

# Variable Structure/ Variable Performance:

## *Parent and Teacher Perspectives on a School-Age Child with FAS*



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**Abstract:** Families of children with alcohol-related disabilities report difficulty choosing the most appropriate educational support services for their children. A case study of a school-age boy with a diagnosis of fetal alcohol syndrome is presented to explore the parent's and teacher's viewpoints about the best educational program for him. During open-ended interviews, the child's mother and teacher described his strengths and challenges differently, ultimately leading to disagreement about the most appropriate educational placement and supports for this child. Analysis of these interviews indicated that differences in environmental structure and adult expectations for child behavior across the home and school settings are one likely source for these diverse viewpoints. These results suggest that intervention planning must take into account this child's variations in performance across contexts. Recommendations for positive behavioral supports are provided to facilitate the child's performance across home and school settings.

At some point during a child's school career, parents of children with developmental disabilities or other learning challenges struggle with important decisions about the ideal classroom placement and educational supports for their child. Parents may ask, "Will my child's needs be met in general education?" "Is a full-time special education placement the best choice?" "What will happen to my child next year?" It is not uncommon for parents and teachers to offer different solutions to these important questions because they each bring a unique perspective about the child's strengths and challenges. Parents have the best information about a child's daily life outside of school, and teachers are the most knowledgeable about the child's opportunities and challenges in the classroom (Wood, 1995). In addition, teachers and families may have different priorities for educational goals and services (Bailey, 1987). Teachers may have limited insights into the family's needs and values, and families may not see the relevance of recommended school plans (Bailey, 1987).

Best educational practices require children with special needs to be taught behaviors that help them participate fully in both home and school settings (Rainforth, York, & Macdonald, 1992). Therefore, the development and implementation of an appropriate educational plan

must take into account both the child's home and school contexts. The perspectives of the child's family and teachers are critical to understanding the child's strengths and challenges across these contexts. Differences in the child's performance across home and school contexts may contribute to differing perceptions between families and educators about the child's specific challenges and what the child needs to learn. These differing perceptions may lead to discord between parents and families as they attempt to identify optimal educational supports for the child.

Some families appear to struggle more often than do others when attempting to identify and implement optimal educational programming for their children with special needs (Dussault, 1996). Parents of children prenatally exposed to alcohol and diagnosed with an alcohol-related disability such as fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE), frequently indicate that they have had difficulty choosing the most appropriate school services and supports for their children (Malbin, 1993, 1997; Streissguth, 1997; Weiner & Morse, 1994). Despite the best efforts of general and special educators, parents often feel school personnel or programs do not understand or address the unique needs of children with alcohol-related disabilities (Kleinfeld & Wescott, 1993).

The most severely affected alcohol-exposed children are served under categories for children with mental retardation; however, this group of children reportedly accounts for only approximately 25% of children diagnosed with full FAS and less than 10% of children diagnosed with FAE (Streissguth, 1997). The majority of children with alcohol-related disabilities receive services for specific problems associated with a diagnosis of FAS or FAE: learning disabilities, behavioral and emotional problems, attention deficits, and speech and language disorders (Streissguth, 1997).

Many children with alcohol-related disabilities, even those who function within the normal range on IQ tests, demonstrate a variety of puzzling behavioral and social difficulties during everyday activities and interactions. They are frequently described as having problems following directions, understanding the consequences of their actions, making good judgments, respecting social boundaries and rules, and communicating effectively (Abkarian, 1992; Burgess & Streissguth, 1990; Coggins, Friet, & Morgan, 1998; Kleinfeld & Wescott, 1993; Streissguth, Bookstein, Barr, Press, & Sampson, 1998; Thomas, Kelly, Mattson, & Riley, 1998). These behaviors are reported regardless of the children's age, race, gender, IQ, and alcohol-related diagnosis (Streissguth et al., 1998).

Furthermore, anecdotal evidence compiled since the mid-1970s by parents, teachers, and clinicians working with children with alcohol-related disabilities has suggested these children's abilities to follow instructions and behave appropriately are variable from day to day and across settings (Burgess, 1994; Burgess & Streissguth, 1990; Kleinfeld & Wescott, 1993; Tanner-Halvorsen, 1997; Weiner & Morse, 1994). Settings that incorporate consistent routines and systematic implementation of behavior management strategies appear to facilitate these children's optimal performance (Kleinfeld & Wescott, 1993). However, generalization of newly learned skills to other settings or with other partners is often poor (Burgess, 1994; Tanner-Halvorsen, 1997; Weiner & Morse, 1994), and a child thus may perform well in one setting but may not be able to accomplish similar tasks in other settings. This may explain why these children perform differently from day to day and across settings. Furthermore, this discrepancy in performance may create a situation whereby parents and teachers, who view the child within different settings, may have different perceptions of the child's strengths and challenges and of the types of educational supports needed to facilitate optimal performance.

The picture that emerges of children with alcohol-related disabilities is one in which the structure and consistency provided by the adult positively affects the child's performance. This picture is supported conceptually by the work of Vygotsky (1978), who argued for a range in typically developing children's performances based on environmental structure provided by an adult. Although Vy-

gotsky's work focused on typically developing children, his view of adults' impact on children's performance also appears vitally important for children with disabilities such as FAS. In particular, Vygotsky's theory of the zone of proximal development (Rogoff & Wertsch, 1984) could be applied to issues of educational planning for children with alcohol-related disabilities. The *zone of proximal development* refers to the difference between what a child can do when acting alone and what he or she can do when acting with the guidance of a caregiver. According to Vygotsky, learning occurs as the adult moves a child through the zone, gradually moving the child to higher/more sophisticated levels of performance as the structured support is provided and then faded out. *Scaffolding* refers to the ways in which an adult adjusts or modifies the type of support provided to the child as he or she moves the child through the zone to a higher level of performance. Adult perceptions about the nature of the child's behavior and what is to be learned determine the type of scaffolding the adult selects and provides to the child and ultimately the type of intervention and support services that are chosen.

From Vygotsky's point of view, adults can have differences in perceptions about children's behaviors, what they are ready to learn, and how to best facilitate this learning. Such differences in perceptions do occur between families and teachers of children affected by alcohol; these differences lead to disagreement about the best support services to provide for these children (Kleinfeld & Wescott, 1993; Streissguth, 1997). Identifying and resolving differences between families and teachers is necessary for optimum educational planning because the quality of cooperation between parents and teachers is critically important to a child's successful development (Booth & Dunn, 1996). Resolving discord seems particularly compelling for the population of children with alcohol-related disabilities who are known to be at increased risk for mental health problems, disrupted school experiences, and criminal conduct as they approach adolescence and beyond (Streissguth, Barr, Kogan, & Bookstein, 1996).

Avoiding discord between families and educators requires us to better understand the perceptions that families and teachers have about children's behaviors, what they need to learn, and the best ways to facilitate this learning. A case study is presented to illuminate sources of accord and discord between a parent and teacher about the nature of a school-age child's strengths and challenges. Specifically, this case study is provided to address the following questions: How do both the parent and the teacher view the nature of the child's strengths and challenges within the home and school setting? What parent and teacher viewpoints account for the perceived differences in the child's strengths and challenges across these two contexts? How do the parent and teacher perceptions influence their views of the optimal educational plan and program for this child?

## Method

### PARTICIPANTS

This case study presents a description of Ian, a school-age child with FAS. This description is based on the following sources: a review of Ian's school and clinic records, interviews with Ian's adoptive mother (Brenda, see Note 1) and Ian's classroom teacher, and home observations.

#### Child

Ian, an 8-year-old in first grade at the time of this observation, moved into Brenda's home at age 4. Brenda reported that Ian's early home environment was "chaotic." Ian's birth mother had abused alcohol, and several reports had been filed with Child Protective Services regarding her neglect of both Ian and his younger sister (this sister also moved into Brenda's home). Brenda further reported that Ian's birth father lives out of the United States and had not seen Ian since he was a baby.

Shortly after Ian came to live in her home, Brenda had Ian assessed by the University of Washington Fetal Alcohol Syndrome Clinic, where Ian received a diagnosis of atypical FAS at age 4. His performance at 4 years on the Wechsler Preschool and Primary Intelligence Scale (Wechsler, 1967) yielded a Verbal IQ of 81, a Performance IQ of 90, and a Full Scale IQ of 83. Results from the Vineland Adaptive Behaviors Scales (Sparrow, Balla, & Cicchetti, 1984), completed during an interview with Brenda, resulted in the following domain standard scores: Daily Living Skills, 58; Motor Skills, 57; Socialization, 55; Communication, 56; and an overall Adaptive Behavior Composite of 56 (mean standard score = 100;  $SD = 15$ ).

Brenda used this evaluation to identify preschool services for Ian. For 9 months, Ian attended an intensive day treatment program for preschoolers with behavioral difficulties. At 5 years of age, Ian entered a public school general education kindergarten, but due to severe tantrums and noncompliance, he was transferred to a self-contained special education classroom within 3 weeks of his enrollment. At the time of this study, Ian attended this same special education classroom, which had a first-grade curriculum. He also received pullout services in speech and language and occupational therapy.

A comprehensive assessment of Ian's language skills was completed just prior to his entering first grade. At this time, standardized and nonstandardized expressive and receptive language testing completed by his school speech-language pathologist and during a reevaluation at the University of Washington Fetal Alcohol Syndrome Clinic indicated clinically and statistically significant delays in both expressive and receptive linguistic and pragmatic processes. See Table 1 for a sampling of test scores.

In addition, the evaluators noted a remarkably short attention span, impulsive and competitive behaviors, and a lack of internal control (i.e., disinhibition) during the test

**Table 1. Ian's Performance at Age 7 Years 6 Months on Selected Language Measures**

Test	Performance
TOLD-P:2	
Picture Vocabulary	5 (standard score)
Oral Vocabulary	4 (standard score)
Grammatical Understanding	5 (standard score)
Grammatical Completion	6 (standard score)
	( $M = 10$ ; $SD = 3$ )
ITPA	
Grammatical Closure	25 (scaled score)
	( $M = 36$ ; $SD = 6$ )
TACL-R	
Grammatical Morphemes	55 (deviation quotient);
Elaborated Sentences	49 (deviation quotient)
	( $M = 100$ ; $SD = 15$ )

Note. TOLD-P:2 = *Test of Language Development-Primary* (2nd ed.; Newcomer & Hammill, 1991); ITPA = *Illinois Test of Psycholinguistic Abilities* (Kirk, McCarthy, & Kirk, 1968); TACL-R = *Test for Auditory Comprehension of Language-Revised* (Carrow-Woolfolk, 1985).

sessions at both the school and the university clinic. Language therapy was recommended by both the clinic and the school speech-language pathologist. In addition to language and academic goals, Ian's Individualized Education Program (IEP) plan included goals for improvement of his social skills. Ian's teacher provided the following description of Ian's social skills at the beginning of the school year:

Ian makes good behavior choices, participates in group activities, does independent work, and stays on task. He needs to be accountable to someone for his behavior to help him maintain good behavior. He has a tendency to talk out of turn, interrupt adults, and holler for attention from across the room. (excerpt from Ian's IEP)

In addition, the speech-language pathologist noted in her language goals that

when following directions, he frequently argues and requires several presentations of the direction before he complies, although he has made improvement in this area in the past 6 months. An area where he has particular difficulty is understanding and making appropriate inferences from stories and understanding and using appropriate sequencing when telling stories. (excerpt from Ian's IEP)

#### Teacher

The teacher in this study had been teaching students with special needs since the 1980s. She taught in a self-contained classroom with a full-time aide. Including Ian, there were six children in the classroom. Ian, as well as



most of his classmates, was included in a typical classroom for part of the school day.

### Parent

Brenda had provided foster care for at least 11 children with FAS or FAE during the past 6 years. She was and continues to be active in parent advocacy groups for children with alcohol exposure and is well informed about the neurological and behavioral characteristics in this population. In addition to Ian, four other children with alcohol and/or drug exposure lived in this home during the time of this study.

### DATA COLLECTION

Information about Ian's home and school performance was obtained through home observations and individual interviews with Brenda and Ian's teacher (see Note 2).

#### Home Observations

Five home visits lasting between 1½ and 3½ hours were made during a 5-week period between February and May by the first author. These visits included two Saturday mornings, two after school and early evening visits, and one early morning "getting ready for school visit." Handwritten field notes were used to document observations, including verbatim conversations between Ian and his family members and general observations of ongoing activities.

#### Interviews

Interviews consisting of open-ended questions focusing on Ian's social communication and social skills were conducted with Brenda and the teacher. The interviews used a guided interview approach (Patton, 1980), that is, topics and issues to be covered were specified; however, the sequence and wording of the questions were decided during the course of the interviews. See Table 2 for the interview protocol. The interviews generally remained conversational and situational.

One formal (i.e., audiorecorded) interview was conducted with Brenda prior to the first home observation. Subsequent conversations between the first author and Brenda were recorded via handwritten field notes during or immediately after the conversations. These conversations occurred during the home observations and during phone conversations with the first author over the 5-week observation period. A total of approximately 5 hours of interviews were obtained with Brenda. One 2-hour interview with Ian's teacher was conducted and audiorecorded near the end of the home observations.

### DATA REDUCTION AND ANALYSIS

Audiorecordings were transcribed and analyzed using a sequential analysis approach (Miles & Huberman, 1994).

**Table 2. Examples of Parent and Teacher Interview Questions**

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Tell me about Ian at home (school).
Tell me about Ian's social skills at home (school).
Tell me about Ian's friendships with other children.
Tell me about Ian's social skills with his siblings (peers at school)? With you?
Tell me about Ian's communication skills at home (school).
In what areas does Ian perform well?
With what does Ian need help or what does he find challenging?
Please give me an example of a time or situation when Ian has difficulty.
Why do you think Ian has difficulty in this situation?
What do you think helps Ian to perform better in these situations?
Anything else you can tell me to help me understand Ian's social skills?

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Key words were underlined in individual lines and paraphrased with short phrases or single words to develop a coding scheme. Words and phrases were recorded on a separate sheet of paper to identify clusters of similar information. The rationale for clustering was to identify patterns or themes in the parent and teacher interview data and home observation data. Clusters were loosely defined and lengthy to allow for creation of a representative narrative of Ian in each context investigated. The narratives were then confirmed by the principal informants during subsequent follow-up phone conversations.

### Results

Two main themes emerged from the cluster analysis. Brenda perceived Ian as someone with a neurological disorder whose behavior was inconsistent from day to day. She related many of his behaviors to his diagnosis of FAS. Whereas Brenda focused on his inconsistent behaviors at home and related this inconsistency to his neurological disorder, the teacher focused on Ian's consistent progress in her classroom and the "impressive gains" Ian had made in her structured classroom setting. She saw Ian as an "empowered" student who clearly understood the consequences of his actions and was at the head of his class. The following sections elaborate Brenda's and the teacher's perspectives of Ian's strengths and challenges within the home and school setting.

#### PARENT'S PERCEPTIONS OF IAN AT HOME

I just assume one day he may know it, but another he may not and that's ok . . . I think you can only be willfully dis-

obedient if you understand what you're doing . . . but he's not making the choice. I mean he gets mixed up or distracted.

At home, Brenda often struggled to help him follow directions and household "rules," as the following dialogue, which occurred one morning while Ian was getting ready for school, illustrates:

- MOTHER: "Did you brush your teeth?"  
 IAN: "No." (*Ian heads toward the bathroom but stops in the kitchen and comes back with a bag of chips.*)  
 IAN: "Mom, can I have chips for lunch?"  
 MOTHER: "No, what are you supposed to be doing right now?"  
 IAN: "Ice cream?"  
 MOTHER: "What are you supposed to be doing right now?" (*Ian looks at his mother, but he does not answer her.*)  
 MOTHER: "What are you supposed to be doing right now?"  
 IAN: "Brush teeth." (*Ian now goes into the bathroom and quickly comes out.*)  
 IAN: "Mom, can I wear my space cap to school?"  
 MOTHER: "Ian, we're not discussing anything until you brush your teeth." (*Ian returns to the bathroom and comes back about 30 seconds later saying, "All done."*)  
 MOTHER: "Ian, do I need to turn on a timer until you're done brushing?"  
 IAN: "Three minutes?"  
 MOTHER: "If that's what it takes for you to put toothpaste on your toothbrush and brush." (*Ian smiles and his mother turns on the timer. He enters the bathroom and brushes his teeth. When he's in the bathroom, his mother continues to give him directions for each step: "Brush the bottom teeth." "Brush the top teeth."*)

Every direction given to Ian by Brenda needed to be repeated. Once, when Ian was attempting to get a broom at Brenda's request, he did five other things before he reached the broom. Even with the broom in his hand, Brenda needed to ask him twice to bring it to her. Brenda closely monitored Ian and was ready to offer more instruction as needed. She reported, "I am on him all the time," and half jokingly remarked, "The neighbors must think I'm a bad mommy, because sometimes I just lose it with him." Yet, without this monitoring, Ian's adoptive mother believed he would not complete household tasks or respond to the typical requests made by siblings and family members.

In addition to difficulty following directions, Brenda noted Ian had difficulty answering her questions as she attempted to piece together previous events that happened to Ian at school or at home. She noted that Ian is "very con-

crete." Once, she asked Ian if he remembered to take his "pill" at school. When he said "No," Brenda called Ian's teacher, who reported that Ian had received his pill but the school aide had broken the pill into small pieces. When Brenda asked Ian if he had taken the small pieces, he nodded his head. She said, "Ian, did you forget you took your pill?" He replied, "I didn't take the pill, Mom, only the pieces." Brenda finds Ian's need for concrete directions and explanations frustrating. She wonders if when she punishes him, he really understands why he is receiving the punishment. She uses "time out" as a consequence for bad behavior but wonders if Ian understands: "Ian thinks if he says, 'I'll never do it again,' he shouldn't be punished." "He doesn't know why he's being punished." "He thinks it's for the future, but it's for past behaviors." She struggles with how to teach Ian the consequences of his actions when "he does not understand what he is doing wrong."

#### TEACHER'S PERCEPTIONS OF IAN AT SCHOOL

I mean, it's really impressive, the gains that he has made. He's just so dramatically different; it's just really hard to remember the Ian of a year ago.

Ian's teacher reported that Ian, who first entered her program 1½ years ago, is a totally different child than the one who is now in her classroom. When Ian first came to the classroom, he was "quite noncompliant, to the point where he would throw things, throw furniture . . . have tantrums, yell and scream, had to be held or removed from the room." The teacher spoke of daily struggles to help Ian become accustomed to classroom routines and instructions and avoid tantrums. Ian's teacher seemed at a loss to identify specific causes for previous outbursts, noting that "It was just like Ian would be perfectly fine; all of a sudden, he'd get this little grin on his face and just start misbehaving." As a result, practically every activity and instruction was closely monitored by an adult to ensure that Ian participated appropriately.

The teacher's view, that Ian has made "dramatic" progress, is supported by his current level of performance described in his IEP, but Ian continues to have difficulties in social skills. Ian "communicates often and sometimes too frequently with his teachers." He tends to "embellish" his stories and occasionally lie; the teacher believes Ian is very much aware of his embellishments. Although Ian often speaks "too much" to his teachers, he does not typically seek out interaction with his classmates. The teacher believes this is because he is the highest functioning child in his self-contained class and probably has "difficulty understanding some of the other children's speech." Interestingly, Ian did not have any "real close" friends in the general education first-grade class either. Previously, he played frequently with two boys at recess; however, one of the boys "got into trouble a lot" and Ian began playing with

him less often. Ian's teacher thinks Ian "avoids" this child by his own choosing, but she realizes Ian is "not part of the mainstream social hierarchy of first grade."

In the classroom, Ian's behavior chart indicated that he is working on "good manners," whereas his peers are working on "good listening." Ian appears ready to "take the perspective of another person" when choosing his behavior, according to his teacher, and she built in this step of "good manners" specifically for him to develop this perspective. In addition, she works with Ian to "wait quietly for an adult's attention, demonstrate an understanding that motives are connected to actions, distinguish intended action from mistakes, and make appropriate choices when someone is bothering him."

Ian's teacher described her classroom as highly structured. She uses verbal and visual prompts to remind children of specific social behaviors (e.g., a chart displays a picture of "zip your lips" to remind children to be quiet when the teacher is talking). The teacher employs a cost-response token system to monitor Ian's behavior, and Ian earns or loses tokens according to the behaviors he displays related to his behavior chart. Ian's behaviors are immediately rewarded or punished. The teacher is consistent with the consequences she delivers to Ian for his behaviors, and Ian is not allowed to bargain or negotiate with her. In fact, the teacher reported, "There's a negative consequence for even attempting to bargain." From a Vygotskian perspective, Ian's teacher provides the support to maximize Ian's performance to a higher, more competent level than he would display without her support.

A daily evaluation of Ian's behavior is completed for him to give to Brenda. Although Ian and his teacher discuss the evaluation of his behavior together at the end of each day, the teacher has the ultimate decision about whether Ian earns a happy or sad face for that day's behavior. In this structured setting, Ian's teacher believes he knows the consequences of his behavior quite well. She thinks Ian's successes are due to a combination of behavior management techniques, including external control as well as internal control, that is, growth made by Ian himself through participation in the program.

## Discussion

### SIMILARITIES AND DIFFERENCES ACROSS PERSPECTIVES

Both Brenda and Ian's teacher agreed that Ian has made significant and important gains in the classroom. They acknowledged that the positive changes in Ian's behaviors at school are due to the structure and consistent delivery of consequences employed in his current classroom. Ian's mother and teacher disagreed on the impact these behavioral changes have had on Ian's ability to maintain his appropriate behavior outside the classroom, that is, his internal control. Ian's teacher believes he is very much aware

of the consequences of his own behaviors, both in how his behavior affects others and how other adults will evaluate his behavior. The degree of structure provided by Ian's teacher creates a predictable environment for Ian. The teacher and her aides are ultimately responsible for maintaining Ian's appropriate behaviors, and Ian is closely monitored by a number of trained staff in his classroom. With these external controls in place, Ian follows school rules well.

In Brenda's home, however, the external controls are necessarily fewer, and indeed the home environment cannot replicate (nor should it replicate) the school environment with trained staff. Brenda believes that when the monitoring and structure are removed, Ian does not behave appropriately. Although Brenda agreed that Ian needs these controls, her ultimate concern is about Ian's knowledge of appropriate behaviors (i.e., does he follow the rules because he knows what is the right thing to do, or does he [as Brenda believes] follow them because he will get a reward for his actions?). She pointed to Ian's recent difficulties during a school field trip to the zoo with his general education classmates and teachers. Ian did not follow directions and was regarded by the parent chaperones as "difficult." Brenda believes that because Ian's special education teacher or one of her staff did not accompany him on this field trip, Ian did not know how to maintain appropriate behaviors. Brenda doubts Ian's ability to understand the consequences of his behavior when his special education teacher is not present, as exemplified by her previous statement: "You can only be willfully disobedient if you understand what you're doing." Clearly, she did not feel Ian makes a choice to disobey or obey.

### NATURE OF THE PERCEIVED DIFFERENCES BETWEEN PERSPECTIVES

What underlies these discrepant perspectives regarding Ian's control of his behaviors? The data indicated that Brenda and the teacher are focusing on different aspects of his performance. Brenda's view of Ian at home necessarily focuses on his noncompliant behaviors and her need to repeat every direction to him. Although Brenda acknowledged that the changes in Ian's performance have been dramatic within his classroom, she was not convinced these changes will predict how well he will do in the future, because she credited his changes to "lots of intensive structure" in his classroom. She added, "He knows how to keep his body in control and he's now learning new things. It's just gonna take him twice as long with need for lots of repetitions and structure, but he'll get it."

Brenda believes Ian's difficulties are specifically due to his FAS diagnosis. She stated, "I have a tendency to look at this as a neurological problem. I just assume one day he may know it, but on another he may not and that's ok." Brenda's views are consistent with the current literature in



FAS, which reports that the observed behavioral and cognitive problems are believed to result from organic brain damage (Mattson & Riley, 1998).

The teacher focuses on Ian's current skills within her classroom. Ian's performance in the classroom is successfully scaffolded by the consistent structure provided in the classroom. When behavioral supports are in place, Ian successfully complies with teacher directions. The behavioral supports provided in the classroom, such as the behavior chart and immediate consequences for negative behaviors, are not provided at home and in community settings. Ian's teacher believed Brenda's focus on "FAS behaviors" moved her away from viewing Ian as an individual with "strengths and weaknesses." She focused on Ian's strengths, stating, "It's really been impressive, the gains that he has made." Ian's teacher admitted that she has had no formal training in FAS, but she saw Ian's learning issues as similar to those of children with other developmental disabilities. The teacher's view of Ian's success in her classroom is accurate. However, because she did not view Ian in other contexts (i.e., home and community settings), she had limited awareness of Ian's inability to perform appropriately without the behavioral supports she provides in her classroom.

Due to the differences in their perspectives, Brenda and Ian's teacher disagreed on the ideal classroom placement for him the next school year. The teacher recommended that Ian "spend more time with regular kids at school"; she believes his success in the first-grade special education classroom indicates his ability to function in a general education curriculum second-grade class the next year. Brenda, however, believes Ian still needs special services. She believes his noncompliant, inconsistent behaviors observed at home warrant continued need for a self-contained special education classroom.

### IMPLICATIONS FOR PRACTICE

The major source of discord between Brenda and the educator appears to stem from differences in the child's performance as a result of the variability in environmental structure between the home and school settings. Ian's performance varies significantly between what he is able to do on his own and what he can do when acting with the guidance of a structured classroom setting. Ian's optimal performance within the classroom setting is not observed in nonclassroom settings that are less structured. Ian's classroom provides maximum scaffolding, which in turn supports and facilitates optimum performance for Ian. When the scaffolding is reduced, as is typical of both home and community settings, Ian's performance deteriorates. This is hardly a surprising finding. Indeed, as mentioned earlier, children with alcohol-related disabilities often appear to demonstrate poor generalization of skills and inconsistent performance across settings (Burgess, 1994; Tanner-Halvorsen, 1997; Weiner & Morse, 1994). In an important

study investigating this problem, poor generalization was documented in a study of an adult with FAS whose behaviors changed dramatically across high- and low-structure settings (Dyer, Alberts, & Niemann, 1997). In a high-structure setting incorporating familiar routines, teacher modeling of appropriate behavior, and low distractions, the adult with FAS exhibited significantly reduced problem behaviors (i.e., out-of-context talking, off-task behavior, fidgeting). In the low-structured setting that incorporated use of general directions only, the adult's problem behavior increased from less than 10% of the time to more than 40% of the time. The differences in the adult's behavior across settings were similar to the changes in Ian's behavior across home and school settings, and this supports the idea that Brenda and the teacher would have discrepant perceptions of his performance.

Although these discrepant perceptions are problematic, they also provide useful diagnostic information about Ian's need for structure to maintain his optimal performance. Both Brenda and the teacher accurately perceived his behavior within each of their settings, but neither party was planning an effective way to systematically reduce the structure he needs to maintain appropriate behavior. Both tended to rely on "reactive" strategies—strategies enacted as a consequence for the child's inappropriate behavior (Reichle et al., 1996)—to manage Ian's behavior. These strategies require the adult to be present to monitor the child's behavior, and thus the child may become overly dependent on the adult's presence.

Programming to systematically reduce Ian's environmental supports may be needed to help Ian transition from high- to low-structure environments. Self-management systems have been shown to reduce the need for constant adult vigilance in children with and without disabilities. Koegel, Koegel, Kellegrew, and Mullen (1996) suggested that the general steps in a self-management program should include operationally defining the behavior, identifying functional reinforcers for the child to earn, designing a self-monitoring device, fading the use of the self-monitoring device, and validating whether the child is using the self-monitoring device in natural environments.

Another management strategy that may reduce the need for adult vigilance and that focuses on prevention of inappropriate behaviors is priming. *Priming* involves exposing the child to a preview of a school activity prior to presentation of the activity (e.g., asking parents to read a story to the child that will be presented in class the next day, reviewing a list of activities and expectations for a class field trip; see Koegel et al., 1996, for a review).

Parents and other family members need to be active collaborators in the development and implementation of both self-management and priming strategies to facilitate the success of these interventions. Clearly, active parent-school partnerships are critical to ensuring children's ultimate success across home, school, and community settings.

Ultimately, the impetus for these collaborative interventions usually falls on the shoulders of special educators, who are "in charge of critically impacting a child's ability to generalize acquired skills outside of the school environment" (Wood, 1995, p. 163).

Ian's critical need for a systematic intervention program to reduce his dependency on environmental structure was confirmed during his next school year. At the school's urging, Ian began the year in a general education second-grade classroom. He continued to receive support services in academic and speech-language skills. However, he was unable to comply with the behavioral demands and expectations of this classroom and was placed back in a full-time special education classroom within 2 months. Unfortunately, Ian's case may be typical of many children with special needs. Challenging behaviors in children with disabilities is the reason most cited among general education elementary school teachers for returning children to more restrictive educational placements (Reichle et al., 1996).

### Conclusion

This case study has provided preliminary evidence about possible sources of discrepant views between one parent and teacher in planning services for a school-age child with FAS. The source of these disparate viewpoints appears to be apparent. Each adult based her perception on Ian's performance within a different environmental context, and each adult provided an environment that differed significantly in its structure. These viewpoints ultimately resulted in disagreement between the teacher's plans and the parent's plans for this child's future school services. It is important to stress that these findings are not necessarily generalizable across all students with FAS. However, the observations here do suggest implications for promoting cooperative team planning between family and educators.

As this case study demonstrates, for children with FAS, differences in environmental contexts can substantially alter children's performance across settings. To best accommodate children with FAS, performance in both home and school contexts must be considered and evaluated. By identifying the developing edge of competence for an individual child in these key contexts, teachers and parents can identify the necessary scaffolding techniques (e.g., systematic reduction of structure, portable self-management systems for use at home and school, use of priming strategy to prepare the child for a specific school or community activity) to appropriately facilitate success across all the child's contexts (Bruner & Garton, 1978). Intervention planning must recognize children's variations in performance across different contexts. Reasons for the variation must be understood and carefully considered in making intervention decisions. This kind of planning can only occur when parents and teachers truly collaborate and appreciate the various contexts in which children perform.

### ABOUT THE AUTHORS

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### NOTES

1. All names in this report have been changed to protect the confidentiality of the parties described here.
2. The original purpose of this research project was to investigate this child's social communication skills as viewed by his mother and observed by the first author during interactions with his siblings at his home. Many of the items on the Fetal Alcohol Behavior Scale, a caregiver interview protocol that "describes the behavioral essence of FAS and FAE" (Streissguth et al., 1998, p. 325), refer to social communication (e.g. "interrupts with poor timing," "unaware of consequences, especially social consequences"). Brenda reported that Ian demonstrated many of these behaviors at home; the first author initiated this project to obtain direct observation of these behaviors. However, as is sometimes typical of qualitative research, the focus of the research questions changed as the issue of the school placement continued to emerge during the interviews with Brenda. During these interviews, it became evident that the important story here was the differences, as viewed by Brenda, in parent and teacher perceptions of the nature of Ian's skills and the types of educational supports needed to support these skills. An interview with Ian's teacher was conducted near the end of the home observations to confirm the differences in perceptions between Brenda and the teacher. School observations were not conducted because Brenda and the teacher had similar perceptions about Ian's performance in the classroom; however, they differed in the nature of the supports needed to facilitate this performance.

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