Health Impairment” according to the Individuals with Disability Act (IDEA). That is, the HIV-related immunodeficiency may manifest as fatigue; musculoskeletal disorders that weaken muscles and nerves in the body; neurological impairments, which can cause limitations ranging from seizures to mental slowness; cognitive impairments; speech and language impairments; and mental retardation or learning disabilities (Ashton, 2003).

Research on the prevalence and incidence of HIV/AIDS among students with exceptionality is limited at present. However, studies relating to individuals with disabilities and sexual behavior/HIV do exist that bring insight into this topic.

Students with mental retardation. Gust, Wang, Grot, Ransom, and Levine (2003) studied sexual behavior in state residential facilities by individuals with mental retardation. According to survey results, more than 50% of 168 administrators surveyed reported that consensual relations occurred sometimes (48%) or often (15%) in their residents. About 5% of administrators noted at least one case of a sexually transmitted disease in their residents. Furthermore, administrators reported 110 cases of sexual abuse that they learned about either through victim reports (45% of the time), someone witnessing the incident (37% of the time), through medical disclosure (2% of the time) or through some other method (17% of the time). It is noteworthy that 63% of those crimes were committed by another client. This information adds weight to the importance of training individuals with mental retardation to understand the difference between consensual and non-consensual sex, and in refusal skills.

In addition, McCurry, et al. (1998) investigated sexual behavior in individuals with mental retardation and mental illness. Data revealed that a lower intelligence quotient was related with acting-out sexually. Moreover, they found that sexual behavior was related to the history of sexual abuse.

Students with learning disabilities. Eighty-eight college-aged adults with LD (ages 18-26) (82% white, 7% Hispanic, 56% female) (43% reading, 33% spelling, 33% auditory/visual processing problems or ADD, most had more than one area of disability) from nine colleges and universities around the United States, completed a questionnaire on issues pertaining to HIV prevention (Blanchett, 2000). Information was obtained about (a) the nature and extent of the AIDS education that they had received in high school, (b) sexual histories, including sexual behaviors and HIV risk behaviors, (c) perceptions of personal HIV risk, and (d) recommendations for the development of AIDS education. A subsample of the participants was interviewed by phone to obtain more detailed information about the participants' questionnaire responses. Findings indicated that 51% of respondents reported having had oral, vaginal and/or anal intercourse during high school. Initiation of such sexual activity was between the ages of 15 and 17. Ninety-three percent reported that they had used condoms only sometimes or never during oral sex. Seventy-one percent of the sample reported drinking or using drugs before or during sexual activity. Students who reported having used drugs before or during sex were likely to report having used condoms sometimes or never. Two-thirds (64%) reported that they had felt “no risk” for becoming infected with HIV during high school. Those who felt at risk of being infected tended to be concerned because of a lack of knowledge about their partners. Those who had engaged in sexual activity in high school were currently more concerned about their risk of becoming or being infected with HIV.

Students with LD who had spent 75% or more of their time in general classes were more likely to have received AIDS education than those who spend less time in general education classrooms. Students who had received HIV/AIDS prevention education in high school were more likely than those who had not received this education to report feeling comfortable being friends with someone infected with HIV. One of the important recommendations students made about what they would have liked to see included in AIDS education during high school was information about relationship-building skills. Most respondents felt that they would have preferred HIV/AIDS education information to be delivered by a health professional, even though the most common source of AIDS information available to them in high school was the media. One limitation of this study was the low survey return rate (23%) and lack of a comparison group.

In sum, the research reviewed indicates that students with exceptionality are at a distinct risk of each of the five real life issues that comprise the focus of Real Life Issues CI. In addition, teachers must concern themselves with the diversity characteristics of one's students in order to effectively apply the methodology. In the next section we examine the ways in which diversity characteristics interact with exceptionality.

IV. Research on Diversity and Students with Exceptionality

Lesson planning on behalf of children with exceptionality cannot occur without also addressing the individual and school context. Diversity issues are important considerations for teachers as these issues affect a range of decisions teachers make from selecting appropriate, non-biased learning materials to making instructional accommodations (e.g., for language or experience) to altering the way concepts and ideas are presented (e.g., cooperative groups). The diversity issues teachers must consider include race, ethnicity (including language and religion), socioeconomic status, gender, sexual orientation and age/developmental status. In the present monograph, we consider the interaction between diversity characteristics and individuals with exceptionality.

1. Socioeconomic status

Socioeconomic status (SES) encompasses a number of variables including family income, parents' occupation and parents' educational level. Socioeconomic status and its underlying issues may influence a family's decision making power in the community and the school, the educational opportunities that parents may be able to provide for their children, and the resources they can afford for their children's physical, emotional and educational well being. For example, children and youth from upper SES families bear the burden of trying to meet parental and community achievement norms and may cope with shame and humiliation if they fail to meet these expectations (e.g., when a child is identified as having an emotional disturbance). For low SES, factors such as inadequate housing, stress related to poverty, lower funded schools, poor nutrition, negative neighborhood influences and fewer or insufficient resources may compromise children's educational experience.

Individuals with intellectual disabilities (i.e., mental retardation) are disproportionately represented among the poorer sections of the population (Graham, 2005). Also, families of children with visual impairment, hearing impairment or orthopedic impairments earn \$4,000-\$5,000 less than other families, and this effect is most pronounced among minority families (Hodapp & Krasner, 1995). More families of students in special education have annual household incomes below \$25,000 than families of students in general education (U.S. Department of Education, 2005). Low maternal education is a variable that serves as an indicator of family income and overall SES (Hernandez, 1997). It has been associated with an increased risk for referral for MR, EBD, and LD (Mason, Chapman, & Scott, 1999).

Women who are socially disadvantaged could be more likely to have high-risk pregnancies (Batshaw & Perret, 1992). Furthermore, severe malnutrition early in pregnancy has been linked to an increased incidence of premature births (Brent, 1986). Premature infants are at greater risk for developmental disabilities (e.g., learning disabilities, mental retardation) compared to babies whose weight is appropriate for their gestational age (Allen, 1984; Teberg, Walther, & Pena, 1988).

However, poverty may not be the main explanation for over-representation of students for special education. It fails to explain why racial disparities are only found in MR and ED categories, and why students who are Latino have a far lower identification rate for these categories than students who are African American or Caucasian

despite the fact that individuals who are African American and Latino share a far greater risk than Caucasians for poverty (The Civil Rights Project, 2002). Furthermore, research focusing on one Midwestern state found that poverty was a weak and inconsistent predictor of disproportionality in the placement of students who are African American for special education (Skiba, Poloni-Staudinger, Simmons, Feggins-Azziz, & Chung, 2005). Instead, Skiba et al., suggest that poverty only magnifies already existing racial disparities.

Bias in referral of students with exceptionality may be one reason students from low-SES families tend to be identified for special education services. Students with low SES begin school with diminished educational readiness. Many of these students attend schools with reduced educational resources and opportunities (McLoyd, 1998). The unfortunate combination of early childhood disadvantages coupled with inferior educational services may contribute to increased special education referrals. In support of this, Coutinho, Oswald, Best and Forness (2002) found that teachers recommended more restrictive placements for children described in a case study as low SES versus high SES after controlling for variables such as child behavior, district of respondent, age of respondent, and ethnicity.

In addition, bias may be present at the identification level. That is, practitioners may over-identify students from low-SES who might not qualify in order to provide help to students who might not otherwise get the educational attention they require. This bias might occur despite an exclusionary clause in categories such as LD, which rules out identification of students whose problems are due primarily to environmental causes (e.g., poverty).

To further complicate matters, states and local education agencies (LEA) vary in terms of the procedures they have used to classify students with severe learning disabilities (LD). As Reschly and Hosp (2004) state, "currently, the states vary so much in SLD requirements that little can be said unequivocally about students with SLD other than they have low achievement" (p. 204). According to the authors, 40% of states offered little guidance to LEAs to help them determine severe discrepancies between a student's ability to achieve and his/her actual achievement (discrepancy component of LD). When states and LEAs have no uniform or systematic criteria for applying the federal definition of LD, bias may more easily slip into the identification process.

Although an exhaustive list of suggestions is beyond the scope of this monograph, teachers of students with exceptionality may consider the influence of low SES as illustrated in the following examples. Teachers need to be exposed to the literature regarding selection bias when it comes to referring and identifying students from low SES. Teachers may need to build up prior knowledge about a concept before teaching it. Consider, for instance, children who have never had the resources to travel out of their neighborhood but are expected to learn about different geographic regions without any prior knowledge about how land regions differ. Teachers will also need to provide materials for enrichment projects, such as the science fair and create time during school hours to work on these activities. Understanding that the rate of poverty for children from single parent homes is four times higher than for children from married-couple families (Rector, Johnson, & Fagan,

2002) may inform the selection of reading materials when depicting the main character's family situation.

2. Race and ethnicity

Race is a factor in the area of exceptionality as far as special education placement bias is concerned. Both over-representation and under-representation of various minority students has been cited in the literature. Students who are African American have been over-represented in the LD category (Anderson & Webb-Johnson, 1995; Brosnan, 1983; Robertson, Kushner, Starks, & Drescher, 1994) and in mental retardation programs over many years (Brosnan, 1983; MacMillan & Reschly, 1998). In fact, O-Shea, O-Shea, Algozzine and Hammitte (2001) reported that students who are African American from poor families are two to three times more likely than Caucasian students to be identified as having MR. However, in a nationally representative 8th grade sample of students, Stone (1993) found that students who were African American were under-represented in LD placements, while students who were Caucasian were over-represented after controlling for academic and behavioral competencies.

Students who are culturally and/or linguistically diverse (CLD) have also been disproportionately represented in the population of students with EBD (Harry & Anderson, 1995; U. S. Department of Education, 1999). Students who were African American and Native American compared to Caucasian were found to be over-identified within this classification (Oswald & Coutinho, 2001) with prevalence rates of 1.5 to 1.7 times that of students who were Caucasian.

In contrast, under-representation in LD programs has been reported for students who are Asian (Brosnan, 1983) or Hispanic (Robertson, et al., 1994; Stone, 1993). Students who are Hispanic and Asian/Pacific Islander students have also been under-represented in the category of EBD (Oswald & Coutinho, 2001). Students who are Native American have been cited as both under-represented (Brosnan, 1983) and over-represented (Oswald & Coutinho, 2001) in EBD programs, over-represented in LD programs (Delgado & Scott, 2006) and over-represented among students with mental retardation (Oswald & Coutinho, 2001).

The make-up of the community may affect the identification process. For instance, Coutinho, et al. (2002) found that LD identification declines as the non-White percentage in the school district increases for all groups except American Indians. As SES increases, identification of male Black and Hispanic students increases disproportionately. Likewise, students who are African American who live in a largely White community are more likely to be classified as EBD than students who live in a community comprised primarily of culturally and linguistically diverse (CLD) students (Coutinho, et al., 2002). The processes of special identification appear to work differently for different ethnic groups, but not irrespective of other issues such as gender, SES and community context.

In addition, particular racial groups may possess more risk factors that might increase the likelihood of referral for special education services. For instance, in a study of the birth records in the state of Florida, children who were African American were not over-represented once the risk factors of maternal education and low birthrate were factored into the analysis (Delgado & Scott, 2006).

At the referral level, teachers (who are primarily white females from middle class backgrounds) who lack the understanding of cultural differences may incorrectly refer minority students who behave differently than White, middle class students (Coutinho et al., 2002). Culturally inappropriate teaching and assessment practices may promote behaviors associated with EBD (Rueda & Forness, 1994). Furthermore, the findings from Coutinho et al., (2002) suggest that some minority groups get referred simply because they are different from the school community.

Skiba, et al. (2005) found that for African American students, district suspension-expulsion rates were consistently associated with disproportionality in numbers of African American students in special education for the ED, MR and LD populations. A troubling explanation for this is that teachers who refer their students to the office and the administrators who expel them lack understanding and training to relate to cultural differences. As Harry and Klingner (2006) have observed, there appears to be "a systemic or institutional bias against the lowest-income and, in particular, Black student populations" (p. 177). They suggest considering alternatives to suspension and putting into practice discipline policies that are proactive rather than punitive.

Parents of students who are linguistically and/or culturally diverse may possess cultural perspectives and expectations that hinder their ability to negotiate the special education system at the referral stage (Salend, 1993). The belief that the educators make educational decisions may prevent a parent from advocating for his/her child. Acculturation makes a difference, too. For instance, a first generation Mexican-American parent may feel more uncomfortable interacting with school professionals than a parent who has lived in the U. S. longer.

An additional problem that is inextricably linked with potential bias in identification of particular minority groups concerns the validity of the assessments used to identify students for special education services. For instance, identifying an individual as LD has until recently involved an application of the discrepancy component. Typically, a test of intelligence (IQ) was administered as an indication of learning potential and one or more achievement tests were administered to determine student performance. If a significant gap existed (a discrepancy) between the student's learning potential (IQ) and performance in one or more academic areas, the student was referred for evaluation for a learning disability. However, it has been reported that students who are African American test at an average IQ approximately one standard deviation below European Americans (Warner, Dede, Garvan, & Conway, 2002) due to a bias in these instruments. Warner, et al. hypothesize that nearly half of all African Americans could theoretically have been excluded from being considered for a diagnosis of LD, particularly if a simple difference method had been used to determine a discrepancy between ability and achievement. That is, a significant gap would be less readily observed if IQ scores were lower or closer to achievement test results. This could explain in part the under-representation of African American students in LD placements (Stone, 1993). Even after so much time, assessment instruments still reflect a bias toward the cultural expectations of the majority, white, Anglo-American population (Artiles, Aguirre-Munoz, & Abedi, 1998; Helge, 1991; Jacobs, 1991; MacMillan & Reschly, 1998).

Teachers can consider the influence of race and ethnicity in the following ways. They can begin to assess the culture of their classroom and school by identifying the percentage of students from various races and ethnicities, including language groups and religions. They can use this information to develop a class profile. Then they can select works of authors from the race and ethnic groups that best characterize their students and build their curriculum from these works. They can also consider how specific real life issues may affect that racial or ethnic group. For instance, how might infusing the real life issue of HIV/AIDS, the leading cause of death among African American men (Center for Disease Control and Prevention, 2002), differ in a classroom of predominately African American males versus Irish Catholic males?

3. Gender

Boys are twice as likely as girls to be referred for special education even at the early preschool stage (Delgado & Scott, 2006). Students placed in special education programs in the United States are disproportionately male (Bailey, 1993). The overall male to female sex ratio for all categories of disability has been reported to be between 2:1 and 3:1 (Callahan, 2005). However, in the categories of LD and EBD males outnumber females anywhere from 3:1 to 25:1 (Hayden-McPeak, Gaskin, & Gaughan, 1993; Jennings, Mendelsohn, May, & Brown, 1988; Stockard, 1980). In short, special educators can expect to work primarily with male students. The old adage “Boys will be boys” may play out in higher than desired incidents of aggression in the classroom. Dyslexia, a specific learning disability that is associated with severe reading deficits, occurs equally often in males and females. However, boys are 2 to 5 times more likely than girls to be identified with a reading disability (Shaywitz, 2003). Shaywitz suggests that teachers, who tend to be female, miss potential reading deficits of girls who sit quietly in their seats. Instead, the boys, who may manifest their reading frustration as behavioral problems, are referred for further evaluation.

Research has also demonstrated differences in the way teachers interact with male versus female students. That is, boys receive more disapproval from teachers, are criticized more often, and have their ideas rejected more often than girls (Brophy & Good, 1974; Sears & Feldman, 1966). Teachers rate boys as being more likely to get into arguments and fights and as being more defiant, rude, cruel and bullying (Gove, 1979). Compared to girls, boys also receive directives from teachers designed to manage, control or prohibit behaviors (Hoyenga & Hoyenga, 1993). Differences have also been documented in referral and evaluation for special education (Jennings et al., 1988; Percy, Clopton, & Pope, 1993). However, it is still not clear whether the teachers refer males at higher rates than females because of actual behavior or teacher perception.

Another explanation for the over-identification of male versus female students involves the complex relationship of gender, SES, race and ethnicity. For example, LD and EBD identification increases significantly as poverty increases, but only for male students and only for African American and Hispanic students (Coutinho, Oswald, & Best, 2002). For male Native American and Caucasian students, identification for LD tends to decrease with poverty. Gender alone does not explain the unequal distribution of male versus female students in special education programs. However, gender combined with factors of race and class may explain the distribution.

Issues of referral bias aside, recent research has identified no differences in the incidence of reading disability between boys and girls (Siegel & Smythe, 2005). Similarly, no gender differences have been found in non-referred males and females with ADHD in terms of learning disabilities, psychiatric and behavioral problems or school functioning (Biederman, et al., 2005).

Nevertheless, special education programs are comprised of a greater number of male versus female students. Male students may have different learning styles that could affect lesson planning. The first author remembers one inspired teacher who capitalized on her predominantly male student body of middle school students with behavioral disorders by setting up a row of stationary bikes in her self-contained classroom. This allowed the boys to channel excess energy in between their seatwork activities. Male students may need to cool down before talking about their angry feelings following a conflict with a peer. The first author observed that 4 male preservice special education teachers unanimously, albeit separately, decided to create a math lesson for a hypothetical male student by linking it with sports statistics. However, in the same class, none of the 12 female students linked teaching to sports.

4. Sexual orientation

We were not able to identify studies related to the prevalence or incidence of various sexual orientations and exceptionality. However, the Council for Exceptional Children's International Standards for Entry into Professional Practice includes sexual orientation as one of the learning needs addressed by educators.

In schools where bullying is an issue, victimization based on one's sexual orientation could also be a concern. In addition, the isolation and lack of support gays, lesbians and bisexual youth feel accounts for higher rates of emotional distress (Resnick, et al., 1997), and substance abuse (Resnick, et. al., 1997) compared to heterosexual youth. According to an examination of data from the National Longitudinal Study of Adolescent Health (Russell & Joyner, 2001), youths with the same-sex orientation are more than two times as likely than their same-sex peers to attempt suicide. They also scored higher on the risk factor of alcohol abuse and depression. Finally, gay male adolescents reported more victimization than girls, although girls with the same-sex orientation were more likely than heterosexual girls to report victimization.

Educators might consider having students conduct surveys related to the myths of sexual orientation. Planned Parenthood offers online lesson plans that might be helpful. Sample items from their Sexual Orientation Question Sheet include: “There are no gay, lesbian, or bisexual people in our school,” “HIV is a gay disease,” “Lesbians, gay men and bisexuals do not make good parents.” These false statements might be a good starting point for a class discussion. In line with CI methodology, this discussion would be linked with required learning standards (e.g., human rights).

V. Incorporating Real Life Issues Curriculum Infusion into a Special Education Teacher Preparation Program

Northeastern Illinois University (NEIU) in Chicago, Illinois has been rated the most ethnically diverse campus in the Midwest. Students at the university span a range of ages and race and ethnic backgrounds, with many first-generation students. Many of the students hold full-time or part-time jobs, and raise a family while fulfilling their degree requirements.

The following represents an example of how the curriculum infusion model can be incorporated into an entire program area. Please note, that although the CI methodology has already been integrated into many of the courses that follow, some of these examples are hypothetical. These courses comprise the Learning Specialist One Program (LBS I) at Northeastern Illinois University in Chicago, Illinois. The LBS I is an initial certification program for students in special education. It prepares teachers to work with individuals with special needs at the K-12 level who have learning disabilities, emotional/behavioral disorders, mental retardation and physical impairments. It is a program approved by the National Accreditation Association for Teacher Education (NCATE) and the Council for Exceptional Children (CEC).

Curriculum infusion of real life issues at the higher education level at times necessitates an add-on to the special education teacher preparation curriculum. However, as you will see, in all courses, the integrity of the program is maintained, if not enhanced by integrating content that is of particular benefit to students whether they intend to do their professional work in urban, suburban or rural school settings.

1. Foundations in special education course

The purpose of the foundations course is to provide students with an historical, legal, ethical and research based perspective of the field of special education. Current trends, practices and professional behaviors are included. CI is consistent with current instructional pedagogy in the field of special education; that is instruction must be relevant to the real world of the student, and issues of cultural diversity are to be considered as they relate to planning instruction and communicating with students and parents. The CI module fits into the area of addressing current trends in the field, which includes pedagogical concerns as well as preparation of special education preservice teachers for life in the real world. For instance, a significant number of special needs students receive their education in regular education classrooms. Therefore, social ostracism of students with special needs is explored within the context of the inclusion movement.

In preparation for the introduction of the topic to the students, the instructor leads the class in the following discussion questions:

- a. Was there ever a time in your own life that you felt ostracized, that a group excluded you or made you feel bad? – If so, was the ostracism in part related to race, ethnicity (including language or religion), socio-economic status, gender, sexual orientation, age, or special education needs?
- b. What could an adult (teacher or parent) have done to be helpful?

The instructor distributes a case study to the class. Class members are

asked to consider each of the following as they read the case: *culture, race, ethnicity, socio-economic status, gender, sexual orientation, and age or developmental status*. In addition, students are asked to explain why each of these diversity issues is or is not a factor in the case study.

Following their reading, the instructor asks class members to classify themselves regarding each of these issues and to consider how one of their own teachers might have used this knowledge to prepare or improve upon a lesson (i.e. make it more interesting, understandable, commanding of your attention, etc).

The case depicts a culturally different special needs boy, first attending a new school in a town into which his family had just relocated. The case describes the new town as homogeneous and “tight-knitted,” with a community resistant to change and intolerant of individual differences. The boy experiences ever-increasing acts of antagonism and intolerance from his classmates. This intolerance spills from the classroom and beyond to the community at large. The special educator is requested to work with the classroom teacher in order to identify a solution to this situation.

Class members are instructed to “Assume the role of the special education teacher called in to confer with the regular education teacher,” and to “Make recommendations to the general education teacher that might alleviate the situation described in the case study.”

Small groups report back to the entire class with their suggestions. Then the instructor shares research regarding social ostracism occurring in included classrooms and assigns parts of an article on bullying and social ostracism (i.e., British Columbia Ministry of Education, 1997) to be read for the next class session. Students are asked to consider modifications they would make to their original recommendations in light of their reading.

Session two begins with a discussion and review of the article distributed for homework. Next students explain what modifications they had made to their original recommendation based upon the article they had read for homework. Following the discussion, the CI model is formally introduced and explained. The session ends with the distribution of the Real Life Issues CI handbook (Glick, Joleaud, & Messerer, 2006), which students are told to download from the project website (www.neiu.edu/~k12pac) and to read for session three.

Session three starts with a discussion and review of the handbook. Students are asked to relate the relevance of the CI Model to the case study. For instance, the instructor asks the students to consider the three levels of influence (i.e., individual, social interaction, community) and determine whether they think that an intervention at the individual or social interaction level is sufficient to help the student depicted in the case. The instructor helps the students see that those at the community level (e.g., parents) are part of the problem. Therefore, interventions need to be incorporated to address the community level. The students also consider which of the evidence based prevention strategies at each level would be most appropriate for the special educator to use.

Next, students are arranged in groups of three. Students are instructed to generate an intervention which addresses all five of the model's evidence based strategies: (1) involving students in community prevention efforts, (2) promoting pro-social norms, (3) correcting misperceptions of norms, (4) increasing perception of risk, (5) developing and enhancing life skills. Students are also asked to consider the six areas of pupil diversity (i.e. *race, ethnicity, socio-economic status, gender, sexual orientation, and age/developmental status*) in the design of their plan. An assignment sheet is provided to help students organize their thoughts and inform them of the scoring rubric.

During the final session each group (team) presents their plan to the entire class. While presenting, teams are asked to comment on the features of their plan they liked the most and why. Also teams are asked to describe how their final plans differed from earlier versions produced in sessions one and two and what prompted the changes.

2. Assessment course

The goal of a course in assessment of individuals with exceptionality is to provide special educators with an in-depth understanding of the principles of test construction, basic statistical concepts, commonly used standardized tests and other procedures for evaluating students with exceptionality.

The topic of assessing adaptive behavior is a logical opportunity for the instructor to discuss the real life issues of violence, social ostracism and even HIV/AIDS. It is here that risk factors for some of these issues for individuals with MR are addressed. The instructor talks about the domains of adaptive behavior (i.e., communication, daily living skills, socialization, motor skills, maladaptive/problem behavior) and how challenges in each of these areas might make a child vulnerable to a real life issue. For instance, a youth with low-functioning autism might have been subjected to sexual abuse but not have the communication skills to be able to convey this to adults who might help. Students with mental retardation tend to wait for others to guide or control them (Wehmeyer, 2003; Zigler, 2001). One outcome of this characteristic might be that a child with MR could be overly friendly to certain peers who would take advantage of him/her (e.g., ask the student to deliver drugs to someone, offer alcohol to drink).

In addition, one key assignment in this course is to have students analyze a case study of a hypothetical student complete with a full assessment report. The hypothetical case is depicted as a child at risk for one of the real life issues (e.g., violence, substance abuse). Background information provided includes facts born out by the research on the topic. For instance, the background of a child with behavioral disorders includes characteristics of a difficult temperament during early childhood, compounded by living in a single-parent home in a low SES community. Students are asked to make instructional recommendations for the student. These recommendations include one or more of the five evidence-based prevention strategies. Naturally, the five strategies are disclosed to students in advance of the case study analysis assignment. Students are also asked to comment on the impact of any diversity issues on the case student's performance on the assessment results.

In the area of informal assessment of individuals with moderate to severe disabilities, students are asked to conduct an ecological inventory. That is, they perform an analysis of the current (and future)

environments to determine the activities that might be required of a child/youth and corresponding skills that might be needed. (e.g., a child who is learning to purchase groceries would be taught to do this in the context of an actual grocery store. Skills such as reading store aisles, asking for help when needed, checking out, paying for purchases, saying thank you would be taught off and on site). This assignment represents an ideal opportunity for students to become acquainted with the community and culture of the children they teach. For instance, the instructor asks students to write a description of a real child or youth with moderate to severe disabilities, including the learning, physical, social and communication characteristics of that individual, as well as the child's diversity characteristics. Then the students conduct an analysis of the community in which the child/youth lives. This consists of actually visiting local restaurants or fast food establishments, laundry mats, recreational opportunities and/or transportation sites in order to identify unique features that affect educational planning (e.g., are signs posted in English or another language, how accessible are stores, do persons who frequent these establishments seem accepting of individuals with disabilities). Students use these features to write-up a task analysis of the skills that would be taught to their target student as these skills are embedded within a particular activity in a specific environment. The instructor and students discuss how particular community features and cultural concerns affect the informal assessment process.

3. Characteristics course for teaching students with moderate to severe disabilities

Curriculum infusion of real life issues is addressed in a characteristics course where students learn to identify learning and behavioral characteristics of individuals with disabilities. Students learn theoretical perspectives of disabilities and implications for design of intervention programs and assessment issues. Students develop an awareness of the connection between real life issues and students with disabilities. For instance, the instructor addresses the contribution of fetal alcohol syndrome to specific disabilities.

A major assignment consists of the examination of a particular disability. This is accomplished in a research paper on a specific disability. In addition to researching the characteristics of that disability (e.g., communication deficits in individuals with autism), students also investigate the prevalence and incidence of that disability or its broader category (e.g., mental retardation) in terms of issues of diversity (e.g., ethnicity, gender). Also contained in this research paper is a section related to the vulnerability of those individuals for at least one of the real life issues (e.g., substance abuse in individuals with MR). Their research results in a Power Point presentation for the class.

Another key assignment is to interview an individual with disabilities or a family member. The interview protocol is grouped into five categories: (1) Personal (describe self, family, neighborhood; describe strengths and weaknesses in academic and social domains), (2) Friendships (describe close friends, similarities and differences, activities), (3) Schooling (describe school, favorite and least favorite classes, teachers and peers; classroom rules, teacher(s) discipline style; describe effective and ineffective reinforcers/incentives; analyze diversity features of the school), (4) Community (describe neighborhood, recreational opportunities; analyze diversity issues of the greater community), and (5) Real Life Issues (describe where/how the real life issues exist in the community, family, peer or school environments; describe whether bullying/social ostracism/substance

abuse exists, how this makes the student feel, whether they can affect it or prevent it, whether they feel they can turn to anyone for help). The interview results in a paper and includes a personal reflection on insights gained for working more effectively with students with disabilities, including effective use of prevention strategies and understanding of issues of diversity.

4. Methods course for teaching students with mild disabilities

Integrating the real life issues curriculum is accomplished most easily via the lesson plan assignment. Preservice teachers are required to (1) design a lesson plan or thematic unit plan that integrates evidence-based practices for a student with disabilities, (2) utilize prevention curriculum resources to incorporate in their lesson plans, and (3) reflect on the way(s) diversity issues might affect the lesson planning and/or instructional process. The course instructor teaches the preservice teachers about the CI model in three instructional days. On day one, students are given a pre-test consisting of a true and false questionnaire over each of the real life issues. Data for the items are acquired from current research and agency statistics (e.g., Center for Disease Control and Prevention). For example, one substance abuse item reads, "Individuals with learning disabilities use and abuse certain substances in equal proportion to individuals without LD." (The answer is false, by the way. Individuals with LD use and abuse in greater proportion.) An HIV/AIDS item is, "In a recent study of high school students with LD, 55% of respondents reported having used alcohol and other drugs before or during sex." (The answer is false. It's 71%). After this activity, the instructor engages the class in a discussion of the answers to clarify the importance of each real life issue to the special educator.

On day two, the instructor divides the class into groups of three. Each group is given two tasks. First they are to discuss how their students' diversity characteristics might impact teaching and learning. The instructor adds examples include talking about the over-and under-representation of various ethnic groups in special education placements, the dual challenges of educating English Language Learners (ELL) with disabilities, and how to modify classroom activities to appeal to the primarily male student body with exceptionalities.

Second each group is asked to brainstorm what they think causes or contributes to one real life issue. One group member functions as leader, getting input from each group member. A second member records responses for the group, while the third member shares the responses with the whole class.

On day three, the instructor presents the evidence-based strategies via a Power Point presentation. This is an opportunity for the instructor to provide students with lesson plan examples and suggestions to demonstrate how these issues might be addressed in the preservice teachers' lesson plans across subject areas. For instance, one preservice teacher addressed the Illinois Learning Standard of "writing for a variety of purposes and audiences." She focused on teaching her middle school students with mild disabilities to analyze persuasive messages in the media. In this way she could address how the media functions to mislead young people as to the typical behavior of their peers, e.g., media exaggerates drinking (*misperception of norms*). She transforms her classroom into an advertising agency and the students learn about the roles and responsibilities of the people who work at such an agency. Her students research the effects of various substances. At this stage, students are engaged in the evidence based practice of *increasing their perceptions of personal risk*. By asking

students to create an ad convincing peers to engage in healthy habits, the teacher also utilizes the evidence based practice of *promoting prosocial norms*. She also teaches them the rules of writing and takes them through the writing process in order to publish report briefs related to their substance abuse topics.

The instructor shares other lesson plan ideas. For instance in mathematics, data from any real life issue can be easily used to develop word problems appropriate to the lesson's objective and ability of the student with exceptionality. At the same time, the teacher utilizes the evidence based practice of *increasing perceptions of risk*. For instance, a word problem might read, "Fifty-four% of those convicted of crimes had used alcohol before the crime. If 900 people were arrested for violent crimes, how many had used alcohol before the offense?" This type of word problem can be followed by a discussion of how alcohol contributes to participation in other risky behavior with which the students may be more familiar (e.g., teen rape, bullying).

Another way to incorporate both the evidence-based practice of *increasing perceptions of personal risk* and *life skills* is demonstrated in a science lesson. Here the teacher might address how the human body works or ways to keep oneself healthy by looking at HIV/AIDS. Students with exceptionality could be taught what a virus is, how it is transmitted and how to protect oneself.

The instructor also leads the students through an analysis of how to consider each evidence based strategy in terms of student diversity. For instance, to integrate the strategy of promoting prosocial norms in a school community comprised of primarily Asian American students, it would be wise to appeal to the sense of social responsibility an individual has to one's family and community as a deterrent to engaging in risky behavior.

The formal lesson plan project involves planning instruction for one of several hypothetical students with exceptionality, each possessing a variety of diversity characteristics. Class members select one of these cases and design lessons appropriate to the students' needs while integrating a real life issue in accordance with at least one evidence based practice.

5. Methods course for teaching students with moderate to severe disabilities

Curriculum infusion of real life issues is accomplished in a methods course focusing on moderate to severe learning, mental and behavioral disabilities. The objectives for this course include (1) develop an awareness of the connection between substance abuse and individuals with moderate to severe disabilities, (2) develop an awareness of the connection between sexual abuse and individuals with moderate to severe disabilities, (3) develop lesson plans that integrate evidence-based strategies (i.e., regarding substance abuse prevention, HIV prevention) for an inclusive classroom, and (4) provide prevention curriculum resources for students. On the first day of a two-day module, the instructor presents the evidence-based strategies via a Power Point presentation. The instructor and students discuss data provided by the instructor and students add examples from their own classrooms. For example, the characteristic of outerdirectedness (Bybee & Zigler, 1992) is discussed. Outerdirectedness deals with taking cues from individuals in one's environment and wanting to please the people in his or her environment. Therefore, agreeing with a peer or looking for a smile has implications in the area of peer pressure and substance abuse.

Course content includes an examination of Fetal Alcohol Syndrome and Fetal Alcohol Effect. Class participants offer their experiences of working with children and youth with these characteristics.

The instructor addresses the topic of life skills techniques (e.g., how to increase the social language skills of the students, use of role-play strategies). Each group of two to three students then develop brief lesson plans that pertain to substance abuse prevention in an inclusive setting. The students share their projects with the rest of the class.

On the second day of the two-day module, the instructor leads the class in an oral review of the evidence-based prevention strategies. The instructor and students discuss data related to students in terms of sexual activity. In addition, the instructor presents data on the rates of HIV and AIDS among students with moderate to severe disabilities. Discussion of susceptibility to sexual abuse for students with disabilities takes place with special attention to factors such as low self-esteem and concurrent sexual abuse. This discussion is followed by information related to teaching students who have HIV/AIDS.

As with the substance abuse discussion, examples of life skills techniques are presented by the instructor. For instance, the instructor explains how role-play techniques might be structured to teach a child how to respond when he/she experiences inappropriate touching by another person, or how to seek help. Each group of two to three students then develop a lesson plan that addresses HIV prevention in an inclusive setting incorporating the evidence based strategies of life skills training or increasing perceptions of personal risk. The students then share their projects with the rest of the class. The projects range from appropriate dating etiquette to responding to inappropriate touching and language.

6. Collaboration and consultation course

The goal of this course is to prepare preservice teachers to work with parents, professionals and agencies on behalf of students with exceptionality. A primary focus of the course is to foster effective communication skills to build collaborative partnerships. This involves understanding the roles and responsibilities of various stakeholders and how to access resources that these partners might find valuable. The evidence based practice of connecting to the community represents a good fit for this course. For instance, class members put together a parent resource handbook comprised of listings and descriptions of various agencies parents might turn to when they need additional assistance (e.g., mental health agencies, tutoring services). A portion of the resources included in the parent handbook include agencies that offer information, activities and assistance related to some of the real life issues. For instance, the National Institute on Drug Abuse has several resources for parents such as "Marijuana: Facts Parents Need to Know." The Illinois Violence Prevention Authority has a link to the Illinois Children's Mental Health Partnership which details information of value to families about voluntary mental health screenings for children free of cost.

As a group project class members apply their communication skills to developing and presenting a professional inservice. Topics for this inservice include exploring local agencies like the AIDS Foundation of Chicago, what these agencies do, and how the special educator might make use of them. Another choice of inservice is to focus on

one of the real life issues and its impact on educating students with exceptionality. Students develop curricula that would involve their future k-12 students in community activities. Finally, future teachers get involved themselves in a community prevention activity by writing a letter to their senator or congress person about the seriousness of one of the real life issues in their state. In this way, they are better prepared to involve their own students in such activities.

7. Strategies of behavior management course

Students in the behavioral management course are exposed to principles and procedures of various approaches to behavior management, including applied behavioral analysis and various other cognitive and behavioral approaches. Key course components include understanding the theoretical foundations of the approaches, discovering the research findings related to their utilization and being able to apply the various approaches in the educational setting. Among the assignments in this course is a presentation project in which students explore and teach to the class one specific behavioral management approach (e.g., life-space interview, art therapy, positive classroom discipline). The real life issues of violence, bullying and substance abuse are easily addressed here with only a minor modification of the assignment. Class members are required to apply their assigned approach not only to minor classroom disruption incidents of k-12 students, but also to the more serious concerns of violence and bullying.

Some of the behavior management approaches already address the evidence-based practice of *promoting prosocial norms* (e.g., positive peer culture, peer mediation). Many other behavior management approaches focus on the evidence-based practice of *life skill instruction* (e.g., social skill training, picture exchange communication system). For instance, the Rational Emotive Therapy (RET) approach focuses on youngsters' cognitive distortions associated with their misbehavior. Overall treatment, according to this approach, involves (1) delineating a person's thinking or irrational beliefs/ideas (e.g., "What do you think about when someone calls you a nasty name?"), (2) showing him/her how these irrational beliefs cause and maintain his/her behavioral problems (e.g., "Is that thought true?" "Does that thought reward me or get me what I want or need?" "Does that thought keep me out of trouble?") (3) helping the youngster to dispute the negative thought/belief (e.g., "Why else might someone call me a nasty name?" "What's going on for the name caller?"), and (4) building or restructuring the youngster's thought processes by identifying alternative thoughts that support appropriate behavioral responses (e.g., "What else could I tell myself when someone calls me a name?").

As applied to violence prevention, let us consider preservice teachers who must present on the RET approach. First they would need to explore the possible irrational beliefs held by young people who select violence as their response to a given social situation. They investigate the available research on social cognitive processing deficiencies in students with aggression. The presenter comes up with several illustrative social situations in which these irrational beliefs might arise. Next, the presenter leads the class through examples of how these irrational beliefs would be disputed with the youth (e.g., give examples of questioning, behavioral activities and use of humor). The presenter arranges class members in small groups to generate real life situations in which violence might occur and role play methods of using RET to address each situation.

8. Research course

Students in the research course are engaged in critical thinking and writing skills that culminate in a 25-page research paper on a topic related to special education. A list of possible topics is presented to the students. Topics that relate to the real life issues and diversity characteristics are included. Some of these include: the over-or under-representation of CLD students in various special education placements, what the research says regarding bullying and students with disabilities, and substance abuse issues and students with AD/HD.

An important aspect of the research course is to prepare students to be good consumers of research. Course content addresses quantitative and qualitative research designs and key research issues such as sampling, validity, reliability, etc. The instructor uses data related to real life issues and diversity when presenting these topics. For instance, the instructor illustrates the concept of non-experimental, comparative design research using a study by Maag, et al. (1994) on the prevalence and predictors of substance abuse in adolescents with and without LD. The students are asked to read the article, and identify study features such as the independent and dependent variables, and procedures used, as well as to analyze the study to assess how the authors addressed validity and reliability issues. To explain correlational research designs, the instructor makes use of a study by Skiba et al. (2005) on the relationship between poverty and race. There is ample literature available on real life issues that easily support and develop students' understanding of a variety of research concepts.

9. Clinical experiences

The clinical experiences involve preservice teachers in working on-site in special education programs where services are provided for individuals with exceptionality. Students apply what they have been learning about the characteristics and needs of individuals with disabilities, about their role as educators and about school programs in the context of the Least Restrictive Environment.

These clinicals provide an excellent opportunity for students to assess the community and culture of their schools (See student teaching below). They also provide an early opportunity to analyze the strengths and deficit areas of one or two individual students with disabilities while considering co-occurring issues of diversity.

For instance, students are asked to identify one or two individuals with disabilities and observe them in the classroom. They focus their observation on what interventions appear to work well, what they might do differently if they were teaching the individual, the appropriateness of any accommodations/adaptations/modifications they observe being used with the individual and additional recommendations they would make to improve the child/youth's learning. CI methodology is infused by requiring the preservice teachers to additionally assess real life issues impacting the student and the appropriateness of classroom instruction based on the individual student's diversity characteristics.

10. Student teaching

In student teaching, preservice teachers participate in a supervised practice teaching experience in which they apply the knowledge and skills acquired in their previous courses. The prevention material is

easily incorporated by having the preservice teachers develop and implement lessons for a real classroom of students with special needs. Weekly seminars offer the opportunity for the preservice teachers to reflect on their school's real life issues and diversity, share lesson ideas, and discuss any refinements they need to make in their lessons to accommodate individual learning styles. For instance, preservice teachers share their lesson plans with their peers. Class members discuss how each lesson plan would need to be changed were it to be implemented at a different school and with students of varying disabilities. Preservice teachers are also required to complete a needs assessment on their school. The needs assessment includes an analysis of the school and community demographics (e.g., ethnicity, gender and real life issues). Class members explain how these demographic features and real life issues influenced their instructional decisions and lesson implementation.

11. Working with Parents of Young Children with Special Needs

An additional class offered at NEIU, working with parents of young children with special needs, falls outside the LBS I Program but is part of a program designed to prepare special educators who work in the area of early childhood special education. We have included it here as an additional example of how the CI methodology can be integrated into a variety of teacher preparation programs.

Students in this course develop an awareness of the issues that encompass the family system when that family includes a child with special needs. Issues such as communication skills, family empowerment, collaboration, legal rights and available resources are addressed. Students also learn the differences between functional and dysfunctional family systems, how to assess family needs and how to identify "red flags" which may indicate a need for various interventions.

Special Education programs are mandated to view the young child with special needs and the family unit as a single entity. As a result, the program is designed to fit the needs of the family unit, not just the child. Research has documented that when young children experience environments in which they are exposed to any of the real life issues, they are at risk for developmental disabilities as they grow and develop. Also, families of young children with disabilities can be at a greater risk for experiencing real life issues, depending on the make up of the family system, family cohesion and adaptability and life management skills used by the family. In this course, the CI model addresses the real life issues as they affect the family.

Family assessment is required in order to understand the needs of the family. Once the needs are identified, the early interventionist is responsible for finding the appropriate resources and services that will assist in meeting family needs. To assist the preservice teachers in understanding services which are available for families, they must create a resource file that will include specific information on each of the real life issues (e.g., family violence, child abuse, bullying). The students are required to locate information on community resources, state resources and national resources.

A second assignment for the future teachers is to interview a parent who has a child with special needs. The outcome is a story about the family, including issues such as how the disability affects family members, and hopes and dreams for the child. Though this assignment indirectly addresses real life issues, frequently issues such as dealing with social ostracism, drug or alcohol abuse of a family member arise. The impact is that the preservice teachers hear first hand how these issues have affected a family with a child who has a disability.

Third, the topics of bullying, social ostracism and substance abuse are presented either as a class lecture and discussion, or a student prepared presentation. Either method includes the same outcomes in that the class members receive general information regarding the specific real life issue and then strategies that parents and educators can use for alleviating the outcomes of the specific problem.

An example of a topic is "Bullying in the preschool setting." For example, preservice teachers might share research regarding children who have been born premature as being at risk for experiencing bullying due to the child's small stature during the preschool years. In addition, the characteristics of the typical bully are seen in preschool settings, especially with children who have experienced anger and violence outside the school environment.

Finally, the presentation assignment includes strategies for teachers and for parents. Young children struggle with abstract concepts and learn best through hands on and cognitively concrete presentation. One strategy that might be presented is called the Broken Heart Activity. It

depicts how to cope with teasing. Even though the activity is meant to be used with the young children, it can be played out in the college classroom setting so that students will have actively experienced the impact it may have on the children. The leader initiates the activity by holding a large red heart made of construction paper in front of the group during circle time. The teacher then asks the students/ children to share something that a friend said that made the child/student feel bad. With each example, the leader wrinkles a portion of the heart and continues doing so until the heart is a wrinkled wad of paper. Then, the leader asks the children to provide an example of something that made them feel good. After each comment, he/she unwrinkles a portion of the heart until the complete heart is once again "whole". However, she would point out that even though the heart can be unfolded with nice comments, the wrinkles can still be seen and even though we can say nice things, we still feel the hurt of the mean things that were said...it doesn't go away. The heart would hang in a place in the room to remind the students to respect each other.

Another strategy appropriate for training parents along with their children is to prepare a presentation about a disability. An example is a presentation on what it would be like to be blind. The children in a classroom would be blindfolded and asked to listen to a story that is read to them. They then would discuss what it felt like to hear the story but not see the pictures. Also, the parent and child could take part in answering questions about the disability. The session could end with a story about a child that has a disability. This sort of presentation can be linked to the real life issue of social ostracism.

VI. Conclusion

Real Life Issues CI is worth the effort it takes to alter the way we prepare our future teachers. Over the past century, our students have changed dramatically along with their backgrounds. They are more diverse, while fewer of their families fit the traditional two-parent structure. The gap continues to widen between those individuals who have the resources to send their child off to school well prepared to learn, and those who lack these same opportunities. At the same time, our youngsters must assume greater responsibility to resist strong influences around them, not limited to negative role models offered through the media and internet. Teachers must reach youngsters who “are at once enriched and impoverished by their environments” (Tomlinson, 1999, p. 20).

The realities of the real life issues students face are evident by the many pre-packaged programs that have been developed to address them and by new school policies. In Illinois, for example, schools are required to have a bullying policy in place. We approve of these attempts to address the real life issues our children face. At the same time, we need to train our future teachers to rethink and modify the curriculum to address these pressing issues so that they can connect in meaningful ways to students’ lives.

In this monograph, we have established the importance of training future teachers to integrate real life issues into the k-12 curriculum. Faculty in higher education can consider this a crucial, but overlooked area of teacher preparation. CI involves the seamless integration of pressing life issues into the k-12 curriculum in order to make learning relevant to students’ lives. It connects teachers with their students by emphasizing the importance of assessing their students’ culture,

community and real life concerns and using this information to inform the instructional process. More importantly, it supports the process of developing teachers whose dispositions reflect an understanding of and respect for student diversity, as well as the challenges their students face. In turn, we expect the application of the CI methodology to contribute greatly to general teacher effectiveness. Finally, CI methodology incorporates what we know works in the area of prevention education.

We have provided a rationale for the CI methodology into one teacher preparation program area, that of special education. In doing this, we have shared a wide body of research related to the vulnerabilities of students with exceptionality for each real life issue. We have also provided information on the diversity issues as these issues influence the referral and identification process for special education. In addition, we have offered some suggestions for how educators might alter the instructional process accordingly.

Finally, we have attempted to demonstrate how the CI methodology can be taught to future teachers through its integration into higher education courses. Although we are not yet fully implementing throughout NEIU’s LBS I Program, great strides have been made by many of our faculty in carrying out the CI methodology. We have provided examples of how CI integration might be accomplished in every course within the LBS I Program, representing a variety of course content. Although not always seamless integration at the higher education level, we think that the methodology nevertheless significantly strengthens the teacher preparation program.

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Table 1

Considering the intersection of diversity and evidence-based prevention strategy

Evidence based strategy	Questions for reflection
Connecting to community	If/when connecting students to community prevention activities, how will you ensure that those activities are culturally sensitive and appropriate?
Promoting prosocial norms	What methods will you utilize to ensure that the norms are considerate of, if not consistent with, familial, community and cultural expectations?
Correcting misperception of norms	What data will you utilize to ensure consistency with the demographic characteristics of your students?
Increasing perception of risk	How will you utilize students' race, ethnicity, socio-economic status, gender, sexual orientation, age and exceptionality to establish relevancy and to promote resiliency?
Increasing life skills	How will you assess the needs of your students in terms of life and social skills needed to promote resiliency?

Table 2

Summary of findings on substance abuse and exceptionality

Area of exceptionality	Findings
AD/HD	<p>Try cigarettes earlier than controls</p> <p>Use cigarettes more regularly than controls</p> <p>Use cigarettes more heavily than controls</p> <p>More likely to become dependent on tobacco and cocaine than controls</p> <p>Medication decreases risk of substance use disorders (SUDS)</p>
ADHD and CD	<p>Use marijuana and cigarettes at higher rates than controls</p> <p>Likelihood of onset increases with presence of conduct disorder</p>
EBD	<p>Use more alcohol, tobacco, marijuana, other illegal drugs than students without disabilities, and students with LD, developmental disabilities and mild BD</p> <p>Have higher smoking rates than students with LD and students without disabilities</p> <p>Use cigarettes more heavily than students with LD and students without disabilities</p>
LD	<p>Negative findings:</p> <p>No differences in use or abuse between reading-LD and non-LD</p> <p>No differences in initiation of smoking between LD and non-LD</p> <p>No differences in use of minor or major substances in Mexican-Americans with and without LD</p> <p>Positive findings:</p> <p>Tobacco use higher than for youth without LD</p> <p>Higher proportion chemically dependent than youth without LD</p> <p>More likely to have a SUD than youth without LD</p>
MR	<p>Lower prevalence rates of use than for general population</p> <p>Begin using substances at a later age</p> <p>Have lower severity scores on measures of substance abuse</p> <p>Severity</p> <p>Suffer the same kinds of job-related and relationship related problems than individuals without MR</p> <p>May have greater difficulty getting access to treatment</p>

Table 3*Summary of findings on violence and exceptionality***Findings**

Teachers of students with EBD report a high frequency of verbal and physical aggression
Half of students referred to the principal for making threats are comprised of students with EBD
Approximately half to three-fourths of students with AD/HD behave aggressively
Aggressive rates of behavior are 90% higher for students with AD/HD vs. peers
Aggression is a major contributor to peer difficulties in children with AD/HD
Children who are rejected exhibit more severe behavior problems than children who are either aggressive or rejected only
Students with aggression exhibit a variety of social cognitive processing deficiencies, including problems with encoding social information, solving social problems, and evaluating solutions to social problems

Table 4*Summary of findings on bullying, social ostracism and exceptionality***Findings**

Many children who bully resemble children with ADHD
Boys tend to use physical aggression, whereas girls tend to use relational aggression
Victims of bullies tend to be submissive, physically weak, lack prosocial skills and social support
Victims classified as provocative/aggressive suffer more severe rejection by peers than non-aggressive victims
Students with versus without exceptionality may be more likely to be victimized
Children and youth with LD are more likely to be rejected, not accepted and neglected by peers
Students with LD have fewer friends and are teased significantly more often than peers
Students with LD who are pulled out from the general education classroom for special education services experience lower peer acceptance ratings than students who are fully integrated in the general education classroom

Table 5*Summary of findings on HIV/AIDS and exceptionality***Findings**

LD	Approximately half of high school students with LD engage in oral, vaginal and/or anal intercourse, but unlikely to use condoms Use of alcohol or drugs before or during sexual activity promotes the non-use of condoms Those who spend 75% or more of their school day in general education classes are more likely to receive AIDS education
MR	A large number of residents with MR in state residential facilities engage in sexual relations Issues of sexual abuse by fellow residents in state residential facilities have been noted Issues of sexual abuse have been related to acting out sexually Lower IQ associated with acting out sexually in individuals with MR

Footnotes

¹The symptoms used for diagnosis for hyperactivity (ADHD) at the time were overactivity, restlessness, distractibility, and short attention span. These criteria were part of the DSM-II (American Psychological Association, 1968)

