Teacher/Staff Support
DEFINITION

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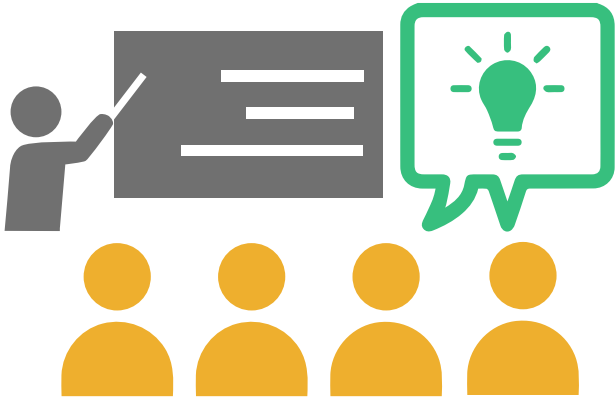
🍎 Providing **support for teachers/staff** in terms of mentoring, coaching, consultation, and training

🍎 One of the most common elements studied and reported in the literature

This principle is one of the 10 evidence-based principles, identified in a scoping review, that can guide the organization and delivery of services for students with disabilities in integrated classrooms.

References:

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Principle 1: Teacher/Staff Support

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EXAMPLES

Training on classroom management and stress-reduction workshops for teachers working in disadvantaged schools (Li-Grining et al., 2014)

Training for design of inclusive classrooms and knowledge on ASD and ADHD for staff working with students with disabilities; using manuals, videos and web-based presentations (Strain et al., 2011 and Barnett et al., 2012)

Coaching and mentoring sessions with an occupational therapist on managing children with disruptive behaviours in elementary school (Hui et al., 2016)

Providing training for other school staff (bus drivers, cafeteria staff, administrators, etc.) on behaviour management for preschool students with emotional trauma (Holmes et al., 2015)

Training on safe transfers for students with specific motor difficulties (PABs, educators, teachers, bus drivers), for example, for a student with Osteogenesis Imperfecta in a wheelchair

Evidence & OUTCOME

In combination with other principles, providing teacher support:

- Improves teachers' knowledge on students' health conditions (Barnett et al., 2012)

- Improves teachers' classroom management and self-efficacy (Hui et al., 2016)

- Results in positive outcomes in students' motor skills, behaviour and academic achievements (Dreiling & Bundy, 2003; Han et al., 2005; Strain et al., 2011; Li-Grining et al., 2004)

Application IDEAS

- Providing support through instructional workshops

- Offering ongoing coaching sessions for teachers

- Using web-based platforms for exchanging information

- Providing on-line video training for school staff

- Providing resources such as written material, manuals, flow charts, and fact sheets (monthly capsules) for teachers and other professionals

Ecological Approach
DEFINITION

Providing services and interventions for the child in their natural environment and context, such as at home, school, or in the community

The child does not have to be removed from their natural context to obtain the services

This principle is one of the 10 evidence-based principles, identified in a scoping review, that can guide the organization and delivery of services for students with disabilities in integrated classrooms.

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Principle 2: Ecological Approach

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EXAMPLES

In-vivo medical consultations provided at home or at school for young children with developmental disabilities and chronic conditions (Bagnato et al., 2014)

Practicing vocational skills in a real work setting in the community with students with emotional or behavioural difficulties (Nochajski & Schweitzer, 2014)

On-site evaluation of motor and functional abilities of students in their class, playground, gym, and within the school (Missiuna et al., 2015)

Evidence & OUTCOME

In combination with other principles, following an ecological approach:

- Increases cognitive skills (Ratzon et al., 2009)

- Improves behavioural skills and decreases problematic behaviours (Han et al., 2005)

- Improves social-emotional functioning and impacts attendance and suspensions (Ballard et al., 2014)

Application IDEAS

- Coordination of all services provided to student and provision of those services in student's natural settings

- Through external support: mobilizing community resources or agencies to provide services in student's context (ex: OTs/physios/speech therapists of school or community who come to school to offer sessions for the students)

- Through internal support: ongoing exchange of information with all involved with student (parents, teachers, other school staff such as bus drivers, lunch hour supervisors, etc.)

Collaborative Intervention
DEFINITION

Providing services in collaboration with one or more professional(s) or partner(s)

Can include collaboration and partnership at an individual level (ie: teacher and co-teacher), and at an organizational level (ie: school setting and community agency)

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1 Bagnato, S. J., Blair, K., Slater, J., McNally, R., Mathews, J., & Minzenberg, B. (2004). Developmental healthcare partnerships in inclusive early childhood intervention settings: the HealthyCHILD model. *Infants & Young Children: An Interdisciplinary Journal of Early Childhood Intervention, 17*(4), 301-317.

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Principle 3: Collaborative Intervention

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EXAMPLES

Co-teaching with two or more educators with distinct skills working collaboratively on student academics and behaviors in an integrated educational setting (Morocco et al., 2002)

Joint intervention by teacher and the school occupational therapist to integrate OT-recommended techniques and activities into classroom context (Ratzon et al., 2009)

Close collaboration with school psychologists and mental health professionals, families, student, and community mental health agencies to provide services to students with emotional difficulties (Ballard et al., 2015)

Setting ground rules for collaboration and teamwork when implementing a trans-agency health prevention program (Bagnato et al., 2014)

Evidence & OUTCOME

In combination with other principles, using a collaborative intervention:

- Improves visual-motor skills (Ratzon et al., 2009)

- Enables identification of roles of different professionals involved (Morocco et al., 2002)

- Improves social-emotional functioning (Ballard et al., 2014)

Application IDEAS

- Internal support amongst school professionals and working with external professionals to provide services

- Ensuring that substitute teachers are aware of specific needs and modifications for student

- Holding team meetings amongst all professionals involved with student to discuss services, student needs and intervention plans

- Ensuring that all team members are aware of the student's intervention plan and that they have the support they need to implement the specific plan

- Transferring intervention plans from one teacher to the next (transitioning to next grade)

- Collaborating with and referring to community services as needed

Family Involvement
DEFINITION

♥ **Parents and family/caregivers' involvement as active team members alongside various service providers**

♥ **Entails family taking a coordinator or facilitator role in their child's health and development**

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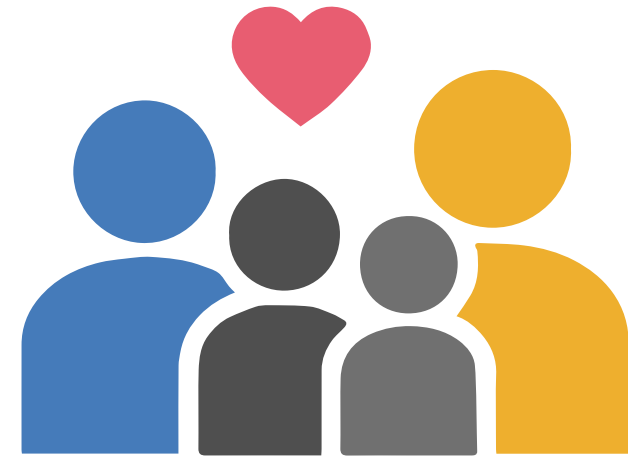CENTRE DE RECHERCHE | CHUS

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Principle 4: Family Involvement

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References:

1. Bagnato, S. J., Blair, K., Slater, J., McNally, R., Mathews, J., & Minzenberg, B. (2004). Developmental healthcare partnerships in inclusive early childhood intervention settings: the HealthyCHILD model. *Infants & Young Children: An Interdisciplinary Journal of Early Childhood Intervention, 17*(4), 301-317.

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EXAMPLES

HealthyCHILD model: Working with parents as integral members of the team and as central collaborators to provide at-home services for the children with developmental delays, chronic conditions or challenging behaviours (Bagnato et al., 2004)

Head Smart Trauma Start: Mentoring parents of children who experience trauma in disadvantaged areas to create a trauma-informed culture in the pre-school setting and to promote family involvement in child's development (Holmes et al., 2015)

LEAP preschool model: Extensive skills training for family members of preschool children with autism to facilitate parents' management and involvement in child's behaviours (Strain et al., 2011)

Transdisciplinary approach: Allowing the needs of the child and family to dictate the team's goals and having parents take case-manager roles to facilitate educational programs of students with complex disabilities (Koskie & Freeze, 2000)

Evidence & OUTCOME

In collaboration with other principles, involving families:

- Improved students' attention and behaviour as rated by teachers and parents; as well as promoted positive classroom relationships as perceived by parents (Holmes et al., 2015)

- Was associated with a significant improvement on measures of cognitive, language, social, and problem behavior, and autism symptoms among pre-schoolers (Strain et al., 2011)

- Through ongoing communication between parents and the health and school systems facilitated return to school for students following a traumatic brain injury (Gioia, 2014)

- Through intensive family support to parents of pre-school to third grade students is recommended to support successful transition for students in disadvantaged areas (Reynolds et al., 2009)

Application IDEAS

- Empowering parents through skills training and information sessions

- Encouraging parents to take an active role in decision-making

- Family overseeing service provision and providing feedback to teachers or other professionals working with student

- Parents/caregivers taking part in team meetings and consulting and discussing intervention plans with teachers and professionals
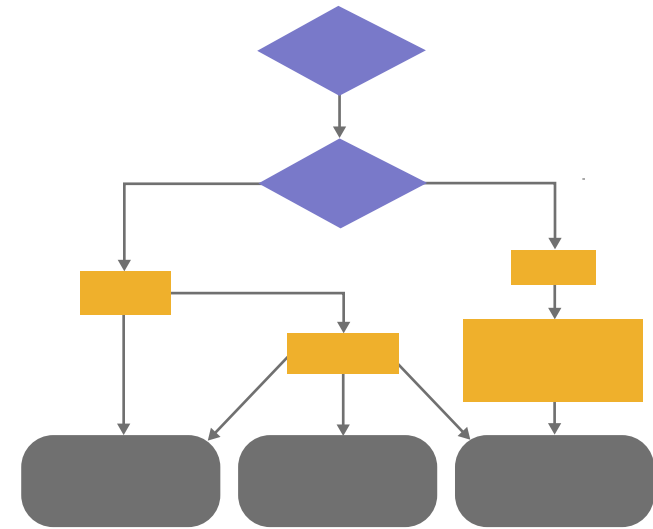
Coordination of Services
DEFINITION

Involves a facilitator, on-going meetings and/or joint management of intervention plans to ensure that all distinct types of services are coordinated

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Principle 5: Coordination of Services

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References:

1 Hunt, P., Soto, G., Maier, J., Liboiron, N., & Bae, S. (2004). Collaborative Teaming to Support Preschoolers With Severe Disabilities Who Are Placed in General Education Early Childhood Programs. *Topics in Early Childhood Special Education, 24*(3), 123-142.

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EXAMPLES

A facilitator, within the "Success for All" model, who takes a coordinating role (Shippen, 2006)

A systems-level approach including on-going meetings amongst different professionals (McIntosh, 2011)

Joint management by five core members of educational team to create intervention plans for preschoolers with significant disabilities (Hunt, 2004)

Evidence & OUTCOME

In combination with other principles, coordination of services will lead to:

- Improved students' social engagement, peer-interaction and overall communication (Hunt, 2004)

- Decreased levels of students' referrals to office discipline and increase academic achievement (McIntosh, 2011)

- Reduced disruptive behaviors within an "Intensive Mental Health Program" in primary school children with severe emotional disturbances (Puddy et al., 2012)

Application IDEAS

- Having external coaches or agents of change to facilitate leadership roles, provide ongoing communication, facilitate peer consultation and implement leadership teams

- Assigning a facilitator to oversee the service provision of different professionals to ensure cohesiveness

- Having regular team meetings to set joint objectives and to ensure all services are consistent

- Create a flow chart/map of all existing student health resources as a starting point to optimize services

Individual Direct Intervention
DEFINITION

Involves direct specialized interventions for students with complex conditions that may occur outside of, or within, their academic environment

Can include individual sessions of specific services, such as occupational therapy, speech language therapy, special education psycho-education, etc.

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Principle 6: Individual Direct Intervention

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EXAMPLES

One-on-one tutoring and direct instruction in reading for urban middle school students with disabilities (Shippen et al., 2006)

Individualized direct mental health consultations for low-income students beginning school in disadvantaged areas (Li-Grinning et al., 2014)

Individual therapy for cognitive, behavioural and skill development, provided to primary students with serious emotional disturbance (Puddy et al., 2012)

On-going direct, one-on-one support provided by a range professional staff (psychoeducators, special education teachers) in the school setting, for students with complex conditions (MELS, 2007)

Evidence & OUTCOME

In combination with other principles, individual direct intervention:

- Decreases disruptive behaviors when it is combined with coordinated services for primary school students with severe emotional issues (Puddy et al., 2012)

- Increases levels of self-regulation skills and academic skills such as math and literacy for students beginning school in disadvantaged areas (Li-Grinning et al., 2014)

- Helps high-school students with emotional and behavioural disorders engage in and maintain employment through direct on-site vocational training (Nochajski et al., 2014)

Application IDEAS

- Preparation of material/equipment and resources prior to providing individualized services in the classroom

- Teacher advising therapist on the curriculum so individual therapy supports classroom goals

- Planning individual intervention in terms of frequency of intervention, adapting activities, location, access to room/classroom

Group-Based Direct Intervention

DEFINITION
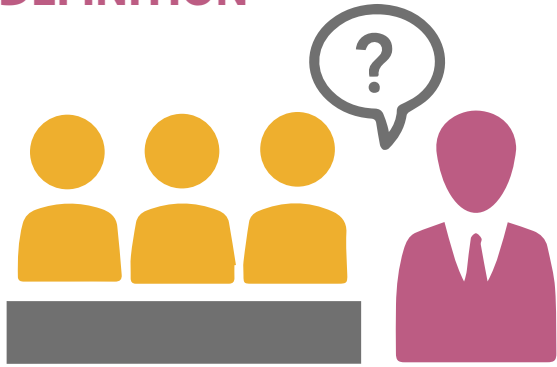
Includes group-based services when providing interventions for children

Group training for teachers, parents and other professionals

This principle is one of the 10 evidence-based principles, identified in a scoping review, that can guide the organization and delivery of services for students with disabilities in integrated classrooms.

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Principle 7: Group-Based Direct Intervention

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EXAMPLES

Small group targeted interventions for students with reading difficulties in disadvantaged areas (O'Connor et al., 2014)

Teaching assistants providing supervision to small groups of primary students with social, emotional and behavioural difficulties (Groom et al., 2005)

Providing group-based sessions for training teachers on classroom behaviour management and stress-management within a "School Readiness Project" (Li-Grining et al., 2014)

Training school personnel and parents on how to implement group-based treatments for students with learning disabilities and psychosocial problems (Mishna et al., 2004)

Differential intervention provided to small groups of students within a multi-level tiered "Partnering for Change" approach (Missiuna et al., 2015)

Evidence & OUTCOME

In combination with other principles, group-based direct intervention:

- Improves children's self-regulation, math, and literacy skills for students beginning school in disadvantaged areas (Li-Grining et al., 2014)

- Increases parent and teacher understanding and acceptance of students with learning disabilities (Mishna et al., 2004)

- Promotes inclusive educational practices for primary school students with social, emotional and behavioural difficulties (Groom et al., 2005)

Application IDEAS

- **Preparation of materials and resources relevant to the curriculum of the class, prior to providing group services**

- **Therapists incorporating academic learning in group activities (ex: obstacle course incorporating math concepts)**

- **Working with students in sub-groups to facilitate learning of new concepts introduced in class**

Pull-Out Therapy
DEFINITION

Students withdrawn from class for a period of time to receive services individually or in a group format

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Principle 8: Pull-Out Therapy

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EXAMPLES

Providing speech language therapy interventions outside of class to students with language difficulties (Bauer et al., 2010)

Providing pullout interventions for supporting students' mental health (University of California, 2001)

Teacher assistants and educators working with students individually or in small groups to ensure progress in a specific academic subject (Labon, 1999)

Tutors working on reading skills with groups of students, pulled out of classroom, and monitoring the need to move from level 2 to level 1 in a tiered model (O'Connor et al., 2014)

Weekly direct OT services in pairs for first grade students with poor visual motor integration in disadvantaged areas (Ratzon et al., 2009)

Evidence & OUTCOME

In combination with other principles, pull-out therapy:

- Improves visual-motor skills of first grade students in disadvantaged areas experiencing poor visual motor integration (Ratzon et al., 2009)

- Improves academic achievement and promotes positive social interactions with peers and teachers for grade 4 students with disabilities (Saxon, 2007)

Application IDEAS

- Providing one on one services outside of the class to help with homework

- Helping students who have been absent make up for missed materials

- Providing interventions to develop a specific skill outside of class that will facilitate classroom participation (ex: turn taking)

Universal Design
DEFINITION

Universal prevention-to-intervention program to promote accessibility for all by re-designing or adapting the learning environment, including the physical and social settings

Embedded within tier 1 type of interventions

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Principle 9: Universal Design

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EXAMPLES

Integrating a set of policies, procedures and activities to promote health for students with social, emotional, educational and health-related problems (Henry et al., 2005)

Universal intervention programs targeting behavioural skills of the whole classroom for students aged 4 to 5 (Han et al., 2005)

Prevention-to-intervention supports, such as modifying helping routines of caregivers and the physical environment of the home and classroom, to accommodate the physical and behavioural needs of students (Bagnato et al., 2004)

Evidence & OUTCOME

In combination with other principles, universal design:

- Facilitates equal and efficient access to services within a Partnering for Change model (Missiuna et al., 2015)

- Improves social skills and behaviours in pre-school students as rated by their teachers (Han et al., 2005)

- Enables higher academic achievements and decreases number of office referrals for discipline for primary and high school students (McIntosh et al., 2011)

Application IDEAS

- Providing training and educational workshops for school professionals on how to make learning accessible to all students and on improving classroom management

- Setting aside planning time to adapt materials and resources to ensure that they are accessible to all students

- Making the playground, library, cafeteria, bus stop accessible for all

Multi-Level Services
DEFINITION

Building students' capacities by using whole-class instructional methods and interventions, and then gradually adapting or adding specific interventions according to individual student needs and their responses to previous interventions

This principle is one of the 10 evidence-based principles, identified in a scoping review, that can guide the organization and delivery of services for students with disabilities in integrated classrooms.

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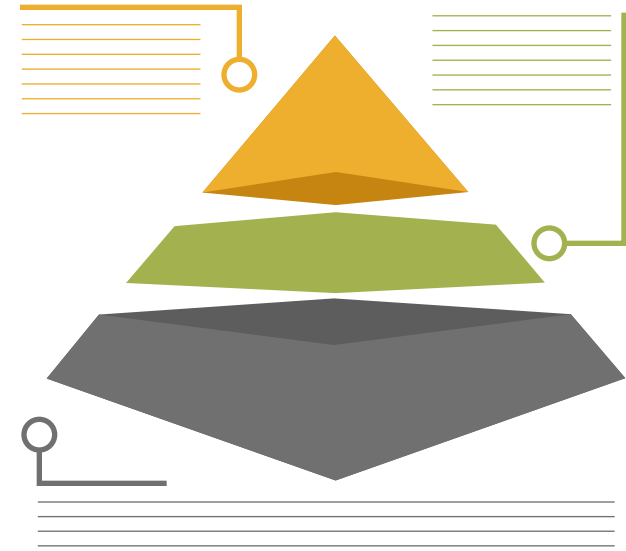
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Principle 10: Multi-Level Services

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EXAMPLES

Graduated supports (prevention-to-intervention) for young children with chronic conditions (Bagnato et al., 2004)

Adjusting supports as children with traumatic brain injury move through the recovery process and gradual return to school (Gioia et al., 2014)

Tiered individual remediation plans offered for middle school students with at-risk behaviour (Johnson, 2012).

Evidence & OUTCOME

In combination with other principles, multi-level services:

- Are effective in improving, with increased intervention dosage, teachers' management of behaviours in children (Li-Grinning et al., 2014)

- Increase student attention and improve classroom behaviours as rated by teachers (Holmes et al., 2015)

- Improve measures of student achievement for students in disadvantaged areas (Johnson, 2012)

Application IDEAS

- Having clear procedures in place for determining the appropriate tier or level of intervention for each student

- Determining risk status for entering and exiting a tier

- Providing training or having a professional available for supervision of a class to provide feedback and consultation on grading activities to fit student needs