Many students “included” in general education today are accompanied by a paraprofessional, also known as a 1-to-1 aide, therapist, behavioral aide, or personal assistant. The use of a paraprofessional, particularly with children who have autism, mental retardation, deaf-blindness, or multiple disabilities has many merits, such as increased behavioral support, personal care assistance, and additional supervision. It may seem the only disadvantage would be the additional cost to the school. However, individual paraprofessional support has advantages AND disadvantages for the child. Parents should consider all of these before determining that their child requires a 1-to-1 paraprofessional.

Potential Advantages

Those who work in schools or have a child in special education have known outstanding paraprofessionals who deserve much more recognition than they receive. The benefits of these appear so obvious. Academically, the paraprofessional can provide additional instruction to follow up on the teacher’s lesson, “frontload” the student with information before lessons, and provide extra tutoring. We note that regular education teachers are sometimes not prepared or trained to work with the child with disabilities. This situation is especially apparent when the included child has autism. In such cases, the child would receive his only teaching and behavioral intervention from the 1-to-1 therapist or paraprofessional.

Socially and behaviorally, the paraprofessional can facilitate social skills, provide extra follow-through on behavioral intervention plans, and help foster peer interactions. Paraprofessionals are often necessary when a student with severe disabilities needs personal care assistance, such as bathroom use, eating, or dressing. Administratively, paraprofessionals provide assistance when regular staff are overwhelmed, particularly when students, such as those with autism, have a tendency to run or wander away or need additional supervision for safety reasons in the lunch room and playground. Organizationaly, a paraprofessional in the classroom can provide extra help to the teacher with preparation and clerical tasks. Other students in the classroom may also benefit, as another adult could help small groups with follow-up instruction, make-up work, or special projects.

Potential Drawbacks

While many parents view paraprofessionals as a goldmine in terms of providing additional support to their student in special education in the general education classroom, there is another side to this coin. Parents, as well as teachers, do not realize that a child’s reliance on a 1-to-1 aide can potentially negatively impact the child’s socialization, self-concept, and overall quality of education.

Michael Giangreco and his colleagues at the University of Vermont have emphasized some important considerations in their years of study. Perhaps most provocative: When it comes to individual paraprofessional support, students with the most significant and unique needs are taught by the least qualified staff. Training and support can be limited and paraprofessionals, in some cases, serve as the main decision makers for the child on a daily basis. Responsibilities that would normally be left up to a credentialed teacher, such as direct instruction, day-to-day planning, and curricular modifications, are carried out by the paraprofessional. Consider whether an instructional model such as this would be regarded as acceptable for students without disabilities, particularly with the recent standards set for highly qualified teachers under No Child Left Behind (NCLB).

Additionally, a number of other disadvantages have been linked to paraprofessional support. For example, the student with disabilities and his 1-to-1 aide usually sit together in the back of the room, creating physical separation from the class. Having an adult next to the student at all times can create a blockade that interferes with peer interaction. Sometimes, a student and his paraprofessional have such a positive relationship, they do nearly everything together. In such cases, other children may feel excluded from the pair. Furthermore, teachers can easily become overly reliant on the aide, taking less responsibility for the child. Recently, the researcher, Stacy Neuharth-Pritchett, reported on an intensive case study of a boy with behavior disorder who had an individual 1-to-1 paraprofessional in his general education classroom. The findings of her study indicated that 90 percent of the child’s social interactions took place while his paraprofessional was not present.

Similarly, students can become overly dependent upon paraprofessionals and hesitate to complete work or participate in activities without help. It is easy to imagine how students could become frus-
trated, because they feel a loss of personal control when the 1-to-1 aide assists with most tasks and interactions. Their options for "making choices" become more limited if the paraprofessional does everything for them. While these clinical observations definitely beg more empirical research, concepts such as choice or decision making for children with disabilities are embodied by the concept of "self-determination" that researcher, Michael Wehmeyer, has written so much about.

The most worrisome disadvantage occurs when the 1-to-1 paraprofessional ends up actually "teaching" the child. Some paraprofessionals lack the training needed to provide proper instruction. They may do the work for the student or struggle to teach concepts without the background or experience needed. Likewise, teachers may become less involved with students who have a paraprofessional because someone is already available to provide for the child's needs. Finally, it is important to consider the stigma associated with having a paraprofessional. Having an adult by your child's side all day at school may actually work against the full inclusion goals you had in mind.

**Strategies to Improve Practices**

While the drawbacks of paraprofessional support might lead some parents and school staff to reconsider the service at all, there are some strategies that can help assure the appropriate use of the 1-to-1. Julie Causton-Theoharis and Kimber Malmgren from the University of Wisconsin examined some of these strategies specifically related to social interaction, and those are included among the following:

1) Paraprofessionals can take certain steps to point out similarities between the student and classmates. For instance, Ben's paraprofessional might overhear some classmates talking about a video game, which happens to be Ben's favorite. She can bridge a conversation between Ben and his peers by saying, "Oh, that's Ben's favorite game. Didn't you find a secret passage yesterday, Ben?" Finding common interests between the student and his peers can provide the stimulus for conversation among them.

2) Frequently, classmates address the paraprofessional instead of directly addressing the student with the exceptionality. For example, a classmate might come up to the paraprofessional and say, "When is Robin's birthday?" It is important for the paraprofessional to recognize this and redirect the classmate toward the student. Instead of automatically answering, "July 29th," he or she might respond, "That's a good question. Why don't you ask Robin?"

3) Social rewards comprise an important component of positive behavioral systems and can be used to promote friendships and reinforce appropriate behaviors. Examples of social rewards for the child with the disability include: choosing two other friends to join him for lunch with the teacher; playing computer games with a friend; reading with a friend in the class library; going with a friend to the principal's office to brag about an accomplishment.

4) Student responsibilities can also be social in nature. For example, the student could take on classroom jobs such as straightening books in the library, stuffing mailboxes in the office,
watering plants, passing out papers, collecting homework, or sharpening pencils. All of these jobs could be completed with an accompanying peer, and likely with very little help from the paraprofessional. The goals for jobs such as these would be peer interaction, greater independence, and responsibility.

5) With help from the paraprofessional and other school staff, other students throughout the school can be taught how to interact with the child who has a disability. Giving both older and younger students information about a special child's needs can help to ease the confusion and anxiety they may have about interacting with the child. Helping others to understand a disability and how they can be the best kind of friend possible is inspiring to young people of all ages.

It should be noted that some paraprofessionals have already been trained to use good strategies that counteract the potential disadvantages described. However, improvement in paraprofessional training is still needed in some schools and has been well documented by Giangreco and colleagues. Michael Giangreco, Susan Edelman, and Stephen Broer developed the Guide to Schoolwide Planning for Paraeducator Supports at the University of Vermont. This document (http://www.uvm.edu/~cdci/parasupport) is directed toward schools to assist in developing an action plan for the hiring, training, acknowledgement, and on-going coaching of paraprofessionals. In 2006, Giangreco, Smith, and Pinckney published a report describing how a school used the action plan workbook to change their paraprofessional practices. Training and quality of services showed dramatic improvement, including more instructional time for students with disabilities, more collaboration between special and general educators, and less reliance upon individual paraprofessionals.

Final Thoughts and Considerations for Educational Planning Teams

It is crucial to broaden the discussion in your planning team about the support needed for your child in general education. Inquire: What does the teacher need in order to truly include, rather than host, the student in the class? If a paraprofessional will be utilized, who will supervise this staff person and how? For what tasks will the paraprofessional be responsible, and how will his or her training match those responsibilities? Are there other strategies to promote successful inclusion that could be used instead of full time paraprofessional support? If not, be willing to wait for the paraprofessional's start date in order to allow adequate training to take place. Finally, remember that the use of a paraprofessional works best when parents and school staff work together toward the common goal of full inclusion.

References cited or consulted are available upon request from jhollingsworth@eparent.com.

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