A genealogy of policy, programs and practices for the management of the child with challenging behaviour in Prince Edward Island, Canada

By

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DEDICATION

I would like to dedicate this thesis to my mother, Marie, who has instilled in me a love for reading from a very young age, a passion for teaching, and a commitment to lifelong learning.

Also, a heartfelt thank you to all the children and youth, and their families I have been so fortunate to meet throughout my work counselling within the education system over the years. The lessons they have taught me about resilience have guided my practice and remind me daily to continue to focus on their strengths and capacity to survive in this complex world.

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We all have an Everest.

Each of us.

Sometimes the peak is literally Mount Everest, but most times
it lies deep within us, figuratively occupying
a mountainous inner space.

It calls us to rise up, to do what we formerly labeled as impossible,
and to be who we deeply and desperately want to be.

Pursuing our dreams requires leaps of faith, heaps of humor,
dashes of discipline, mountains of luck,
and the ability to ride large waves of emotion.

Accepting the invitation to seek a dream is the first step
followed by intensive planning, training, and outreach.
T.A. Loeffler

DECLARATION

I declare that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university and that to the best of my knowledge it does not contain any materials previously published or written by another person except where due reference is made in the text.

Carolyn M. Thorne

Abstract

Conducted from a poststructural analytic framework, this thesis examines the construction of the child with challenging behaviour as a subject produced in discourse and critically analyses practices and programs that have aimed to manage this problematic subject. Methodologically, this study utilizes two approaches: a situated genealogy and critical discourse analysis.

Engaging a situated Foucauldian genealogical method, I trace this problem in time and in place: Post World War II to the late 1990s in Prince Edward Island, Canada. I have examined how localized policy and competing discourses on Prince Edward Island have been implicated in the production of specific programs and practices for children who have been identified with challenging behaviour. Using critical discourses analysis, I have identified four discourses within which the child with problematic behaviour has been defined and treated, these being discourses of medicine, psychology, education and justice. I have examined data consisting of historical and contemporary documents, policy statements, and analyzed interviews with practitioners who worked with children with challenging behaviour on PEI during the period of focus.

The use of critical discourse analysis in examining the various definitions, ways of thinking, and recommendations put forth concerning the child with challenging behaviour has created an opportunity for me to produce a space in which to think differently about this figure of a child subject whose behaviour is constituted as 'problematic'. Such an analysis has illuminated the complexities involved in the shifting nature of the 'problematic' child produced in discourse in time, and place. Most importantly, I have considered the implications of the effects this discursive context may has on actual embodied children whose behaviour has put them at odds with the demands of social institutions. I argue that actual children with challenging behaviour move in and out of the institution of education depending on which discourses are in the ascendant at a particular time.

A key finding is that the 'the child' with challenging behaviour as a figure of discourse is not just one child; this particular child is constructed within these four discourses (ie medicine, psychology, education and justice) differently at different times and in different places. I suggest that how the various ways the different discourses chosen for this study constitute the figure of the child with challenging behaviour as problematic helps to define the 'normal', the 'ideal', either as what they are not, or the reason they are to be separated. The figure of the 'problem' child is always being reshaped and requiring different kinds of intervention as a

result. Further, this study demonstrates the necessity for engaging in conversations, which explore critically the effects various interventions have on the embodied child identified with challenging behaviour. Such a view is suggested as a means of challenging naturalized or taken for granted approaches in understandings of the child with challenging behaviour both as a figure constituted by discourse, and also as an embodied child.

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1.0 Chapter One: Introduction

> The roots of exclusion are deep, historical and are continually reproduced in both old and new ways in contemporary society (Freiler, 2001, p. 13).

1.1 Introduction

Children with challenging behaviour have been described in many different ways, by many different people, and their descriptions vary with time and place. At different times, these children may have been called ‘idiot,’ ‘moron,’ ‘naughty'’ or ‘attention deficit’. In certain sites, they may be called ‘sick,’ disabled,’ or ‘disordered’; in others, ‘deviant,’ ‘neglected,’ or ‘delinquent;’ while in classrooms, they may have been named 'disobedient,’ ‘disengaged,’ ‘gifted,’ ‘defiant,’ ‘or ‘dangerous’. These are the children who “worry the courts, teachers, doctors, and parents” (Rose 1989, p. 131). This study investigates who these children are, how they have been spoken and thought about, and how they have been treated differently, at different times and in different places.

These children are by definition not 'normal' yet they define what normal should look like. As Rose argues:

> … our conceptions of normality are not simply generalizations from our accumulated experience of normal children. On the contrary, criteria of normality are elaborated by experts on the basis of their claims to a scientific knowledge of childhood and its vicissitudes… (1989, p. 131).

Descriptions of children with challenging behaviour have been associated with particular discourses each of which authorizes experts who base their understandings of children in relation to conceptions of normality derived from their training in particular areas of scientific knowledge (Rose, 1999). The use of discourse theory in this study enables me to examine the discursive field surrounding the figure of the ‘problematic child’ in order to analyze the problem in the present concerning the various conflicting perspectives on the child with challenging behaviour. This will be further discussed this later in the chapter.

1.2 My professional context

I have always enjoyed my work with students who many would consider to be the most difficult and challenging in society. My various roles as an educator, a school counsellor, and

presently, as a district consultant for the Eastern School District (ESD) on Prince Edward Island (PEI) over the past twenty years have provided me with a range of direct experiences related to students with challenging behaviour. In recent years, I have also been employed as a sessional instructor in the Faculty of Education at the University of Prince Edward Island working and teaching students who are training to become teachers.

Particularly, my work with the school board's Student Services Team, a group including counsellors, psychologists, autism specialists, speech language pathologists, and inclusion consultants, offers services to all schools in the Board and endeavors to enhance support and strengthen the relationship between the student and classroom teacher. My role has included working with a wide variety of students directly both as an advocate and/or as providing counselling intervention. When the challenges these students face are described, the list includes individual, family, social, academic and cultural difficulties. Specific factors often highlighted include family crisis, criminal behavior, poor school attendance, social and emotional issues, poor peer relations, failing grades, and socio-economic problems.

Another important part of my work with the school board is overseeing four of the alternative programs for children who for different reasons are not successful in mainstream schools. The A+ program (an alternative program for children between the ages of seven and twelve) is one of the District's initiatives started in 2000. I have coordinated and supported this program over the past thirteen years. The goals of this program are "… to accommodate the needs of students who are unable to attend regular school because of serious social/emotional issues which, after appropriate interventions have been tried, are not able to be managed in the regular school setting" (Eastern School District, A+ guidelines, 2000, p. 1).

The Eastern School District is the largest of three school boards in this Canadian province serving 13,500 students in kindergarten through grade 12 in 43 schools. These schools range from small rural schools with a population of 60 students up to larger urban schools with a population of over 1000 students. Each school receives resources to assist in supporting students including resource teachers, school counsellors, educational assistants, youth workers, and an allotment of tutoring hours.

Students with challenging behaviour represent an increasing number of students enrolled in PEI schools. In the past decade, the number of students enrolled in Prince Edward Island schools identified with emotional and/or behaviour challenges has risen dramatically (PEI

Department. of Education Student Profile Data, 2005-2007). The Eastern School District is no exception and this figures is increasing each year (ESD School Profile Data, 2005- 2007). This is evident as well nationally. In 2006, the Canadian government released —*"Out of the Shadows at Last–Transforming Mental Health, Mental Illness and Addiction Services in Canada"* (Standing Senate Committee on Social Affairs, Science and Technology). This study put the figure of children and youth living with anxiety, attention deficit, depression, addiction and other disorders at million or 15% of young Canadians.

The Eastern School District's mission statement and beliefs adheres to "excellence in education" and a commitment to "the provision of a safe and caring learning environment in which all students have the opportunity to reach their potential and to face the future with confidence" (Eastern School District, 1999, p. 1). In 1999, the District adopted *Caring Places to Learn/ Safe School Environment Policy*. This policy espouses the principle of 'disciplined caring' which it describes as "the underlying practice to ensure the promotion of appropriate professional growth and positive student behaviors" (Eastern School District policy ADDA-R, 1999, p. 1). The policy, updated in 2011, promotes the principle of Duty of Care which is described in terms of "respect for the unique worth of each individual, fair procedural treatment, and persistent and diligent effort to encourage successful performance" (Eastern School District, 2011, p. 1). Schools in ELSB encourage teachers to gather, and document information so they have a clear understanding of the issues concerning a student with challenging behaviour, who continues to cause concern.

School boards within PEI presently employ a number of individuals who have been funded by the government to obtain advanced training in order to provide specialized services. Students with challenging behaviors perceived to be beyond the school's resources are referred to the English Language School Board's Student Service Team. Also, over these twenty years, there has been a noticeable proliferation of specialists outside the education sector with different kinds of expertise who provide various services to children with problematic behaviour. These experts include community police officers, youth workers, probation officers, social workers, child and adolescent psychiatrists, child psychologists, pediatricians, and mental health therapists. In recent years, I have been part of case conferences where upwards of ten professionals, including others outside of education, have sat around a table and discussed individual student profiles.

In a recent national study surveying 3900 Canadian teachers regarding their perspectives on student mental health, teachers reported they lack the necessary preparation and skills to meet the needs of students with EBD (emotional and behaviour disorders). In this study, virtually all teachers (96%) reported "an important need for additional knowledge and skills training in strategies for working with children with externalizing behaviour problems" (Froese-Germain & Riel, 2012, p. 17). Teachers feel that "there is little support for the classroom teacher in effectively supporting a child whose behaviors are unacceptable" (Timmons, 2001, p.190). Disruptive behaviors "interfere with teachers' instruction and contribute to instructor burnout" (Cornell & Mayer, 2010, p. 5). Considering that most regular education teachers receive limited coursework in special education (Baker, 2005), it is likely that they are "ill equipped to make such sophisticated judgment calls and then implement appropriate strategies for managing a wide range of behavioral needs" (Smart & Igo, 2010, p. 569-570).

In a critique of special education on Prince Edward Island (PEI) researchers concluded, "there are no clear parameters for dealing with disruptive behaviors" (MacKey, Warren & Moeser, 1998, p. 34). These students are perceived as beyond the scope of in-school resources. The result can be the student's removal from mainstream school and placement in a segregated environment with the expectation that they will learn to learn to conform to the rules and regulations of the school system. In accordance with the Eastern School District's *Inclusive Education Policy* 2011:

> Alternative class placements are a more restrictive environment within the education system. The individual needs of some students requiring interventions, are such that placement within alternative settings can also be the most enabling. For these students such placements offer *time limited* but *intensive* support at certain stages of development, in order to address specific, identified needs that will enable students to achieve educational goals within their home school" (Eastern School District, 2011, p. 3).

It has been suggested that very few students need to be excluded from mainstream schools (Cole & Visser, 2000). Yet, when trying to provide quality education to those categorized as having behaviour challenges, children with challenging behaviour "are among the most difficult to include" (MacMillan, Gresham & Forness 1996, p. 145; Horne 2001). Children are perceived as a danger to themselves and others.

Parent advocacy groups have been lobbying the government for more specialized services (Autism Action Group, PEI, 2009). This has been successful in the case of autism. Parents supporting children diagnosed with attention disorders, learning disabilities and other disorders are demanding similar resources. As resources are influenced to a certain degree by diagnosis, parents and educators are requesting psycho-educational assessments in order to obtain such identification. As a result, lists for assessments, along with the waiting time have increased considerably.

The newly formed Provincial government on PEI in 2007 has increased the number of psychologists allotted to the school districts. While assessments are being completed, more students are being identified with various disabilities and disorders as evidenced from the statistics collected by schools at the end of each school year. The resources for these children allotted to school personnel in assisting them to cope with the specific recommendations generated from these assessments are not increasing, causing stress among educators.

All of the questions I formulated throughout the years working with children with challenging behaviour led to my curiosity in further exploring this area. Current debate assumes we know who the 'problem' child is, and that this child is not 'normal'. We talk as if we know who this child is and what this child 'needs'. We talk about these 'needs' as if we know what these 'needs' are and so the emphasis is on deciding what to do about this child, and in particular, where to put this child and the resources it is presumed to need.

I became aware that in all of these debates, the problem was being located within the child. For example, the issue of 'attention' as it relates to a child with challenging behaviour was not seen in the context of the institutions in which the child was located, and therefore, the system of identification and diagnosis was never questioned. I began to look for a way to challenge what was being taken for granted and to think differently about the way we understand this problem. This has led to formulating questions, which unsettle taken for granted assumptions including:

- Given that the problem of children with challenging behaviour has a long history, what would be involved in looking at the problem differently in the present?
- What if we started from the premise that we do not know who this child is?

To further investigate these questions, I developed a number of number of theoretical and historical sub questions that enable me to study this concern in greater depth and breath. These include:

- Who is this child with challenging behaviour with respect to the different time periods examined in this study, and within these different disciplines and institutions?
- How is the child with challenging behaviour understood and constituted by certain discourses within society as a 'problem?
- How has the child with challenging behaviour, been treated differently, at different times and in different places?
- How have PEI policies been implicated in the construction of the 'problem' child?
- How, in particular, have alternative education programs emerged to become programs deemed necessary for students identified as having challenging behaviour?

Such questions encouraged me to examine another orientation to the child with challenging behaviour. To begin thinking of it as a problem that had a historical and geographic context opened the way for this doctoral study.

1.3 A genealogical approach

"Genealogy is a 'history of the present'" (Dreyfus and Rabinow, 1982, p. 118). A genealogy is a particular orientation to the present which takes as its starting point "questions posed in the present, investigating the terms in which those problems are currently understood, and tracing the line of descent that has led to problems being posed in these ways" (Foucault, cited in Gordon, 1980, p. 4). "A genealogy attends to the history of the problem's transformations and its emergence as a question worthy of attention" (Dreyfus & Rabinow, 1986, p.118-25). In order to locate a different perspective on the 'same' problem it is powerful to go back in time, and a genealogy makes it is possible to investigate past practices for re-examination and further enquiry (Meadmore, Hatcher & McWilliam, 2000).

Foucault states that the key question for the 'problematization of the 'subject of knowledge' is "How has the subject been established at different moments and in different institutional contexts, as a possible, desirable, or even indispensible object of knowledge?" (Foucault, 1994a, p. 87) Applying this to the thesis project, the question becomes: "How has the child with challenging behaviour been established at different moments and in different institutional contexts, as [an] … object of knowledge"?

Applying a Foucauldian genealogy to an analysis of the various ways of thinking about children with challenging behaviour enabled me to examine the child with challenging behaviour as a category which is historically and situationally contingent. Specifically, it supported the notion to examine how these children were constituted over an extended period, the decades of the 1960s to the end of the 1990s present, and in a specific place, Prince Edward Island. The 1960s as the starting point for the analysis for this thesis was chosen for a number of reasons. First, the 1960s was a period in Canadian history where a number of National reports on education stressed the need for expanded and effective educational services for children with behaviour disorders (Hardy, 1971), exceptional children (Laycock, 1963), and emotionally disturbed children (Laycock & Findlay, 1969). Second, this was the decade where some of the informants interviewed for this study began working with children with challenging behaviour in PEI. Third, *The Comprehensive Development Plan of PEI* was signed by the federal and provincial government which resulted in significant changes in social, economic and educational futures of Islanders (Campbell, 1975). A genealogy also supported the investigation into how the subjectivity of the child with challenging behaviour emerged as 'problematic'.

Foucault identified a number of conceptual tools which are utilized in genealogical analysis. Three of these are discourse theory, discursive field, and discourse. Discourse theory offers an analystic framework whereby discourse represents "ways of giving meaning and of organizing the world" (Richardson & St. Pierre, 2005, p. 961). "Discourses are about what can be said and thought, but also about who can speak, when, and with what authority" (Ball, 1994, p. 21). Discourses that make the child with challenging behavior their object have their own specialist knowledge, which is acquired through specific training in that specialist area. In this study, I will be examining discourses associated with the disciplines of medicine, psychology, education, and law. Each of these disciplines views the child with challenging behavior differently and produces particular ways of thinking about and understanding such a child. Foucault's theory of discourse provides an entry point into this study as I have a desire to understand discursive links between the past and present theory, policy and practice, and how these influences the ways the child with challenging behaviour is constituted differently within particular discourse and practice.

It is through discourse that individuals think and act in a certain way. Thus practitioners working with children with challenging behavior may understand, speak about, and act upon this child differently according to the discourses accessed through their specific training.

Foucault contends that, "when exploring a discourse, one should seek its *conditions of existence*" and "refer the discourse not to the thought, to the mind, or to the subject which might have given rise to it but to the practical field in which it is deployed" (Foucault, 1989, p. 40). In this study, it is through various disciplinary practices that I examine the 'conditions of existence', which make it possible for each discourse to construct a particular way of viewing the child with challenging behaviour as 'problematic'.

A discursive field is an institutional cluster related to a specific body of knowledge. Foucault developed the concept of the discursive field as part of his attempt to understand the relationship between language, social institutions, subjectivity and power. A discursive field represents the way in which "social structures and processes are organized through institutions and practices" (Weedon, 1987, p. 35). A discursive field may be comprised of smaller sub fields. In the discursive field of medicine, for instance, there are many sub-fields or specialty areas such as psychiatry or pediatrics, each with a particular slant on the child with problematic behavior.

Genealogy questions the constitution of a subject over time. In the case of the behaviourly disordered child, it encourages us to ask, "Is there just one kind of child or does this subject change according to historical conditions?" It is not just important to look at the contemporary child with challenging behavior. Instead it is important to look at the child beyond the present time, to look at the child across decades, across different institutions. In doing so, perhaps we can ask different kinds of questions of the current situation. We can reflect in the present on whether we really know who this child is. A genealogy gives us the opportunity to ask this question by stepping back in time. It provides us with a different place to stand, and an opportunity to produce a space in which to think differently. It also permits us to look at those times, and look at other times and places, and also look at how, during those times, the 'problematic' child was understood. In this thesis, the period of analysis is the 1960s through to the end of 1999 a stretch of time during which there was considerable social change. I will consider how the child with challenging behaviour has been constituted with respect to this time period and within different disciplines and institutions.

1.4 Establishing the context

This study is a situated genealogy exploring how the child with challenging behaviour gets constituted according to discourses of medicine, psychology, mainstream education and justice. It is a study that it is located in a place, Prince Edward Island, within the Canadian context.

1.4.1 Canadian context



Figure 1: Map of Canada (Craig. I. W. Marlatt, 2002)

Canada is a country comprised of ten provinces and three territories with a population of approximately 35 million people of diverse cultures. Canada has a federal system of parliamentary government whose responsibilities are shared between federal, provincial and territorial governments (Makarenko, 2008).

The federal or national government is responsible for enacting and implementing laws for the whole country. In doing so, the federal government is provided with its own constitutional powers and jurisdictions, which it may exercise independently from the provincial level of government.

The provincial governments enact and implement laws within their particular provincial territory, and are provided with their own constitutionally recognized powers, which they may exercise independently from the federal government, and from each other. Territories are not constitutionally recognized entities, and while they are responsible for enacting and implementing laws within their particular territorial area, they fall under the legislative jurisdiction of the federal government.

The powers of government concern matters of national interest while the powers of provincial/territorial legislatures concern matters of a more local nature. Concurrent powers are in place for old age pensions, immigration and agriculture.

1.4.2 Canada and Education

> Section 93 of the *Constitution Act, 1867* (formerly the *British North America Act*), gives the provinces of Canada exclusive jurisdiction to enact laws governing education. Thus, ministries and departments of education, through education or school acts and attendant regulations, typically control school curriculum; the level to which schools are financed; the training and certification required of teachers; the methods of assessment and the standards for student testing; the structures to sustain school governance and management; the establishment of school boards; and the design and distribution of curriculum materials (Fleming, 1993, p. 12).

There is no national body governing legislation, therefore, the Council of Ministers of Education, Canada, (CMEC) was established in 1967 by the Ministers of Education in Canada to promote discussion on matters of mutual interest, further collaboration and consultation among the provinces and territories, and represent Canadian education internationally (CMEC, 2002).

1.4.3 The Maritime context

The three provinces of PEI, New Brunswick, (NB) and Nova Scotia (NS) located on the eastern shores of Canada together make up a subgroup of a region known as the Maritime Provinces. Given the small land base and lower population as compared to the rest of the Canadian provinces, these three provinces have long been identified as one region and collectively have worked together for the betterment of the region.



Figure 2: Map of Atlantic Canada (dunesidecottage.com)

1.4.4 The Provincial context

Prince Edward Island (PEI) or the 'Island' as locals know it is located in the Gulf of St. Lawrence off the eastern coast of Canada between the provinces of Nova Scotia, New Brunswick, Quebec and Newfoundland and Labrador. PEI is approximately 280 kilometres long and has a land total of 5656 square kilometres. PEI is known for the vivid colours of its gently rolling landscape, surrounded by miles of sandy beaches and red sandstone cliffs and as a result, tourism is one of the three most important economic sectors besides agriculture and fishing.

The French originally settled PEI in the early 1700s but, following the exile of the Acadians in 1755, predominately Scotch and English peoples along with some Irish stock populated thee Island (Beck, 1968).

The total population of PEI today is approximately 141, 000 with 90% English and 9% of French and Acadian decent. Small communities of Dutch, Lebanese and Mik'maq also exist and in recent years immigration has added to the diversity of the population. Charlottetown, PEI's capital city has a population of approximately 60,000 people and is known as the "Birthplace of Confederation" as in 1864 the Charlottetown conference represented the first of meetings which led to the formation of the Dominion of Canada. From 1917 until 1997, a permanent ferry service operated providing transportation for individuals to and from the mainland across the Northumberland Strait. In June 1997, the 12.9 km Confederation Bridge (the world's longest bridge), was officially opened connecting Borden-Carleton, Prince Edward Island to Cape Jourimain, New Brunswick.

PEI is well known around the world as home to Anne of Green Gables and author Lucy Maude Montgomery. In her autobiography, *The Alpine Path*, Maud's description of the Prince Edward Island creates a beautiful image of this beautiful province. She wrote:

> Much of the beauty of the Island is due to the vivid colour contrasts – the rich red of the winding roads, the brilliant emerald of the uplands and meadows, the glowing sapphire of the encircling sea. It is the sea which makes Prince Edward Island in more senses than the geographical. You cannot get away from the sea down there. Save for a few places in the interior, it is ever visible somewhere, if only in a tiny blue gap between distant hills, or a turquoise gleam through the dark boughs of spruce fringing an estuary. Great is our love for it; its tang gets into our blood: its siren call rings ever

> in our ears; and no matter where we wander in lands afar, the murmur of its waves ever summons us back in our dreams to the homeland (Montgomery, 1917, p. 11).

1.5. Governance in PEI

In 1852, Prince Edward Island became the first British North American colony to institute free education, a government-funded, Island-wide, public school system (Cousins, 1999). This *Free Education Act* created a provincial board of education and a system of school districts. "On a governance level, the school districts constituted the only uniform, Island-wide system of local governance that the province has ever had" (Cousins, 1999, Education section, para. 1).

In his preface on a report written by J. A. Cousins in 1999 on the governance of PEI, Edward MacDonald, Director of Research at UPEI at the time wrote about the many layers to both governance and the provision of services in such a small province as PEI.

> An embarrassment of administrative units, each with its own set of boundaries, responsibilities, and powers, divide up the landscape and the populace. In many instances, these units grew up independently of one another, with little regard for the possibilities of overlap or duplication (MacDonald, 1999, cited in Cousins, 1999, Preface).

These details are significant as at prior to the consolidation of schools in 1972, there were over 400 one or two room schools each financed by its own independent school board.

1.6 Organization of the thesis

This thesis is divided into two sections. The first section consists of three chapters, which combined, introduce the problem to be researched, the methodology employed in order to carry out this research, and the research literature applicable to such a problem. Part Two of the study is comprised of the four data analysis chapters and a final conclusion chapter. Chapter Four is an examination of the discursive fields involved in this research which is valuable to the analysis throughout the whole thesis.

Chapters Five through Seven represent a genealogy of the constitution of the 'problem' child within each of the discourses of education, psychology, psychiatry, and justice. Each of the three chapters focuses on a particular time period concerning the child in question and presents arguments arising out of those specific times and places.

In this chapter, I presented the overarching problem and the importance for doing this particular study. I introduce the contextual background for the study along with the key concepts used in the genealogical approach taken in the study of children with challenging behaviour.

Chapter Two explains the theoretical and methodological approach used in this study. This chapter identifies the ways in which this data was used to inform the study. It builds on Foucault's use of genealogy and describes the various methods utilized throughout the study. I establish that the 'problem' child has been understood differently within disciplinary discourse and at different historical periods, affecting how the 'problem' has been explained and the recommendations put in place to address the problem. I focus specifically what was happening in Canada and more locally PEI in the years prior to the period under question.

Chapter Three presents a review of literature of the bodies of knowledge surrounding children with challenging behavior. I examine the recent corpus from a number of different disciplinary perspectives in order to identify the diverse ways in which children with challenging behaviors are understood, defined and intervened. I also review research that utilizes a critical perspective approach and identify some of the key differences in this approach to research from others. The current study is positioned as aligned with the critical perspective.

Chapter Four returns to the four disciplines discussed in the review of literature. Here, these disciplines are examined from a genealogical perspective. The reader will appreciate that these discourses have histories. This chapter is divided into two parts. I begin with a broad overview of the various understandings of the discourses chosen for this study on the child with challenging behaviour from seventeenth century to World War II, and in the second part, I then narrow the focus to a historical time period involving Post World War II to the late 1950s. It is here that I am more concerned with what was happening in Canada and more locally in PEI, as well as how the 'problem' child has been understood within disciplinary discourses differently over time affecting how the 'problem' was explained, and the recommendations put in place to address the problem.

The genealogical study proper begins in the 1960s. Chapter Five focuses on the period from 1960s to the end of the 1970s, in Canada, a period in which progressive ideas of childhood and education were influential. In relation to children with challenging behaviors, this period saw the rise of the term 'ELD' (emotional and learning disorders). I examine a number of key

documents with particular emphasis on the influential *Children with Emotional and Learning Disorders in Canada: One Million Children* (Lazure & Roberts, 1970).

The period of the 1960s and 1970s in Canada was also a time where the issue of human rights and special education was rising to the surface in Canada and many other parts of the world. During this time, parents and other advocacy groups fought hard to ensure equality for their children who did not have any particular rights especially within the education or justice systems.

Chapter Six begins with the *Canadian Charter of Human Rights and Freedoms* enacted in 1982 and frames the arguments concerning the child with challenging behavior from two perspectives that were particularly prevalent at this time. First, a discourse of 'rights' is examined in relation to legislation, other legal documents and their positions surrounding children with challenging behaviour. Second, due to the development of policies regarding special education, I examine various policies, and legislative perspectives, which position the child with challenging behavior according to a discourse of 'needs'. The chapter also pays attention to the tensions and resistances from the discursive fields concerning the identification, practices, and programs put in place representing what was considered in students' best interests.

Chapter Seven focuses on the decade of the 1990s. It centers on the discourse of 'alternative education' as a hybridized discourse emerging from an overlapping of understanding from 'mainstream' education, and 'special education'. This chapter brings to light the complexities underpinning how a child with challenging is viewed and problematizes some of the initiatives put in place for the solution to the problem of the child with challenging behaviour as constituted in the 90s.

The final chapter analyzes across and between the periods of time and places identified throughout the study. It identifies the complexities, which arise from the shifting nature of definitions, problematizations and treatments for the child with challenging behavior across time and place. I address the contribution of a genealogical account to understanding the constitution of the 'problem' child in the twentieth and twenty first century and tracing continuities and discontinuities present in the way various discourses understand this child. In addition, situating this research locally in Prince Edward Island provides a reading of children, which is specific to time and place.

This study concludes with a meta-analysis of the insights on the importance of time, and place in the construction of the figure of the child with challenging behaviour as problematic from the views of medicine, psychology, education and justice discourses.

Additionally, it is here where I reflect on the process of conducting this research and how this has influenced my own understanding and practice of the embodied children with whom I work daily. I conclude by "offering perspective rather than truth . . ." (Ball, 1995, p. 268), in the recommendations I suggest for practitioner practice and policy development for future reference.

Chapter Two: Theory and Methodology

2.1 Introduction

Chapter Two describes the theoretical and methodological framework of study. In the first section, I introduce the poststructural theoretical framework that informs this study. Key concepts which are applied in the thesis to examine constructions of the child with challenging behaviour are defined including discourse, discursive field, conditions of emergence and re-emergence, discursive practices, technologies, dividing practices, normalization, power-knowledge and subjectivity. I describe how the study moves across the discourses of medicine, psychology, education, and justice to problematize how children with challenging behaviours have been constructed as a 'problem' at different times and different places. Miller and Rose, 2008 refer to a problematization as:

> the way in which experience comes to be organized so as to render something as 'a problem' to be addressed and rectified: interpretive schemes for codifying experience, ways of evaluating it in relation to particular norms, and ways of linking it up to wider social and economic concerns and objectives (Miller & Rose, 2008 p. 175)

The nature of the problem points to a need to take-up this problem in the present and return to the past to disturb what are understood as 'regimes of truth' (Foucault, 1991) concerning the child with challenging behaviour, The second section describes the study's genealogical methodology and application of critical discourse analysis to elucidating this problem. The historical focus for the genealogy is the decades of the 1960s through to the end of the 1990s. It is also situated in place in Canada, and more locally in PEI. In addition, this section describes the research methods used in the data collection, data analysis and ethical considerations.

2.2 Conceptual framework

Poststructuralist theory was chosen as the theoretical framework for this study to analyze the way discourses within the disciplines of medicine, psychology, education, and justice have constituted the problem of challenging behaviour as well as influencing practitioners within these fields. This framework is concerned with:

> the way in which meaning is struggled over and produced, the way it circulates amongst us, the impact it has on human subjects, and finally, the connections between

> meaning and power the impact they have on our identities and actions (Kenway, Willis, Blackmore, & Rennie, 1994, p. 189).

In this way, poststructuralism positions itself as a study of how knowledge is produced. Poststructuralism holds "that in order to understand an object it is necessary to study both the object itself, and the systems of knowledge which were coordinated to produce the object" (Uddin & Hamiduzzaman, 2009, p. 665). Systems of knowledge in this thesis refer to the disciplines which have produced knowledge of the child with challenging behavior. More specifically, discourses that are produced by and circulated within these disciplines make it possible to know this child. An aspect of this study is an examination of how practitioners trained in various disciplines constitute the child with challenging behaviour. Through an in depth analysis of the interviews conducted on a number of practitioners in the field who worked with children with challenging behaviour for many years, I have explored specifically the labels and the descriptions being used to describe the child with challenging behaviour.

Poststructuralist theory, similar to other perspectives such as critical theory, challenges modernist assumptions of fixed meanings, instead viewing meaning as multifaceted and inherently contradictory. Foucault (1980) contends that, "knowledge is based on different discourses and practices which frame the knowledge formulated from within them" (In Agger, 1991, p. 16). Examining these discourses within disciplines (medicine, psychology, education and justice) opens the way to conceptualizing the discursive field of the 'problematic' child in terms of a plurality of discourses and meanings. By deconstructing texts, informant's words, and practices from these various disciplines, I am able to look within and across these four discourses to search for the multiple ways children with challenging behaviour are described according to the language from each particular discourse, which in turn legitimates these different perspectives. I seek to disrupt the plurality of meanings and uncover some of the discursive practices that exist within institutions that assist in these various constructions of the child as problematic.

A poststructural perspective questions the privileging of dominant discourse leading us to look to new ways of thinking about things in order to bring about change (Gubrium & Holstein, 2000). This orientation allows me to question some of the assumptions concerning children with challenging behaviour and opens up opportunities for my readers to be presented with alternative ways of thinking about this problem.

How poststructural theory is applied to this thesis more specifically will be addressed in the section on data analysis. In the following section, I describe the theoretical tools chosen for this study. These theoretical concepts include discourse and discursive fields. I define describe each of these tools, and later in chapter describe how each has been use to guide the analysis of the problematization of the child with challenging behaviour.

2.3 Discourse and discursive field

From a Foucauldian perspective, discourse is a system of knowledge or representation that legitimates relations of power and that is held in place by sets of rules and practices "that systematically form the objects of which they speak" shaping grids and hierarchies for the institutional categorization and treatment of people (Foucault, 1972, p. 49). Foucault defines 'objects' as objects of knowledge, "the entities which particular disciplines or sciences recognize within their fields of interest, and which they take as targets for investigation" (Fairclough, 1992, p. 41). The objects in this study are children with challenging behaviour.

Discourse has been defined as "the different ways of structuring areas of knowledge and social practice" (Fairclough, 1992, p. 3). Foucault considers discourses as "attitudes, modes of address, terms of reference, and courses of action suffused into social practice and not merely bodies of ideas, ideologies, or other symbolic formations" (Holstein & Gubrium, p. 490). It is through discourse that individuals are persuaded to think and act in a certain way.

A discursive field is broader than a single discourse. A discursive field consists of "competing ways of giving meaning to the world and organizing social institutions and processes" (Weedon, 1987, p. 179). Foucault developed the concept of the 'discursive field' to understand the relationship between language, social institutions, subjectivity and power" (Weedon, 1987, p. 35).

If we discuss of a 'problematic' child, as one with challenging behaviours, there are a range of disciplines and related social institutions that seek to define this individual, diagnose their problems, and suggest solutions and employ different discourses. They don't all agree; they debate and dispute with each other. In this study, I consider the disciplines of medicine, psychology, education and justice and their particular ways of understanding the child with challenging behaviour.

In addition to the concepts of discourse and discursive fields, conditions of existence, power-knowledge, agents as experts, subjectivity, and discursive practices are significant also in that they all work together to show the importance of discourse.

2.3.1 Power - Knowledge

One of the reasons Foucault developed the concept of discourse, was to demonstrate how power and knowledge work together. According to Foucault:

> We should admit rather that power produces knowledge... that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations (Foucault, 1977, p. 27).

For Foucault, power and knowledge are inseparable, with any act of knowing also being an act of power. Foucault is interested in how the body becomes a subject of knowledge within practices and rituals of power and knowledge. Power and knowledge operate in institutions where authorities and experts use various technologies, which rely on statistical evidence, to identify children with challenging behaviour as 'problematic', and separate them from the 'ideal'. Rose, in his discussion of expertise 'as a mode of authority', drew attention to the existence of experts as authorities (Rose, 1999, p. xi). Foucault notes that the normalizing judgment imposed by those in positions of authority has become one of the central elements of our society. He says, for example:

> The judges of normality are everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the social worker-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements (Foucault, 1977, p. 304).

Discipline marks the discovery of the body "… as a body that is manipulated shaped, trained, which obeys, responds, becomes skillful and increases its forces" (Foucault, 1977 p. 136). In this genealogical study, I look for signs of the functioning of authority and disciplinary power in discourses and institutions involved in the construction of the figure of the child as 'problematic'.

2.3.2 Conditions of existence

When exploring a discourse, one should seek "not its laws of construction, as do the structural methods, but its conditions of existence" (Gee, 1989 p. 40). Foucault argues that it is the conditions or contexts in which things unfold which are important in explaining how discourses are able to operate in certain ways. I utilize this approach, to engage with the specificities of particular practices and systems, and different people's ways of understanding children with challenging behaviour.

2.4 Discursive Practices

Discursive practices refer to "historically and culturally set[s] of rules for organizing and producing different forms of knowledge", and these practices are "a whole series of categories to organize both discourse and its relation to other practices, events, and objects" (O'Farrell, 2005, p. 79). It is these rules which allow certain statements to be made. Discursive practices communicate meanings through language, authorizations through texts, and the rules for their use (what can or cannot be said) and also through non-linguistic mean such as architecture, exclusions and clothing

2.4.1 Dividing Practices

A dividing practice is a discursive practice which functions to organize categorization and classification within the subject or between the subject and others (Foucault, 1979). Within discourse, dividing practices are one of the ways in which language exerts power.
Dividing practices represent one of the disciplinary mechanisms that serve to distinguish and separate subjects. Foucault uses the term 'discipline' as "the exertion of disciplinary norms, and regulatory norms on bodies and populations" (Foucault 2003, p. 253), and these are used to divide subjects in different ways.

> These dividing practices are social and usually spatial: social in that people of a particular social grouping who exhibit difference could be subjected to certain means of objectification; and by spatial, by being physically separated from the social group for exhibiting difference (Madigan, 2003, p. 3).

In the book *History of Madness*, Foucault (2006) discusses how in the late eighteenth and early nineteenth century people were classified as 'mad 'and placed in asylums. The placing of individuals in asylums is one example of a dividing practice as the 'mad' were classified and divided from the rest of the population.

2.4.2 Normalization

Normalization is the process of defining what is and is not 'normal' in a particular domain (Foucault 2006). As such it is a dividing practice that can be used to justify the separation of the normal from the non-normal. Normality operates is according to 'a regulation of detail':

> These regulations, and the evaluation of conduct, manners, and so forth entailed by them, establish a grid of codeability of personal attributes. They act as norms, enabling the previously aleatory and unpredictable complexities of human conduct to be conceptually coded and cognized in terms of judgments as to conformity or deviation from such norms (Rose, 1988, p. 187).

Crucial to the process of normalization is authority and the role of the expert. Foucault's interest was in understanding how norms are established within discourse, and how discourse creates a normative context for possible thought and action (Olssen, 2006, p. 137). Foucault has described his project in terms of:

> … study[ing] the emergence of the power of normalization, the way in which it has been formed, the way in which it has established itself without ever resting on a single institution but by establishing interactions between different institutions, and the way in which it has extended its sovereignty in our society (Foucault, 2003a, p. 27).

In *Psychiatric Power* (2003), Foucault associates the 'norm' with disciplinary power, which targets individual bodies in order to train subjects that are simultaneously efficient and obedient. Foucault argues that within a disciplinary context, the norm functions "as the universal prescription for all disciplinary subjects" (Foucault, 2006, p. 55). In other words, the norm is the concept for which everyone is compared and for which everyone strives to attain. In his book *Abnormal*, Foucault identifies the 'norm' as an "element upon which a certain exercise of power is founded and legitimized" (Foucault, 2003b, p. 50). He also elaborates on precisely how the 'norm' functions within a disciplinary context, arguing that the norm:

> brings with it a principle of both qualification and correction. The norm's function is not to exclude and reject. Rather it is linked to a positive technique of intervention and transformation, to a sort of normative project (Foucault, 2003, p. 50).

This notion of 'a positive technique of intervention' alludes to the fact that individuals are expected to conform to the standards of the institution, and if they do not, an intervention is needed to correct and transform the perceived problem so the person might achieve the standards imposed. For children with challenging behaviour, a positive technique of intervention would serve to correct or teach more acceptable ways of behaving which are constructed by the institutions understanding of what is normal regarding children's behaviour. The implications for conceptualizing interventions in relation the child constituted as problematic is that the child's behaviour is constructed as 'problematic' according to a deficit from within, and therefore is subjected to interventions which position him or her as 'abnormal' or 'as the problem', and the problem is not viewed in relation to some other possible reason.

2.4.3 Technologies

Technologies are general collections of specific "techniques used to produce, to transform, to manipulate things; the techniques that permit one to use sign systems; and finally the techniques that permit one to determine the conduct of individuals, to impose certain ends or objectives" (Foucault, 1993, p. 203). His typology of technologies includes technologies of production, technologies of sign systems, technologies of power (or domination) and technologies of the self.

While all of these technologies are inter-related, each one is "permeated by a form of domination that implies some type of training and changing or shaping of individuals (Besley, 2005, p. 78). In this thesis, it is the technology of power that "define[s] the individual and control their conduct as they make the individual a significant element for the state through the exercise of a form of power…" (Besley, 2005, p. 77) which is of particular interest. Technologies of power "determine the conduct of individuals and submit them to certain ends or domination, an objectivizing of the subject" (Foucault, 1988, p. 18).

2.5 Genealogy

This project is a genealogical investigation in which critical discourse analysis is applied. Foucault describes genealogy as:

> a form of history which can account for the constitution of knowledges, discourses, domains of objects, and so on, without having to make reference to a subject which is

> neither transcendental in relation to the fields of events or runs in its empty sameness through the course of history (Foucault 1980, p. 59).

Foucault argues, "we need a historical awareness of our present situation" (2008, p. 208). As Miller and Rose 2008 maintain:

> it makes sense to start an investigation by asking how the rendering of things problematic occurred, and problematizing became a useful way of designating this as a process … (p. 14).

A genealogy is not a straightforward historical account of a subject. History deals with events and attempts to place them in a series in order to make sense of them, "to understand events in terms of cause and effect" (Foucault, 1972, p. 230). Instead of history being understood as a continuous development, genealogy "calls into question the supposed linear evolution of history" (Tamboukou, 1999, p. 203). In this study, genealogy examines how children with challenging behaviour are constituted and transformed through the knowledge and cultural practices throughout the decades of the 1960s -1990s in Canada and more locally PEI. What genealogy does in this instance is assist in the tracking of these problems, at different times, in different sites, and generated by different agents.

A Foucauldian genealogical approach argues that history is made up of both discontinuities and continuities which reflect the way that some "things are no longer perceived, described, expressed, characterized, classified, and known in the same way from one era to the next" (Foucault, 1973, p. 158). Discontinuities are "moments when there are radical and shocking changes in direction in the way that phenomena are thought about and the ways that events are interpreted" (Mills, 2003, p. 27). For children with challenging behaviour, manifestations of behaviour may change over time and therefore, the terms applied to children with challenging behaviour from the various disciplines may change also to reflect particular changes. So how children are understood at one point in time may change as practitioners take up other constructions of the 'problem' child.

A genealogical search "renders itself to details, many of them having remained unnoticed and unrecorded in the narratives of mainstream history" (Tamboukou, 1999, p. 207). In this study, interviews conducted with practitioners have provided details that have never before been seen as worthy of note. By tracking practitioners' narratives in relation to children with challenging behaviour I have connected their accounts with those found in archival documents produced

during the same time periods and compared the ways children have been described in these two examples of data.

Within and between the periods from the 1960s to the 1990s, I have looked at the various constructions of children and youth as 'problematic by authorities or experts from various disciplines and institutions, the technologies employed for their identification, and the programs and recommendations suggested by practitioners. These have been identified through policies, documentary evidence, and informant data.

2.5.1 Situating the Genealogy in Place and Space

Foucault's work is helpful in exploring ways power and discipline work in various institutions through the specificity of place, space and time. The main conceptualization of place taken up in this thesis is defined geographically as "a location somewhere" (Agnew, 2011, p. 6). I describe my project as a situated genealogy because it is located not only in time but in a specific geographical place, Prince Edward Island. Place also could be defined as "a physical location where things take place, where identification transpires and where placing, ranking or ordering occurs" (Winter 2012, p. 559). Place in this thesis denotes for example, each of the specific institutions where children with challenging behaviour are situated in this research, and where certain children are identified as problematic, and ranked outside the range of the constructed norm for behaviour.

Michel de Certeau defines space as a "practiced place" where geography is transformed and given meaning by human actions, journeys, and memories. (1984, p. 117). Tuan posits, "Space is more abstract than place. What begins as undifferentiated space becomes place as we get to know it better and endow it with value (Tuan, 1987, p. 136). This perspective of space is often referred to as social spaces within and that make up places. In my thesis, it is the space created within or outside of the institutions for problematic children that I focus on which become transformed into places such as alternative programs. In this sense, "space is transformed into place as it acquires definition and meaning" (Tuan 1987, p. 6. in and Rands, 2010, p. 43). These spaces are "understood as relative, coming into existence because of social processes and phenomena".

Giddens (1984) maintains that places are made through human practices and institutions even as they help make those places. This is significant in my research, as the construct of place, as in Canada, and more locally, PEI, becomes a valuable one in the analysis of how the child

with challenging behaviour is constituted by the discourses prevalent. Place and its association with particular meanings constructed for children with challenging behaviour are important in my research, as place "sustains difference and hierarchy both by routinizing daily rounds in ways that exclude and segregate categories of people …" (Gieryn, 2000, p. 474). Place and its association with particular meanings constructed for the child with challenging behaviour are derived from the accounts of Islanders who have worked in local institutions and programs associated with these children as well as extensive local archival data. Through personal experiences shared by informants contributing to this research, place may be "interpreted, narrated, perceived, felt, understood, and imagined" (Soja 1996, in Gieryn 2000, p. 465).

Educational research and practice has been accused of lacking place sensitivity. This study is sensitive to the nuances of local events and circumstances. According to Corbett, "place should occupy a more central place in the way we think about and deliver education" (2009, p. 1). In talking about his fieldwork on educational issues in a Canadian coastal community, Corbett shared his thoughts on the importance of place in research:

> I came to see that education cannot, and should not, be lifted out of the context of the economic, social, and natural spaces in which it is experienced. …. Education is one way to look at how people living in a particular geography learn things, and indeed, how they are invited to learn an approved roster of things in school (Corbett, 2008, p. 503).

What happens in one place may not happen at another. The attention to place is not just about geography, but also about the specific historical conditions of localities.

The notion of living on an island is interesting in itself when comparing islands to other kinds of places. According to Baldacchino, there are "common traits that make up the idea of the island such as geographical boundedness, historical distinctiveness, linguistic nuances, cultural specifics, innovative governmental practices" (2007, p. 16). PEI has these characteristics of island communities and I will be describing some of the "innovative governmental practices" in relation to problematic children that were revealed through genealogical inquiry.

Foucault (1997) "presumes that ideas founding the notion of space and place vary from era to era – and from society to society", therefore a genealogy is a method of bringing these ideas to the forefront. (Castelllo & Rand, 2010, p. 60). Places are continually produced and reproduced in interaction with their surroundings and thus may acquire new meanings over a period of

time (Pries, 1996, 1999; Eade, 1997). This conceptualization of place is highlighted in the different focal periods under analysis in this thesis.

Foucault understands space as "the relation between sites", and as Elden (2001) contends Foucault "centres his analysis on particular sites – ones that both link with and contradict other sites" (p. 117). The particular places in this study are institutions such as schools, training schools, hospitals and clinics. Foucault (1977) sought to explore the ways power and discipline work in places such as schools through 'technologies of power' such as normalization and surveillance, through the specificity of space, place and time, and through the body to produce children as problematic (Laws, 2011). In this thesis, space is illuminated through the production of programs such as alternative programs, and training schools within places such as institutions for children identified as problematic. They are transformed into places for problematic children.

As the concepts of space and place are fundamental geographic concepts and therefore inextricably linked, I follow the recommendation of Agnew 2011, who stated, it is "best to examine them together rather than separately" (p. 316). For Foucault, neither space nor place can be defined permanently, and that ideas founding the notion of space and place vary from era to era, and from society to society (p. 60). Castello and Rands posit, "excluding space and time from social analysis, or privileging a priori one above the other, seriously distorts our understanding" (1993, pp. 17-18). As this study includes a critical perspective on the problematization of children with challenging behaviour being constituted as problematic, including place, and space, in addition to time could be viewed as a new form of critical thinking.

Examining specific documents produced on PEI as well as accounts of residents with knowledge of the subject has allowed me to contextualize this genealogy in place, and space according to each of specific timeframes. In each of the analysis chapters, I attend to both national and local dimensions of the issue during that period.

2.5.2 Critical Discourse Analysis

Critical discourse analysis explores how texts construct representations of the world, social relationships, and social identities, and emphasizes how such practices and texts are ideologically shaped by relations of power (see Fairclough, 1992, 1993, 2001a, b, 2003; Chouliaraki & Fairclough, 1999). The task in discourse analysis is to make explicit "the ways

in which discourses operate and their effects within particular contexts" (Cheeks, 2008, p. 356). In relation to Foucault and genealogy, critical discourses analysis "due to the power components and historical components, discourse(s) need to be analyzed in the present and the past due to "shifting meanings, definitions and interested parties over periods of time" (Powers, 2007, p. 26). This form of analysis according to Rogers (2003) permits one to actively engage in and reflect on how discourse operates. In this study, I have used discourse analysis to identify each of the discourses implicated in constituting the child with challenging behaviour as 'problematic' on PEI.

Janks (1997) distinguishes CDA from other forms of discourse analysis.

> Critical discourse analysis (CDA) stems from a critical theory of language, which sees the use of language as a form of social practice. All social practices are tied to specific historical contexts and are the means by which existing social relations are reproduced or contested and different interests are served" (p. 329).

Critical discourse analysis requires the analyst to consider effects of discourses on those who are disadvantaged and advantaged by policy and practice, in this case, in the field of the problematic child. I examine the social processes, government documents and policy texts concerning children with challenging behaviour being constituted as having special educational needs.

There are various methods for the discourse analytic study of texts. As Humes and Bryce (2003) claim, finding coherent descriptions of discourse analysis using Foucault is quite difficult. Graham's (2005b) research on discourse analysis drawing on Foucault examined texts by "dissecting, disrupting and rendering the familiar strange" (Foucault, 1980, p. 237). In my attempt to use critical discourse analysis, I follow Norman Fairclough's approach (Fairclough 1992; 1995; Chouliaraki & Fairclough, 1999), while continuing to be informed by Foucault's work. Premised on the notion that texts cannot be analyzed in isolation from the wider social context, I borrow from Fairclough's framework that consists of three interrelated dimensions of analysis as illustrated in the chart below.

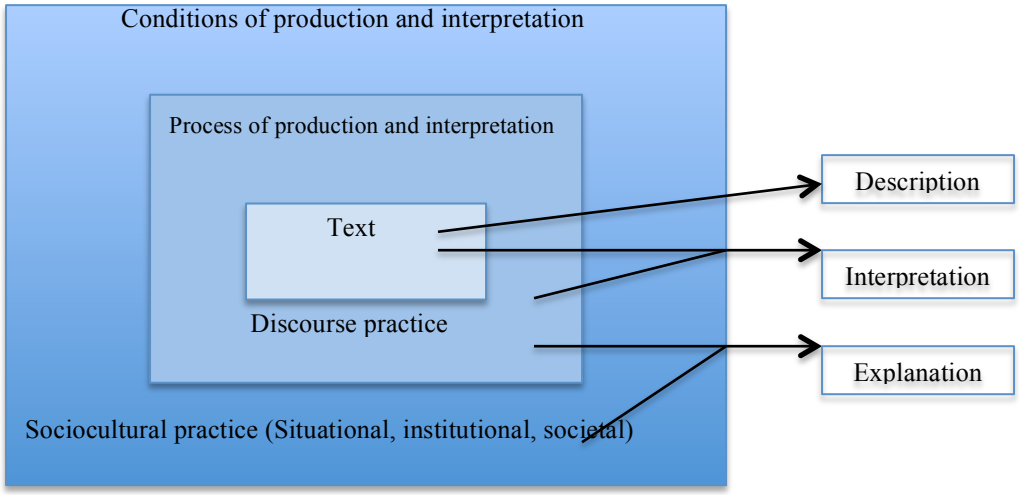

Figure 3: Fairclough's dimension of discourse and discourse analysis (Fairclough 1995, p. 98).

These three dimensions encompass:

> the examination of the linguistic features of texts (the level of the text); the exploration of processes related to the production and consumption of texts (the level of the discursive practice); and the consideration of the wider social and cultural context to which the text as a "communicative event" belongs (the level of the sociocultural practice) (Fairclough cited in Pinto, 2011).

A description of Fairclough's analytical framework describing the embedding of the three boxes emphasizing the interdependence of these dimensions as well as the moving backwards and forwards between the different types of analysis which this interdependence necessitates has been utilized by Janks (1997). Her description of Fairclough's analysis is as follows:

> This three dimensional image enables one to understand that an analytic move to examine a single box necessarily breaks the interdependence between the boxes and requires subsequent moves which re-insert that box into its interconnected place. The focus on any one box therefore has to be seen as a relatively arbitrary place from which to begin (p. 230).

Fairclough's analytical framework informs the present study in the following ways. In the first dimension, the analysis of the text, I have examined text in written and spoken forms. This includes research literature, historical and contemporary documents, and policy statements looking at the language and describing how particular terms were used in relation to the child

with challenging behaviour, and how the child has been represented. In the analysis of legislative, and policy documents I have attended to ideological statements, and the definitions and practices, which impact on the life of the child with challenging behaviour. I have also included an analysis of interviews I have obtained from practitioners in the field. The approach to analysis of interviews is an element that differentiates critical social theorists from other forms of discourse analysis and from traditional research methods (Mills 1997; Cloyes 2006); McCloskey, 1998.). Interview data becomes helpful "in identifying prevailing discourses and discursive practices" (Campbell 1998, in McCloskey, 1998, p. 46).

I have examined the transcripts of interviews with practitioners in the field and their lived experiences of working with children with challenging behaviour on PEI. Such an analysis "locates who produces the texts and how these texts are shaped by what people do and what they are" (Cormack, 2001, p. 32). I have traced the language used by these practitioners in talking about the child with challenging behaviour on PEI to different disciplines, and interpret practitioner's statements as things said that privilege particular ways of seeing. I have compared these practice perspectives with institutionally sanctioned discourses as evident in policy and other official documents produced within Canada and PEI during that period in time. I also examined the practices these practitioners described, the tests they used, and the programs they recommended for children with challenging behaviour as discursive practices. Foucault contends that disciplinary practices are used within institutions such as clinics, schools and prisons to create docile and useful citizens (Foucault, 1977). Similarly, these institutions impose rules and regulations on children and their families. Such an approach assisted me in examining how written texts produced by such institutions understand what constitutes a 'problem' or an 'ideal' child.

For the second dimension of analysis, the exploration of processes related to the production and consumption of texts (the level of the discursive practice), there is linguistic analysis at the text level, and at the discourse practice level. This process is called intertextual analysis, meaning "looking at text from the perspective of discourse practice, and looking at traces of the discourse practice from the text" (Fairclough, 1995, p. 16). I examined both the language in the textual domain and the logic used by the various discourses in which the child with challenging behaviour is constituted as 'problematic'. I acknowledged various practices and described how these discursive practices such as 'technologies of power', function to identify, categorize and separate children and youth with challenging behaviour from their peers. As

well, I analyzed informants' accounts of their experiences of working with children with challenging behaviour in different disciplines, at particular times, and looked for instances where their words highlighted the way children were being viewed as problematic.

The third dimension of analysis, the level of sociocultural practice, looks at the relationship between discursive processes and wider social processes. I examined texts in the context of their production and wider social context of their use. As the broad social practices shape the discursive practices and give meaning to them, it was therefore important to "focus on such things as the immediate situation that has given rise to its production and the various sociocultural practices and discursive conditions at both institutional and societal levels that provide a wider contextual relevance" (Locke, 2004, p. 42). This process involved the explanation of the types of discourse used within text and differences and the changes that occur throughout the interaction (Fairclough, 2001).

I utilized Fairclough's different analytical devices such as genre, orders of discourse and discursivity to examine the different effects of power at the situational, institutional and societal levels. Genre includes the different socially acceptable ways of using language when engaged in a particular social practice (Fairclough, 1995).

For example, in the context of this study, genre is where practitioners use particular language to describe children with challenging behaviour. The second analytical device, orders of discourse concern the "totality of discursive practices of an institution and relationship between them" (Fairclough, 1993, p.138). They are usually associated with particular institutions or domains of social life. For example, the network of social practices that constitutes the field of education is constituted as an order of discourse, as is medicine, psychology, and justice. Texts are understood in forms of written and oral texts. In describing orders of discourse, I was concerned with specifying what discourse types were used in the domain, and the relationships between each discursive practice (production and interpretation of discourse). I also paid attention to when there was an alignment between discourses that was made possible by the discourses being bound together in the service of powerful social agendas. As a result of these connections, each discourse is strengthened.

The third analytic device is examining discursivity in discourse; the relationships between the orders of discourse which Fairclough (2001b) calls 'interdiscursivity'. "interdiscursivity of a text is a part of its intertextuality, a question of which genres, discourses and styles it draws

upon, and how it works them into particular articulations" (p. 124).

A discursive event is the way "text producers and interpreters draw upon the socially available resources that constitute the order of discourse" (Fairclough, 1995, p. 10). A discursive event is an "instance of language use, analyzed as text, discursive practice, social practice" (Fairclough, 1993, p.138). Discursive event, thus, refers to text, discursive practice (production and interpretation of the text), and social practice (including situational, institutional and societal practice).

Using this third dimension of analysis, I explored whether the particular text being analyzed served to reproduce particular social and discursive practices. Fairclough (1993) states that texts are inherently intertextual, which means that they are constituted by elements of other texts. The intertextual analysis "focuses on the borderline between text and discourse practice" (Fairclough, 1995a, p. 61), and acts as a bridge between language and social contexts or between texts and discourse contexts in his three-dimensional analytical framework (Fairclough, 2003). Fairclough maintains that broad social practices are "social structures and the relation of power". These social practices shape discursive practices and give meaning to them (Fairclough, 1992, p. 72). For the outer level of social practices, I investigated how language from different discourses contributes to and reproduces 'problematic' children I analyzed how,

> different (even competing) discourses are present in social settings, how related social settings may involve different discourses, the political positions of setting members within different discourses, and the discursive practices used by setting members to articulate and apply discourses to concrete issues, persons and events" (Miller & Fox, 2004, p. 44).

In particular, I explored the social context of events related particular periods of time and locations, and the demands imposed by social contexts. I looked to locate the dominant social and political movements in the focal periods of study that are relevant to particular constructions of the 'ideal' and the 'problem' child. For example, in Chapter Five focusing on the 1960s and 70s, I introduced the social context of Canada, highlighting important factors like the growing demographics of Canada, and the expanding economy. This in turn gives rise to the various practices and types of programs put in place to address the identified problem within the various disciplines and institutions. I have paid close attention to legislation and the

enactment of specific laws that impacted on children, and how governments, provincial and federal funding opportunities or financial restraints affected the resources available to institutions.

Fairclough contends that in the analysis of text, there is always overlap between the three levels of analysis. For example, texts such as historical documents, policy documents, federal or provincial laws and interview data are "always considered in terms of the discursive practice in which they are used and constituted and this, in turn, is related to the broader social structures which frame the practices and texts under examination" Cormack, 2000, p. 32). In this thesis, the analysis of how texts both written and oral are produced is linked to the discursive practices, which are linked to the broad social practices.

Fairclough advises one to "never presume a neat correlation between textual realizations and social explanations" but "to look for explanatory patterns across texts related so as to form an 'order of discourse', or for discontinuities and hybridity which can signal disorder and social change" (Fairclough cited in Janks, 1998, p. 197). Policy as 'text' (Ball, 1993), acts as a way to examine the different effects that various documents have in the production of meaning of children as 'problematic'. I have taken this into account when tracing the complex and contradictory effects of discourse for instance in reinforcing, normalizing, making natural or contesting the problematizations of children's challenging behaviour and enabling or preventing particular programs for them.

I also engage with Ball's (1993) concept of policy as 'discourse' where the emphasis is on "the constraints imposed by discourses through meaning construction", and how discursive constructions of problems makes change difficult" (Bacchi, 2000, p. 47). Discourses are "about what can be said, and thought, but also about who can speak, when, where and with what authority" (Ball, 1990, pp. 17-18). Policy as 'discourse' draws attention to the discourses chosen for analysis in this study, the time periods emphasized and practitioners way of speaking abut children with challenging behaviour.

This is particularly pertinent in this study as linking policy with discourse permits me to examine how various discourses are embedded within different policies, and how policies represent different ways of thinking about children with challenging behaviour and the programs recommended for them. Foucault emphasizes the importance of historical implications involved in policy as discourse, and by tracing changes in discourse that

constitutes problems, I am able make transparent the ways in which policy serves as an inclusionary or exclusionary practice for children identified as 'problematic'.

2.5.2.1 *Limitations of CDA*

CDA is aimed at the large number of theories about language and society researchers use in their analysis. CDA has been criticized as a "research program with many facets and numerous different theoretical and methodological approaches" (Wodak, 1999, p. 186). From a poststructural perspective, using CDA approach "following a Foucauldian framework has been criticized as ambiguous due to a perceived lack of precise methodological principles" (Graham, 2005b, p. 3). As such, this method has been critiqued for its "post hoc nature" (Henderson 2005, p. 4).

Critics of CDA as a method have also pointed out the subjective nature of this method due to its dependence on the analyst's theoretical position (Dunne et al., 2005). However, Fairclough (2001b, 2002) emphasizes, "CDA can never be objective, always has particular interests, always comes from a particular perspective, and proffers insights that are always partial, incomplete and provisional" (In Henderson, 2005, p. 12). Instead, "it [CDA] may advocate a particular explanation" (Chouliaraki & Fairclough, 1999, p. 67).

CDA has been criticized as a "research program with many facets and numerous different theoretical and methodological approaches" (Wodak, 1999, p. 186). As Henderson (2005) contends, CDA's "location in a traditional field of critical research and within a broader field of social theory have resulted in a complex theoretical position that incorporates a plethora of theories, …" (p. 5). According to Weiss and Wodak (2003), CDA provides opportunities for "innovative and productive theory formation" (p. 9). Such an approach helps to open up possibilities for making sense of data from different perspectives and to put the logic of one discipline 'to work' in the development of another (Chouliaraki & Fairclough, 1999, Phillips & Jørgensen, 2002).

Despite the criticisms, many educational researchers have used, and are using, various versions of CDA, as a set of guidelines that can be used flexibly, and therefore, this method is valued as a useful tool in this thesis to examine educational questions about normative understandings of children with behavioural challenges while offering opportunities to make multiple and contested readings of text.

2.6 Data generation

Three kinds of data were utilized in this thesis: interview participants, interviews, and archival texts. While the main focus for the genealogical study is the period 1960 to 1999, in order to understand some of the continuities and discontinuities in this period, it was necessary to establish some pre-history, in terms of locating relevant earlier archival and historical texts which connected to those in the period under study. Research literature was used to map the field of knowledge about the topic of children with challenging behaviour within different disciplines and the programs recommended for these children. Also, some of the research literature assisted me in situating an argument in a broader scholarly and historical context. The method for gathering research literature has been explained in Chapter Two. Interview transcripts gave access to positions taken up by practitioners concerning the child with challenging behaviour. Historical documents helped me to distinguish what has been noted in the past regarding the topic at hand and compared to what is argued in the timeframe in which this study is situated.

2.6.1 Interview participants

I approached a number of individuals who had been working in the field of education since the early 1960s when the integration of students with 'special needs' was taking place in the Province of PEI to participate in this study. I spoke with 14 individuals who worked in or developed the programs and practices that were directed at this particular group of children and youth from the 1960s and into the late 1990s. Many of the participants were, or had been at one time, in positions of power with the authority to make major decisions regarding programming and practices for these students. They were likely to be able to inform me about the time when the education system on the Island was moving from segregation to integration and most recently, to inclusion for 'special needs' students. Some of these individuals have been influential for a long time, particularly in the school district where I work. While newer members of the Student Services Team of the Eastern School District may have offered a valued perspective on this thesis topic, I chose not to interview them as the focus of this study was more towards the emergence of categories describing the problem child beginning in the 1960s to the 1990s.

While the center of attention for my study was on education, as I moved further afield, I expanded my search to include interviews with two other professionals: one from the discipline of medicine, and another from the field of justice. Their perspectives from fields

other than education were invaluable as they had decades of experience working with 'problem' children and their perspectives added another valuable dimension to this study. I had anticipated interviewing approximately eight interviews as I thought this number would give me adequate information. In the end, due to the identification of other individuals who could add to information I was searching for, additional interviewees were included bringing the total to 14 interviews. Individuals were contacted by phone or in person to explain the research and request interviews only after approval was granted from the Eastern School District and from the University of South Australia Human Research Ethics Committee.

Participants included:

- Five managers of services.
- Three teachers who had delivered programs designed for students with challenging behaviour.
- Four specialists within the education field including psychologists, special education consultants, and counselling consultants who worked with students identified as having challenging behaviour. A professional from the justice field who are responsible for the delivery of programs and services working with youth involved with the correctional justice system on PEI.
- A professional from the field of medicine (psychiatry) on PEI who had been involved with children with challenging behaviour.

2.6.2 Interviews

Most interviews took place within a five-month time period July – December 2009 with a final interview conducted in August 2011. The majority of the interviews lasted approximately one hour, and were digitally recorded and later transcribed. In one of the interviews the recorder stopped taping before the entire interview was completed so I asked that particular participant to repeat their answers to a number of questions. On another occasion, I asked a participant an additional question after the formal interview was completed. As I was interested in this particular individual's response concerning this question, I turned the recorder back on to record the participant's answer. Two of the interviews were conducted by phone as one informant was living in another province, and the other lived in a community outside of Charlottetown. The interviews took place in various locations as requested by the individuals to be interviewed. Some occurred in my office at the Eastern School District (ESD), another at

an office at University of Prince Edward Island (UPEI), and some at the homes of the person being interviewed.

The interview format for the most part was a conversational or openly dialogic style of interviewing, structured around pre-prepared questions but with plenty of opportunity for interviewees to take the discussion in unplanned directions. The content of the interviews was planned around a number of key questions (See Appendix D).

While I formulated questions I wished to be addressed in the interviews, there was no specific order in which these questions were asked. While these questions were the focus of the interview, participants often shared their experiences and memories of their work with children and youth leading to the construction of additional questions (starred above), which was acceptable within the ethical approvals. Also, other questions were posed as deemed necessary, which was explained in the submission for ethical approval. These questions are starred above.

I reassured the informants that I checked the interviews for accuracy. Each recording was placed in its own file titled 'Interviews' with the code names of each individual. Interviews were dated. I annotated the interviews to make them more accurate. The participants were given the opportunity to review their transcripts and modify or delete any information contained within the transcripts.

2.6.3 Archival texts

Documents collected included legislation, policy, guidelines, and key texts that deal with the constitution of the 'problem' child in the disciplines of medicine, psychology, education and justice in Canada, and more locally in Prince Edward Island. Due to constraints around the size of the archive I did not include the discipline of social work, albeit an important one, although this discipline also is implicated in the construction of the child as 'problematic'. This study included documents dating back to the nineteenth century in order to include genealogical information concerning education on PEI. As this included a period before the emergence of modern psychology when the 'problem' child was dealt with in a very different ways compared to today, I included information on terms, practices, and programs that were in place more than a century ago.

Preliminary data collection occurred in the summer of 2006 when documents were gathered from PEI's Department of Education Archives Library, University of Prince Edward Island

(UPEI) archives library and the PEI Provincial Library. Source searched included print and electronic journals and books, Internet resources, and local newspaper articles. I also gathered archival files from the ESD Superintendent's administrative assistant, the Director of Student Services, the Special Education Consultant, and my own Counselling Consultant files on alternative programs at ESD office. The historical data of the Eastern School District included records of the former Units 3 and 4 School Boards, which were consolidated in 1994 to become Eastern School District. Provincial policies, which have informed Eastern School District practice, were also collected. Documentation consists of public documents relating to Student Services as well as published and unpublished district and Student Services specific data. Additionally, I made use of informants' recollections of specific history and followed up on some documents they mentioned to add to the corpus of data. Other sources of data which were collected included meeting notes obtained from the ESD concerning recent program evaluation, ESD guidelines, notes from informal conversations with colleagues, policy manuals from various provinces concerning children with challenging behaviour, and the collections of personal journals of Dr. Malcolm Beck, a prominent PEI psychiatrist and advocate for children with challenging behaviour.

Below is a list of documents gathered for this study. They are divided into national (Canadian) and Provincial (PEI). Starred documents represent those most important to this research, and ones that were accessed and cited most frequently.

Scope	Title	Year
Provincial	* Free Education Act in PEI	1852
National	* Juvenile Delinquent Act	1908
National	*Juvenile Delinquents Act	1929
Provincial	Unit 3 School Board Reading Survey	1955
Provincial	School Finance Survey	1955
Provincial	The PEI Grade Standards Project.	1960
Provincial	Mental Health Survey Report	1961
National	* Juvenile Delinquency in Canada Report	1961
Provincial	Philosophy of Education	1961
Provincial	PEI School Act	1961
Provincial	A Brief on Royal Commission on Health Services in PEI.	1961
Provincial Ontario	*Ontario Provincial Committee of Aims and Objectives of Education in the Schools of Ontario: Report on legislation and services for children with exceptionalities in Canada, Living and Learning Report	1968
Provincial	* Philosophy of Education.	1970
Provincial	* PEI School Act	1970
Provincial	* PEI Education Act	1970
National	*Children with emotional and Learning Disorders in Canada: One Million Children (CELDIC)	1970
National	* Standards for Educators of Exceptional Children in Canada Report	1971
Provincial	Charlottetown Youth Report	1973
National	* A Matter of Principle: Principles Governing Legislation for Children with Special Needs	1974
Provincial	PEI School Act	1980
National	*Canadian Charter of Rights and Freedoms	1982
National	Young Offenders Act	1984
National	* Canadian Charter of Rights and Freedom Section 15	1985
Provincial	Report of the Education Review Commission.	1984
Provincial	*PEITF Policy on Integration.	1985

Provincial	PEI Youth Center document: Program of requirements.	1985
Provincial	* Minister's Directive on Special Education draft policy	1987
Provincial	Plan of Action Report	1987
Provincial	School Act of PEI.	1988
Provincial	Youth Justice Act PEI. PEI Department of Justice	1988
Provincial	* PEI Human Rights Act H-12	1988
National	* The Stay in School initiative	1990-94
Provincial	*Special Education Policy Statement DOE Circular No. 90-003	1990
National	School Leavers Survey	1991
Provincial	* The Report of the PEI Task Force on Education	1992
Provincial	Towards Excellence Report	1993
Provincial	Junior High School Review	1994
Provincial	Senior High School in Transitions Report	1994
National	National Exemplary Schools Project.	1995
Provincial	* Provincial Steering Committee Report on Alternative Education in PEI	1995
Provincial	* Review of Alternative Education on PEI	1996
National	* The Stay in School (SIS) initiative: Ideas that Work.	1996
National	* A Review of the Young Offenders Act	1996
Provincial	Multi-agency Support Teams (MAST)	1996
Provincial	Provincial Education Initiative: Progress report	1996
Provincial	* Department of Education Special Education Policy	1997
Provincial	* Special Education Service Delivery Model	1997
Provincial	* Special Education Review	1998
National	A Strategy for the Renewal of Youth Justice. Department of Justice Canada	1998
Provincial	Survey of School Principals on PEI	1998
Provincial	A+ Proposal for Children with Serious Emotional Difficulties	1999
Provincial	* Caring Places to Learn/Safe School Environment Policy	1999

Table 1: Canadian and PEI documents

My data collection therefore incorporated a wide variety of archives in order to search and examine "the surfaces of events, small details, minor shifts and subtle contours" (Dreyfus and Rabinow, 1982, p. 106). In genealogical tradition, such an archive was compiled by "focusing on insignificant details, searching in the maze of dispersed dusty documents" (Tamboukou, 2008, p. 102). The collection of information continued throughout the writing of this thesis.

2.7 Data analysis

As previously noted, the data from all sources were analyzed from a poststructural framework using the lens of critical discourse analysis within a Foucauldian genealogical approach. The data analysis in this study was organized according to two different aspects. The first involved working on the data corpus, and the second, working on the texts.

2.7.1 Working on the data corpus

The first stage of working on the corpus involved identifying of the most significant documents. Significant documents were those closely associated with important relevant events and activities in particular periods. Often these were documents referred to by other authors when responding to or commenting on such events. I then grouped documents in particular ways and considering how to distinguish the key periods. It was as a result of this process that the time unit of a decade was determined to be best reflective of social and political shifts occurring over the period from the 1960s to 1990s.

I began to trace the various definitions and terms used to identify children with challenging behaviour across the research literature, historical documents, data texts, and interviews. I started this research with the term 'emotional and behaviour disorders' and soon learned that this term alone could be traced back historically offering a hybridized definition from other terms which had been used by different disciplines throughout the years. Some of these terms that came out of my analysis of the naming of the 'problematic' child were: 'brain injured', 'emotionally disturbed', 'at risk', disengaged, 'delinquent', and 'dangerous'.

In an effort to link the historical data concerning the various terms used for the child with challenging behaviour to the analysis chapters, I decided to include a chapter highlighting the proliferation of terms taken up by the various disciplines to show that the object of study, the child with challenging behaviour has been constructed differently over the years leading up to the post World War II period. The information provided in this broad historical period was a sampling of things that gave me a background into what was going on prior to the focal period

of analysis beginning in the 1960s. This is different from a genealogy in that it was not meant to be a systematic and comprehensive investigation of this period of time.

In the following sub-sections, I will be describing some of the strategies used to organize and analyze the data.

2.7.2 Timelines

Timelines are a form of chronological chart used to organize and visually track information. I searched for Canadian documents and later PEI documents pertaining to children with challenging behaviour from each of the four disciplines included in this study. I constructed numerous timelines from the data collected for this study including specific timelines for each of the following:

- key labels and descriptions of children from the four disciplines of medicine, psychology, education, and criminologykey documents,
- key policies
- specific interventions
- programs and events on Prince Edward Island.

These timelines included dates of key reports and policies, names and start dates of particular programs and significant quotes. I looked at the information as it described the rationale for the document, what the problem was at the present time, what was going on politically at the time for certain things to have occurred, and what was being recommended to deal with the situation of the figure of the child with challenging behaviour. Key definitions were analyzed, and programs were examined. In addition to developing these timelines, I developed charts all throughout this study to visually explain the logic in some of the arguments I was making concerning the child with challenging behaviour.

Once I had compiled these timelines, to assist with the data analysis, I purchased a software program called Timeline Maker Professional and transferred the information I had collected to create new timelines which could be more easily used and displayed. I was now able to integrate more information. For example, one of the new timelines consisted of a broad overview of the emergence and transformation of the labels used to describe the problematic subject from seventeenth century to the present. Also, this program permitted me to create, change and code visual maps which could be used in the study and become part of the thesis.

These visual timelines enabled me to go back and forth between periods of time to look for continuities and discontinuities as well as identify when various terms and/or programs emerged or were taken up by various discourses and transformed throughout time.

The timelines appear near the beginning of each of the analysis chapters, Chronological listings of historical events, important policies and documents are included and color-coded according to the discipline with which they are associated. The timelines are used as one might use an atlas.

2.7.3 Identification of key periods

The decision to commence the genealogy with the commencement of the decade of the 1960s was the outcome of a period of analysis. By examining the historical data, it became apparent through a number of significant national documents that this period represented genealogically a time of disruption or discontinuity with important implications for concerning children with challenging behaviour. As I arranged the data in chronological order visually on the timelines, I was able to examine documents developed from the four disciplines that were written within a few years of one another. I analyzed each document and looked for key points concerning children with challenging behaviour. After a great deal of reading and sorting data, I was able to decide upon the key time periods throughout the historical period from which I had collected data by the information which I had determined most relevant. I began to sort the documents according to the specific time periods in which they were written.

2.7.4 Working on the texts

Working on the texts was the second stage of analysis undertaken. For each period under examination (1960s-1970s, 1980s, 1990s) key documents from disciplines other than education were identified for close examination. These disciplines included medicine, psychology and justice. These were selected on the basis that they had been influential on policy, practice and thinking regarding the problematic child or aspects of the child's context. I examined the structure of these documents and selected specific parts for analysis, writing detailed notes about their relationship to the research questions. The analysis examined the stated rationale for the document, the problem statement, description of the contemporary context in relation to the problem and recommendations to deal with the situation. An example is *Children with Emotional and Learning Disorders in Canada* (Lazure & Roberts, 1970) which was chosen as representative of key developments in the 1970s, a significant time

period in Canada concerning when new understandings emerged regarding children with challenging behaviour. This document focused on the way the various disciplines in Canada during this time looked at the problem with services for children with varying needs. From a close examination of this key text, I noticed the authors wrote about the children according to the services available for children within the systems of education, health care, welfare, justice, and residential care, as well as new approaches for tackling the problem of children with emotional and learning disorders in Canada. Within each section, children with emotional and learning disorders were described according to the language used within the discipline from which the professionals were trained. This is where the concepts of discourses and discursive field were applied. I looked for text, which described children with emotional and learning disorders using the language of specific disciplines, such as medicine or psychology. I also located samples of text, which provided examples of language, which described the 'ideal' child from that discipline's perspective and cast light on.

Along with this key document, *Children with Emotional and Learning Disorders in Canada* (Lazure & Roberts, 1970), I examined other major documents written around the same time such as *Ontario Provincial Committee of Aims and Objectives of Education in the Schools of Ontario, Living and Learning Report*, (Hall & Dennis, 1969), *The Standards for Educators of Exceptional Children in Canada Report* (SEECC) (Hardy, Macleod, Minto, Perkens, & Quance, (1971), *The Report on Legislation and Services for Exceptional Children in Canada,* (Ballance & Kendall, 1974), and *A Matter of Principle: Principles governing legislation for children with special needs produced in Canada* (Treherne, Dice, Grigg, & Sanche, (1974). The *Living and Learning Report* examined the education system in Ontario and made numerous recommendations for improvement on social and educational issues. This report sought to modernize the education system so that it would be able to address the needs of both the student as an individual and of society as a whole. The latter three reports were more specific to exceptional children and their needs within the education system in Canada.

When reading documents I looked backwards and forwards linking ideas to those that preceded and followed. This involved tracing specific terms and practices looking for similarities or differences in what was written in contemporary, precedent and antecedent reports, informants' texts, and policy statements. I also looked for examples of continuities in practices/programs as well as discontinuities in what was happening for children with problematic behaviour.

2.7.5 Application of concepts

The third stage of analysis occurred in the process of writing each of the analysis chapters. During this process, I worked to conceptualize the situation regarding the child with challenging behavior.

2.7.5.1 Discourse and discursive field

This study examines different discourses and the way practitioners from these different discourses construct the child with challenging behaviour as 'problematic'. In considering the methodological challenges involved in genealogical work, for each of the four discourses, I developed an analytic which identified five key aspects of discourse 1) the authorities, or experts; 2) labels used for that child; 3) the explanations for the problem, and the solutions they promote; 4) the programs put in place; and 5) the technologies they deployed as part of their programs. These analytics were chosen from Foucault's genealogical works that serve as methods to work with and interrogate data. These analytics are similar to the five pathways (problematization, technologies, authorities, teleologies, and strategies) Nikolas Rose (1998) developed to guide his genealogical work. I examined each discourse separately and located statements that had constitutive effects to speak into existence the child with challenging behaviour as an object of discourse constructed as 'problematic' (Foucault, 1972). This process included naming the authorities implicated in the construction of various terms for problematic children, and the terms or labels used within the discipline for the problem child. I looked for things said within the discourses that provided information on the nature of the problem, and the solutions put forth by practitioners for the resolution of the problem child in institutions such as schools. I looked to locate statements and programs, which were recommended by practitioners from various disciplines in this construction of the child as 'problematic' in institutions like schools, clinics, and young offenders facilities. "Statements privilege particular ways of seeing and codifying certain practices" (Graham, 2005a, p.10). Foucault maintains, "such statements are seen as organized in relation to institutions which shape human subjectivity …"(Cormack, 2001, p. 23). I also searched for examples of technologies within different disciplines that were used by practitioners to identify and categorize certain children as problematic.

Richardson & Pierre (2005) stress that "Different languages and different discourses within a given language divide up the world and give it meaning in ways that are not reducible to one another", and that by "understanding language as competing discourses – competing ways of

giving meaning and of organizing the world – makes language a site of exploration and struggle" (p. 961). I have applied this understanding by attending to the ways in which at certain times discourses align with one another while at other points, certain discourses contest one another, resulting in tension is present in the way the 'problem' child is understood. In the analysis chapters, I will point out some of these tensions and contestations as well as provide examples of where discourses share common ideas and support one another.

2.7.5.2 Power – Knowledge

I employ the concept of power-knowledge in this study to consider the relationship between practitioners from various discourses and the construction of the 'problem' child. Practitioners from the discursive field of the 'problematic' child and various other discourses undergo explicit training in relation to their specific field of practice. I searched the data to find examples of text within documents and policy statements of how practitioners' take up this knowledge or combine it with knowledge from other discourses. I explored informants' words from the interview data looking for texts, which contain examples of speech, which provided clues to the particular discourse that informed their practice. Such understandings of discourse provide practitioners with particular forms of power respective to their field of practice. For example, judges have the authority to send juvenile delinquents to lock up facilities as a form of treatment, which other practitioners from other fields cannot.

2.7.5.3 Discursive practices

A focus on discursive practices draws attention to what practitioners in the field are doing and how practitioners' experiences within that practice are linked to discourse. Pinkus (1996) contends, that for Foucault, "both the formation of identities and practices are related to, or are a function of, historically specific discourses" (para. 5). Within the discipline of medicine one example of a discursive practice is prescribing medication. Only within the discipline of medicine can a doctor prescribe medication for a child's challenging behaviour. Identifying discursive practices, involves the examination of discourse. In this study, I examine the different discourses and the practices and rules used in the constitution of the child with challenging behaviour as 'problematic'. Such an examination also helped me to determine who is authorized to use a particular discourse or not, and the terms or labels used to identify the child with challenging behaviour.

One type of discursive practice is a practice that divides children from one another. In considering dividing practices, I have looked for situations in which children with challenging

behaviour are being distinguished and separated from other children deemed as 'normal'. The concept of normalization was applied in this thesis by looking for examples of this dividing practice within institutions associated with particular discourses and how language within written and spoken text defines what is normal or not. I examine the different ways of thinking about the problem by examining interview transcripts specifically looking for ways practitioners talked about norms and practices, which would constitute examples of normalizing practices, and the practices by which different institutions separated children with problematic behaviour according to normative lines created by practices within these institutions.

In analyzing the archival information I looked for examples of language in various policy statements and other documents concerning children with challenging behaviour where normalization principles were applied. One example of a dividing practice in the field of education is the withdrawal of children with challenging behaviour from the mainstream classroom and placing them in offsite alternative education programs. I have been alert to the kinds of dividing practices described by Ball:

> The use of testing, examining, profiling, and streaming in education, the use of entry criteria for different types of schooling, and the formation of different types of intelligence, ability, and scholastic identity in the processes of schooling (2010, p. 4).

I specifically looked within the archival and interview data for processes within the different disciplines, which separated children with challenging behaviours from other children according to various classifications.

As individuals are subjected to various kinds of dividing practices within various institutions, I have looked for interconnections between the different disciplines to see if any of the dividing practices were shared by different disciplines and which ones were specific to certain disciplines and practitioners and the institutions where they worked.

It is known through labeling and normalizing practices that children are named, labeled and categorized. This is to say that by administering tests, providing results of the test and then applying a label to the child, a line is created between what is considered 'normal' or 'not normal'. The languages of naming, and dividing practices are ways of showing how discourse has power over people's lives. Similarly, the work of dividing practices is evidenced and

experienced by children in other institutions such as young offender's facilities and medical clinics.

2.7.5.4 Technologies

Technologies are "a practical system" … "a conglomeration of techniques formed into a logical and practical whole" (Kendall & Michael, 2001, 2, 2). Technologies were identified in the data when aspects of the governance of particular institutions appear to position certain particular perspectives as common or natural practices. In this study I identified how a number different technologies that were employed by different practitioners, from different disciplines, operated to position children according to norms constructed by the discipline in which they worked and the "practices that derives from them" (Foucault, 1972, p. 139). One example of a technology in psychology is assessment, which serves to construct norms around the concepts of children's intelligence and/or behaviour.

Foucault's work makes claim to several types of technology. In this research, I focus on what he names as a "technology of power" (Foucault, 1988). Technologies of power "determine the conduct of individuals and submit them to certain ends or domination, an objectifizing of the subject" (Foucault, 1988, p. 18). These technologies of power, operated to regulate the behaviour of human beings, in this case, 'problematic' children. Within the context of this study, technologies of power are "imbued with aspirations for the shaping of conduct in the hope of producing certain desired effects and averting certain undesired ones" (Rose, 1999, p. 52).

2.7.5.5 Linking texts – within a period

Through this analysis I investigated links between different texts from archival data from within the particular units of analysis chosen for this study. I began with the document *Children with Emotional and Learning Disorders in Canada* and looked specifically for the key terms used to describe children with challenging behaviour.

For each time period examined, I analyzed the key documents produced within the disciplines of medicine, psychology, education, and justice chosen as important in that timeframe and identified the key terms used to describe children with challenging behaviour from each of these texts. I then conducted a close reading the narratives of the informants interviewed for this research, and tried to locate statements that were voiced around the same time references as the documents I previously examined. Weight was given to written data primarily such as policy

statements, and government documents. The words of informants I interviewed for this thesis brought to life the programs created within the different periods being discussed.

2.7.5.6 Linking texts – across periods

Through this analysis I investigated links between the past and present theory, policy and practice, and how these have influenced the ways the child with challenging behaviour was constituted differently within particular discourses and practices. As *Children with Emotional and Learning Disorders in Canada* (Lazure & Roberts, 1970) was the primary document I analyzed in this study, I searched to locate other documents mentioned within that report to answer questions I had with respect to reasons for the fragmentation of services for children identified as problematic during that time. As well, I examined other documents following the publication of the CELDIC and traced the five elements of discourse, which constituted certain children as 'problematic'. I specifically was looking to see if these elements such as terms, practices and programs for children with challenging behaviour remained the same or changes over time.

2.8 Meta-analysis

In order to consolidate all of the themes running through this thesis I utilized meta-analysis, an analytic technique that included "the entire process of collecting, synthesizing, and analyzing research findings from multiple studies in a systematic way" (Shelby & Vaske, 2008, p. 97). This approach involves the secondary analysis of the primary, original studies addressing the same research questions (Timulak, 2013). Meta-analysis provided me with a method of analysis of the data addressing the overarching and sub-questions put forth in the thesis. Morrow (2005) contends that this approach often attempts "to capture local knowledge, a particularly situated constructed perspective as opposed to an aspiration towards the definite generalizable view often searched for in a more traditional quality research…" (p. 492). My interpretation of meta-analysis is a secondary analysis in the sense that I provided a comprehensive picture of the themes running across the discourses undertaken in this situated genealogy. Specifically, by choosing a set of interpretive analytics utilized in works of Foucault, I borrowed from meta-analytic technique as a research synthesis to identify themes emerging across the data and out of the analysis of the 1960s, 1970s, 1980s and 1990s.
As Glass (1976) indicated, what resembles a "true" meta-analysis is debatable, and this method has been criticized as one which does not provide a definite final picture or

understanding, and I concur that this thesis is instead a rather "unique, systematic, in-depth analyzing portrait and its interpretation of a studied field" (Morrow, 2005, p. 492-3).

2.9 Ethics

Conducting research in qualitative studies requires that researchers follow a specific code of ethics. One of these guidelines pertains to the issue of informed consent which involves "the rights of the research subject to be informed about the nature and consequences of experiments in which they are involved" (Christians, 2005, p. 144). I followed the ethics protocol from The Human Research Ethics Committee (HREC) of the University of South Australia, which acquired informed consent from each of the participants who agreed to be interviewed.

First, I obtained permission from Dr. Kevin MacLeod, Eastern School District and Department of Early Childhood and Education PEI to conduct research with individuals employed by the Eastern School District and for access to information contained within files at both government offices. Following this, I spoke with each of the participants' chosen for this study, and explained the nature of this study. I provided them with a participant information sheet (See Appendix B), which highlighted that participation in this study was voluntary, and they were free to withdraw at any stage without prejudice. I obtained written consent form each of the participants.

One of these guidelines concerns the issue of privacy and confidentiality. In my work over the years as a counseling consultant within the province of PEI, I have known personally and worked with professionally the majority of the individuals who participated in interviews for this research. For example, a number of these individuals have worked within the same division of the school district as I, and we have known each other for many years. Some of these individuals having since retired have been mentors to me earlier in my career, and therefore, it was very important for me to accurately interpret their experiences in this thesis. Since the beginning of this research, I have worked as a practitioner and researcher, and one of the key ethical concerns I had with conducting this study was how to manage the responsibility I had to those who participated in the interviews I conducted. Ethical dilemmas are likely to occur "when researchers who are also practitioners recognize the need to acknowledge relevant responsibilities and sensitivities including "fellow practitioners, and organizations" relating to regulations specified by different agencies" (Mauthner, Birch, Jessop & Miller, 2002, p. 71).

I had particular concerns about issues of anonymity and confidentiality as living on a small Island everyone seems to know everyone else. I was aware that even though I used pseudonyms in the written notes and in all transcribed copies of the interviews, this did not ensure that anonymity would be protected. I have made an effort to be mindful of this dilemma when I included a chart within this study, which included all the participants and their specific roles over the past number of years within specific institutions. I am cognizant that readers of this thesis may be able to identify these individuals. For the purpose of examination I have included this information because it is important that the roles of my informants are known with respect to the interpretation of their accounts. In order to protect their identity this chart will not be included in the published thesis.

In order to protect confidentiality, I assured informants there would be no references made across individuals during interviews, and that information disclosed would be for the purpose of the study only and not be discussed with other participants in this study. As well, the recording of interviews, and transcribed interviews were kept in a locked filing cabinet in a secure location.

2.10 Limitations of the study

I provided one person's view of an understanding about children perceived to be problematic in the Western world through the reading and analysis of data coming from four different disciplines that the dominant discourses represented within institutions to where children and youth were located. This is not a study that tries to tell the whole study about children who are constituted as 'problematic' children but a situated study; one that provides a genealogical account of what happened in a particular place over a particular time.

I am also aware that part of this research gives credence to the locality of this study that depended on people I was fortunate enough to interview. I did not speak to teachers from mainstream classroom or bureaucrats. As I spoke with people in different fields who work with children with challenging behavior, I have their particular perspectives, and so this study contributes to an understanding of the discursive field of the 'problematic' child and the discourses rather than trying to tell the truth that I have about something. These practitioners were generous in allowing me to interview them and as these people were retired or near retirement, if I did not get this information now, it would not be accessible to the historical records in the future. The career-span of these practitioners both suggested and supported the situating of this study over the decades from the 1960s to the 1990s.

Genealogical method has been criticized as having "lack of prescription" (Meadmore, p. 5), but on the other hand, however, as Dreyfus and Rabinow, (1982) acknowledged, "standards are themselves in the end arbitrarily constructed, and that they like Foucault himself have recognized that they are to a large extent produced by the social practices he is studying" (p. 103).

As genealogy is not interested in a linear history of events in the past, it is possible that this thesis does not deal explicitly or comprehensively with the data collected as files and historical records are often incomplete. I have instead attempted to question how contingencies of history have permitted certain discursive practices to continue resulting in a continuation of practices for problematic children, which for some have been identified as exclusionary.

As well, I realize that there is bias and assumptions on the part of of the researcher involved in the work of how informants' narratives have been portrayed and positioned. As some of these informants were individuals whom I have worked with and been mentored by, I was particularly cautious in attempting to represent their voices in ways which truly spoke their truth and experiences regarding the children they have worked with over the years, yet as the same time remaining critical of the tensions which needed to be challenged. As a practitioner in the field of education, I was fully aware of my own lived experiences and the embodied children with whom I work daily, and needed to be mindful of how their lives have been impacted by the discursive practices maintained within the various disciplines included in this study.

Through my journey as a researcher and practitioner, I have attempted to address these concerns through studying poststructural perspectives which for me allowed me to being able to critically examine at the same time my own perspective and positioning as well as the views of others.

2.11 Conclusion

This chapter described the theoretical frame, the two methodologies utilized in this study, the data collection methods and the analytical tools, which guided this particular investigation into the child with challenging behaviour. A poststructural framework utilizing a genealogical methodology along with a critical perspective permitted the in depth examination into the discursive field concerning the 'problematic' child and the programs and practices recommended by the various discourses represented in this study for the perceived problem.

Specifically, the construction of timelines, charts and maps, collection of archival data, and interviews were presented as the types of data collection in terms of the methodology applied in this study.

In the next chapter I present a comprehensive review of the literature organized around the research coming from the four disciplines of medicine, psychology, education and justice.

3.0 Chapter 3: The Review of Literature

3.1 Introduction

The purpose of this second chapter is to examine bodies of knowledge relating to the figure of the child with challenging behaviour. A Foucauldian genealogy "undermines the privilege of any particular domain and compromises its claims on truth and rationality by showing it to be one possible ordering of the world among many, carrying its own internal (yet arbitrary) rules for its organization as a field of inquiry, a discipline, a practice, ..." (Clifford, 2001. p. 2). Facing multiple theories and definitions promoted in the research literature associated with this large and nebulous category of the 'problematic' child, my goal became to explore how different disciplines have understood this child. In order to understand how this figure has been defined and understood, I have selected the disciplines of medicine, psychology, education and law to structure this survey of the landscape of knowledge about the child as 'problematic'. In this survey I have identified some the differences around the definitions and discussion of the child with challenging behaviour and analyzed the production and mobilization of categories and subcategories as they are applied to this figure.

3.1.1 Assembling the literature

An extensive amount of research literature in print and electronic form was accessed through the University of Prince Edward Island (UPEI) and University of South Australia (UniSA) libraries. I spent considerable time going through journals specific to each of the disciplines identified in order to obtain information concerning the definitions, explanations, and interventions dominant in these fields concerning children identified with challenging behaviour.

Research literature in the discipline of medicine was accessed through PubMeD and content searches of relevant journals including: *Archives of General Psychiatry, Journal of the American Academy of Child and Adolescent Psychiatry, British Journal of Psychiatry, Archives of Neuropsychiatry, Paediatrics, and European Child and Adolescent Psychiatry.*

Articles collected for the psychology research literature were mainly accessed through PsycINFO and PubMeD searches. Some of the main journals were: *School Psychology Review, School Psychology Quarterly, School Psychological Review, Behavioral Disorders, Intervention in School and Clinic, Journal of Positive Behaviour Intervention, Journal of*

Emotional and Behavioural Disorders, Emotional and Behavioural Difficulties, Journal of Learning Disabilities and *Journal of Consulting and Clinical Psychology*

Mainstream education journals searches were primarily accessed through Academic Search Premier and ERIC search engines. Mainstream in this context refers to education concerned with teaching and learning in contexts where all students are educated in a regular classroom according to the general curriculum. Some of the main sources included *American Educational Research Journal, Improving Schools, and British Journal of Sociology of Education.*

Special education journals were accessed via Academic Search Premier and ERIC search engines and included articles from: *Exceptional Children, Remedial and Special Education, Journal of Special Education.* Special education refers to education, which is concerned with the teaching of children identified as having 'special educational needs'.

I also selected the discipline of law, as children with challenging behaviour are more likely to come in contact with the legal system. For research in this area, I accessed journals and reports from: *Crime Prevention and Community Safety, Crime & Delinquency, US Department of Justice National Crime Prevention Reports*, *Criminal Justice and Behaviour, Journal of Offender Rehabilitation and Studies on Crime and Crime Prevention.*

A five-step literature search strategy was used to identify relevant studies published from Post World War II to the present. First, computer searches of journal databases were conducted. The literature search terms used for searching Psych INFO and PubMeD were "challenging behaviour", "emotional disturbance", "emotional and behavioural disorders", "behaviour disorder", "conduct disorder", "behaviour and academic status", "academic achievement", "attention deficit hyperactivity disorder", "autism spectrum disorder", "mental retardation" and "juvenile delinquency". The topics searched in the education database ERIC were "classroom management", "professional development in relation to classroom discipline", "behavioural prevention programs" and "programs targeting problematic behaviour in schools".

Second, more detailed searches were conducted of all issues of journals targeting problem behaviour including Journal *of Emotional and Behavioral Disorders, Behavioral Disorders, Behavioral Disorders, and Educational Researcher.*

Third, ancestral searches were conducted of the most pertinent articles. Secondary sources were examined and citations were checked against studies located in the search of the databases. Fourth, meta-analytic studies were examined relating to research conducted concerning children with challenging behaviour within the disciplinary perspectives of this thesis. Meta-analysis is a method of systematic reviewing and "was designed to synthesize empirical relationships across studies (Wilson, 2001, p. 73). Certain articles previously reported in these reviews were examined to locate specific information of interest to this study.

Information was obtained from a wide range of books, both paper copies and electronic, which were applicable to the disciplines identified in the study and involved some aspect of children with challenging behaviour. Once I had collected a wide variety of studies from each of the disciplines, I separated the literature according to the disciplines and used the following questions to guide my inquiry:

- How is the child with challenging behaviour being defined in this study?
- What question(s) were the researchers trying to answer in their study?
- What theories did each of these disciplines rely on in their research?
- Where was the research being conducted? Who was conducting the research?
- What methodological and research techniques were being employed by the researchers to generate knowledge in their field?
- What were the advantages and disadvantages of these?
- What were their conclusions?

I then divided the articles from each discipline into categories according to the research design and choose ones of most significance to my topic. Once I had collected a representative sample of articles for each discipline and evaluated them for inclusion in the literature review, I read to see how these disciplines differed in the methodologies applied to the research as well as the specific language each discipline used to identify the child as 'problematic'. Following this process, I looked for similarities and differences between the studies conducted by the different disciplines.

This chapter includes four sections describing the literature used by each of disciplines in the order of medicine, psychology, education and law. Each section addresses how the discipline identifies the child with challenging behaviour, the explanations that are given for the problem, and the types of interventions recommended. I then introduce a perspective, which emerged

out of critiques of the disciplinary knowledge bases and position my own research in alignment with this critical perspective.

3.2 The medical perspective on the problematic child

Research on children with challenging behaviour from a medical perspective understands behaviour problems as traceable to disease or dysfunction (Ysseldyke, Algozzine & Thurlow, 1992). Severe problems with behaviour are seen as originating in the individual's biological condition. Research on children with challenging behaviour is conducted mainly in two specialist areas of medicine: psychiatry and pediatrics.

Diagnoses by a physician concerning problematic behaviour may result in the identification of an underlying 'disorder' according to a set of specific symptoms as identified in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the standard classification system used by health care professionals regarding children with problematic behaviour (American Psychiatric Association 2000). Attention deficit hyperactivity disorder, (ADHD); oppositional defiant disorder, (ODD); conduct disorder, (CD); or disruptive behaviour disorder not other specified (DBD NOS) are examples of childhood behaviour disorders listed in the manual. The most commonly diagnosed of these disorders is ADHD. ADHD according to a medical perspective is categorized by a clinical set of behaviours according to frequency, intensity, duration, and appropriateness. Currently, there are 18 behavioural criteria for ADHD established in 1994 in the DSM-IV (American Psychiatric Association, 1994), and the diagnosis can result in three different subtypes: (a) ADHD, Predominantly Inattentive Type; (b) ADHD, Predominantly Hyperactive–Impulsive Type; and (c) ADHD, Combined Type.

Diagnosed disorders are addressed medically by treating what is regarded as underlying biological problem, and so treatments such as drug therapy and nutritional therapy, which work on the body, are suggested.

Establishing the significance of a treatment is characteristic in medical research. According to Ernst & Pittler (2006), a medical intervention is efficacious if it works under strictly controlled (laboratory) conditions and it is considered effective if it works under real life conditions. Clinical studies in the field of medicine include both interventional (or experimental) studies and noninterventional (or observational) studies. The majorities of medical studies involving children with behavioural problems are experimental and are conducted by researchers using randomized controlled trials, blind clinical trials, or crossover trials.

Randomized controlled trials are "quantitative, comparative, controlled experiments in which a group of investigators studies two or more interventions by administering them to groups of individuals who have been randomly assigned to receive each intervention" (Stolberg, Norman & Trop 2004, p. 1541). In a controlled clinical study, individuals are randomly assigned to either a course of treatment and referred to as the treatment groups whereas the group not receiving any treatment is referred to as the control group. A double blind trial is one where neither the investigator not the subject in the trial knows which treatment the subject is receiving (Neppe, 1993). In a crossover trial, an individual or group is given "sequences of treatments with the object of studying differences between individual treatments" (Senn, 1993, p. 2).

Much research in the medical literature has been conducted on interventions using drug therapy in children identified with the various behaviour disorders (Swanson et al. 1993). These types of trials are used to prevent conscious and unconscious bias in research. Currently, "stimulant drugs (psychostimulants) and the nonstimulant medication such as atomoxetine (Strattera) are the most commonly prescribed medications for treating ADHD" (Hodgkins, Shaw, McCarthy, & Sallee 2012, p. 246). As clinical trials are conducted the use of placebos are often utilized in these studies. Placebos are either a "sugar pill" or some other treatment with no known benefit for the illness.

2.2.1 Experimental research on pharmacological interventions

Experimental studies investigating effectiveness of drug treatment are too numerous to review here. As the aim of this review is to compare disciplinary perspectives on the child with problematic behavior, I have selected some representative studies to describe below. Brams et al., (2008) conducted a study involving eighty-six children (6–12 years) with ADHD diagnosed using the DSM-IV criteria. Subjects were randomly assigned to receive either a drug treatment or a placebo, for 7 days. The final dose was administered in a laboratory classroom setting on day 7. Efficacy of the treatment was measured using a behavioural rating scale (SKAMP), (Swanson, Kotkin, Agler, M-Flynn & Pelham, 2007). The SKAMP specifically assesses behaviours judged critical to success in school settings, including "the performance of academic tasks, following class rules, and interacting with peers and adults in the classroom" (Murray, et al., 2009, p. 193). Additionally participants were given a 10-minute pencil and paper math test administered during each classroom period at all time-points served. A third measure required parents to keep track of their children's behaviour at

home by completing a daily diary card. Results of this study indicated rapid and significant improvement on all measures by the treatment group as compared with placebo Brams et al. (2008, p. 701).

An open label crossover trial is an experiment where both the researchers and subjects know which treatment is being administered, that is participants are aware of when they are being given a placebo Sandler & Bowfish, 2008). These researchers examined a treatment procedure to reduce dosage of ADHD medication by 50% to see whether behavioral gains could be achieved with reduced side effects. Twenty-six children ages 7 to 15 years were randomly assigned to one of three groups with different treatment regimes involving different dosages with and without visibly obvious placebo supplements.

Along with the side effects of medication, in order to provide a comprehensive assessment of ADHD, the researchers used other measures such as an ADHD rating scale (P-IOWA) (Wilens et al. 2003), which was completed by parents and teachers. Physicians completed The Clinical Global Improvements (CGI) scale, a 7-point scale that measured the degree of patient improvement (Guy, 2000). Results indicated that reducing medication by 50% supplemented with a visible placebo condition showed "no deterioration in parent, teacher, or clinician rated ADHD symptoms… and there was a trend towards lowere parent-rated side effects" Sandler & Bowfish, 2008, p. 108).

Medical research on ADHD often seeks to replicate classroom environments in the laboratory. One way of achieving replication of educational settings has been through integrating research with summer camps for diagnosed students. One example of a 'summer treatment program' is Evans, et al. (2001) study on the effects of medication on the academic performance and classroom behaviour of 45 adolescents (40 male, 5 females) diagnosed with ADHD. Conducting the study in a residential academic program enabled the researchers to incorporate both pharmacological and educational interventions. Over the 6-week program, participants received a double blind, crossover trial of three doses of methylphenidate.

For one hour each day, the adolescents participated in a high school American history course where they were required to listen to lectures and take notes, finish assignments, and complete a creative writing assignment. A behaviour management procedure was put in place throughout the day that involved individualized, negotiated behavioural contracts. Incentives for compliance were given to participants for completing the course work.

Daily activities included therapeutic recreation activities, social skills and problem-solving groups, and a period during which adolescents were assigned jobs such as office assistant. Researchers used "note-taking quality, quiz and worksheet scores, written language usage and productivity, teacher ratings, on-task and disruptive behaviour, and homework completion as dependent measures" (Evans, et al. 2001, p. 163). Analysis of the group data showed "statistically significant improvement on every dependent variable including academic measures" (Evans et al., 2001, p. 170).

One of the most cited research studies in the literature is the US Multimodal Treatment Study of Children with ADHD (MTA, 1999). This randomized, 14 month, controlled clinical trial, involving 597 children diagnosed with combined type ADHD, (symptoms of hyperactivity, impulsivity and inattention) was conducted at the same time at six performance sites. Each participant was randomly assigned to one of four treatments: medication management (i.e. drug therapy); behaviour modification; medication management and behaviour modification; or routine community care. There were no comparisons made to non-ADHD peers.

Behavioural treatment included parent training, child-focused training and a school based intervention (MTA, 1999, p. 1074). The child-focused treatment was a summer treatment program – a therapeutic camp (MTA, 1999, p. 1075). The school based treatment of 10-16 sessions of biweekly teacher consultation focused on classroom behaviour management strategies, and 12 weeks of a part-time, behaviourally trained, paraprofessional aide working directly with the child. Combined treatment consisted of all treatments described in this trial. Those children randomly assigned to the community care group received none of the treatments. The researchers evaluated the treatments' effectiveness based on "ADHD symptoms, children's psychological wellbeing, social skills, academic achievement (reading, math and spelling) and parent-child relations using a number of instruments completed by parents, teachers and children" (MTA, 1999, p. 1077).

According to the results, "combined treatment and medication management treatments were clinically and statistically superior to behavioural treatment and community care in reducing children's ADHD symptoms… and that these benefits last for as long as 14 months" (MTA, 1999, p.1078).

As this study included psychologists, psychiatrists, and educators, it is an example of a multimodal study. Such studies cross more than one discipline and attempt to address concerns

beyond the purely medical. The effectiveness of medication is judged not just on whether it can reduce symptoms of hyperactivity, impulsivity and inattentiveness but whether it can improve academic achievement. This produces complex designs including multiple interventions and variables with corresponding challenges for reading outcomes to be judged valid and reliable from the scientific perspective.

A follow up study to the one conducted by the MTA (1999) group, found that "some children, particularly those in the medical management group and combined groups lost some of the initial benefits during follow up" (MTA Group Cooperative 2004, p. 760). The benefits of combined treatment over medical management, and the benefits of behaviour modification over community care were not found.

There would be a large number of variables that could get in the way of accurately determining the outcomes of such a study. For example there were no comparisons of non-ADHD peers used in the original sample, of the US Multimodal Treatment Study of Children with ADHD (MTA, 1999). Also, at the end of the followup study, 30% of subjects no longer met criteria for DSM diagnosis of ADHD (MTA Group Cooperative 2004, p. 760). Such a finding is suggestive that perhaps these subjects did not have ADHD in the first place. Another factor, which is significant to the outcomes of this study, is the fact that different amounts of medication were taken over the years as children grew resulting in difficulty comparing results.

In another follow up to the original study in 1999, Molina et al., (2009) reported on assessments completed at 6 and 8 years after the initial random assignment in the first study. The researchers found that the original randomized treatment groups did not differ significantly on repeated measures (grades in schools, arrests, psychiatric hospitalizations). Also, results indicated that "participants still taking medication by six and eight years fared no better than their non medicated counterparts, despite a 41% increase in the average total daily dose of medication by those still on medication. 62% of the original MTA children had stopped taking medication by the 8-year follow-up (Molina et al. 2009, p. 500).

Researchers concluded that while there was improvement of symptoms for ADHD as compared with baseline levels, "there was no long-term advantage of medication treatment beyond 2 years for the majority of children" (Molina et al. 2009, p. 497). Children with 'combined type ADHD' on average, "despite having received 14 months of intensive

behaviour therapy or medication management, were functioning less well than their non-ADHD age-mates across most indices of functioning (Molina et al. 2009, p. 497).

Other approaches for the treatment of behaviour disorders in children have arisen from complementary and alternative medicine. Alternative treatment is described as "any treatment, which is used in place of conventional approaches such as prescription medication and/or standard psychosocial/behavioural treatments for ADHD" (Kilincaslan, Tutkunkardas & Mukaddas, 2011, p. 95). The most frequently employed complementary alternative medicine treatments are electroencephalographic (EEG) biofeedback, heavy metal chelation, Hyperbaric Oxygen Therapy (HBOT) and dietary interventions (Kilincaslan, Tutkunkardas & Mukaddas, 2011). The alternative perspective, is 'alternative' only in its offering of treatments which do not involve pharmaceuticals. Research into these treatments is not alternative. It involves experiments, which test alternative therapies' effectiveness in improving the symptoms of problematic behaviour in children. Similar to medical perspective, these alternative approaches share with conventional medicine the assumption that children's behavioural problems are a result of an organic disorder within the child and require treatment to improve the identified symptoms. There exists "very little scientific evidence on the efficacy of any of these forms of treatment … and few reports on their long-term effects and side-effect profiles" (Kilincaslan, Tutkunkardas & Mukaddas 2011, p. 101).

Williams, Girard, Yanchou, and Katz (2005), conducted a study evaluating the effectiveness of homeopathy in the treatment of ADHD. Homeopathy is a based on the concept of similars, which holds that "substances that can cause symptoms in healthy people can cure similar symptoms in those who are ill" (Jacobs et al., 2005, p. 800). Experienced homeopathic physicians prescribed an individualized homeopathic remedy for children in the treatment group. The study involved 43 children between the ages of 6 and 12 years of age who were chosen to receive either the homeopathic remedy or a placebo. Similar measures were applied as in other studies referred to above, that is, parent and teacher behaviour rating scales, side effects checklists and performance tests. The results "after 18 weeks indicated that there was no significant difference between the homeopathic remedy and the placebo in the treatment for ADHD" (Jacobs et al. 2005, p. 803). Interestingly enough, parents and teachers scores indicated that subjects in both of the groups improved significantly in the outcome measures over the time the study was conducted, especially in the placebo group.

3.2.2 Summary

Medical science claims that there are organic causes for children's challenging behaviour, which can be treated medically or physically. Studies mainly consist of experimental studies or blinded trials investigating the effectiveness of medication as a common method of treatment, sometimes in combination with non-medical interventions.

Few of the research studies I located involved 'normal' children, those not already diagnosed with a disorder prior to their participation in the research. Those studies that did only used them as a comparison group, with the main focus being the 'disordered' group. The field of medical research relies on studies that locate challenging behaviour primarily 'within' the child and as arising from an organic cause and for which treatment is recommended to either cure the condition or reduce its symptoms. Therefore, as the child research subject has already been identified through diagnosis, the kinds of questions research studies are attempting to answer pertain to whether or not a particular treatment is effective for the variable(s) being studied. Questioning how a subject is being diagnosed and whether there are other explanations for the children's behavior does not appear to be of concern from this perspective. If diagnosis was not made prior to participation in medical research, one might look to ask questions concerning the subject's environment, questions on the impact of home, school, race, gender, ethnicity, as possible conditions affecting a child's behaviour.

The medical field continues to attempt to determine whether medication for the treatment of various medically diagnosed behaviour disorders will improve symptoms and behavioural problems associated in children. Researchers in the field of medicine continue to look for effective treatments or cures for behavioral disorders in children and while there have been some success with medication use in the short term, to date, none have been found to cure or substantially improve behavioural disorders such as Attention Deficit Hyperactivity Disorder, Conduct Disorder or Oppositional Defiant Disorder over the long term.

3. 3 Psychological methods of researching child behaviour

The discipline of psychology is characterized by theories which are used to explain the driving forces behind human behaviour and emotion, thus explaining behaviour is central this discipline. Psychological research into child and student behaviour area is carried out in educational and clinical settings. In this review, as my research is specific to children with challenging behaviour in the institution of schools, I have focused on research from educational psychology. Explanations for problem behaviours arise from several different

traditions in psychological theory. Three of the most influential are behaviourism and developmentalism and psychoanalysis.

Behavioural theory is based on "a scientific approach to the examination of behaviour as a function of the interaction between environmental events and behaviour" (Gresham, Watson, & Skinner, 2001, p. 157). Behaviourism maintains that behaviours can be measured, trained and changed. Skinner's work on behaviourism sought to understand behaviour as a result of the environment on reinforcing consequences. He posited that positive and negative reinforcements were effective methods of shaping a person's behaviour. A psychological understanding of this approach would maintain that 'maladaptive' behaviour in children would be attributed to the child's inappropriately learned responses. In application, behaviourism works by shaping the behaviour to reduce the unacceptable behaviours and increase those behaviours determined more socially acceptable.

Interventions based on this model rely on dimensions of behaviour which are assessed using observation-based-recording methods (Gresham, Watson & Skinner 2001). This method requires that a person observes the child in order to record the child's behaviors, and determine which behaviors are considered 'problematic' and in need of intervention. In order for the child to learn more appropriate behaviour, intervention consists of manipulating stimuli and consequences. Following the observation, the application of an intervention procedure using either positive or negative reinforcers is put in place in order to reduce the 'problematic behaviour(s) and increase what has been identified as the more acceptable behaviours of the child. Positive reinforcement is said to occur when a reward is presented as a consequence and behaviour is increased or maintained, whereas negative reinforcement is said to occur when something is removed and this results in an increase or maintenance of behaviour.

Psychodynamic theory, in contrast, is based on a model of human development whereby children are said to go through specific stages before they reach emotional maturity. According to this approach, emotional health depends on the resolution of conflicts arising during those developmental stages. For children with problematic behaviour there is an assumption that difficulties arise for one of two reasons; either the child is developmentally delayed in terms of emotional maturity, or their internal psychological processes are dysfunctional. Developmental delay infers that a child does not meet the criteria within a specific timeframe according to other children the same age.

Psychoanalytic theory describes "the mechanisms of ego defense which serves to protect the individual against internal and external threat" (Sarnoff, 1960, p. 251). This theory argues that the core of behaviour disorders is not the behaviour itself, but an imbalance among the dynamic parts of one's personality (id, ego, super ego). Interventions based on a psychoanalytic model are mostly attributed to individual psychotherapy, which maintains that 'deviant' behaviors are the result of an incompletely developed personality. When it comes to children with challenging behaviour, the kinds of interventions available include either individual treatment efforts using psychoanalytic child psychotherapy focusing on the particular behavior challenges, or psycho-education group therapy (Midgley & Kennedy, 2011). One of the early treatments for children developed in the 1920s by Anna Freud (1928) was play therapy. Play therapy aimed at "helping children come to consciously understand why they thought, felt, and behaved as they did through play" (Bromfield, 2003, p. 2). This approach to therapy works to help children play out his or her feelings or problems and "learn what it is they think is the right, good, or satisfying thing to do" (Bromfield, 2003, p. 3).

Research in the discipline of psychology is dominated by the use of statistical methods to determining dimensions of a child's behaviour. Instruments such as behaviour checklists and scales have been developed for categorizing and measuring behaviour. Teachers and parents completed such instruments regarding the child in question, and in some cases the child in question also completes a self-assessment of their own behaviour. The recording of data is also used for treatment purposes, as when a subject is trained to record his or her own behaviour as a means of self-management.

3.3.1 Psychological methods of researching child behaviour

One common method of producing knowledge concerning child behaviour is the behaviour rating scale, which is based on the notion of a continuum between two extremes. At one extreme, is the internalizing dimension of behavior characterized by "worry, fears, social withdrawal, depression, anxiety, obsessions and compulsions" (Webber & Plotts, 2008 p. 13). This profile also has been called over-controlled, over-inhibited, shy-anxious, and personality disordered (Achenbach & Edelbrock, 1978). At the other extreme, externalizing behaviours are said to "comprise aggression, acting-out and noncompliance, overactivity, disobedience, temper tantrums and delinquency" (Webber & Plotts, 2008, p. 13). This category has also been referred to as under-controlled, aggressive, acting out, and conduct disordered (Webber & Plotts, 2008 p. 13).

The state of an individual's behaviour is determined by the extent to which it deviates from the 'norm', or the middle of this scale. The further away the child's behaviour is from the middle of the continuum, or the 'norm', the more basis there is for a psychological diagnosis of a behavioural disorder. Psychological methods are active in producing disorder categories. As Sattler (2001) noted, rating scales have been criticized for their lack of inter-rater reliability, and are also affected by the subjectivity of the observer.

Applied behaviour analysis and functional assessments are also considered to be valuable techniques within the discipline of psychology for studying behaviour (Alberto & Troutman, 1999; Sugai et al., 1999; Walker et al., 1995). Functional Behavioral Assessment (FBA) involves "the collection of data, observations, and information to develop a clear understanding of the relationship of events and circumstances that trigger and maintain problem behaviour" (Fox & Duda, 2013, p. 3). This approach involves gathering specific information about when, where and why a particular behaviour occurs in order to improve the quality of the subsequent behavioural intervention (Sugai et al., 1999). Events that happen immediately prior to the 'problematic' behaviour are referred to as antecedent variables and assumed to trigger the dysfunctional behaviour. According to this approach, children engage in 'problem' behaviour to get what they find reinforcing (positive reinforcement) and/or to avoid what they find aversive (negative reinforcement). Functional assessments are based on determining relationships between problem behaviour and its antecedents and to generate hypotheses about the possible functions behaviour may serve an individual (Ervin et al., 2001).

3.3.2 Psychological research studies

In this vast field it is not possible to review the complete body of psychological research on challenging behaviors in children. The representative studies reviewed below give some basis of comparison between this discipline's approach to studying problematic children and those taken by other disciplines. Similarly to medicine, psychological research on children with problematic behavior generally takes the form of testing as an intervention. A key difference from medicine is in the nature of the intervention, which in psychology is either behavioral or psychotherapeutic. Here I highlight two behavioral interventions, which have been the subject of numerous psychological studies, functional behavior assessment (FBA) and parent training.

3.3.3 Functional behavioural assessment

Nelson, Johnson & Martello (1996) compared the effects of direct instruction, cooperative learning, and independent learning instructional practices on the classroom behaviour of

students with behaviour disorders. Participants were four male students in grade three enrolled in a self-contained behaviour intervention classroom due to their verbal and physical aggression. Behaviors were categorized as either on task or disruptive. On task behaviors included engaging in an academic task, raising hand to request assistance, while disruptive behaviour included hitting, talking loudly, and engaging in a non-academic task which did not have the approval of the teacher. Each instructional approach was presented six times for 30 minutes. An observer coded student behaviour during 90 continuous 10-second intervals randomly selected from the video recording.

Results indicated that there were distinct differences in the behaviour of these students during the three instructional conditions. Students consistently displayed higher rates of on task behaviour and lower rates of disruptive behaviour during the direct instruction compared to other two instructional conditions. There appeared to be little or no differences between the classroom behaviour of students during the cooperative learning approach and that during the independent learning approach.

Dunlap & Kern (1996) conducted an extensive FBA on an 11-year-old boy diagnosed as "severely emotionally disturbed". Over several days the researchers collected data on the antecedents and consequences of his behaviour in order to assess the general patterns of his orientation to school tasks. Interviews were conducted with the boy, each of his teachers, and his father to identify variables associated with the boy's behaviour. Following this, direct observation data was collected to determine the rate of his task engagement in the classroom. The results indicated that the student's on task behaviour increased substantially resulting in improved behaviour. Here, appropriate behaviour is equated with 'on task' behaviour regarding work collected for the data by researchers.

While the majority of research on FBA has focused on children with intellectual disabilities rather than behaviour disorders, other studies have been extended to what the researchers have identified as 'non-disabled' children. This implies that the researchers have assumed that children with identified disabilities other than behaviour disorders have different forms of problematic behaviour. One such study attempted to see if FBA with children of average intellectual ability could be attributed to a decrease in inappropriate or unproductive student behaviour (Broussard & Northrup, 1995). These authors conducted functional assessments and analyses for three elementary students aged between six and nine years of age referred by school psychological services for disruptive behaviour in regular education classrooms. Their

behaviors were described as aggression, (hitting), property destruction, (destruction of school materials), and noncompliance, (refusal to do schoolwork). Researchers advanced three hypotheses regarding variables maintaining the disruptive behaviour: teacher attention, peer attention, or escape from academic tasks. A descriptive assessment was first conducted to ascertain which of these variables were operating. The functional analyses data indicated that similar indicators of disruptive classroom behaviour were associated with "different maintaining contingencies" for each student (p. 161). In other words, there were no common patterns with regards to why each student misbehaved. As the functional assessment of each student focused only on one variable, there could have been numerous other reinforcements for the same target behaviours.

While researchers employing FBA have concluded that this is a viable method for reducing problematic behaviour in either disabled or non-disabled students, it is not without its critics from within psychology. In a review of research, Eber et al., (2001) concluded, "little is known regarding the effectiveness of interventions based on functional assessment relative to intervention serviced on other ways" (p. 205). In order words, little research is available to determine its efficacy in comparison to other forms of treatment.

Psychological interventions in the behavioural tradition focus not just on the child but also on those who are believed to influence its behavior. Functional behavioural assessment includes the teacher, as potentially contributing to the precedents and antecedents of student behaviour. Researchers have tried to determine whether understanding the purpose of students' misbehaviour would assist educators to develop responses that result in students' acceptable behaviour. As such, the teacher is being assessed as well as the child. Parents are also targeted in behaviour intervention studies.

3.3.4 Research on parent training

Parent management training is claimed by psychological research to produce positive effects on children's misbehavior. This type of training operates on the principle that changes in parental functioning will result in improved child behaviour. This implies that parents of children with challenging behaviour lack the specific skills needed to manage and control their child's behaviour according to social norms.

An example of parent training is Danforth et al., (2006) intervention using the Behavior Management Flow Chart (BMFC), a child management behaviour program. Prior to the

program, the severity of children's behaviour was measured using an ADHD diagnostic tool (Barkley, 1988) and three parent report instruments (Reynolds & Kamphaus, 1992). Forty-nine families, (46 mothers and 26 fathers) participated in an 8-week program which involved information provision and skill training in description, explanation, modeling, and role-playing with feedback regarding the (BFMC).

The effectiveness of this training was measured using the Parent Report Card, a 34 item checklist of child problem behaviors to assess behaviour in the home and pre–post home-based audiotape recordings of child behaviour and parent behaviour management responses. Following statistical analysis, the research found group training for parents of ADHD children with defiant and aggressive behaviour, reduced children's hyperactive, aggressive, and oppositional behaviour. Parent behaviour was also evaluated and the researchers conclude that the training had resulted in decreased over-reactivity and laxness.

Studies like this, place considerable demands on parents not only to complete the multiple self-assessments but also to participate in the training. The parents' behavior management is also evaluated and they are subject to claims of ineffective parenting. The terms 'laxness' and over reactivity' imply that parents in the study were being judged as either not reactive enough or too reactive.

Similar research was conducted by Bernal, Klinnert and Schultz (1980) with 36 families of children diagnosed with conduct disorder aged between 5 and 12 years. Prior to the intervention, all families were observed at home and parent telephone interviews and questionnaires were undertaken.

Researchers randomly assigned the families to one of three treatment groups: behavioural, client-centered, or wait group. The behavioural treatment focused on training parents in behaviour management skills. The rationale for this treatment was that that "change in parent behaviour would result in change in child behaviour, and that the parents would learn how to teach their own children more appropriate social behaviours" (p. 681). The client-centered group was provided treatment emphasizing feelings, attitudes, and experiences in the family. It was believed that parents' exploration and clarification of their own feelings and expectations about their children would enhance parent-child communication. The third, a wait group did not receive treatment; they were told they would have to wait 8 weeks for treatment but meanwhile would continue in twice per week telephone data collection. Following the

intervention, the baseline evaluation was repeated every five weeks for 6 months, and 1 year after treatment. After two years, families were called to complete a telephone interview.

The results indicated that at the end of initial intervention, the behavioural treatment group scores showed superior outcomes over the other two types of treatment groups. Mothers from the behavioural group reported their child as more improved in terms of the referral problems and were more optimistic expectations about outcomes than the mothers from the client-centered group. At follow-up the behavioural and client-centered groups showed continuing improvement, but there was no differential improvement between groups. Two years later, parent interview results showed no group differences in the number of original presenting complaints that persisted, ratings of school adjustment, ratings of satisfaction with their relationship with their children, or number of children judged as still in need of help for any psychological problem. As such, this specific research indicated that there were no long term differences associated with the reduction of children's conduct problems according to parent reports or parent perceptions in either of the behavioral training nor the client centered training parenting groups. There was no reported improved behavior in children belonging to the parents involved in the wait group.

These two studies illustrate the way psychological research and treatment methods produce knowledge related to children with challenging behaviour based on controlled experiments which compare certain types of interventions over a specific time period. While the number of studies on parent training for the reduction of problematic behaviour in children in this section is sparse, what these two studies indicate is that while treatment is being conducted, there are improvements reported by parents in their children's behavior in the short term.

3.3.5 Summary

One of the key characteristics of this disciplinary field is its commitment to the measurement of behaviour. Techniques such as behaviour rating scales dependent on norms are used to classify and divide populations. Statistical methods serve as the scientific means for producing evidence that certain 'within child' difficulties or 'disorders' exist. The scale is a way of understanding 'problematic' behaviour in children. The scale locates an individual child's behaviour on a continuum between 'abnormal' extremes. It measures a child's conformity to a certain social ideal, located mid-way between these extremes, and positions the child according to a binary of 'normal' or 'abnormal', well-adjusted or maladjusted.

One of the other ways psychological research has addressed the 'problematic' subject in these studies is through the use of reinforcement contingencies. This notion claims that if reinforcements are put in place, the inappropriate behaviors targeted will decrease or disappear. In the process, the 'normal' child is not described, or treated except as an imagined absence of either aggressive or withdrawn tendencies.

Despite the proliferation of instruments of measurement, psychology relies on judgment exercised by human beings. Self-report is relied on to produce data, which is then subjected to statistical analysis. There is a tension necessary of trusting human beings to make judgments. The whole apparatus of definition in the discipline for what constitutes a 'problematic' behaviour and the setting up of processes of identification is a response to that problem of human judgment.

As in medical research, psychological research studies operates under the assumption that the problem is the child's, or is the result of a 'deficit' within the child; however it widens its scope to include significant others (parents and teachers) who are presumed to influence the child's behaviour. Research in this discipline is then based on measuring interventions that are recommended to address the identified problem.

3.4 Educational research perspectives on children with challenging behaviour

Unlike the disciplines of medicine and psychology, many individuals will argue that education is not a discipline but instead a heteroglot (Bakhtin, 1992), or hybrid space which emerged from other disciplines. What characterizes education is its focus on learning and on the function of the school as a social institution to provide an education for all children in a society. The discipline of education is subdivided according to the student population it serves, with a key distinction being between general (or 'mainstream') education and special education. Mainstream education is concerned with teaching and learning in contexts where all students are educated in a regular classroom according to the general curriculum. Research on mainstream education has its own particular questions, subjects and categories with relation to the child with challenging behaviour. The focus is primarily on classroom teachers' management of student behaviour and learning with research concentrated on issues of curriculum, achievement, learning, instructional practices, and classroom management. A child is determined problematic if the student is not engaged in learning, or whose behaviour interrupts his or her own learning or the learning of the other children. Some of the terms associated with challenging behaviour in students in school include 'disengaged', (Hu &

Kuhn, 2002; Sodha & Guglielmi, 2009) and 'disruptive' (De Martini, Sully, Bray, & Kehle, 2000; Hipwell, & Loeber 2006; Eyberg, Nelson, & Boggs, 2008). A student becomes a 'failure' (Jarratt, 2002; Kleiner, Porch, & Farris 2002) when they aren't performing up to the school standards, whether the cause pertains to academic reasons or other reasons which impact on academic success.

In the disciplines of medicine and psychology, professionals look to the body and mind in locating problems. Education discourse, in contrast, focuses on learning and identification of problems which impact student achievement. Also, education discourse is concerned with populational groups, i.e. age graded groups and class groups, whereas the other two discourses are geared more toward an individual.

Research within the discipline of education is based on learning theories that aim to explain how individuals learn. One of these learning theories is constructivism that is based on the premise that we all construct our own perspective of the world, through individual experiences and schema (Mergel, 1998). (Brooks and Brooks (1993) contend that in constructivism learning is an active process of creating meaning from different experiences and so students will learn best by trying to make sense of something on their own with the teacher as a guide to help them along the way. This can be extended to learning about appropriate behaviour. Kohlberg's approach to school discipline, for instance, "was to teach students to develop self control and appropriate behaviour, and an understanding of right and wrong through daily negotiations and problems they have to solve in order to get along with others" (Scarlett, Chin Ponte, & Singh, 2009, p. 40).

The discipline of psychology and, more specifically, educational psychology has had a significant impact on the discipline of education. Educational psychology is "the application of psychology and psychological methods to the study of development, learning, motivation, instruction, assessment, and related issues that influence the interaction of teaching and learning" (Elliot, Krarochwill, Littlefield Cook & Travers, 2000, p. 1).

Special education focuses on individuals with exceptionalities and societal perceptions as well as cultural and philosophical views of disability (Winzer, 1993). Children with challenging behaviour in schools are identified as 'exceptional' or having 'special needs' and the basis for determining programming and services have been determined by various assessment practices. In special education, 'exceptionalities' and 'special educational needs' for children with

'problematic' behaviour are identified through the use of a classification system. Such a system is used to provide a means of communication among professionals by defining the rules by which psychological constructs are defined (Quay, 1986). Classifications used within special education provide the definitions for categories of various physical or mental 'disorders' or 'disabilities' that is connected to learning, and in the provision of services. The number of students identified in certain special education categories allocates funding for provision of special education services. Various assessments by educators, psychologists and medical professionals are conducted on students for the identification of students with 'special educational needs'.

Some of the terminology evident in special education research concerning children with challenging behaviour includes issues regarding self-control, distractibility, poor task engagement, internalizing and externalizing behaviors, continuum of support, and individual education plans. There are wide ranges of approaches advocated in the literature, concerning children with challenging behaviour in the institutions of school.

In this next section, I will review some of this literature which ranges from teacher perspective of what constitutes challenging behaviour in schools, engaging students in learning, to classroom approaches for managing student learning and/or behaviour, to professional development on student discipline, and on school wide approaches for managing student behaviour.

3.4.1 Teacher perceptions of student behaviour

Teachers are at the front line of responding to challenging student behaviour. Therefore it is not surprising to see a preoccupation with teachers' expectations, perceptions and management of student behaviour in the educational research literature. Three studies have been selected which offer different comparisons based on teacher role, gender and teacher-student perspectives.

Lane, Wehby & Cooley's (2006) research involved 717 teachers working in a large, socioeconomically and culturally diverse district in middle Tennessee. An anonymous survey, a modified version of the Teacher Expectation for School Success, (Lane et al., 2004) provided data which was statistically analysed to compare results according to program type (general vs. special education) and school level (elementary vs. middle vs. high school) with respect to teachers' expectations of students' social competence in the areas of self-control,

cooperation, and assertiveness. The findings indicated that general and special education teachers at the elementary and middle school levels shared similar views regarding behaviour. However, high school general education teachers differed in their expectations from high school special education teachers, the former viewing self-control as significantly less important for school success. The study also compared teacher views at high and low-risk schools with risk status determined based on the percentage of students receiving free or reduced lunches. Although there were no differences in the value teachers placed on cooperation skills, teachers at high-risk schools viewed self-control and assertion skills as more critical for school success as compared to teachers at low-risk schools. The implications for the differential construction of 'problem' behaviour in different contexts suggest that teachers and schools are implicated in how problematic behaviour is constituted. What is determined problematic in one school is not necessarily problematic in another. Certain schools identified problematic behaviour according to factors outside the students control such as socioeconomic status. The fact that teachers from different levels of schools (elementary, middle, or high) were compared showed that what was determined problematic behaviour may change as students mature.

Arbuckle & Little (2004) also surveyed teachers regarding their perceptions and management of disruptive behaviour, in this case using the Child Behaviour Survey (Martin et al. 1999). Variables such as teaching level (elementary/secondary), teacher confidence, supports, student behaviours, student gender, and behaviour management strategies were examined. Teachers completed the Child Behaviour Survey that included four sections on dimensions of behaviour in the classroom: demographics, types of behaviors of concern to teachers, teachers' use of supports to manage student behaviour, and specific strategies teachers used to deal with disruptive behaviors. Results indicated that student gender influenced teachers' main concerns. For males concerning behavior included distractibility, arguing when reprimanded, and not remaining on task, whereas for females, concerns were higher for disruption, distractibility and ignoring the feelings of others (Arbuckle & Little, 2004, p. 64). Teachers reported an increase in aggressive behaviour by male students as they progressed from primary to secondary school. Teachers used more punishment strategies, more positive strategies, and more referral strategies on males as compared to females in this study

Elementary and secondary school teachers employed similar management strategies. However, student gender impacted both on perceived behaviour and teacher strategies.

Noteworthy is the fact that there were no differences reported between behaviour management strategies for younger and older students, yet teachers reported using different strategies for males than they did for females. Even though teachers reported distractibility as concern to both male and female students, the strategies teachers used were said to be different. This is suggestive that teachers treat male and female students differently from each other with regards to behaviour challenges regardless of the challenging behaviour.

It is less usual to find studies that compare teachers' perspectives of children with social emotional and/or behavioural difficulties with the children's own understandings of their behaviour. One study which did this was conducted by Soles, Bloom, Heath, & Karagiannakis (2008) who investigated whether there was agreement between teacher and child ratings of externalizing and internalizing difficulties, depression, social skills, and academic performance. As these categories indicate, psychological researchers carried out this study. It is mentioned here because of the participation of teachers and students in a school setting. Forty-seven teachers from six elementary schools participated in the study along with a sample of 139 children identified by these teachers as having social, emotional or behavioural difficulties (SEBD). The researchers in this study defined the child with SEBD according to: "Behavior that goes to an extreme, behaviors or emotions that are outside societal norms, behaviors or emotions that negatively impact a child's educational functioning" (Soles, Bloom, Heath, & Karagiannakis 2008, p. 275).

Of the 137 children nominated, 99 were male compared to 38 female. The majority (77%) were nominated for externalizing behaviors only, 14% for internalizing difficulties only and 9% were nominated for a combination. This indicates that the criteria teachers used to produce a specific sub-group of students characterized as disordered usually pertains to the externalizing characteristics such as aggression, and not internalizing factors such as anxiety.

Teachers completed the 'Teacher report form' (TRF) (Achenbach 1991a) a behaviour checklist that consists of eight problem scales: withdrawn, somatic complaints (i.e. related to perceived physical ailments), social problems, anxious/depressed, thought problems, attention problems, delinquent behaviour and aggressive behaviour. Children completed a version of this instrument, the 'Youth Self-Report' scale (Achenbach 1991b) and the 'Children's Depression Inventory' (Kovacs 1992). Additionally, teachers rated children's academic and social competence and each child completed an academic achievement test.

Little agreement was found between teacher and child ratings on any of the variables explored. Very few of the children who had been rated by their teachers as having severe internalizing or externalizing difficulties rated themselves similarly. Interestingly, teachers rated girls as having significantly more severe externalizing behaviors as compared to boys. Girls in this study rated their level of depression as much higher than teacher reports. Teachers rated the majority male and female children as having moderate to severe social skills deficits, and academic difficulties.

There was no significant correlation between teacher and children's ratings of children's social skills. This is problematic in a number of ways, especially when it comes to teachers' understanding of children's perceptions of depression. If children self-report depressive symptoms and these symptoms are not recognized by teachers, children may continue to go unnoticed and not be referred to the professional help to address the issue of depression. As well, the high numbers of children identified by teachers as having both behavioral and academic issues leaves one questioning whether the behavioral issues are caused by academic struggles or if the challenging behaviors in children are responsible for their difficulty with learning?

3.4.2 Relationship between learning and behaviour problems

Many of the studies analyzed in the education research literature have looked at the relationship between academic underachievement and problem behaviour with attempts to understand how challenging behaviors impact on learning and how difficulties with learning affect behaviour.

Trout, Nordness, Pierce, & Epstein (2003) conducted a comprehensive review of all published articles produced from 1961 to 2000 on the academic status of children with emotional and behavioural disorders (EBD). A total of 101 articles were identified for review and 65 were chosen for inclusion. Academic status of students with emotional and behaviour disorders (EBD was coded according to the percentage performing below, at, or above grade level or (b) years below, at, or above grade level.

A number of data sets were identified which described the literature according to student characteristics (age, gender, IQ, socioeconomic status, race/ethnicity) placement settings, academic subject areas, assessment measures, and comparisons with students without EBD. Researchers' found that, "of the 70 data sets in which the academic status of students with

EBD was described, none reported that students achieved above grade level". … and 32 out of 35 reports indicated that students with EBD were academically deficient" (particularly in reading and mathematics) (Trout, Nordness, Pierce & Epstein 2003, p. 204). Of the 70 data sets, 55 reported gender, and 76% of students identified as EBD were male.

The question of whether problematic behaviour causes academic problems or vice versa has been addressed in longitudinal studies. An example is Morgan, Farkas, Turfis, & Sperling's (2008) analysis of data from the *Early Childhood Longitudinal Study–Kindergarten Class* (ECLS-K). Logistic regression is an analytical tool to identify risk factors for diseases, disorders, or conditions (Ely, Dawson, Mehr, & Burns, 1996). This study included 11,515 students attending 1,471 public and private elementary schools. Children completed *The Reading Test* with a one on one assessor and teachers completed the self-administered *Teacher Social Rating Scale* each time children were assessed. The researchers investigated whether, after controlling for earlier problem behaviors and other antecedent variables, children's reading problems predict their later behaviour problems, and secondly, whether, after controlling for both prior reading problems and a range of antecedent variables, early manifestations of problem behaviour predict later relative reading failure.

Researchers found that reading problems increased the possibility of children engaging in problem behaviour. Results indicated, "poor reading ability in first grade consistently acted as a statistically significant predictor of problem behaviour in third grade" (Morgan, Farkas, Turfis, & Sperling 2008, p. 417). As well, children with reading problems in first grade were "significantly more likely to display poor task engagement, poor self-control, externalizing behaviour problems, and internalizing behaviour problems in third grade … and children displaying poor task engagement in first grade were more likely to experience reading problems in third grade (Morgan, Farkas, Turfis, & Sperling 2008, p. 430).

Secondly, the researchers tested whether displaying 'abnormal levels' of one of five types of behaviour in first grade increased the likelihood that a child would be a poor reader in third grade. Results indicated that, there would be an increased chance of a child being a poor reader in grade three if they had one of the five types of such as poor task engagement. As we can see from these researchers' use of scales to determine 'normal' or 'abnormal' behaviour, the use of psychological methods is often taken up within educational research concerning children's behaviour.

Research in the discipline of education has paid attention to examining the effects of various instructional practices on the academic performance of children with challenging behaviour. The understanding from this perspective suggests that by using certain instructional strategies teachers would have more success in managing the behaviour of students with challenging behaviour, which would also impact on the academic outcomes of these students.

One such study by Evertson (1989) involved 29 elementary teachers to determine whether participation in classroom management workshops would enhance teachers' organizational and management skills. Fourteen teachers who participated in a two one-day workshops were assigned to a treatment group and using materials containing research-based findings on classroom management (Everton, Emmer, Clements, Sanford, & Worsham, 1981), while the control group did not partake in the workshop days. All teachers in this study were then observed on six occasions.

The observers collected data, which included narrative descriptions of classroom events, ratings of student task engagement, classroom rating scales, and summary ratings of classrooms. Results indicated that "the treatment group exceeded the control group on a number of observational measures including teacher clarity in describing lesson objectives, providing explanations, giving directions for assignments, lesson pacing, and orchestrating lessons that flowed smoothly from beginning to end" (Evertson, 1989, p. 88). Treatment teachers had students with lower off task rates, less inappropriate behaviour, and were able to plan and implement routines that helped the year to begin effectively.

Another approach to addressing this question is to compare interventions focused on improving academic achievement, on the one hand, and behavioural skills, on the other. Lane (1999) conducted a study involving 61 grade one students from two schools. Six classrooms were randomly assigned to one of three conditions: reading intervention, social skills training, or a treatment contact control group. All intervention groups met four days a week for 30 minutes per session for 6 weeks. Participants in the treatment contact group received more general assistance in academic areas. Results indicated no difference in changes over time in the social skills of participant groups. There were, however, improved academic skills over the six-week intervention time period on both measures of reading.

Kamps, et al. (2003) monitored growth in the reading performance of students in kindergarten through second grade as it related to behavioural and academic risks and the use of three

different reading curricula. Results indicated that students with risk factor of an academic or behavioural nature progressed more slowly than the general population in the five schools. The students with behavioural risks made better progress, becoming more fluent readers than the students with the academic risks, while students with both academic and behavioural risks made the least progress. Of the three different reading curricula used, The Reading Mastery curriculum produced better overall student oral reading outcomes and better outcomes for the highest risk population in the study. The literature-based curricula produced the least growth in reading fluency with the same high-risk populations. This group performed at a lower level than did students in either of the other two groups.

Research on the relationship between learning/academic achievement and learning in the studies included in this chapter indicated that teaching children to read successfully in the first two years of their entrance into schools may decrease the probability of children engaging in problematic behaviour. As well, the importance of teacher knowledge in the area of classroom management, and effective learning strategies will most likely produce greater academic success for students with challenging behaviour.

3.4.3 Cultural minority students and behaviour management

The over-representation of students in particular racial and ethnic groups amongst those who have been disciplined for behaviour has been noted. Fenning & Rose (2007) reviewed the relevant literature and identified possible contributing factors surrounding the disproportionate representation of minority groups (particularly African American males). The researchers suggested that teacher's fear of loss of control regarding discipline in classrooms where students were thought of as 'dangerous' was leading to suspension for infractions not warranting serious disciplinary action (Fenning & Rose 2007, p. 554). Additionally, there was pressure on schools to meet federally mandated requirements for academic achievement leading to students "who did not fit into the 'norm' of the school with regards to race, academic problems, socio economic status" (Fenning & Rose 2007, p. 537). The authors argue the proactive discipline practices and policies, and professional development for teachers needs to be implemented if change is to happen.

Munroe (2005) also examined factors contributing to the overrepresentation of black male students in school exclusion rates from a cultural perspective. These factors included how socialization patterns stemming from race, ethnicity, socioeconomic status and others "set boundaries of what demarcates acceptable conduct in addition to informing behavioural

interpretation and a cultural mismatch regarding what constitutes disruptive behaviour" (Munroe 2005, p.154). Munroe discussed a number of guidelines for how teachers should approach disciplinary concerns for diverse students. These principles included the importance of having good relationships with students and their families, finding ways to assist students with their needs, and the necessity for teachers to be aware of "how their own socialization regulates their roles as teachers", and "the importance of enhancing the experiences of black pupils in British schools" (Munroe 2005, pp. 155-157).

Based on interviews with 25 parents, Crozier (2005) presented an analysis of the educational experiences of students of African Caribbean and mixed race heritage in England. Eleven of the 22 families interviewed had one or more children who had been excluded either from school, a school excursion or the classroom. All of the parents expressed concerns about their children's experiences in education and doubts about the ability or willingness of the system to meet their children's needs. They believed that punishment was frequently unfair and often disproportionate to the misdemeanor and resulted in the children not being motivated to learn, impacting on academic underachievement. Parents perceived the pattern of their children's experiences to be underpinned by race with teachers seen as having low academic expectations of African Caribbean children.

Gregory, Skiba & Noguera (2010) examined and synthesized the research on racial and ethnic patterns in school discipline to see whether disproportionate discipline might contribute to poorer achievement among students of color. They examined the evidence for student, school, and community contributors to the racial and ethnic patterns in school sanctions. From this analysis the researchers maintained that the racial and ethnic disparity in discipline sanctions has not received the attention it deserves.

Research like these studies, present a sociological perspective identifying sociocultural factors which are rarely emphasized as an explanation needing to be taken into account regarding children's challenging behaviour and schools' responses. The findings from studies on the relationship between race/ethnicity and addressing issues of student behaviour stressed the importance of teachers/students relationships, and communication with parents. As well, listening to the concerns of parents was considered important so teachers have an understanding of the various cultural perspective of behaviour and the diverse needs of children in their classroom. Teacher professional development and school wide discipline

policies were named as necessary in addressing change in managing student behaviour in schools.

3.4.4 Examining the school effect

The notion of the 'school effect' emerges from some educational research examining the range of factors contributing to student disengagement, alienation and poor behaviour. One group of studies has examined students suspended from school. The negative effects of student suspension from school on both the individual and the community are well documented and relate to a wide range of matters, including school completion rates, homelessness and crime. Two extensive reviews of student suspensions in government and non-government schools in New South Wales (N.S.W) Australia (Gonczi and Riordan, 2002; Riordan and Gonczi, 2003), suggest that variations among schools in rates of student suspension may be best explained by 'school effects' and not characteristics of students.

Riordan (2006) explored principal and teacher attitudes and actions in relation to student suspensions with reference to three case studies. Key themes discussed include: the importance of a pedagogical as opposed to a punitive response to student misbehavior; working in partnership with parents and the broader community to address behaviour and learning problems; and interpreting 'state' and 'school system' policies on student welfare and discipline through the lens of the school's local context.

Riordan (2006) concluded that the combination of high expectations of student behaviour and achievement, along with a commitment to understanding and respecting local culture, were major ingredients in the success of this school. The acceptance of difference and a means of devising ways of dealing with this through community support, professional development, curriculum change and the development of rules and rewards were the keys to success for this school and the principal. This study showed that principal's leadership in the school and community could reduce the impact on the school of problems that were prevalent in the broader community. The leadership strategies described here do not reject 'deficit' explanations of student misbehavior but rather place them in the context of the school and its practices. This is intended to lead to a comprehensive range of responses to student misbehavior that focuses on student learning and ways in which this can be supported.

One form of response to the 'school effect' has been an emphasis on whole school approaches to the prevention and management of problem behaviors. School-wide positive behavior

support (SWPBS) programs emphasize that children require cultural, social and behavioral supports in order to achieve social and academic success in school (Sugai & Horner, 2008). A systemic approach argues that student's problematic behaviour will be addressed by focusing attention on the supports (i.e. resources, policies and training) that are offered within a system such as school. A key concept in SWPBS is the continuum of support based on a three-tier model of prevention (Horner, Sugai, Todd, & Lewis-Palmer, 2005):

> (a) primary which involves school-wide interventions for all students and staff across all school settings:
> (b) secondary, which targets the 10-15% of students at risk of social behavior failure; and
> (c) tertiary, which focuses on approximately 5% of the student population who need significant intervention strategies and supports (Sugai & Horner, 2002, p. 38).

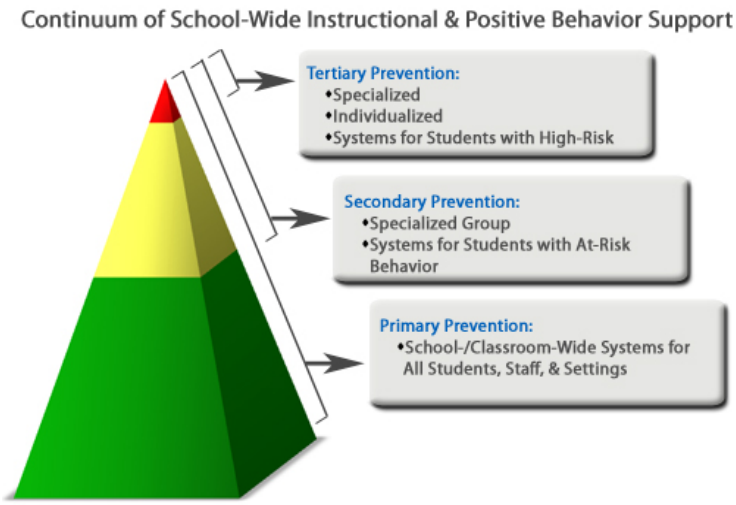

Figure 4: Continuum of School-Wide Instructional & Positive Behavior Support Positive Behaviour Intervention and Support (Sugai & Horner, 2002, p. 38).

There is a growing body of research examining the efficacy of SWPBS in reducing challenging behaviour in schools (Irwin, Tobin, Sprague, Sugai, & Vincent, 2004; Spaulding, Horner, Irvin, May, Emeldi, Tobin, et al. 2008). The research literature examining this approach has recently focused on issues of implementation fidelity.

Muscott, Mann, & LeBrun (2008) evaluated the effects of SWPBS on problem behavior and academic achievement of students in 28 schools. Schools in the study were required to

integrate the delivery of SWPBS with their school wide evaluation, documenting this using the School-wide Evaluation Tool (Sugai, Lewis-Palmer, Todd, & Horner, 2001). The SET consists of 29 items representing the seven features of SWPBS: expectations defined; behavioral expectations taught; system for rewarding behavioral expectations; system for responding to behavioral violations; monitoring and evaluation; management, and district-level support.

Results indicated that implementation of SWPBS resulted in a reduction of 6,010 office discipline referrals and 1,032 suspensions. The majority of schools involved in the initiative were able to successfully adopt and sustain the systems and practices of SWPBIS with fidelity and recover significant time for teaching, learning, and leadership. Students experienced associated gains in math achievement.

de Jong's (2005) research on student discipline was commissioned by the Student Learning and Support Services Taskforce in Australia. In the first phase, de Jong examined the literature on programs in the Australian context that exhibited best practice in addressing behaviour issues. Best practice was defined as "strategies associated with philosophy, policy, organizational structure and culture, procedure, development and action that are likely to result in successfully addressing student behaviour issues" (de Jong 2005, p. 356). In the second phase, participating schools surveyed regarding programs that exhibited best practice.

As an outcome, seven core principles for effectively addressing student behaviour issues were advanced. The seven principles are:

> student behaviour needs to be understood from an eco-systemic perspective; behaviour management programs and practices must embrace a health promoting approach; student management programs and practices must embrace inclusiveness, which caters for the different potentials, needs, and resources of all students; programs and practices should focus on the whole student (personal, social, academic); student behaviour is inextricably linked to the quality of the learning experience; positive relationships, particularly between student and teacher are crucial; and effective student behaviour change and management is enhanced through partnerships (de Jong 2005, pp. 357-59).

The language used in this study emphasizes strengths rather than deficits and reflects notions of inclusiveness and health promotion. How evidence is produced in school effects studies is

quite different from studies which currently focus on the child's problematic behaviour because the emphasis is on the relationship between the child and the school context.. The literature identifies a number of best practices, which support the move towards school wide interventions, which address all students in schools. Such a support identifies the level of support or intervention needed by each student versus other approaches to discipline which typically target students with severe behaviour challenges. Identified also was the importance of leadership within schools, and the need to move away from practices like suspension for students with challenging behaviour. Some of this research views problematic students as able to provide valuable perspectives on what they perceive as necessary in order to be successful within schools. Research in this area also points to the necessity and importance of moving beyond the school itself and partnering with parents and the broader community in supporting students within schools.

3.4.5 Summary

Compared to the perspectives of medicine or psychology, different understandings of the child become visible in education. The education research literature opens up to the possibility that the problem with children's challenging behaviour is not only as a result of 'within child factors' but also located within the institutions. Research in the discipline of education concerning children's challenging behaviour focuses mainly on behaviours displayed in what psychologists refer to as externalized dimension such as aggression, acting-out and noncompliance, overactivity, disobedience, and temper tantrums, and their relation to some aspect of learning or social skill development. The literature identifies studies concerning effective strategies and interventions over a wide range including: individual student interventions, classroom practices, preventative and whole school based approaches. Studies from the disciplines of medicine and psychology focuses on the examination of different treatments as already identified 'problem' child who has a specific deficit. Conversely, research in the field of education examines explanations for challenging behaviour in ways that extend to factors outside the child (etc). Here, at least part of the problem is seen in the institution and not in the child only.

While there are distinct differences regarding research coming from each of these different disciplines of medicine, psychology and education, there are also similarities. Researchers in education access and borrow some of the methods common to these other disciplines. For example, many studies in education are based on surveys, a key methodology used within the

discipline of psychology. Educational research has used surveys to identify teacher's perspectives on 'problematic' children, and ascertain opinions about particular programs or interventions put in place to address such problems. At the same time, psychological research into problem behaviour frequently accesses the institution of schools to conduct their research and use teachers as informants in their research on children. Medical research conducted in experimental conditions sometimes attempts to replicate educational settings. Thus when it comes to children with challenging behaviours, the fields are significantly interlinked.

3.5 Research in criminology and the child with challenging behaviour

Research in criminology includes the study of law enforcement and correctional systems and their responses to crime. According to March, Cochrane, and Melville (2004) the behaviour of the criminal has been the particular focus of this discipline. Huey & Pare (2010) contend that the field of criminology is a "fragmented discipline, with disparate theoretical, methodological, and empirical concerns" (Huey & Pare 2010, p. 278). Criminology's roots lie in the multiple fields of sociology, psychology, law, political science, history, philosophy and economics, among others (Jeffery 1978; Osgood 1998). As a research field, criminology encompasses a wide range of approaches for conducting research including scientific studies, assessments and identification of risk, or protective factors, and inquiries into the effectiveness of particular programs on rates of recidivism.

Some common terms identified in much of the research in this field include 'recidivism', 'diversion', and 'protective factors'. Recidivism refers to any return to correctional custody. Diversion is "an attempt to divert, or channel out, youthful offenders from the juvenile justice system" (Bynum & Thompson, 1996, p. 430). "Protective factors are factors that reduce the likelihood of problem behaviour either directly or by mediating or moderating the effect of exposure to risk factors" (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002, p. 575).

In places such as Canada, U.S. and Australia, there is a sub-field with a particular focus on young people, which is known as youth criminal justice. The terms 'young offenders', 'juvenile delinquents' and youth 'at risk' are commonly found in research studies involving youth with challenging behaviour. Youth or young persons who become involved with the youth justice system and are charged with a criminal offence are labelled 'young offenders'. The conceptualization of the term 'at risk' from a criminal youth justice perspective pertains to those youth who are considered possible lawbreakers.

Much research on youth and crime examines factors that predict youth offending. This understanding comes from the belief that risk factors that are most strongly related to crime in later life can be identified with a degree of certainty. Some of these studies concern the prevention of behaviour problems through the identification of 'risk' factors. The National Crime Prevention Council report (1997) suggested "there are experiences in a young person's life that increase the chances of a youth being victimized or developing one or more behaviour problems" (The National Crime Prevention Council report 1997, p. 1). These include self-harming behaviors such as alcohol and other drug abuse, suicide, criminal behaviour directed towards other persons or property.

Two of the most common theories in criminal justice research are Social Ecology Theory and Attachment Theory. Social ecology theory (Brofenbrenner, 1979) considers the nature of human development within the contexts of the environment. This theoretical perspective posits that family and social environmental influences shape many aspects of children's lives as they develop. In relation to youth with challenging behaviour and the law, this theory is drawn on to explain causal mechanisms that support and maintain crime and antisocial behaviour. Attachment theory explains youth criminality with reference to the lack of a "social bond" to "social control agents" such as the family and the school; such youth are described as "not connected or bonded to a pro social system of educational achievement and community involvement" (Carter, Blood & Campbell, 2008, p. 49).

Also within this field there has been much attention given to a theory of criminal behaviour identified by three principles: the need principle, the responsivity principle and the risk principle (Andrews et al., 1990, p. 126). The category of 'criminogenic' need is applied to needs considered to be particularly associated with criminal behaviour. According to Smith et al., criminogenic needs include "attitudes, orientations, and values favorable to law violations; antisocial peer associations; [and] problems associated with alcohol/drug abuse" (Smith et al., 2009, p. 154). The responsivity principle adheres to the understanding that there are key offender characteristics like motivation, cognitive deficits and anxiety, which need to be taken into account in determining responses (Smith et al., 2009). The aim of treatment from a justice perspective is altering the criminogenic needs. The understanding from perspectives on 'risk' suggests that the more risk factors present in an individual's life, the greater the chances of antisocial behaviour (American Academy of Child & Adolescent Psychiatry, 1997).

Broad based comprehensive psychological assessment is one of the methods used by researchers to obtain information concerning the nature and dynamics of a youth's antisocial behaviour, as well as the environmental and personal factors, which may be contributing to the antisocial behaviour. Such assessments are considered multidimensional in approach as they include an evaluation of the youth's family dynamics, school functioning, peer relationships, and other environmental factors (e.g., neighborhood, culture) that may potentially impact on their behaviour (American Academy of Child & Adolescent Psychiatry, 1997).

3.5.1 Risk assessment

The identification and measurement of risk factors is integral to researching and treating youths whose behaviors have brought them into contact with the criminal justice system. A commonly used instrument is the Level of Service Inventory (LSI), which identifies risks and needs as a means to determine the degree of intervention or supervision that may be required (Andrews & Bonta 1995). This inventory includes items regarding risk/need items that are designed to address violence, noncriminogenic needs, and responsivity considerations. Luong & Wormith (2011) used the LSI in a study of 192 young offenders from two cities in Saskatchewan, Canada. Youth workers and probation officers used the results of the LSI to develop community safety plans (CSP) for each offender. Each CSP outlined how the offender was to be managed in the community, and which interventions or rehabilitation efforts would be put in place to reduce the risk of reoffending. The researchers assessed whether adherence to the principles of risk, need, and responsivity, as part of the case management plan, was related to the incidence of reoffending. The study also examined levels of supervision of offenders (low or high) in relation to levels of risk, as ascertained by LSI.

Results indicated a significant correlation between the LSI total score and minimum frequency of supervision showed that supervision level was consistent with the risk principle. The risk principle of effective rehabilitation states that the intensity of intervention should be matched to the risk level of the offender. The study found that high-risk offenders were supervised at high-intensity levels, whereas low-risk offenders were supervised at low-intensity levels. Interventions, i.e. community safety plans that corresponded to the identified youth's criminogenic needs, were associated with reductions in reoffending. Specifically, the match between assessed need and the identified intervention was associated with a 37.9% reduction in likelihood of recidivism for high-risk offenders.

There have been concerns regarding whether information about young offenders' needs and risks is having a sufficient impact on their treatment. Bonta et al., (2008) examined whether information gathered using a version of the LSI (The Primary Risk Assessment) was useful in promoting effective case management practices by probation officers. Results from the data collected from the PRA on 105 offenders were used by the probation officers to formulate an intervention plan to address each of the criminogenic needs identified in the risk/need assessment and outline the actions or steps to address each of the offender's problem areas. The researchers collected audiotape recordings of the officer offender meetings with their clients in order to gather information as to whether the needs identified in the PRA were being addressed.

Examination of interviews found considerable discrepancy between assessment and practice. While assessments were completed, much of the information from the assessment was not included into the Intervention Plan. Few of the clients' identified needs were discussed in the majority of the sessions with probation officers and emotional needs were least likely to be discussed.

In another study, the LSI was used as the primary measure for evaluating the effectiveness of an intervention called The Persistent Young Offender Project (PYOP) (Nee & Ellis 2005). A total of 41 participants, (40 male and 1 female) aged between 7 and 16 were accepted into the program. The PYOP intervention included a comprehensive range of activities including: music, art and drama workshops, outdoor activities, one-to-one educational mentoring, anger management, and group work on issues such as antisocial behaviour, problem-solving, victim awareness, interpersonal skills, substance misuse, sexual behaviour, and health issues. Nineteen youth who were referred to the program but dropped out within the two weeks were used for comparison.

Over the first 30 months of the project, a statistically significant drop was seen in the LSI scores of the project participants. There were also strong indications that the level of offending behaviour had decreased during the intervention while the comparison group showed no change in risks, needs or offending rate.

To more adequately understand developmental outcomes, researchers have also focused on those factors that may serve to moderate the negative outcomes associated with pervasive and chronic risk factors (Masten, Best, & Garmezy, 1990). Such variables are referred to as

'protective' factors and are often conceptualized as the positive counterpart of risk factors (Masten & Garmezy, 1985). Some descriptions of protective factors include inner qualities such as self-awareness, gaining from past experiences, and having love and support from a significant other (Newman & Blackburn, 2002; Ungar, 2004). Children who possess protective factors tend to have positive outcomes despite adversity and are often characterized as resilient. Protective factors have been categorized into three categories: dispositional attributes of the child, family milieu, and extended support systems (Masten & Garmezy, 1985; Pellegrini, 1990).

3.5.2 Youth perspectives

In recent years there has been increasing interest in including the perspectives or 'voices' of youth in research (Ellis & France, 2012). Unruh et al., (2009) conducted semi structured interviews in order to identify juvenile offender's perceptions of "supports, barriers, and challenges on their path to adulthood while involved in the juvenile justice system" (Unruh et al., 2009, p. 206). Participants were 51 juvenile offenders, 41 males and 10 females. This study is based on the ecological model, referred to above, which maintains that a person's behaviour is directly affected by the environment in which they live. An ecological approach to treatment planning and intervention involves tailoring the youth's individual characteristics to positively interact with and across various relationships (peers, employers, family) and specific behavioural settings (community, job site, school/training site). Researchers then "identified associations between and across the domains related to the individual, relationship dynamics and behavioural settings in which the adolescent interacts" (Unruh et al., 2009, p. 217).

The participating juvenile offenders described the importance of the connectedness, both positive and negative of ecological domains between the individual, family, peers, and community. Furthermore, the adolescents described future goals of economic independence and family, but few provided strategies to gain these goals during their developmental pathway to adulthood.

Sedlak and McPherson (2010) surveyed the emotional and psychological needs, substance abuse problems, medical needs, educational status, and the relevant services that youth receive in custody. In this large-scale study titled *Surveying Youth in Residential Placement* (SYRP), anonymous computer-assisted self-interviews were conducted with a representative sample of 7073 youth between the ages of 10 and 20 years of age from a total of 205 residential facilities.

In this survey, youth were asked a series of questions about their life experiences "indicative of or associated with emotional problems", as well as their "emotional and mental states over a period of a few months" (Sedlak & McPherson 2010, p. 11). Comparisons were made with data collected from the general population and recommendations were made for improvement in juvenile custody system.

About half of youth surveyed stated that they have met with a counselor to address their mental health issues. Of those youth that did see a counselor, "42% reported that they did not believe they needed to speak to a counselor, and … smaller numbers of youth indicated they were not comfortable talking about their feelings and others reported that did not trust counselors" (Sedlak & McPherson 2010, p. 28).

With respect to the services youth received for substance abuse problems, "75% of youth reported that this service was helpful to some degree" (Sedlak & McPherson 2010, p. 37), while a lesser number reported that they had all the healthcare services that they needed. With regards to educational services received while in custody, approximately half of youth with a diagnosed learning disability indicated that they received a special education program while in a facility.

In a study examining young people's perspectives of assessment in youth justice and education, Ellis & France (2012) interviewed "young people's offending, their peer relationships, perspectives on their community, experiences of being victims and their views of the wide range of services and support they had received from professionals" (Ellis & France 2012, p. 115). Assessments in this study referred to assessments in justice used to locate risk factors within the individual for the purpose of professionals to make decisions on what action to take. In education, assessments included teacher supervision of behavior, and academic assessments for identification purposes of special educational needs, or those individuals at risk of being excluded from school.

A total of 110 young people, 81 male, 29 females, aged 11 to 18 participated in this three-year study. Three different groups of youth; those with special educational needs (SEN), youths excluded from school, and young people involved in the youth justice system, were recruited from YOT (youth offending teams), and the LEA (local education authorities) and chosen for the study. A more in-depth analysis of the young people's lives from the 13 case studies constructed indicated that young people were uncertain about the roles certain professionals

played, and many youth did not think that continuing to have interactions with professionals would be of any value to them. Young people shared that there was lack of clarity over issues of confidentiality; they did not understand assessment or the impact assessments could have in dealing with their problems, and the majority felt they had negative experiences of the assessment process.

Although there is research being conducted, that includes the voices of youth, much of the research remains limited on perspectives of young people with problem behaviour.

3.5.3 Restorative justice

Restorative justice is considered an alternative to other forms of interventions for young offenders. Marshall's (1996) definition of this approach appears to encompass the main principles: "Restorative justice is a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future" (Braithwaite, 1999, p. 5). A restorative justice framework is believed to focus on repairing the harm done by offenders to victims and the community through a process of negotiation, mediation, victim empowerment, and reparation (Zehr, 1995). What is different about this particular approach is that the process includes victims, offenders and the community in sharing their emotions concerning the offense and collaboratively developing ways to repair the harm. Offenders talk directly to the victim(s) and others impacted by the crime committed. The theory behind such research is based on a socio ecological model that believes that individuals are growing entities that actively restructure their environments while being influenced by those environments (Bonfrenbrenner, 1979). One such study, Rodriguez, (2007) examined the extent to which program participation in restorative justice affected future offending. Specifically, the study examined whether certain characteristics (e.g., gender, race or ethnicity, age, offense type, prior offenses) affected recidivism among the restorative justice and comparison group. Recidivism was determined by tracking juvenile offenders for a two year time period and any petition filed with the court during this time period was used as an indicator of recidivism.

Two years after successfully completing diversion, juveniles in the restorative justice program had slightly lower rates of recidivism. Although there were no significant interactive effects between offense type, race and ethnicity, and restorative justice, significant gender effects were found. Even though boys and girls in the restorative justice program were less likely to reoffend than members of the comparison group, "boys were more likely to reoffend than girls"

(Rodriguez, 2007, p. 369). There was also an effect for number of prior offences; "as the number of prior offenses increased, the probability of reoffending increased more for participants in the restorative justice program than for members of the comparison group… and program participants with zero or one prior offense had lower rates of recidivism than offenders in the comparison group" (Rodriguez, 2007, p. 370).

3.3.4 Wrap-around responses

The complexity of needs and risks associated with young offenders makes them candidates for a wide range of services. Fragmentation and lack of integration of services has been identified as a problem, for which one solution advocated is the 'wrap-around' approach. Wraparound is a term applied to collaborative teams consisting of professionals "from a variety of human service contexts, including special education, developmental disabilities, child welfare, and juvenile justice" who "create and implement individualized service plans for children and families with complex needs" (Walker & Shutte 2004, p. 182). The approach has at its foundation two major beliefs: (a) that families need to be and often want to be involved in helping their family member and (b) that maintaining community living is paramount (Bruns, Burchard, & Yoe, 1995; The Community Resources Cooperative, 1993).

Walker & Shutte (2004) present a model of effectiveness for wraparound teamwork where the wraparound team members bring their diverse perspectives, skills, and knowledge and design a community-based individualized plan for a child and family (Burns & Goldman, 1999). In this model of effectiveness, the "researchers identify the practices (specific techniques and procedures that team members intentionally use to develop the individualized plan and operationalize the wraparound value base), and the processes (the two interrelated sub processes through which the team defines itself as a collective entity) involved in wraparound service delivery" (Walker & Shutte 2004, p. 183). According to the study's findings, "if wraparound is to be family-driven, the family's perspectives, opinions, and preferences must be more influential than those of other team members" (Walker & Shutte 2004, p. 117). However, team members were found to experience difficulty in prioritizing the family perspective.

No significant differences were found between the two groups with regard to arrests or incarceration during program involvement. Additionally, there were no significant differences between the two groups in number of subsequent offenses at 6, 12, or 18 months.

Overall, the findings of this study failed to provide empirical support for the hypothesis that relative to those who received conventional juvenile court services, those who received wraparound services would have fewer subsequent criminal offenses.

Stambaugh, et al. (2007) investigated the effectiveness of wrap-around in their study of 320 Nebraskan youths identified at risk for out-of-home placement. This comparison study involved youth who either received one of three service models: wraparound services only, Multisystemic Therapy (MST) only, or both wraparound and MST. Multisystemic Therapy is described as "an intensive home and community based family therapy…targeting behaviour problems and improved family, peer and school functioning" (Stambaugh, et al. 2007, p. 144). MST provides service delivery at home and in the community 24 hours a day, 7 days a week.

Outcomes were measured using three instruments: the *Child Behavior Checklist* (CBCL; Achenbach, 1991) a parent-report instrument; The *Child and Adolescent Functional Assessment Scale* (CAFAS; Hodges, 1996), used to measure mental health across eight domains (school, home, community, behavior toward others, moods/emotions, self-harmful behavior, substance use, and thinking); and a questionnaire on the types and frequencies of services received by children and families.

Outcomes demonstrated that the MST only treatment was the most effective in reducing clinical symptoms; youth in this group were more likely than youth who received only wraparound to move out of the clinical range of impairment by the end of the study. The least effective treatment was the combined wrap-around plus MST; youth in this group experienced a higher rate of service use across nearly the entire service spectrum. However, psychosocial needs for all youths in the study remained high. In all groups, youths from low-income families fared worse than their peers, and those who experienced multiple changes in placements experienced decreased functioning.

Another study examining the effectiveness of multisystemic therapy (MST) in a mental health setting with youth involved in juvenile justice and their families was conducted by Timmons-Mitchell, Bender, Kishna & Mitchell (2012). In this research, 93 youth ages 11 -18 were randomly assigned to either MST or treatment as usual services. Youth completed the Child and Adolescent Functional Assessment Scale (CAFAS) measure youth functioning in eight different areas: "school and work, home, community, behaviour towards others, moods/emotions, self-harm behaviour, substance abuse, and thinking" (Mitchell, Bender,

Kishna & Mitchell, 2012, p. 231). Analysis of results indicated that MST group showed improved functioning in four of the eight subscales: moods/emotions, the home, at school, and in the community. What was surprising was that researchers found a non-significant trend for substance abuse.

The research on wraparound approaches for youth with challenging behaviour indicates that there are positive outcomes using this approach, such as a reduction in clinical symptoms of youth however, because of the complex nature of service delivery, outcomes are dependent on the buy in of families and the provision of supports that meets the family's need.

3.5.6 Summary

Research in the field of criminal justice is in alignment with medical and psychological research in that it focuses on children or youth who have already been identified and labelled as 'deficit' in some capacity. Practitioners in this discipline identify the youth with challenging behavioural needs so programs and accommodations might be put in place to address the problem. As a result of this alignment, the position of each of these discourses is strengthened in the service of powerful social agencies.

Within the justice literature, many studies focus on assessment instruments to identify and assess particular 'risk' factors, which increase the risk of offending behaviour. Knowledge being produced about youth with challenging behaviour associated with the criminal youth justice system relies a great deal on the identification of 'risk factors' and the development of programs to address such risks. Research in this field has moved to include protective factors in an attempt to establish a connection between these factors and criminal behaviour. Sociological perspectives seek to address issues stemming from extralegal variables that additionally have an influence on outcomes in all studies.

Finally, research in this area points to integrated practices such as wrap around programs for addressing 'risk' factors and providing interventions that serve to provide the supports necessary to individuals and their families dealing with 'problematic' behaviour by combining numerous agencies in a collaborative comprehensive way. Although the literature on integrated services produced some positive results regarding particular programs for children and their families, this approach has its shortcomings in addressing the complex issue of children's challenging behaviour.

In this next section, I introduce a group of researchers who over the past few years have taken a critical stance in their research on children with challenging behaviour. There is limited research literature that is critical of behaviour disorders and the diagnosing of disorderly children as compared with the literature that endorses these practices (Harwood, 2006). Research studies from the disciplines presented earlier in this chapter have used a variety of methods and come up with various understandings concerning the subject of children with challenging behaviour. Critically oriented researchers bring different kinds of theories and perspectives to critique research on this subject, particularly highlighting the role of institutions and how knowledge itself has been created.

3.6 Critical research perspectives on challenging behaviour

Research involving critical perspectives in the area of children's challenging behaviour is important as these studies seek to disrupt the taken for granted beliefs of scientific knowledge and the practices involved in the diagnosis of children and youth. Scientific discourses like psychology and psychiatry contend that the problem of the child with challenging behaviour is located 'within' the child. As these understandings are frequently presented as indisputable facts in the media, providing an alternative point of view, which locates the problem outside the child, is critical. Critical theorists ask questions to uncover and make visible concerns such as who holds the power in making decisions about the child, who is being exploited and oppressed, and who benefits from certain institutional settings (McLaren, 1998).

Harwood's research (2006) critiques behavior disorder discourses and the practices associated with the diagnosis of 'disorderly' children. The term 'disorderly' in this sense pertains to a diagnosis of conduct disorder (CD), oppositional defiant disorder (ODD) or attention deficit hyperactivity disorder (ADHD). Employing a Foucauldian genealogical approach, Harwood problematizes and analyzes the practices that are implicated in the diagnosis of various forms of behaviour disorders. By examining the notion of 'expert' she questions how certain individual's as 'experts' have power over others such as children and families. Her research concludes that, in order to disrupt the production of children as disorderly, it is important for those individuals working with youth to be aware of the way different discourses operate to construct children.

Graham (2008) is another critical theorist whose research into attention deficit hyperactivity disorder (ADHD) interrogates how psychiatric and psychological classifications impact on

children, parents, teachers and institutions such as schools. Graham argues that ‘special needs’ resourcing mechanisms operate as the means by which ‘problem’ groups become known. She specifically examines the role of the school in the recognition, classification, and construction of behavior disorder and the production and maintenance of disorderly objects. She concludes that medical and psychological knowledges act to reinforce ADHD, and through classificatory practices the school becomes an institutional system of formation and a site for the production of disorderly objects.

Prosser's (2006) research takes a critical perspective to the pedagogy, policy and power relations surrounding attention deficit hyperactivity disorder (ADHD). Based on conversations with young people with ADHD, and their families, Prosser produced narratives which highlighted how students saw themselves, the disorder and the environment they tried to function in. Prosser concludes that the problem should not be looked at as a deficit within the child only as how it is experienced is impacted by other factors such as “gender, ethnicity, social class and where they [children] live” (Prosser 2006, p. 176). Consequently, there is no single solution to the problem of ADHD.

Benjamin’s research (2002) was carried out in a school where she worked as a support teacher with students designated as having ‘learning difficulties’. Her research involves a critical analysis of the micro/political processes through which students identified as having ‘special education needs’ understood themselves and their place in school. Specifically, Benjamin examined how national policy associated with the standards agenda influenced school level policy and practices in the context of inclusive education. She argued that the regime constructed the ‘successful’ teacher and the ‘successful’ student, and showed how 'failure’ in the terms of this regime assisted in the production of the ‘special needs student’. Benjamin explores the significance of social class, gender/sexuality, race and physical appearance as it relates to the girls' experience in schools. She identified two categories of SEN students who were divided because of their behavior. One of these categories was related to students who presented as sweet, helpless girls, who also happened to be Asian, and the other category of girls considered ‘bad’ who all happened to be Black.

3.6.1 Summary on critical perspectives

Researchers bringing a critical perspective to the issue of children and challenging behavior examine how the ‘problem’ child or group is seen or known as a problem. The role of

institutional policies and mechanisms is highlighted by this research. In posing different kinds of questions, critical research tackles some of the 'blind spots' present in some of the other studies. Blind spots as defined by Wagner (1993), relate to "areas in which existing theories, methods, and perceptions actually keep us from seeing phenomena as clearly as we might" (p. 16). In the case of the 'problematic' child, I hope to expand on the critical research undertaken by individuals such as Harwood and Graham and explore some of these blind spots as they relate to children with challenging behavior. Some of these blind spots or gaps coming out of the literature relate to wider socio-cultural issues, which are an important part of the larger picture concerning children's challenging behavior.

Critical research perspectives of these researchers point out the importance of analyzing some of the relations of power in different ways children with challenging behaviour are constructed as 'problematic' by various discourses, and challenges some of the commonsense assumptions generated by such discourses. Through the interrogation of practices of experts from different disciplines in the identification of 'problematic' children, research involving critical perspectives question some of the factors missing from the extant of literature on children with challenging behaviour and effects such an identification has on children.

3.7 Conclusion

This chapter has reviewed research conducted in the disciplines of medicine, psychology, education and justice in order to map the field of knowledge regarding challenging behaviour in children and youth. What unfolds is a picture of a child with challenging behaviour whose behaviour is described in many different ways. The child looks very different depending on the discipline that tackles the question of who is this 'problem' child. Disciplinary language acts through categorizing the behaviors and their assume causes that lead to the identification of a child as 'problematic'. This array of definitions, categories and responses illuminates the complexity of the notion of 'problematic' behaviour in children.

In medical research, the child with challenging behaviour is often referred to as a subject. Here the subject in research studies had usually been previously diagnosed and placed in an experimental study which is compared to a group of subjects without a specific diagnosis. In other studies subjects with the same diagnosis are placed in different groups with the research focusing on various treatments with the focus on trying to ascertain which treatment is more successful in reducing or eliminating the symptoms which were identified as problematic. Treatment is targeted at individual deficits and factors that are implicated in the

illness within the body or mind rather than difficulties impacting the child such as socioeconomic factors.

Psychological research for the most part concentrates also on treatment efficacy whether individual treatment or interventions designed for groups of children with the same diagnosis. Psychological studies regarding children's challenging behaviour rely on assessment tools such as rating scales to categories children's challenging behaviour. Interventions take place in a range of institutional contexts including clinics, or schools, or other institutions like 'young offenders' facilities. Also, research in this discipline looks to including the parent(s) as they are viewed as part of the problem. Psychological research is attempting to find which interventions are most successful in reducing symptoms characteristic of particular individuals or groups diagnosed with particular disorders.

Educational research addresses learning as it impacts on student behaviour and vice versa. Studies may implement and evaluate interventions specific to changing certain aspects of children's problematic behaviour in the educational context. Additionally, teachers are implicated in both the issues of children's problematic behaviour and poor academic outcomes and therefore, studies on teachers focus on classroom behaviour or various instructional strategies and improvements as they relate to either or both challenging behaviour and/or academic achievement. Educational behavioural interventions may be specific to an individual child or carried out at the class or whole school level. Studies compare various forms of instruction, programs and teacher's management styles on children's behavior in school.

When considering this multidisciplinary field, five points can be made. First, these disciplinary perspectives on the child with challenging behaviour are of long standing; they all have histories. Yet very little of the research literature takes a historical perspective. A historical perspective regarding the terms and understandings stemming from these four disciplines can thus offer a contribution to the field of knowledge. Exploring how definitions and interventions emerged and were taken up by the various disciplines may provide new insights into the constitution of the child with 'problematic' behaviour over time.

Secondly, while the integrative service delivery has been purported as a new and systemic approach in addressing both the child and their families difficulties with the issue of challenging behaviour, there still exists no one method or program which is successful in

eliminating the problematic behaviour of the child. 'Problematic' behaviour in children still exists in all disciplines and in all sites where children are present.

Thirdly, a critical perspective asks different questions concerning the child with challenging behaviors in comparison to other research theories or methods. These questions move to examine other alternatives such as an institutions contribution for the construction of 'problematic' behavior besides the 'within' child factors as identified in the sum of research examined in this chapter. Research coming from critical perspectives also serves to points to the dangers of having only one disciplinary perspective when it comes to the problem of the child with challenging behavior. There are many ways of intervening with the child with challenging behavior.

Fourthly, in many of these studies, important factors such as gender, ethnicity, and socio-economic issues are not addressed. For example, in relation to children with challenging behaviour, the use of gender-neutral language is at odds with evidence that the majority children targeted for many of these programs and treatments are male.

Finally, in addition to time, place is a missing dimension of research on children with challenging behaviors. Often, these studies are not located in time or place. Place "is the arena in which public policy acts on people" (Fainstein 2001, p. 202). Grunewald, (2003) maintains that "place foregrounds a narrative of local and regional politics that is attuned to the particularities of where people actually live, and that is connected to global development trends that impact local places" (p. 3). Sherman, 1998 notes that most practice is "shaped by local custom, opinions, theories, and subjective impressions" (p. 6), and yet, in much literature, place may be mentioned but is not an important factor in the analysis of the research. I propose a specific 'place' as in Prince Edward Island as a beginning point for thinking about these questions and trace my own thinking with regards to children with challenging behavior with the hope that my own research yields a new perspective.

For children with challenging behavior, a situated view can give individuals important information on how place and institutions within a certain place are implicated in the construction of problems. The attribution of social economic and cultural surroundings gives rise to important questions about the roles and meanings of place in the everyday lives of people.

A review of the research literature from the disciplines of medicine, psychology, education and criminology in this chapter has highlighted the various ways different disciplines examined the topic of children with challenging behaviour. Such diverse perspectives of research concerning children with challenging behaviour are important. As well, the addition of place to a genealogy that traditionally focuses on time provided valuable information for the decisions I made regarding the methodology chosen for this study

The chapters that follow comprise the second part of this thesis. Chapter Four provides a broad overview or sampling of research literature regarding definitions, explanations and interventions arising from the disciplines of medicine, psychology, education and justice concerning the construction of the 'problematic' child. The second part of this chapter focuses on the concept of place, where specifically PEI post World War II to the1950s is compared to Canada. Following this are three chapters which present the genealogical study, each focusing on a particular decade in the period 1960 to 1990.

Chapter 4: The constitution of the 'problematic child in time and place

4.1 Introduction

> The work of an intellectual is not to mold the political will of others; it is, through the analyses that he does in his own field, to re-examine evidence and assumptions, to shake up habitual ways of working and thinking, to dissipate conventional familiarities, to re-evaluate rules and institutions and to participate in the formation of a political will (where he has his role as citizen to play (Foucault, 1989, pp. 462-63).

This chapter takes up the challenge offered here by Foucault to consider how the problematic child has been constituted through the use of an historical lens. The chapter builds on the information provided in the review of literature, which mapped out four disciplines of medicine, psychology, education, and justice and described the many ways the child with challenging behaviour was understood. The theories and research conducted within these disciplines have provided various labels for the child with challenging behaviour, various explanations for problem behaviour as well as recommending and developing diverse interventions for the resolution of the perceived problem.

In Chapter Four I examine how knowledge concerning a child with challenging behaviour has, since well before the twentieth century, emerged and been utilized in each of the disciplines of medicine, psychology, education and justice. In this chapter I wish to consider these four disciplines as discourses and examine historically how they have constituted the problematic child. For Foucault, through the deployment of discourses, human beings are constituted into "subjects of a particular kind" (1982, p. 208). The aspects of discourse that I will be concentrating on are: 1) the authorities, or experts; 2) labels used for that child; 2) the explanations for the problems (i.e. logics), and the solutions they promote; 4) the programs put in place, including institutions they built – e.g. the hospital for medicine; the training or industrial schools for justice, and 5) the technologies they deployed as part of their programs.

The specific period for the historical analysis in this chapter is from the late eighteenth century to just after World War II. This period as a starting point was guided by Foucault's insights

into the ways that medicine began its practices of dividing populations according to the notions of madness.

> The new fear of the eighteenth century turned out to be not without foundation. Madness was again perceptible, as a confused presence, but one which long before began to problematize the abstraction of confinement once more (Foucault, 2006, p. 381).

This section of the chapter provides a broad picture of the emergence of the various terms used to describe children with challenging behaviour and the types of practices, programs or interventions utilized by practitioners in the discursive field of the problem child, which provides background information for the 20th century. My finishing date is up to the end of the 1950s, just before the start of the focal period for the genealogical study.

This chapter, then, represents a (very broad brush) history of the problematic child and/or citizen prior to the years that are my focus. This has been done for genealogical purposes because it allows me, in my analysis in chapters 5, 6 and 7, to show how what has been thought about and done in relation to the problem child in the late twentieth century is continuous or discontinuous with previous ideas and practices. In other words, it allows me to retain this historical period and keep it at a distance from contemporary practice and thinking to demonstrate both uncomfortable continuities with the past, and to show what new ways of thinking and acting have emerged.

The second part of the chapter examines a period of time between Post World War II to the late 50s with a particular focus on Canada as a whole, and PEI more locally. I introduce the concept of place and examine the trajectory of events related to the institutions, programs and policies developed for the child constituted as 'problematic' in Canada and PEI. Agnew argues that in order to fully understand place in a social context, there needs to be a complementarity of three major elements:

> locale, the settings in which social relations are constituted (these can be informal or institutional); location, the geographical area encompassing the settings for social interaction as deemed by social and economic processes operating at a wider scale; and sense of place, the local 'structure of feeling' (1987, p. 28).

In this study, the 'locale' is comprised of the institutions such as schools, hospitals, clinics, and training schools where children with challenging behaviour are constituted as 'problematic' by the practitioners in the field; the 'location' of this research is in Canada broadly, and more specifically in PEI, a small island of 130,000 people in the Atlantic Ocean on the eastern coast of Canada. The 'sense of place' in this study and its association with particular meanings constructed for the child with challenging behaviour are derived from archival data, and the accounts of Islanders who have worked in local institutions and programs associated with children with challenging behaviour. Through personal experiences shared by informants contributing to this research, place may be "interpreted, narrated, perceived, felt, understood, and imagined" (Soja 1996, cited in Gieryn 2000, p. 465).

4.2 A broad historical perspective on the problem child from the late 18th century to WWII.

This historical overview has been organized around the four logics identified in Chapter Three. The sources for this review include histories, which have focused on problem populations, with a focus on the child, plus some primary historical documents.

4.3 Medical discourse and its constitution of the 'problem' child

Broadly speaking, medical discourse has constituted the 'problematic' child through reference to disease or problems with the physical body or mind. Physicians identify a medical problem and recommend treatment in order for the body to improve or return the body to wellness. At the end of the eighteenth century "the asylum made possible new contacts between doctor and patient and a new relation between insanity and medical thought" (Foucault, 1988, p. 269). It was in the asylum that "the mad become objects of the "medical gaze" and medical treatment" (Gutting 1989, p. 91). The asylum was considered one of the techniques of cure for madness and played an important role in the emergence of psychiatry as a specialty service in medicine. At the beginning of the nineteenth century, the sub-category of psychiatry in medicine and its focus on mental disease was to emerge (Foucault, 1988). This was a new understanding in the field of medicine. The physician not only treated the body, they also looked to the mind as a source for illness. A physician addressed a medical problem by "analyzing a 'regular' functioning of the organism and …seek[ing] where it deviated, what it was disturbed by, and how it could be brought back to normal working order" (Foucault, 2008, p. 40). Physicians examined the body and prescribed interventions to return the body to what was understood medically to be a 'normal' standard of functioning. Children with physical and /or mental

impairments, were housed in asylums, other institutions such as a hospital, or kept at home (Richardson, 1994)

"In 1838, the law sanctioned the role of psychiatry as a particular scientific and specialized technique of public hygiene" (Foucault, 2003a, p. 141). Part of the psychiatrist's role was to treat a patient who was capable of disturbing public order or endangering public safety. If diagnosed as dangerous, the patient was hospitalized in an asylum. Madness became associated to the safety of the individual and also the safety of the community. Due to this 'condition of emergence', this was a new understanding of the mentally ill patient. The psychiatrist now had to "comment on the connections between madness or illness, and the possibility of disturbance, disorder, and danger" (Foucault, 2003b, p. 141).

Prior to the nineteenth century, "a mad child was not thought to be a real possibility; … "the idea that a mad child had been discovered only arose through a retrospective projection of the adult onto the child" (Foucault, 2003, p. 221).

During the early decades of the nineteenth century, according to Foucault, 'abnormality' came to be constituted and applied to the child as "the bearer of abnormalities" (Foucault, 2003b, p. 221). The effect of 'abnormality' produced on the child by his parents constituted the 'degenerate' child" (Foucault, 2003b). A 'degenerate' by the last decades of the nineteenth century "became the key way of rendering intelligible a whole series of figures who appeared to threaten social order… syphilitics, imbeciles, paupers, criminals, gamblers, idiots, drunkards, vagrants, the mad, the unemployable, and tubercular" (Rose, 1979, p. 8).

According to Baker, transgressions of particular moral norms such as sexual behaviour or employment habits, were constituted as "lack of control of will, and so one's 'mind' was described as 'feeble'"(Baker, 2004, p. 35). The term 'feebleminded' was used as "a catch-all category to describe those susceptible to lack of moral will" (McLaren 1990, p. 109).

By the mid-nineteenth century, madness in children was referred to regularly in general psychiatric works (Parry-Jones, 1989). By 1867 there were observations of mania and melancholia observed in children and from this time on, "juvenile insanity gradually became differentiated from idiocy, epilepsy, and other neurological disorders" (Parry- Jones 1989, p. 6).

In the medical field, "puberty became recognized as an important physiological cause of disturbance, and pubescent or adolescent insanity was referred to frequently" (Maudsley, 1895,

In Parry-Jones 1989, p. 6). In Maudsley's textbook *Physiology and Pathology of the Mind* written in 1867, moral insanity was only one of seven distinct types of childhood insanity. Moral insanity was defined in this book as "a defect of the moral qualities themselves and runs the gamut from viciousness to those extremer manifestations which pass far beyond of what anyone would call wickedness" (Mausley, 1867, p. 579). Here, insanity was understood medically to be the cause for certain kinds of poor behaviour in children.

In Victorian times, (1837 – 1901), "low intelligence/ mental retardation were widely believed to be linked to a more fundamental trait of moral inferiority and degeneration or moral defective control" (O'Brien, 2004, p. 31). Here, low intelligence was believed by the field of medicine to be the reason some children behaved poorly. There is strong evidence that medical references associating children's challenging behaviours with inattention and defective moral control date back to the beginning of the twentieth century (O'Brien, 2004). In the early 1900s, researchers observed that a variety of conditions that affected the brain (tumors and infections) led to abnormalities in behaviour, such as hyperactivity and inattention, and these problems became more evident when affected children began school (Mercugliano, Power, & Blum, 1999).

In articles published in the British journal, Lancet (1902, 1904), one of these references included Dr. George Still's research regarding his clinical observations of children. Still, a professor of paediatrics "based his view of morality on a pattern of motivation and behaviour, which was seen to lead to harmony with the social environment" (O'Brien, 2004, p. 32- 33). Moral control in the 'normal' child was described by Still as "the control of action in conformity with the idea of the good of all" (Still, 1902, p. 1008). His research attempted to identify whether children had sufficient intellect to understand the impact of their behaviour and adjust it with the good of all in mind. Still identified three tiers of hierarchy in his explanation of "defective moral control": defect of cognition; defect of moral consciousness; and, defect of inhibition. Children who behaved poorly were thus determined to be cognitively and morally deficient and thus not to be in control of their own behaviour. Still's description of morality based on a pattern of motivation and behaviour, as well as his descriptions of aggressiveness and defiance as 'problematic behaviour' are aligned with psychological discourse, where behaviours are placed along a continuum according to statistical norms. Those behaviours determined to be socially inappropriate are placed outside the determinations of 'normal' and constituted as 'problematic.

At the turn of the 20th century in Europe and America, eugenics, became dominant and greatly influenced medicine (Paul, 2001). "Eugenics sought a link between the biological, heritable, variable basis of mental characteristics and the criteria of social worth" (Rose, 1999, p. 141). One of the aims of the eugenics movement was "the prevention of human stock prone to degeneracy" (Trent, 1994, p. 136). Medicine from a eugenics perspective was based on the assumption that certain conditions could be eliminated through selective breeding and sterilization procedures (Lombardo, 1996). Individuals with desirable traits were encouraged to reproduce while those who did not were discouraged (Pilgrim, 2008).

Following the World War I influenza epidemic of 1918, complication of encephalitis was associated with head injury and blamed for behavioral abnormalities in the children afflicted. The term "organic driveness" was used to describe the behavioural disturbance believed to be resulting from damage to the brainstem (Kahn & Cohen, 1934). Scientists ruled out this hypothesis, and medical discourse turned to focusing on brain dysfunction as the possible cause of attention deficits and behavioral disturbances in children (Sandberg & Barton, 1996). It was believed that children with brain dysfunction might be suffering from some form of analogical "structural damage of the central nervous system" (Bradley & Bowen, 1941, p. 93).

Encephalitis Lethargica was another term applied to these children afflicted with this condition whose symptoms included hyperkinetic, impulsive, talkative, moody, irritable, and incorrigible behaviour (Ballas, 2008). Here we see that behaviour had been identified medically as a symptom. Therefore, physicians were judging behaviours based on their understanding of what constituted 'normal' and 'abnormal' functioning in children. In the 1930s, the term 'maladjustment' appeared in the medical literature (Visser, 2003). Children who were 'maladjusted' were considered ill (Greenhalgh, 2002). In the late 40s, this term served as a descriptor for individuals who were described as truant, incorrigible, delinquent, troublesome, and disruptive. Maladjustment "described a myriad of individuals who displayed a wide range of behaviour and learning difficulties" (Laslett, 1983, p. 6).

In the mid 1940's, Straus and Werner ran an influential series of laboratory-based studies, which categorized institutionalized individuals with mental retardation into two groups, 'exogenous' and 'endogenous'. 'Exogenous' was associated with brain injury, while 'endogenous', was linked to genetic inheritance. The exogenous group was stated to be "especially troublesome in schools, as they were slow in learning and often uncontrollable" (Lewis, Strauss, & Lehtinen, 1953 cited in Richardson 1999, pp. 121- 122). In response, "what

manifested was a program of differentiated instruction" (Bradley, Danielson, & Hallahan, 2002, p.18). Examining mental retardation from these two perspectives created opportunity for other individuals to search for further explanations of this problem thus enabling the possibility for additional splitting of categories associated with mental retardation.

Medication was one form of treatment used by psychiatrists, beginning in the 1930s, for children with symptoms of 'overactivity' and/or 'inattentiveness'. Clinical use of stimulants for children with challenging behaviours first began in 1937 when a psychiatrist, Charles Bradley, used Benzedrine, an amphetamine, in an attempt to treat children with neurologic and behavior disorders in a psychiatric facility (Singh, 2006). In an attempt to treat headaches, "Bradley noticed an unexpected effect upon the behavior of the children: improved school performance, social interactions, and emotional responses" (Strohl, 2011, p. 27). It was claimed "30 institutionalized children of average intelligence, aged five to fourteen when given this medication, showed immediate improvements in their self-control, attention and disruptive behaviours" (Barkley, 2006, p. 609), and "… unusual motivation to work and an enhanced ability to read, comprehend and do arithmetic" (Singh, 2006, p. 440). Here we see a population of children with challenging behaviour becoming the test population for psychiatric drugs, which would later be used, in wider populations outside of institutions. The use of medication such as amphetamines became associated with "the reduction of unwanted antisocial behaviours and believed particularly useful in increasing school performance" (Comstock, 2011, p. 46). The use of medication in this instance rather than to cure or treat an illness is used to control children's behaviour.

4.3.1 The child with challenging behaviours, learning issues and medical discourse

The medical field has had longstanding connections to the 'problematic' child and has looked to the body for explanations regarding various types of learning difficulties. The late 1800's marks the first use of the term 'dyslexia' in the medical literature to describe the great difficulty some individuals had with interpreting written or printed symbols and causes were linked to brain pathology (Hallahan & Mercer, 2002). Physicians such as Hinshelwood at this time speculated that the difficulties associated with reading and writing was due to congenital 'word blindness'. In addition to reading and writing difficulties, behavioural challenges such as "an inability to concentrate, sharp mood swings, hyperactivity, obsessiveness, compulsiveness and feelings of inferiority and stupidity" have also been associated with 'dyslexia' (De'Este,

1995, p. 46). Here, medical professionals considered the notion of a physiological explanation for reading and writing difficulties and poor behaviour.

In the 1900s physicians such as Hinselwood began to document behavioral and language patterns of individuals with known brain damage (Sleeter, 1986). The dominant medical opinion in the 1920s and 30s attributed visual processing difficulties to challenges in reading and language skills. The term 'dyslexia' became popular and the nature of the presumed organic cause suggested it might be curable. Interventions although not medical ones, included "repetitive drills which were thought to strengthen the underdeveloped child's capacity to associate the correct letter forms with their appropriate sounds" (Gardner, 1984 p. 304).

4.3.2 Summary

The key terms within medical discourse that constituted the problem child included madness, degenerate, imbecile, feebleminded, insane, morally defective, mentally retarded and maladjusted. Medical discourse's understanding of the problem child locates both behavioural concerns and learning issues to problems located within the physical body. Medical diagnoses for various behaviours associated to problem children are viewed as 'within child deficits', and throughout history, one of the dominant logics applied problem behaviour to injury to the brain. The medical explanation for terms like 'overactivity', 'irritability' and/or ' restlessness' situates those symptoms as being outside of the child's control.

The use of medication for children with challenging behaviour in the 1930s was a disrupture in the usual treatment of children medically. During that decade, rather than being used to only cure illness, medication in the 1930s was being used to control children's behaviour.

The table below summarizes the authorities, the labels used to describe the problem child, the understanding of the problem child and solutions to the identified problem, the programs and institutions where the problem child is located, and the technologies deployed in the constitution of the child as 'problematic'

Authorities	Physicians, psychiatrists
Labels for the problem child	Madness, abnormal, degenerate syphilitics, imbeciles, paupers, criminals, gamblers, idiots, drunkards, vagrants, the mad, the unemployable, and tubercular, feebleminded' Insane, morally defective, mentally retarded, maladjusted,
Logics and solutions	Low intelligence cause for moral inferiority Tumors affected the brain, Brain dysfunction medication
Programs and institutions	Asylums, hospitals, child guidance clinics
Technologies deployed	Examination of the body and mind, public hygiene

Table 2: Aspects of medical discourse pertaining to the figure of the child with challenging behaviour

4.4 Psychological discourse and its constitution of the 'problem' child

Psychological discourse targeting problems concerning the mind and behaviour emerged in the latter stages of the 19th century. "It was an analysis of the supplications that made possible a psychology of the personality; an analysis of compulsions and of the unconscious; an analysis of deficits that led to a psychology of intelligence" (Foucault, 2008, p. 73). The discipline of psychology from the mid nineteenth century relied on the technical tool of statistics and "The norms of the experimental programme had, as it were, merged with the psychological subject itself; in the process the object of psychology was itself disciplined" (Rose, 1991, p. 20).

One of the key characteristics of psychological discourse is its reliance on statistical processes to establish truths. "Statistics were instruments that both materialized the theory and produced the phenomena that the theory was to explain" (Rose, p. 140, 1991). Since the early 1900s psychologists have relied on various forms of testing to establish their truths and scientificity concerning children, their level of intelligence, and their behaviour. According to Rose (1999) a "the statistical concept of the normal distribution was the vital cognitive mechanism to visualize human variability" (p. 141).

4.4.1 Testing

In the early 1900s, the emergence of psychometric testing enabled new ways of categorizing the 'problematic' child. This technology significantly changed the conditions in which children's behaviour was managed. James McKeen Cattell coined the term "mental test" in 1890. His tests, "measuring sensory, motor, and cognitive functioning, and physical measurements of the individual, were believed to accurately predict academic achievement" (Benjamin, 2005, p. 6). Testing practices became the underlying tenet of psychological practice. From a Foucauldian perspective, these forms of thinking made modern 'psy' discourses (psychology and psychiatry) possible – in other words, the technologies came first, then the psychologists (Rose, 1989).

Between the years 1905 and 1908, Alfred Binet and his student Theodore Simon developed a test for measuring intelligence. This test emphasized verbal fluency, imagination, numerical reasoning, and comprehension (Goddard 1908). In 1916, the Stanford Revision of the Binet - Simon scale, a revision and extension of the original test was released and became widely used by psychologists. The Binet Simon Scale was being by psychologists to determine a child's mental age. Scores on an intelligence test "functioned to determine a child's mental age on the basis of the number of items passed on a series of specialized tests as compared to other children the same age" (Horvath, Hoernicke & Kallam, 1993, p. 5). According to Rose (1999) "what was significant about this technique was that it was a new way of visualizing 'normality' and 'difference'" (p. 141). As intelligence tests became widely used, psychologists created classification systems for categorizing individuals, one of which was a nomenclature for retardation. What was previously two divisions for mental retardation (idiots and imbeciles), now became three in 1910; the third being 'morons'. Imbeciles were defined as those whose mental age was under three; idiots had mental ages from three to seven years; and morons had mental ages from eight to twelve. Problematic behaviour in a child was understood from a psychological perspective as a direct result from having lower intelligence, and therefore not being intelligent enough to control their own behaviour.

The emergence of testing practices in the early twentieth century have been significant in psychological discourse as these techniques have provided a statistical means for psychologists to divide children up and evaluate them according to intelligence. These various forms of testing signified new ways to identify, compare, differentiate, and hierarchize

individuals, organizing the human population and gridding the minds and 'potentials' of individuals.

Psychologists also utilized a number of theories and other technologies for use with children with challenging behaviour. Some of the more dominant ones were behaviourism, developmentalism, and psychoanalytic theory.

4.4.2 Behaviourism and behaviour therapy

Behaviourism was a theory that guided psychologists in their thinking and conceptualizing differences among populations. Behaviourism as named by John Watson, who was considered to be the founder and "father of behaviourism" (Woziak, 1997), is considered "a philosophy of the science of human behaviour" (Kitchener & O'Donoghue, 1999, p. 10). In 1913 in his paper *Psychology as the Behaviourist Views It*, Watson asserted that behaviour can be measured, trained, and changed. Watson put forth his perspective suggesting that psychology could take its place as a science by restricting its study to behaviour, which could be observed and scientifically measured (Benjamin, 2001). Watson contended that the analysis of behaviors and reactions was the only objective method to get insight in the human actions (Lafferty, 1998).

By the 1920s behaviourism became a dominant discourse (Laundrum, 2000), advancing that knowledge was best gleaned from observation and experiment, the results of which were applied to problems in human behaviour (Kitchener & O'Donoghue, 1999). Poor behaviour was connected with some underlying physical and/or mental trauma. Experts stressed that discipline for children was best developed through regulation and not corporal punishment.

Social conformity was important during this time and the notion of self- control was paramount. Dr. Blatz, a well-known pediatrician and psychologist in Canada emphasized that discipline was to teach a child to respect the rules and to wish to conform to the limits approved by society. The laws for the regulation of behaviour were the laws of adjustment. "Only with an established routine of habit training, it was argued, could a child become a secure, responsible, and independent member of society" (Lafferty, 1998, p. 27).

After World War II, "the social demand to recover a large number of people with behavioral problems, along with the inability of existing psychotherapies to satisfy the demand", was prevalent (Labrador, 2004, p. 179). As such, scientific knowledge regarding the behavior of individuals made way for a new way of understanding abnormal behaviour. Behaviour theory

was understood by psychological discourse on the basis of observable and measurable behaviour (de Coninck & Smith, 2005).

> Children's reactions were not an expression of their free will, but an effect of their environment, over which they were seldom master, whether that consisted of poor living conditions or pedagogically unenlightened parents. The consequence was that changes in behaviour required changes in conditions for growth (de Coninck-Smith, 2005, p. 498).

Skinner's work on behaviourism sought to understand behavior as a result of the causes of an action and its reinforcing consequences (Kitchener & O'Donoghue, 1999). He maintained that, the majority of behaviors considered pathological were behaviors that subjects learned in order to adapt to a particular environment, and that positive and negative reinforcements were effective methods of shaping a person's behavior. A positive reinforcement would be considered anything that would increase the chance of the identified behaviour of occurring. If Skinner's principles of reinforcement were applied to a child with challenging behaviour, the inappropriate behaviour(s) would be negatively reinforced in order to decrease and eliminate the inappropriate behaviour from re-occurring. Positive reinforcement worked to increase the chance that more appropriate behaviour occurred instead. In other words, appropriate behaviours would be positively reinforced.

4.4.3 Developmentalism

Developmental psychology established that there are distinct stages and tasks of emotional, cognitive, behavioural and moral development from childhood to adulthood (Besley, 2001). Around 1900, three new academic specializations of paediatrics, child psychology, and child psychiatry "provided the knowledge on the basis of which standard development of a normal child as well as the deviations from this was constructed" (Groenendijl & Bakker, 2005, p. 572). Rose (1999) maintains that this theory of psychology was made possible by the child guidance clinic and the nursery school where large numbers of children were able to be observed. "A developmental norm was a standard based upon the average abilities or performance of children of a certain age on a particular task or specified activity" (Rose, 199, p. 145). Those children who could not meet the standard of required self control were stigmatized as 'problem children'; "the self-willed ones were labeled 'psychopaths', the low-spirited ones 'neurasthenics'" (Groenendijl & Bakker, 2005, p. 575).

In the 20s, the belief in psychological circles was that early detection of problems, either in

intellectual functioning or in conduct, would allow amelioration of the problems. Jean Piaget's theoretical perspective on developmentalism asserted that cognitively children move through different stages of development. Piaget believed that children construct an understanding of the world around them and then experience discrepancies between what they already know and what they discover in their environment. The implication for the problem child is that disturbances in behaviour are thought of as a result of a delay in development where children have not achieved a balance between applying knowledge obtained from a previous stage and changing behaviour to account for new knowledge.

In the 50s, professionals learned that "the development of the child was a succession of phases to which the child must move through" (Coninck-Smith, 2005, p .580). It is an imbalance between children's internal and external influences that gives rise to a behaviour problem and prevents the child from adjusting successfully to the demands of society. With regards to the concept of delayed development, certain disturbances in behaviour or the learning process are considered part of the developmental process where a child attempts to overcome these delays without any intervention. If there is some sort of disturbance or barrier that the child cannot overcome, one looks to the external environment to introduce modification and change so that the disturbance or barrier is not able to affect other aspects of development.

4.4.4 Psychoanalytic theory and psychoanalysis

Freud's psychoanalytic theory became popular and accepted by psychologists in the 1920s as an effective way of offering psychological knowledge to human problems. Psychoanalytic theory maintains that there are prevailing and underlying goals motivating human behaviour; there are crucial events in a person's life which shape the governing of behaviour. The 'problematic' child is understood in relation to this theory as one whose development is determined by traumatic events in early childhood. Freud believed that psychoanalysis was necessary on order to unlock unconscious dynamics that were causing psychopathology in patients (Tishkowski, 2009).

One of the early treatments using psychoanalytic theory by psychologist Anna Freud (1928) with children in the 1920s by was play therapy. Play therapy aimed at "helping children come to consciously understand why they thought, felt, and behaved as they did through play" (Bromfield, 2003, p. 2) This approach to therapy works to help children play out his or her feelings or problems and learn what it is they think is the right, good, or satisfying thing to do.

In the 1930's, children's disorders "were symbolic expressions of inner conflicts and traumas of which neither the parents nor the child were or could be conscious" (Groenendijk & Bakker, 2005, p. 578). Apparently," normal expressions of children asked for expert clarification in order to detect, prevent and cure neurotic disorders" (Groenendijk & Bakker, 2002, p. 578). At the same time, the boundary between normality and abnormality was obscured. "Every child became a potential neurotic" and therefore a 'problem child' (Conninck-Smith, 2005, p. 36).

Around the year 1943 as theory and therapy developed and the "new academic discipline of child psychiatry was established" psychoanalytic theory was dominant in treatment of children with neurotic disorders (Conninck-Smith, 2005, p. 43). Problem behaviour in children were believed to be caused by "unsolved sexual and aggressive conflicts" (Conninck-Smith, 2005, p. 44). Psychoanalysis tended to present the development of the personality "as a series of complexes and traumas" (Deman, cited in Groenendijk & Bakker, 2005, p. 579).

In the 50s, according to Skinner, a behaviourist, the task of psychotherapy was said to be "to remedy an inner illness of which the behavioral manifestations are merely symptoms…." (1953, pp. 372-374). He believed the majority of behaviors considered to be pathological were behaviors that subjects have learned in order to adapt to a particular environment, and his solution was modifying these behaviors, substituting them for more adaptive behaviors.

4.4.5 An example of the intersection of discourses: The child guidance clinic

The child guidance clinic emerged as a discursive practice involving the discourses of psychiatry, and psychology concerning the 'problem' child in the early twentieth century. Psychiatrists managed the clinics, psychologists administered tests, social workers counselled families, and teachers provided reports on children's behaviour. Here we see that discourses are not always in tension with one another, instead, at certain times discourses align and support one another.

The child guidance clinics were separated from medical practices but used a clinical model that stressed "a collaborative approach where a number of professionals worked together to address the problem child and family" (Besley, 2000, p.145). The clinic provided an institutional location for this new way of thinking and acting upon the child and family. "The clinic was to become the centre of a web of preventive and therapeutic child welfare embracing social fields such as the home, playground, school and courts" (Rose, 1999, p. 131).

The focus of the guidance clinic in the 50s was on the 'whole child' – on positively influencing its emotional development. The mission of the clinic was to "gather and interpret the variety of symptoms, and then to extend to the parents, the public school and the juvenile court the collective 'advice' of the clinic staff" (Richardson, 2002, p. 567). The belief was that interventions from professionals working to detect problems in either intellectual functioning or in conduct, would allow for the amelioration of the problems, and the child and family would be 'adjusted' back to its social environment.

In Canada, in 1951, five of the most frequent referrals to the child guidance clinic concerned "a failure to conform to the notion of normal behaviour; poor group adjustment, poor school progress, attention seeking behaviour, negativism, and tension" (Gleason, 1999, p. 28). These five descriptors of children's behaviour viewed as 'problematic' imply their opposite: the 'ideal' child in a school setting. The kinds of children more likely to be found referred and treated in a child guidance clinic would be those experiencing difficulties within the school system with behaviour, and/ or academic success.Terms such as 'attention seeking' come from psychological discourse where the child who 'seeks attention' is constituted as 'problematic' in school as compared to psychological discourses' construction of the 'ideal' school child who is self regulating.

The child guidance clinics are an example of techniques from different discourses being pulled together in new social programs. The taking up of the child guidance clinic in Canada shows how discourses of psychiatry and psychology could be combined and hybrid institutions established. A technology such as the child guidance can bring in all kinds of players to the intervention because some interventions get their strength by their ability to mobilize more than one institution and more than one discourse. The child guidance clinic may be considered a discontinuity on the one hand, and continuity on the other. For Foucault, for a discontinuity "things are no longer perceived, described, expressed, characterized, classified, and known in the same way" (Foucault, 1973, p. 217). As such, the clinic may be considered a discontinuity as the establishment of the child guidance clinic was a historical break, or a change in direction concerning the way interventions were thought about concerning 'problematic' children and their families. Foucault argues that rupture is a "redistribution of the [prior] *episteme*" or configuration of knowledge (1973, p. 345) but always include some "overlapping, interaction, and echoes" (Foucault, 1980: p. 149) between the old and the new.

4.4.6 Diagnostic and Statistical Manual for Mental Disorders (DSM)

In 1917, the American Medico-Psychological Association (AMPH), (now the American Psychiatric Association), and the National Commission on Mental Hygiene in the United States formulated a plan for gathering statistics across mental hospitals. At the same time, the AMPH was looking for ways to develop a national psychiatric categorization for diagnosing patients with psychiatric and neurological disorders (American Psychiatric Association). An outcome of this alliance between in medicine and psychology was the Diagnostic and Statistical Manual for Mental Disorders (DSM), "a reference for the categorization and diagnosis of mental disorders of all types" (Kawa and Giordano, 2010, p. 1).

An interpretation from a discourse perspective suggests that the DSM resulted from the overlap between two discursive practices. The naming of this manual brings together the medical (the concept of diagnosis) and the psychological (the concept of statistical measurement). The DSM is therefore considered a metadiscursive technology, as it needs both diagnosis and statistics in order to do its work.

How the discourse of medicine and psychology are working together is extremely important in how they align and constitute the 'problem' child. The dividing and sub-dividing of terms associated with categories identifying children's challenging behaviour was partly the result of this classification system. The 'problematic' child as one with challenging behaviour appears in the first DSM developed in 1952 in a classification named Adjustment Reaction to Childhood or Adolescence. Since that time, the number of diagnostic categories in the DSM-IV-TR (2000) has increased to 365. Some examples of behaviour disorder categories that have been added over time include Attention Deficit Disorder, Oppositional Defiant Disorder, Adjustment Disorder, and Conduct Disorder. There is flexibility of criteria and ambiguity of diagnosis for the child with challenging behaviour in the DSM due in part to major modifications in the definitions, characterizations, and classifications of mental disorders throughout the DSM's inception. Such flexibility and vagueness in the practice of diagnosis supports the continuation of further divisions in the categorization of children's problematic behaviour. Each time this manual is revised there is opportunity for new disorders to be named resulting in a proliferation of diagnosis. Also, the criterion for different disorders has had flexibility to change from one revision to the next. As Kawa and Giordano (2011) maintain:

> The evolution of DSM illustrates that what is considered to be "medical" and "scientific" is often not an immutable standard, but rather, may be variable across

> time and culture, and in this way contingent upon changes in dominant schools of thought (p. 7).

While the concept of the DSM remains stable over many years, the various diagnoses applied to a child with challenging behaviour are constantly in a state of flux.

> It is not the objects that remain constant, nor the domain that they form; it is not even their point of emergence or their mode of characterization; but the relation between the surfaces on which they appear, on which they can be delimited, on which they can be analyzed and specified" (Foucault, 1972, p. 27).

The DSM can be understood as a surface on which the various characterizations of the 'problem' child appears from a medical (psychiatric) and psychological viewpoint. Throughout the period under study, the DSM has been a very influential technology in the diagnosing and treatment of the 'problematic' child in both disciplines of medicine and psychology.

4.4.7 Summary of psychological discourse

Professionals working from a psychological perspective include psychologists and mental health clinicians who apply their knowledge of psychology to help people understand, explain and change their behaviour. While there are similarities between medical and psychological discourse, there are fundamental differences concerning the professionals, their places of practice, and the techniques they use in working with individuals.

From the overlapping of two discourses of medicine and psychology, a technology named the DSM emerged and was deployed in relation to the problem child. The DSM as a guide was used by clinicians to guide medical and psychological discourse for the purpose of legitimating diagnosis for various mental disorders on children.

In Table 4 below, one can see the various aspects of psychological discourse pertaining to the constitution of the child with challenging behaviour as problematic. The child with challenging behaviour is described according to a host of labels. One of the key tenets to psychological discourse and its relation to the problem child is through its reliance on assessment practices. Techniques such as intelligence testing or behaviour rating scales dependent on norms to classify and divide populations have served for the scientific means for producing evidence that a certain 'within' child difficulty or disorder(s) exists. Such

techniques additionally measure a child's conformity to a certain social ideal and position a child according to a binary of 'normal' or 'abnormal'.

Authorities	psychologists and mental health clinicians
Labels for the problem child	mental retardation – idiots, imbeciles, and morons, Hyperactive reaction to childhood
Logics and solutions	Lower intelligence and not able to control their own behaviour, early detection; Underlying physical and/or mental trauma - Behaviour theories –habit training; Delays in reaching developmental stages - Developmental theories, Unresolved trauma in early childhood - Psychoanalysis
Programs and institutions	hospitals and child guidance clinics, institutions such as schools, training schools
Technologies deployed	Assessment, and observation, experiments, DSM, Psychoanalysis, functional behaviour analysis

Table 3: Aspects of psychological discourse for the figure of the child with challenging behaviour

Theories of behaviour, development, and psychoanalysis, included the types techniques that were applied to the child in the twentieth century were influential in the ways psychologists treated children with challenging behaviour.

4.5 Education discourse and its constitution of the 'problem' child

Prior to the late eighteenth century, and up until the time compulsory attendance regulation was put in place, all children were not required to attend school. Compulsory attendance made possible new kinds of 'problematic' behaviour by bringing behaviours previously expressed in homes, workplaces and on the street into the institution of the classroom. Because all children were brought together under one system of common school, all kinds of behaviours were made visible and comparable. Issues of classroom behaviour touched on basic notions of child normalcy (or deviance) as well as the authority of adults and social institutions such as schools. "The school system was little willing to tolerate students who violated social mores, failed to

conform to the expectations of teachers, and mounted threats to the placidity of general classrooms" (Winzer, 2009, p. 23).

As consensus began to be reached about behaviours that would not be tolerated, schools began to develop standardized organizational strategies for the management of children's behaviour that were considered appropriate in an educational context. By the latter decades of the nineteenth century three laws were put in place, which would be of significance importance to the institution of school in the management of 'problematic' children. These laws included:

> the mutual responsibility of parents and schools, defining the loco parentis authority of schools, second; physical and mental disability was specified as conditions that exempted or excused children from attendance, and third; confirmed the authority to expel students whose behavioural conduct threatened the function of schools (Richardson, 1994, p. 698).

Compulsory attendance laws challenged exclusionary practices "by more rigorously compelling attendance" (Tropea, 1987, p. 31) yet exclusionary practices ensued.

4.5.1 The emergence of special education

Although the historical and philosophical underpinnings of the field of special education emerged long ago, "the first public use of the term special education appeared to have occurred in 1884" (Winzer, 1998, p. 212). The field of special education institutionally arose between "children who were physically and mentally handicapped who attended separate, often residential institutions and those children with handicaps who gained admission into public schools" (Richardson 1999, p. 73).

By the 1920s, education turned to psychological perspectives regarding children's problematic behaviour. At this time, there was a wide interest in mental testing and Child Study. The relationship between psychology and education was especially important as the education system relied on psychological techniques for the identification, classification and categorization of children's intelligence, and behaviour. Intelligence testing became the method utilized for identification and classification of 'mentally defective' students and this process provided for the emergence of new labels for classifying school children. The assessments of children by psychologists gave teachers a way to classify students that was supposedly scientifically objective and technically efficient. Scores from IQ tests were used to categorize children's intelligence as either 'abnormal, 'normal' or 'above average'. According

to an understanding from a psychological discourse perspective, 'normal' behaviour was associated with the qualities of "obedience, conformity, happiness and acceptance" (Gleason, 1999, p. 67).

The theory was that "schools would be organized so that instruction would account for the variety of individual differences" (Terman et al., 1922, p. 12). Individual differences then in turn required "a differentiated school curriculum and a system of tracks that would at once segregate the mentally subnormal while protecting the intellectually gifted" (Richardson, & Parker, 1993, p. 369). Here we see the function of a continuum of intelligence in operation. The individual differences were those categories falling outside the 'norm' or average, such as 'abnormal' or 'gifted'. Scores of children as measured against other children of the same age determined by below average IQ scores were categorized as 'abnormal', and those identified as 'normal' due to average IQ scores were placed in the middle category, and children receiving higher scores in intelligence tests were assigned a label such as 'super gifted' which falls to the opposite end of those students identified as 'abnormal'.

4.5.2 'Ungraded class'

Compulsory attendance laws could be considered as one of the 'conditions of emergence' leading to the constitution of special classes. From an educational management perspective, the belief was that there needed to be alternatives for keeping certain problem students in school and supporting the teachers in dealing with them (Tropea, 1987). In the 8th Annual Report of the Board of Supervisors of the Massachusetts State Board of Education, United States in 1885, ungraded classes, what were known later as 'special classes' were developed for:

> the instruction of children who, from age or other reason, are unqualified for the regular classes of primary and grammar schools. Thus, a student of any age could be placed in an ungraded class for a variety of reasons other than simply to acquire literacy skills (In Osgood, 1989, p. 386).

This 'variety of reasons' may well have included problem behaviour. In Osgood's quote taken from this same report it was stated that some students in these classes may have been "morally as well as intellectually weak" (Osgood, 1989, p. 386). Moral weakness was considered to impact on a person's behaviour through deficiencies in the ability to make choices based on understanding of what was right and wrong (Allchin, 2009).

The ungraded class was considered "the core unit of a special education for exceptional children" (Richardson & Parker, 1993, p. 374). Poor, physically unkempt, and disorderly children were assigned to ungraded classes as a proper exercise of the 'in loco parentis' requirement (Tropea, 1987). The diverse categories of students had in common their threat to classroom order. Students placed in the special class were characterized as:

> irregular attendants, and neglected children, unmanageable in the regular schools, incorrigible**,** backward and otherwise defective pupils… a type who could not be effectively taught in the regular classes, and children of immigrants (Tropea, 1987, p. 32).

The diverse assortment of children placed in the ungraded class suggests that there was not just one figure of the 'problematic' child or just one kind of 'problematic' behaviour. Instead, a 'problem' child was viewed as any child who could not achieve the standard of the 'ideal' student whether this was due to having difficulty with reading and writing, not attending school regularly, or behaving poorly in class.

Also, by 1908 students were staying in school longer as a result in changes in child labor laws (Tropea, 1987). This increase in student attendance drove demand for more special classes outside the regular system due to the education system's concern for order. Teachers believed that students placed in 'special classes' would not be able to disrupt the learning of the majority. "Pressures for expanded special classes came from teachers and others within the special school system and the desire that mainstream schools should function efficiently" (Tomlinson, 1982, p. 51, in Copeland 1997, pp. 718-719). I want to emphasize here that the special class was not only understood by educators as a form of prevention for student disruption and 'unmanageable' behaviour (Tropea, 1987); children were placed in an ungraded class due to them jeopardizing the teacher's ability to teach to a common standard for the whole class.

The different types of students identified in schools created the potential for the expansion of special education particularly in the area defined as "educational sub normality (based upon ability) and maladjustment (based upon behaviour)" (Copeland, 1997, p. 719). Between the early 1900s and World War II special schools and special classes became more prevalent while institutions continued to increase in numbers and attempts were made for supervision of institutional programs to come under departments of education (Hayes, 1989). It is during

these years where we begin to see a shift between children with disabilities being integrated from 'special' institutions into 'mainstream' schools. "Compulsory attendance laws … did not eliminate exclusionary practices; they merely changed the form of exclusion to in-school segregation" (Tropea, 1987, p. 34).

4.5.3 The rise of Progressive education

Progressive education flowered in late 19th and early 20th century. Progressivist educators believed that "thinking is not limited to the intellectual …, and that children learn best in experiences in which they have an interest and that modes of behaviour are most easily learned by actual performance" (Lawr & Gidney, 1973, p. 214). Progressivism in the 1930s in Canada supported its humane concern for the individual (Lawr & Gidney, 1973).
The rise of this important child-centered approach to education served as another 'condition of existence' in the formation of particular versions of the 'ideal' child with implications for the kinds of behaviours considered conducive to learning. Progressivism supported the belief that moral behaviour such as regard for others, tolerance, and turn taking grew out of practice and experience. Child-centered learning included "basing instruction on the needs, interests and developmental stage of the child; it means teaching students the skills they need in order to learn any subject, … promoting discovery and self-directed learning by the student through active engagement…" (Labaree, 2005, p. 277).

Progressive education directed itself to a particular kind of ideal child different to the ideal child of traditional teacher-centered approaches. Therefore, kinds of behaviour considered problematic in the latter may not be so considered in the former. A key philosopher was John Dewey who in the late nineteenth century asserted that:

> … education is a regulation of the process of coming to share in the social consciousness; and that the adjustment of individual activity on the basis of this social consciousness is the only sure method of social reconstruction"(Dewey, 1897, para. 60, cited in Gleason, 1999).

The Progressive movement located the problem of children's misbehaviour and disengagement outside of the child not as a 'deficit', but instead with the understanding that the child did not have exposure to experiences in their environment where they could learn to behave in a more acceptable manner. Such an understanding was in line with psychological understanding that linked a child's problem behaviour to the child not having adjusted to their environment.

4.5.4 Summary of education discourse

The table developed below was constructed to summarize and highlight the five aspects of education discourse implicated in the constitution of the problem child. Here I include the authorities or experts who worked with children with challenging behaviour during this time period, the labels constructed for the 'problem' child, the logics behind the construction of the labels, and solutions put forth to address the identified problem(s), and the programs developed for the 'problem' child, as well as the institutions where these children and authorities were located.

Authorities/experts	Teachers, administrators
Labels for the problem child	Backward, feebleminded, exceptional, subnormal, incorrigible, defective, irregular, defective, immigrants, maladjusted
Logics and solutions	Laws for exclusion from school, By placing problem children in separate institutions, they would not disrupt learning of the majority. Separate classes were thought to preserve the order of the regular and standard of the 'ideal'.
Programs and institutions	School, special education, special classrooms, Ungraded class
Technologies deployed	Intelligence testing

Table 4: Aspects of educational discourse pertaining to the figure of the child with challenging behaviour

4.6 Justice discourse and its constitution of the 'problematic' child

Although the discourse of law preceded criminology, the discipline of criminology first appeared and evolved in the late nineteenth century as one of the new 'human sciences'. The discourse of justice "has historically been closely linked to the discovery, study, description, and expanded surveillance and regulation of a range of social groups" (Thompson, 1997, p. 33). The justice discourse directs the actions of a network of professionals including police officers, lawyers, judges, and probation workers, lawmakers, and politicians. While the focus

of this section is on the institutions of justice, there are other institutions involved with the administration of justice concerning the 'problematic' child including charities, child welfare departments and the institutions of legal guardianship.

Before 1825, special institutions for delinquent children did not exist in the United States. "Public authorities sanctioned the power of parents and masters to punish youthful law breaking behaviors" (Mennel, 1972, p. 70). A child under the age of seven was considered incapable of mischief and those between seven and fourteen committing crimes could be sent to jails.

Two terms used during this period in relation to 'troublesome' children were the 'dangerous' and the 'perishing'.

> Dangerous children were those who had already offended, but in the ordinary prison system they were learning vice, not virtue; they needed to be separated from adult criminals and sent to establishments where they could be retrained in morality. Perishing children were incipient criminals, having a life of vagrancy but not yet subject to the law; they just needed to be picked up and sent to institutions that could train them in the habits of the regular labour, discipline, obedience, and religious observance necessary to leading a law abiding and moral life (Rose, 1999, p. 156).

As Rose points out, both were connected with interventions by the State in their lives associated with institutions either of discipline or training. The point emphasized here is that these labels did not lead to a 'need' for the interventions – the interventions and the labels arose at the same time, one making the other possible/thinkable. In this statement the importance of 'risk' is made visible.

Social reformers challenged some of these interventions, arguing that juvenile criminality was the result of poor living conditions, societal influences, and parental neglect, rather than poor moral character (Hirshel & Wakefield 2008). In the mid-1850s there was a movement developed to force reform in institutions such as poor houses, asylums, and orphanages. The practice of the state institutionalizing 'delinquents' "turned away from confinement to practices where the state intervened authoritatively on behalf of children to 'protect their welfare'" (Richardson, 1994, p. 704). In order to manage 'risk' and 'protect' children's welfare, the state developed new strategies beyond incarceration.

During the early 1900s, Goddard, Director of Research at the Training School for Feebleminded Children in Vineland, New Jersey, devised four categories of classification for school children based on the scores obtained from intelligence testing. These were 'normal', 'supernormal' (gifted), 'merely backward' and the 'feebleminded' (Richardson, 1999, p. 55). Like those used in special education discourse, these terms reflect a continuum of intelligence. The difference was that there are now three categories and not two falling outside the 'norm'. What was important about these categories was that an expansion of terms was evolving creating more and more divisions for the concept of intelligence. The 'merely Backward' was defined by Goddard as those pupils whose school problems were tied to the environment, whereas the "feebleminded were 'mentally defective'" (Richardson, 1999, p. 55). The implication in this statement suggests that a pupil's home environment was being considered as one of the causes for poor behaviour.

In the first edition of the Diagnostic and Statistical Manual of Mental Disorders I (American Psychiatric Association, 1952), sociopathic personality disturbance included a range of deviant behaviour one of which was a "psychopathic personality classification for chronic anti social acts and attitudes" (Black, 1999, p. 21).

> The subtype antisocial reaction was applied to individuals who were callous and hedonistic, and who were characterized by emotional immaturity, a lack of sense of responsibility, lack of judgment, and an inability to rationalize their behaviours so that it appears warranted, reasonable, and justified" (Black, 1999, p. 21).

4.6.1 Interventions for the 'delinquent' child

Juvenile courts marked a significant change in treatment of children with criminal behaviours and "prompted the development of alternative programs for the treatment of such children" (McCord, Widom, & Crowell, 2001, p. 157. Under the juvenile justice philosophy, children were designated as delinquent rather than as criminal, and the primary purpose of the juvenile justice system was not punishment but rehabilitation (Mennel, 1972). According to Rose, this court "now brought together a forum for the 'neglected' child, the 'offending', and parents or others who had ill-treated or neglected children" (Rose, 1999, p. 157), and it was argued that either type of child convicted of wrongful behaviour should be treated the same. Judges had considerable discretion in sentencing juvenile delinquents; "a child could be placed in foster care, pay a fine, or be institutionalized until the age of 21" (Marenko, 2007). In order to

manage ‘risk’, the state developed new interventions beyond incarceration. Such interventions involved agencies outside the correctional system being brought in, bringing with them different philosophies and perspectives to the treatment of young people in trouble with the law. Here we see the relationship between various institutions and the agents who have authority regarding the administrations of the ‘problematic’ child.

Houses of refuge and reform schools established in the first half of the nineteenth century in America were said to “arise in an attempt to secure the parental authority of the state over ‘destitute’ and ‘delinquent’ children” (Mennel, 1972, p. 72). These were not new strategies beyond incarceration; just forms of incarceration for children separate from adults. Destitute children were those who were orphaned and/or who were involved in “vagrancy, idleness, or stubbornness” (Mennel, 1972, p. 71). In essence, children who showed signs of misbehaviour rather than criminal activity were treated as though they were criminals.

From the middle to the end of the 19th century in America, ‘delinquent’ children were incorporated into a separate educational system, which included state primary, reform or industrial schools (Richardson 1994, p. 696). Primary in this context is related to a separate school and not considered part of the common school system. The aim of these schools was to “separate ‘treatment’ for vagrants, beggars, waifs, strays, and orphans from children who had committed serious crime” (Cooper et al., 1994, p. 34). The basis of classification for the reform school included differences in ‘moral character’ and physical and mental capacities. “If a child was found guilty of a more serious offence or had been before the courts previously he/she was usually sent to a Reformatory School” (Rose, 1999, p. 156).

A reformatory was put in place by the state in order to instill correct moral principles into the child, which parents had failed at providing. Legally, a judge could authorize a child to be sent to a reformatory for begging for food. This suggests that because parents did not or could provide for their children, a child begging for food could be constituted as ‘delinquent’ and removed from their home. Similarly, a child of a prostitute could automatically be identified as a ‘delinquent’ because a parent was considered to be performing immoral acts, most likely in an effort to provide food to her child(ren).

The ‘perishing’ child was sent to Industrial schools (Rose, 1999). A child, under 14 years of age, could be sent to an Industrial School for “begging, wandering, consorting with thieves or prostitutes or because the parents deemed him/her uncontrollable” (Rose, 1999, p. 156). Boys were segregated to one of the categories of dangerous or perishing and given instruction

tailored the group in which they were assigned. It was believed that separating the boys into these different categories was necessary in order to "protect against the spread of rights depravity" (Richardson, 1999, p. 54). This argument suggested that anyone with a mild mental defect "might, under the wrong influence, behave like a moral imbecile" (Fernald, 1910, in Gelb, 1989, p. 368). Moral imbecility was applied broadly to "persons whose behavior was judged to be socially deviant, in both the presence and absence of mental or physical disability" (Gelb, 1987, pp. 247-258). In other words, boys with poor moral behaviours were separated from boys whose poor behaviour was believed to be caused as a result of low cognitive ability or physical disability. Boys were also separated from girls and placed in separate institutions because of the differences in nature (Richardson, 1999). Dewson & Hart stated:

> The girl needs a separate school, an individual room, studious development of her individuality, training in self protection, initiative, in wise spending of money, housewifery, domestic science including plain sewing, dressmaking and millinery, the care of the sick, and the care of infants (1910, p. 28).

The interventions such as houses of refuge, reform and industrial schools involving the removal of children from homes and segregating them into separate institutions while understood as new considerations for children determined in need of 'care' or 'protection' or 'punishment' represents historically, a return to old ways of doing things. Children who did not fit into society's view of what was 'normal' or acceptable were placed into separate institutions away from the majority. At these sites, it was determined that training in particular skills would benefit children and society in the future.

4.6.2. Summary of justice discourse

In the table below I have summarized the authorities, labels assigned, the understandings and solutions put forth for the identified problem, the programs and institutions, and technologies deployed to assist in the construction of 'problem' children from a justice discourse

Authorities/experts	judges, police, child welfare officers
Labels for the problem child	Dangerous, perishing, at risk, delinquents, moral imbecile
Logics and solutions	low cognitive ability or physical disability, legal sanction and confinement, fines, placements to protect their welfare, rehabilitation, training in particular skills would benefit children and society in the future.
Programs and institutions	Jail, houses of refuge, poor houses, asylums, and orphanages, primary, reform or industrial schools Training in gender specific roles in society.
Technologies deployed	Intelligence testing, incarceration, rehabilitation

Table 5: Aspects of justice discourse for the figure of the problem child

Interventions coming from a justice perspective involved the removal of children from homes and segregating them into separate institutions away from the majority. Historically, children who did not fit society's view of what was normal or acceptable were placed into separate institutions away from the majority. A 'delinquent' child moved into institutions such as reform or industrial schools was identified as a new type of 'problem' child, one who could be educated. This intervention ties into the purposes of educating; to produce good citizens who both adhered to the law and contribute to society as workers and providers to their families.

The issue of gender also comes into play here as children were sent to institutions and segregated according to their gender in order to receive the necessary training to prepare them for a return to mainstream society.

A discourse of justice relied on medical and psychological understanding and technologies such as intelligence testing and DSM in the identification of problem children. These technologies provided the means by which different classifications were being assigned to 'delinquent' children. Categories of 'problem' male children were identified as either perishing or dangerous according to their perceived immoral behaviour, low intelligence, or

physical disability all, which are examples of characteristics falling outside the norms, constructed by experts or authorities in the field.

4.7 Conclusions to broad history

One of the dominant themes, and a continuity in this chapter, was the extent to which measurement of intelligence was a preoccupation, regardless of the discourse. Psychologists, educators and criminologists alike referred to technologies of testing to assess children's intelligence, or behaviour that served to further divide individuals according to statistical norms. The child's intelligence or behaviour becomes reduced to these measurable indicators. Children's scores from these assessments were then compared to the 'ideal' and constructed as problematic if scores fell outside what was determined 'normal'.

Another the consistencies relates to how all these discourses relied to some extent on the notions of 'risk'. The notion of risk was conceptualized in the nineteenth century "around concerns about harm, danger, care and support, for vulnerable children and young people" (Rose, 1999, p. 70).

There is a strong continuity in the work of psychological discourse regarding the social especially a return to the family. The family was mobilized as an important factor concerning the behaviour of the problem child and psychologists turned to the family as part of the intervention techniques in the solution to the perceived problem.

While each of the discourses highlighted the different understandings of the 'problematic' child, and the differences in terms and recommended interventions at certain times, discourses intersected producing hybrid programs. The discourses of medicine and psychology overlapped at different times and produced hybrid programs such as as the Diagnostic and Statistical Manual for Mental Disorders, and child guidance clinics. For children with challenging behaviour, the DSM was a technology taken up by both practitioners trained in medical and for the purposes of assessment for the identification of specific psychiatric disorders. Child guidance clinics were established from the integration of medical, psychological, and education practices concerning children. The flexibility of criteria and ambiguity of diagnosis in manuals such as the DSM used by clinicians' to diagnose mental or behavioural disorders in children supported the continuation of further divisions in the categorizations of children's problematic behaviour. The DSM, a 'grid of specification' (Harwood, 2006), is a return to earlier historical practices which divided and sub-divided 'problem' children into more and more categories.

The importance of gender emerges in this chapter within the discourse of justice. Gender has been an important divider in the discourse of justice, as children have been divided according to gender and placed in separate institutions and educated according to practices, which were gender specific.

	Medicine	Psychology	Education	Justice
Authorities/ experts	Physicians, psychiatrists	psychologists and mental health clinicians	teachers, administrators	judges, police, child welfare officers
Labels for the problem child	madness, abnormal, degenerate syphilitics, imbeciles, paupers, criminals, gamblers, idiots, drunkards, vagrants, the mad, the unemployable, and tubercular, feebleminded' Insane, morally defective, mentally retarded, maladjusted,	mental retardation – idiots, imbeciles, and morons, Hyperactive reaction to childhood	backward, feebleminded, exceptional, subnormal, incorrigible, defective, irregular, defective, immigrants, maladjusted	dangerous, perishing, at risk, delinquents, moral imbecile
Logics and solutions	low intelligence cause for moral inferiority Tumors affected the brain, Brain dysfunction medication	lower intelligence and not able to control their own behaviour, early detection; Underlying physical and/or mental trauma - Behaviour theories –habit training; Delays in reaching developmental stages -Developmental theories, Unresolved trauma in early childhood - Psychoanalysis	laws for exclusion from school, By placing problem children in separate institutions, they would not disrupt learning of the majority. Separate classes were thought to preserve the order of the regular and standard of the 'ideal'.	low cognitive ability or physical disability, legal sanction and confinement, fines, placements to protect their welfare, rehabilitation, training in particular skills would benefit children and society in the future.
Programs and institutions	Asylums, hospitals Child guidance clinics	hospitals and child guidance clinics, institutions such as schools, training schools	school, special education, special classrooms, ungraded class	jail, houses of refuge, poor houses, asylums, and orphanages, primary, reform or industrial schools Training in gender specific roles in society.
Technologies deployed	Examination of the body and mind, public hygiene	Assessment, and observation, experiments, DSM, Psychoanalysis, functional behaviour analysis.	Intelligence testing	Intelligence testing, incarceration, rehabilitation

Table 6: Summary of discourses and children constructed as problematic

Throughout the analysis of discourses there was a connection between discourses and programs. Each discourse had a particular way of understanding of what constitutes a problem child. In order to address the identified problem, often, professionals recommend programs in order to seek change. When practices or programs put in place to address the identified problem concerning children with challenging behaviour change within disciplines and institutions, the practitioners or experts associated with the institution attempt to create alternative programs or treatments which attempted to address the perceived problem. The digram below represents how programs emerge for children and youth with challenging behaviour.

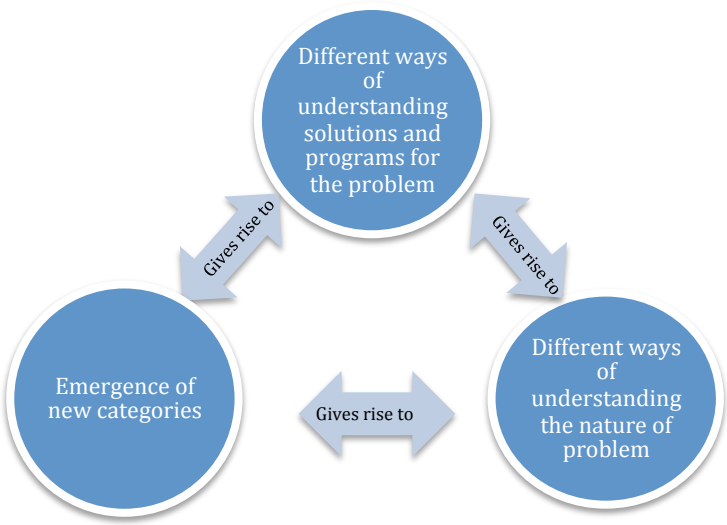

Figure 5: Understandings of the 'problem' child

Concepts and ideas can emerge at any one of these three points and move in either direction. If there is a new understanding of the nature of the problem that comes forth, a new category for the child with challenging behaviour emerges, and an intervention is put in place to address the problem. If this intervention does not work to solve the identified problem, another understanding arises, the child is labeled differently, and a new program is taken up, and the cycle continues.

4.8 Canada and Prince Edward Island

In the first part of chapter 4, I provided a historical overview of how historically knowledge has been constructed within the discourses of medicine, psychology, education and justice for the child with challenging behaviour. In the second half of this chapter, drawing on 'situated' genealogy, I now focus on a particular place – Prince Edward Island as a province of Canada.

Gieryn (2000, p. 464) contends that place is "a gradient divided into many different bits", therefore it is important to ask "what these places of varying scale have in common and how they differ". Gidney & Millar (2012) point to some significant issues when considering Canada as a place:

> Whenever one is attempting to understand Canadian policies or compare them to developments elsewhere, one has to take into account the relatively modest size and wide dispersal over an enormous territory of the country's population. The same might be said about the population, size, and geographical diversity of individual provinces (p. 8).

As a small island off the eastern coast of Canada, PEI may be considered to be relatively isolated as compared to some other provinces. Massey (1994) stresses that places are not isolated, but that they should always be regarded in relation to the outside world. She argues that "what makes a place special is not necessarily any intrinsic qualities of the locale itself … it may also be the particularity of linkage to that 'outside' which is therefore itself part of what constitutes the place" (Massey, 1994, p. 155). In this section of the chapter, I consider what was happening in Canada and in PEI particularly from post World War II until the late 50s, and examine some of the specificities of place in comparison to the broad history presented in Part 1. Neill (2007) suggests that the Maritimes (provinces of Nova Scotia, PEI and New Brunswick) "do not "lag behind" those of central Canada; they differ from them, because a different set of forces is generating them" (p. 3). In the Maritime Provinces, economic forces are felt very quickly as a downturn in economics quickly impacts the programs supported by government for children with challenging behaviour (Smitheram, 1982).

I analyze archival data such as government documents and policies produced and accounts from Islanders who have worked in local institutions with children constituted as 'problematic' and can remember these early times. I explore how meanings were derived within and across a number of different discourses in relation to children living in Canada, and on PEI. I focus on the institution of education primarily in this chapter section as the child with challenging behaviour is for the most part located within the school and therefore social programs and policy tends to be located in education policy.

4.8.1 Differences between Canadian and PEI

The three provinces of PEI, New Brunswick, (NB) and Nova Scotia (NS) located on the eastern shores of Canada together make up a subgroup of a region known as the Maritime Provinces. As a result of Newfoundland joining confederation in 1949 soon after the end of World War II, the Maritime Provinces and Newfoundland collectively became known as the Atlantic Provinces. Given the small land base and lower population as compared to the rest of the Canadian provinces, these four provinces have long been associated and have worked together across a range of government programs. Prince Edward Island (PEI), or the 'Island' as locals know it, is located in the Gulf of St. Lawrence off the eastern coast of Canada between the provinces of Nova Scotia, New Brunswick, Quebec and Newfoundland and Labrador. PEI is approximately 280 kilometres long and has a land total of 5656 square kilometres with a population of close to 141,000 people. In comparison, the population of Halifax, the largest city in PEI's neighboring province of Nova Scotia is approximately 300,000 (Statistics Canada, 2011).

4.8.2 Canadian and PEI education systems

In Canada, there is no federal department of education and no integrated national system of education; therefore local governance of education is entrusted to each province (Council of Ministers of Education). As such, taking in the diversity of this nation, policies developed in PEI may be different to those established elsewhere in Canada.

During World War II in Canada, "concern about education became nation-wide to an unprecedented extent" (Phillips, 1951, p. 11). The aim of education in the late 40s in Canada was to "equip students with the necessary knowledge, skills, and attitudes to solve specific, practical problems of living" such as "the necessity of earning one's living and supporting a family; serving ones community" (Althouse, 1949, p. 67). The necessary skills taught in schools involved reading, writing and arithmetic. This was in line with the views of PEI education also.

The Second World War represented a major turning point in the Canadian economy and the years 1945 to 1950 were a time of transition from which modern Canada would emerge. "The postwar period witnessed the growth and consolidation of the welfare state in Canada" (Gleason, 1996, p. 2). Financial prosperity attained during the war helped create and diversify manufacturing and industry, all of which was sustained by a major upsurge in the Canadian population. In 1947, Canada experienced a period known as the 'baby boom', and in the

seventeen years that followed, the population of this country rose from 12 to 20 million (Bohnert, Millan & Lathe, 2014).

Dr. Althouse, president of the Canadian Education Association of Canada in 1949, presented the first in a series of lectures on authoritative literature in the field of publicly administered education. This series of lectures on education in Canada became known as the Quance Lectures, which remained in effect until 1963. In his lecture titled *The Structure and Aims of Canadian Education.* Althouse discussed rural schools in Canada in which he noted, "their chief strength is strong in that each of them must work out its own course adapted to the area which it serves" (Althouse, 1949, p. 28). This was certainly the case in PEI as during the late 40s, as there were 470 small schools operating on PEI and 68 districts on PEI had less than 13 students" (Edmunds & Bessai, 1973, p. 13).

According to research on public education in Canada, the majority of trustees serving school districts were men (Gidney & Millar, 2012). Given this understanding, it would suffice to say that within PEI, trustees most likely would be comprised of men who were fishers and farmers as there were no professional schools on PEI. Correspondingly, place as in PEI helped shape education for male children, as boys were more likely than not to be produced to become fishers and farmers like their fathers before. As for children with challenging behaviour each individual school board also had the authority to determine what would happen regarding corporal punishment in the schools.

The typical rural school district in PEI was an area of approximately 5 square miles and all students were within walking distance (Campbell, 1975). "By the year 1948, 470 schools were operated by some 14000 school trustees and 1500 teachers" (O'Connell, 1978, p. 248). Along with the church and the general store, "the school became an institution central to the Islanders' concept of community" (Smitheram, 1982, pp.178-179).



Figure 6: Little white schoolhouse in Stanley Bridge PEI

> The little white schoolhouses which dotted the Island countryside, though modest as buildings, are remembered by many as rich in human values. The school was an extension of the home and a teacher who was usually a member of the community intimately knew each child and family. Parents and teachers were seldom more than a few doors apart. The parents knew the school because it was often the same school they had attended. The curriculum, the teaching style, the methods of graduation were familiar to them, hence there was no mystery about what went on in the little white schoolhouse- As a central feature of the community along with the church and the general store, there was little doubt of the part of pupils, teachers or parents that the school was theirs. The values of the school and those of the community where in close harmony, in such a tightly-knit, homey context there was no impersonalization or bureaucracy, no educational mystique, no clash of values, or radical separation of home and school, and no bussing (Smitheram, 1976, pp. 1-2).

The post war baby boom had put a tremendous pressure on the Island's education system, especially on school financing. Local schools Althouse maintained "were largely local enterprises, entailing private sacrifice and community effort" (1949, p. 25). This was evident in PEI also as control of education was highly localized as a three-member district school board ran the individual schools, and a board administered the provincial grant, which was supplemented by local taxation (O'Connell, 1978). In 1945, "teachers working on PEI were paid a salary ranging from less than $325 to a maximum of $1774" (Statistics Canada, 1945, p. 1062). This was less than any other province in Canada. Local taxation meant that the more prosperous communities could afford better facilities and better-qualified teachers. In other

words, place was not only important as compared to other places in Canada, it was also significant in regarding education within PEI. Larger communities received more funding than smaller more rural areas, thus obtained better facilities and better-qualified teachers.

Secondary education was open to all students in Canada by the late 1940s: "…secondary schooling has become a stage in the schooling of every child, rather than a kind of education to be provided for some but not all" (Althouse, 1949, p. 56). In this statement, Althouse was referring to past history when only elite students who were preparing to study for one of the professions and the public service moved on to high school. While secondary education may have been 'open' to all students, this was not necessarily the case in PEI; there was little availability for students to attend schools beyond grade 8. All grades were taught in the public school in PEI because "there were no secondary schools in this province in the 1940s" (Statistics Canada, 1955, p. 332).

Most students "did not aspire to high school but instead went to work" (MacDonald, 2000, p. 271). According to one informant:

> Most schools were rural, meaning they consisted of one or two rooms with one teacher. A standard school on the Island in the late 1940s and 50s went from Grades 1- 8. In order to move on to grade 9, students had to write and pass a Provincial exam. It was only in four of the larger communities such as Charlottetown, where schools accommodated students in grades 9 and 10 (Ron Rice, personal communication July 7, 2013).

As compared to the average amount of money spent on per-capita expenditures for elementary and secondary education in Canada in 1956, PEI ranked the lowest, "$92 compared with the $279 Canadian average …" (Smitheram, Milne, & Dasgupta, 1982). This is an example where place is important. Less amounts of money dedicated to education transferred into meaning fewer schools were built.

Beginning in the late 50s, high schools were being constructed across PEI. The first of the new high schools was built in 1954 and represented a modern facility including a gymnasium, library, science lab, music room, industrial arts, and home economics area (Blanchard, 1968). Such facilities were believed to give students more opportunity for learning skills necessary for future employment. Other more urban centers in Canada were privy to large elementary and high schools much earlier in time (Gidney & Millar 2012).

In the 1950s in Canada there was a teacher shortage of 11,000 teachers, and by 1955, the shortage was projected to exceed 25,000 (Lawr & Gidney, 1973). Also, qualifications of teachers across the country were quite different. In PEI "teacher qualifications were deemed far below those of their counterparts in Canada, and performance of students as measured by dropout rates and attendance at institutions of higher education was below Canadian standards" (O'Connell, H. 1978, p. 248).

The key argument in this section is that PEI was different in the Canadian context in that there were fewer resources available to children and education in the province due to PEI receiving fewer finances on the average compared to other places in Canada. Due to rural living, children did not have the same access to grades 9 and above, as they were only available in the larger centers in PEI and Canada. As a result, many pupils left school at the end of elementary school in grade 8 and started work. As well, there were no high schools on PEI until the mid 1950s, whereas larger elementary schools and high schools were available to students in other parts of Canada.

4.8.3 The concept of discipline for children in Canada and PEI

In the late 1940s educationally, children were expected to learn and remember important lessons regarding submission to authority and control over urges to disobey or to act out (Gleason, 2001). Althouse (1949) maintained that in secondary education, one of the chief objectives in need of clarification at this time pertained to discipline. He stated:

> You need a staff sufficiently alert to detect disobedience, sufficiently ruthless to make disobedience unprofitable, and sufficiently ingenious and magnetic to induce the pupils to take pride in their own docility (p. 52).

The belief that education and discipline were inseparable continued in Canada in 50s and it followed that children who performed tasks willingly were better off than learning discipline through harsh and coercive methods of instruction (Katz 1958, p. 23). In the 40s and 50s, those children who did not comply with the established rules and were constituted as 'disobedient' were disciplined by means of corporal punishment, and for children, "this power and authority was often exercised most memorably and effectively upon the body" (Gleason, 2001, p. 196). In other words, children received corporal punishment from the teacher by being strapped on the hands.

However, in Canadian schools during the late 40s, problems of disobedience were being re-named and reinterpreted in the psychological discourse as poor adjustment (Gleason, 2001, p.125). A psychological view of 'poor adjustment' involved behaviours such as "stealing, heterosexual activity, cruelty and bullying" (Mosth & Plenderleith, 1949, in Gleason, 1996, p. 27). Behaviours in children mentioned here such as stealing could also be interpreted as part of a discourse of justice where such behaviours would be constituted as 'delinquent' activity. In the 50s the understanding of discipline in Canadian schools adhered to a tendency where the emphasis was placed on children needing to understand the effects of their behaviour based more on social factors rather than on the individual child (Katz, 1958). The suggestion that social factors were taken into consideration regarding children's behaviour is reminiscent of psychological understanding of the child, which were influential in educational settings. Ecological or environmental psychology as Lewin coined it in 1955 involved the interrelationship between the physical environment and human behaviour (Dhere, Chandrashakhar & Gorakh, 2011, p. 255). Supporters of ecological psychology believed that the dynamic interrelationship between aspects of the environment is recognized and an awareness of how change in one part will affect the other is part of the process.

4.8.4 The concept of individual differences

By 1958 according to Canadian educator, Dr. W.H. Swift, there was an increased concern about children's "individual differences" in schools. In a remark made in his Quance lecture series, Swift argued in favour of catering for individual differences of students in schools observed that: "a good deal of the criticism levelled at the school today stems from the reaction against an attempt to serve the needs of a heterogeneous population as though it were more or less homogenous" (Frecker, 1956, p. 87). In other words, education, taking up psychological understandings of the child was aimed at teaching to the 'norm' or majority of students within the school and was not tailored to those students falling outside on either side of the 'norm'. Along with physical and mental disabilities, the needs and rights of students with superior ability in Canada were taking on importance (Frecker 1956). Here, Frecker is speaking about the 'brighter' child whose intelligence was 'superior' to the 'average' child. This child too was outside the 'norm', yet in opposition to those children who were physically or mentally disabled. The concept of individual differences included both the 'slower' and 'brighter' children (Johnson, 1968, p. 137). In an attempt to address the issue of 'individual differences' there was an effort made by teachers to adapt curriculum material particularly in

reading for three groups of children: slow, average and bright. Here, we see the influence of psychology on educational discourse, as it was the technology of testing which was used to identify and classify children in terms of their intelligence. The 'brighter' children attended academic classes, children identified as 'average' attended academic or general classes, and those 'slower' were allocated to practical classes.

During the 1950s special education was being established across Canada although institutional settings and segregated classes were the main provisions for the education for students with disabilities (Winzer, 1990). Psychological discourse in the form of assessment of intelligence and behaviour was taken up by schools in order to support the identification of individual differences. As such, the 1950s has been argued by some to signal the origin of school psychology in Canada (Saklofske et al., 2000; Saklofske & Grainger, 1990). The move to include psychologists in schools was a new response for children experiencing difficulties in school. Bringing in 'expert' knowledge created the opportunity for another understanding and construction of the figure of the child as 'problematic'.

In PEI in the 1940s and 1950s however there were no psychologists working in schools. A psychologist worked within the child guidance clinic but it was not within the psychologist's responsibility to visit schools. The liaison teachers visited the schools and referred 'emotionally disturbed' children to the clinic (Beck, 1968). Also, concerning serious behaviour matters in the schools, disciplinary knowledge would have been left to the trustees of the school boards who would have power to suspend children who were believed to be beyond the authority of the teacher.

The establishment of the discipline of school psychology in Canada may be considered a discontinuity or break from what was happening in schools during the 50s regarding children with various learning and or behavioural problems. The taking up of school psychology could also be considered a continuity, as having psychologists in schools is a return to the practice taken up in Canada in the early twentieth century where children with learning and or behavioural problems and their parents were referred to the child guidance clinic to seek 'expert' advice from psychologists and other professionals who worked there. The taking up of school psychological perspectives within systems of education is an example where the establishment of 'expert' knowledge plays into new constructions of children as 'problematic'.

4.8.5 Summary

The key differences between Canada and PEI during the 1940s and 50s mainly involved issues regarding both financial and human resources for children. As a result of reduced funding, PEI had fewer facilities for children with challenging behaviour. For the most part, children living in more urban areas in Canada had access to better facilities and better-qualified teachers. Children living on PEI did not have access to school psychology services within schools; instead, liaison teachers were responsible for assessments in intelligence and referred emotional problems to the child guidance clinics.

4.9 Canadian and PEI Justice systems

Under Canada's Constitution the jurisdiction for the enactment of criminal laws, including those that govern juvenile delinquents rests with the federal government however, the responsibility for the enforcement of criminal laws and the provision of services for 'juvenile delinquents' rests with provinces and territories. Each province in Canada also has full responsibility for the enactment of laws and provision of services in such related fields as child welfare, education and health (Baha & Roberts, 2006).

Within the federal Department of Justice, the Juvenile Delinquent's Act (JDA), the first federal legislation in Canada for dealing with juvenile delinquents was passed in 1908, revised in 1929 and continued to be in effect in the 50s. Under the JDA, children were not found guilty of a specific offence, but instead adjudicated as juvenile delinquents. The doctrine parens patriae (the State as Parent) served as the foundation for the established right for the state to intervene and to provide protection for children whose parents did not provide adequate care or supervision, such as in the case of juvenile delinquency. The federal *Juvenile Delinquents Act 1908* stated, "every juvenile delinquent shall be treated, not as a criminal, but as a misdirected and misguided child" (Doob, Marinos, & Varma, 1999, p. 21). In such cases, a child would fall under other child welfare legislative laws. PEI also followed this doctrine in its own Juvenile Delinquents Act.

In most provinces, child-care and protection is provided under Child Protection Acts, which establish a central authority for stimulating and supervising child protection. "Six of the ten provinces delegated the responsibility for child protection to Children's Aid Societies, a distinctively Canadian development" (Statistics Canada, Canada Yearbook, 1951, p. 201). In the early 1950s, the first Director of Children's Protective Services was instituted on PEI and government began to provide services for children and their families (Child Protection Act

Review Advisory Committee 2004). This agency was responsible for two institutions, "one for orphans, and one for destitute children" (Statistics Canada, Canada Yearbook, 1951, p. 201).

> In PEI, the Department of Health and Welfare is responsible for the administration of provincial welfare services. Under the Children's Protection Act, neglected or delinquent children may be placed under the guardianship of the Director of Child Welfare or an approved child welfare agency. The children are placed in foster or adoptive homes, boarding homes, or children's institutions under the inspection of the Director. Provincial grants are made to child welfare agencies and to the two private orphanages, one Protestant, and one Catholic. Juvenile courts were under the Attorney General's Department, and juvenile delinquents are cared for at the expense of the Department of Health and Welfare in correctional institutions of the neighbouring provinces (Statistics, Canada, 1955, p. 272).

Child-care and protection work before the 1960s in Canada involved considerable attention to "juvenile delinquency and discipline, work with unmarried mothers and adoption", (Wharf, 1993, p. 123), and "cases of abuse and neglect" (Bala, et. al. 1999, p. 3). PEI's Child Welfare Division's responsibilities included "the investigation of all referrals of neglected children, providing services to unmarried mothers and a large adoption program, and investigating and following up with juvenile delinquent cases" (Beck, 1966, p. 13). PEI delegated the responsibility for child protection to Children's Aid Societies yet those children constituted as 'delinquent' were placed in institutions by the authority of the courts under the jurisdiction of the Department of the Attorney General.

4.10 Institutions, programs and practices for children constituted as 'problematic' in Canada and PEI

During the 50s in Canada, "children with physical or mental disabilities attended separate educational institutions, separate schools, or separate dedicated classrooms" (Dahl, & Sanchez 1997, pp. 3-4). As in many other parts of the world there was a move towards deinstitutionalization for most people identified with disabilities. In post war Canada, as was the trend in United States, the tendency for children with mental or physical disabilities was away from institutional care to community treatment and the recognition of individual rights, even though there was no specific legislation concerning individual rights.

There were no special institutions for students with physical or mental disabilities on PEI. Children who were 'deaf' or 'blind' resided in one of the Atlantic Provinces institutions. Nova Scotia's School for the Blind opened in 1871, and the School for the Deaf and Dumb was established in 1876. Children from PEI would have to be ferried to Nova Scotia which segregated them even more as travel to and from Nova Scotia was time consuming and costly. Children with mental disabilities across Canada were often institutionalized, but there were no such institutional facilities for the care of 'mentally retarded' children on PEI, New Brunswick or Newfoundland as of 1957. Children with mental retardation would have to be sent to another province like Nova Scotia. "In 1929, the Nova Scotia Training School was opened" (Kaufman, 2002, p. 22). It later became known as the Nova Scotia Youth Training Centre.

School programs for students with mental and physical disabilities began developing rapidly in the United States. As often was the case, Canada followed suit but more slowly. In the 1940s and 1950s, parents helped to organize segregated private day care and residential schools. In Canada, classes for the 'mentally retarded' were often funded with money from service organizations and were operated separately from the education system.

Such was the case in PEI also. The Charlottetown Branch of the Canadian Legion sponsored through funding for classes for the 'mentally retarded' (Beck, personal journals, 1999). In 1957 on PEI, small classes of 5-8 pupils were set up for non-educable 'retarded' children at West Kent School. Mental retardation was identified on the basis of an individual's intellectual functioning, which was determined by psychological testing. The term educable mentally retarded (EMR) at this time referred to children who can handle academic work at a third- to sixth-grade level, and usually have IQs that fall between 50 and 75. Those students labeled trainable mentally retarded (TMR) were understood to have an IQ between 30-50 and who could progress as far as second-grade level work.

Parents across Canada organized various lobby groups and exerted pressure on governments for expanded special education services in the 1950s. Groups like the Canadian Association for the Mentally Retarded (CAMR) became strong advocates for children with mental retardation (Lupart, 1999). This was the case in PEI where, in 1956, through the leadership of Dr. Mac Beck, a local psychiatrist, together with parents of mentally retarded children created the means for the provision of the first special classes for the non-educable mentally retarded students. While there was no legislation concerning children's rights specifically in Canada until the late 50s when children's rights were supported in legislation in the passing of the

United Nations adopted the Declaration of the Rights of the Child 1959. Such a declaration marked the first major international consensus on the fundamental principles of children's rights and the responsibility of adults towards children**.** It was within this document that the concept of 'the best interests of the child' appeared as the guiding principle for those responsible for children's education and guidance. As well, legislation in the United States was coming to the forefront concerning children's rights. Public Law 85-926 (1958) and Public Law 86-158 (1959) were constituted surrounding the training for professionals and teachers who worked with students with mental retardation. The concept of human rights is part of a legal discourse.

Following the Second World War, there was increasing attention paid to mental health. "The war also threw more intense light on the need for attention in education to mental health, but it was not until after the war that there was any noticeable expansion of activity in this field, at least as far as the schools are concerned" (Phillips, 1951, p. 12).

As the special classes expanded so did 'expert' knowledge in the fields of psychology, mental testing, social work, and health care. Special services provided by psychologists, public health nurses, school workers, in the clinics supplemented the work of the schools. Other programs were also initiated during the 50s in Canada due to federal funding from the Department of Health. In 1955 a major initiative was launched utilizing a "mental hygiene grant" from the Federal Department of Health.

Like other provinces in Canada, PEI was the recipient of this federal seed money grants [as part of the [National Health Grants Program], and through this funding, psychiatric services on the Island developed rapidly within the hospital and the community. Such an initiative played a part in the way the child with challenging behaviour was being constituted as 'problematic' on PEI and also in the way service was provided for them.

In the first half of the 1950s, four psychiatrists; the first clinical psychologist; Russ Ewing, and a psychiatric social worker were hired as part of the expansion of mental health services on the Island. Two of these psychiatrists worked at Falconwood Hospital, PEI's psychiatric hospital; and the other two divided their time between the hospital and the newly formed mental health clinic in Charlottetown (Beck, 1968).

The practice of psychology post World War II in Canada like many westernized countries attempted to shape values surrounding family and family life. By the early 50s, "The Institute

of Child Study in Toronto set standards, which were legislated by the federal government regarding the emotionally normal or well child" (Gleason, 1999, p. 47). The Child Study Institute began as a research unit within the Department of Psychology, University of Toronto in 1938. It contained a Laboratory School aimed at preparing individuals to be skilled teachers of young children or specialists in the assessment and counselling of young children and their parents.

4.10.1 Child guidance clinic

In the 1950s in PEI, four teachers were hired as teacher liaisons to work out of a child guidance clinic under the auspice of the new mental health clinic. These teachers sponsored by the Mental Health Association and Department of Education in PEI would study for one year at the Child Institute of Child Study in Toronto. It was there that they would be trained to work in the clinic upon completion of their studies. "In 1955, the Liaison Teacher Program was established in PEI; and the Child Guidance Program began in 1955 in Charlottetown" (Beck, 1961, p. 12). The role of the liaison teacher was one devised by Dr. Bill Hine and Dr. Margery King who were both affiliated with the Head Office of the Canadian Mental Health Association in Toronto (Beck, 1961). These two physicians had set up a one year course to better equip experienced teachers in the assessment, diagnosis, and management of problem children within the school system and who would serve as "liaison" people between the school systems and the Mental Health Services" (Beck, 1997, pp. 1796-1797).

Similar to many provinces in Canada, the establishment of child guidance clinics represented a place where where children and families were referred for intervention for various problems. What was different however, was the delay in the establishment of such services in PEI. In relation to the rest of Canada, the emergence of the child guidance clinic in PEI was well behind. As mentioned earlier, Winnipeg established a child guidance clinic in 1918, and in PEI's neighboring province of Nova Scotia, the first child guidance clinic was said to exist since 1941 (Gleason, 1989). PEI as a small island with a lower population had to wait much longer for services. Until federal funding was made available, PEI did without such an intervention.

The 'problematic' children during the 50s in PEI who were referred to the child guidance clinic included children with 'emotional disorders'. According to Dr. Beck, the liaison teachers' role regarding school children in PEI was "spotting emotional disorders in their very early stages, handling individual problem cases, and providing guidance to teachers in Mental

Health principles" (Beck, 1961, p. 19). Although the term 'emotional disorders' was used, there was no definition for what exactly 'emotional disorders' were in Beck's references. In 1955 the child guidance service expanded to other communities outside the capital city of Charlottetown.

> Expansion of the Child Guidance Services to the smaller communities (populations of 750 to 1500 persons) has greatly expanded our ability to provide psychotherapeutic services for all our population. This allowed for the provision of weekly therapeutic sessions to all of the population on PEI (Beck, 1968, p. 281).

Similar to the rest of Canada, the child guidance clinic, later named as a mental health clinic consisted of the integration of more than one discipline and served schools, children and their families. The use of federal seed money to the mental health sector in PEI provided the opportunity for mental health and psychology to enter into and connect with education.

A major responsibility of the liaison teachers in these clinics was to administer academic and psychological tests (Beck, 1968), thus localizing a technology for defining the 'problematic' child. In response to this new capacity for identifying various problems of children, the Unit 3 School Board (Charlottetown area) instructed the liaison teachers to use their newly attained skills to conduct a survey to measure reading levels of Island children (Interview, WX). The use of surveys for measurement was in line with the rest of Canada as poor school progress was one of the most common reasons put forth for referrals to the child guidance clinic at this time. Surveys provided further evidence that the extension of schooling was a key move in making the problem child a much more central figure in PEI. Using this technology, professionals in education, psychology, and medicine had the methods to support the production of new labels for the constitution of 'problematic' children, and ultimately create the possibility for these professionals to recommend new programs and practices for teachers and parents.

4.10.2 Surveys

The School Finance Survey (1955) indicated that there were a large number of children reading below their grade level. These children were identified as having a Specific Reading Disability, and were labeled 'reading disabled'[1]. According to this survey, only 29 out of every 100 students in grade 2 ever reached grade eleven on the Island (Beck, 1968). The

national average was 52 out of 100. Using such a comparison, it is possible to consider a student who did not make it past grade 9, or, as one of the 71% in PEI who never reached grade eleven as 'problematic'. While such a statistic may have been alarming to some, it may have reflected local assumptions about the purpose of school in relation to employment in the then main industries of the island. In a PEI environment, it was important to have particular types of workers for fishing and farming, and therefore, what constituted a successful student may have been different to other places in Canada. Those 71% who hadn't reached grade eleven but had obtained functional literacy and numeracy by the end of grade who had a physical maturity to be a good worker could have been considered important and nine or ten, and equipped for being a successful worker.

In most provinces in Canada youth convicted of a serious crime or a repeat offense were sent to training schools. This is a continuity that goes back to the nineteenth century. This intervention followed suit in what was happening for convicted 'juvenile delinquents' on PEI. The difference however, was that youth from most other provinces were sent to training schools within their own province. Youth in PEI convicted were sent to another province as PEI did not have any such facility. Agreements were made between provinces for payment for the use of such facilities for youth (Interview ST).

Not only did judges have tremendous power over youth in their sentencing, power was also extended to the superintendents who managed the training schools. According to one of my informants, sentences for those youth convicted of more serious crimes were usually left open; meaning the superintendents of the various training schools decided how long each youth remained at the facility (Interview, ST). At this time, the schools became an important factor in the provisions for problematic youth. Such a practice meant that children as young as seven could remain a 'ward of the court' for a period of 10 years and be subjected to living away from the Island and instead attending training school in another province. ST recalls some of the youth he worked with were sent away to a training school in the fall when the school term

[1] This was a term taken up by individuals such as Dr. Beck and used in the late 50s in reference to the 'liaison teachers' who initially were hired for work at the child guidance center. According to Dr. Beck's journal, the symptomatology for 'specific reading disability' included tendency for the child to reverse letters, have mixed laterality regarding preferred handwriting, apraxia (speech disturbances), spelling disability, and secondary anxiety (Beck journal, p. 1957-58).

began; returned to the Island for Christmas holidays; and went back to the school until they were released again in June after school was out for the summer.

4.11 Conclusions to second part of the chapter

The problematic school child was a minor figure in PEI prior to and post World War II and into the 1950s because comparatively few children were expected to complete high school. Many, once they reached grade 8, became adults and worked, rather than becoming problem children whom would not or could not learn. It was only when national policy and the changing nature of industry started to require secondary school completion that all these other services were brought into play.

For the problem child constituted as 'delinquent', lack of resources resulted in the problem child on PEI being being sent off Island to training schools. Children with physical or mental handicaps were also sent to neighboring provinces for treatment. Also, PEI being an Island created difficulties in transportation as getting to and from the Island required ferry services.

4.12 Conclusions to the chapter

In this chapter, information was presented highlighting that the four disciplines discussed in chapter 2 can be viewed as discourses. Each discourse defined a different kind of problem child. In this period discussed here, which preceded the 1960s, this problem child was often subjected to various kinds of exclusions and segregations. In the discourse of medicine, those who classified 'mad' or 'insane' were sent to asylums and later hospitals; from the perspective of psychological discourse, problematic children were assessed and children who were categorized as 'emotionally disturbed' received treatment in the child guidance clinic; in the discourse of justice, 'juvenile delinquent' children were sent to reform or industrial schools; and in education, children constituted as slow learners or 'reading disabled' were sent to 'segregated classrooms' under the guise of 'special education'. Children who were behaviour problems were either suspended or left school early to take up adult work.

The requirement of having all children attend school in the 19th century was a key move in education. In post World War II in Canada, it was the extension of schooling into the secondary years that was the dominant move in the 40s and 50s, and into this space other discourses would come. The expansion and extension of schooling made the problem child a much more central figure in PEI which previously relied on its industries to absorb those who did not wish to remain in school.

The bringing in of new discourses, especially psychology and the expansion of professional schools between the wars resulted in an increase in the number of 'experts' available to address the issues of challenging behaviour. Correspondingly, more 'expert' knowledge led to an increased number of labels for the problem child. There were increased technologies available in constituting the child as 'problematic' and the various types of programs recommended for the figure of the 'problematic' child.

Psychological influence continued to impact schools and children with challenging behaviour. Children's behaviour was being connected to theories of behaviour, development and psychoanalysis. Children were understood according to age and developmental stages where they learn to distinguish right from wrong and such behaviour was linked with rewards and punishments, or from a psychoanalytic understanding that linked problematic behaviour to unresolved issues and trauma in childhood. If a child did not abide by the ethical modes of conduct of society, they were subjected to techniques involving corporal punishment.

The emergence of the child guidance clinic in Canada in the first decade of the twentieth century is an example of how discourses at times align with one another producing a hybridized technology for children. It was in the clinic where children were tested, and the problem each child was referred for was identified by one of the professionals working there, and interventions and programs recommended for the child and his or her family. The establishment of the first child guidance clinic in Canada in 1914 as compared to the establishment of a clinic in PEI in the 1950s is an example of how smaller places in Canada often lag behind the rest of Canada when it comes to receiving funding for interventions for children. The rationale for the child guidance clinic reminds us that the child becomes a magnet that attracts a number of resources because of the potential of the child with challenging behaviour to do harm to others, and the potential for this child to cost a lot of money in terms of interventions, not just now, but also in the future.

Another important development in this chapter is the development of a hybridized technology named the Diagnostic Statistical Manual for Mental Disorders arising out of the intersection and alignment of medical and psychological thinking. As a result of this arrangement, both medical and psychological discourses are fortified, as this particular shared technology was the primary source used by professionals in the medical and mental health fields in the diagnosis of children's mental disorders.

The diagram below summarises the analysis of the disciplines of medicine, psychology, education and criminology and of these four disciplines as discourses. Here, one can see the kinds of ways children are being described, and defined. In practice, one can see how things tend to overlap producing hybrid areas that draw on more than one discourse. In order to understand how the child with challenging behaviour is being constituted, one really needs to map the whole field. As the thesis advances, I will show how the figure of the child with challenging behaviour is constituted according to discourses in particular periods of time.

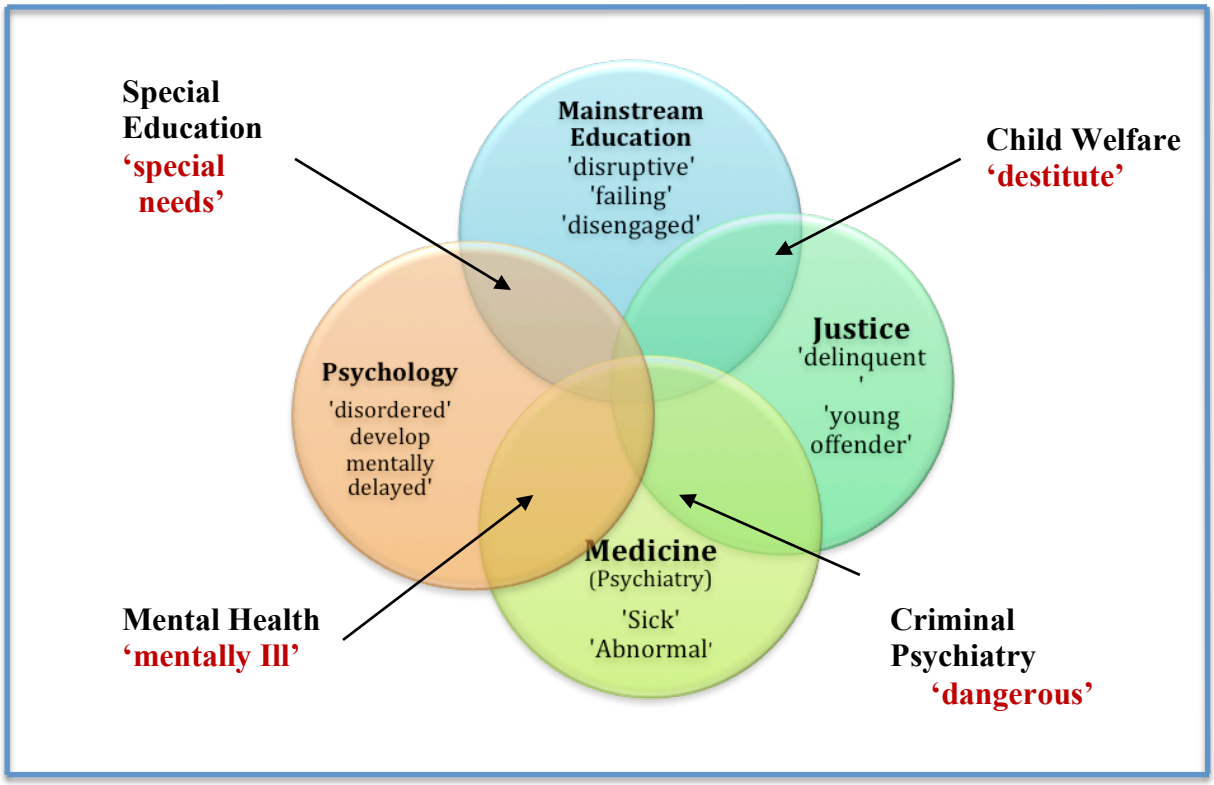

Figure 7: The discursive field of the problematic child

The genealogical approach taken here makes time and place salient. If we look at the problematization of child behavior at particular times and places, one sees that there are different logics associated with different discourses concerning the child with challenging behaviour. This raises questions of how disciplines can be put into practices. One needs to look at material circumstances of place. The key point regarding PEI is that there are material differences between PEI and Canada as a nation. For a particular practice to be implemented, resources are needed. What was highlighted in this chapter was the lack of resources and institutions for children with physical and mental disabilities on PEI in the 1940s and 50s. The lack of resources on PEI created a reliance on services in the neighbourhood provinces of

Nova Scotia and New Brunswick. What difference does time and place make concerning the 'problematic' child? This question will be further explored through a genealogical examination of the 1960s to 1990s in the following three analysis chapters.

Chapter 5: Progressivism and the child with challenging behaviour

"Unity in concern must override diversity in interest" (Lazure & Roberts, 1970. p. 11).

5.1 Introduction

In Chapter 5, I provide a genealogical analysis of the 1960s and 1970s, two decades when discursively there was much happening in Canada concerning the constitution of the 'problematic' child. This period is one in which the issue of human rights was rising to the surface in Canada and many other parts of the world, greatly influencing policy development. A discourse of human rights is of prime importance in this thesis because of the impact such thinking has on the lives of children with challenging behaviour.

Canada in the 1960s was deeply affected by the civil rights and anti war struggles in the United States (Heller, 2009). Progressivism re-emerged in the 1960s: this social and political movement sought reform in order to cope with the demands of business and economic institutions (Kitchener & O'Donoghue, 1999). In Canada, progressive ideals during the 1960s and 70s were brought forth by Prime Ministers and leaders including Mackenzie King, Lester Pearson, Tommy Douglas and Pierre Trudeau who "introduced middle class entitlements such as social security and Medicare", and "the advancement of individual rights through the suffragist and civil rights movements" (Owen & Eaves, 2008).

Five key reports produced in Canada in the late 1960s and early 1970s significantly influenced policy, and programs for the education of 'exceptional' children in this country. The first two reports pertain to broader philosophical issues regarding children. *The Ontario Provincial Committee of Aims and Objectives of Education in the Schools of Ontario, Living and Learning Report*, (Hall & Dennis, 1969), and *Children with Emotional and Learning Disorders in Canada: One Million Children* (Lazure & Roberts, 1970), best illustrate contemporary ways of thinking about children which in some respects represented a significant shift from previous models. The first of these, better known as the Hall-Dennis Report (Podrebarac, 1971) focused on the aims of schooling and stressed the necessity of providing learning experiences to meet the needs of individual young people at every level. The second was an examination and discussion of the situation which had risen due to the large number of children who had been identified with emotional and learning disorders. I will argue that this highly influential contemporary document consciously attempted to disrupt earlier problematizations, which located the problem within the child. This document moves

towards a new logic, shifting the gaze towards the very systems put into place concerning the 'problematic' child.

The three other key documents include *The Report on Legislation and Services for Exceptional Children in Canada,* (Ballance & Kendall, 1969), *The Standards for Educators of Exceptional Children in Canada Report* (Hardy, Macleod, Minto, Perkens, & Quance, (1971), and *A Matter of Principle: Principles Governing Legislation for Children with Special Needs* (Treherne, Dice, Grigg, & Sanche, 1974). These reports are more programmatic in nature and focus on the implementation of the philosophical principles espoused in the focal texts.

The second part of this chapter discusses events taking place in PEI during the 1960s and 1970s. Here I examine some of the local ways the child with challenging behaviour was understood during this period. I draw on the archival and interview data to highlight different service delivery for students with challenging behaviour on PEI. While some of the programs and practices put in place in PEI for the identified problem were similar, others did not necessarily fall in line with what was happening elsewhere in Canada.

In order highlight the reports included in this chapter, I include two timelines which illustrate the key documents produced in Canada and PEI concerning the problematic child during these time periods, the first, 1960 to 1969, and second, 1970 to 1979.

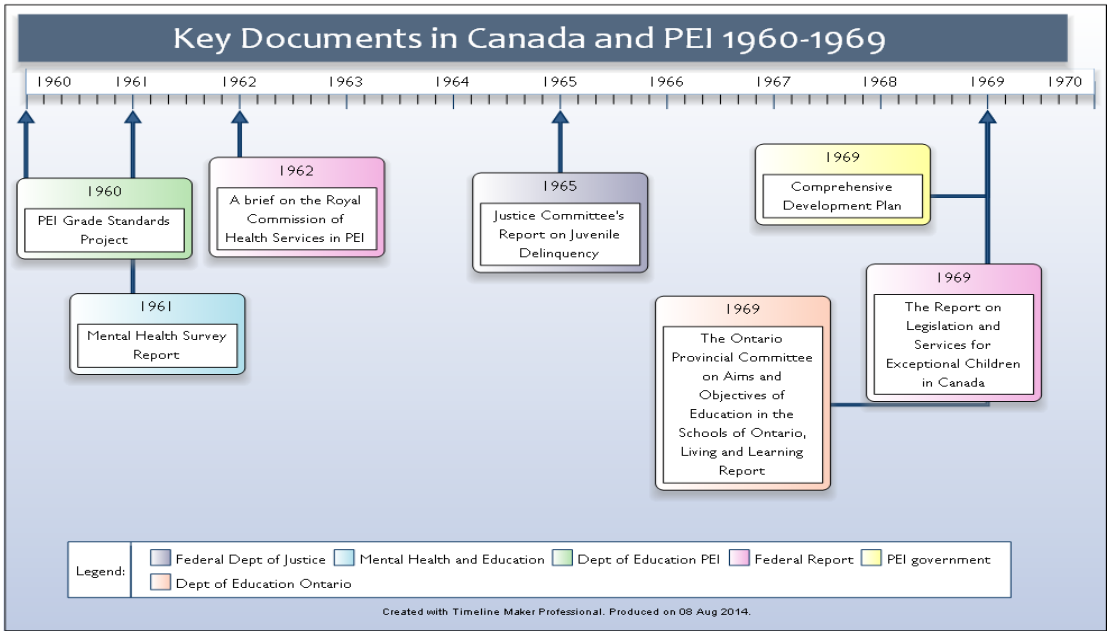

Figure 8: Canadian and provincial reports 1961-1969

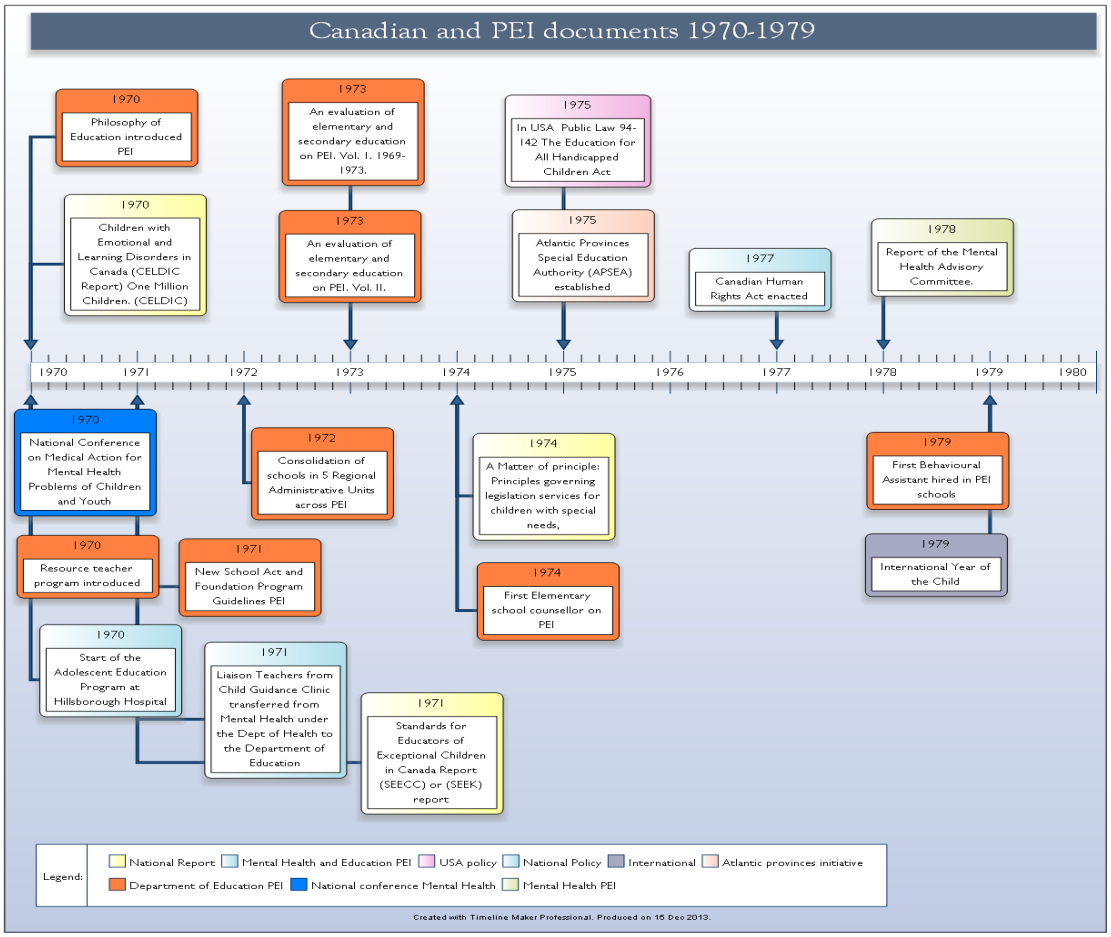

Figure 9: Canadian and provincial documents 1970-1979.

5.2 Establishing the context: Canada in the 1960s and 1970s

The 1960s through 1970s presented a very interesting period regarding the nature of the discursive formations that emerged concerning the child with challenging behaviour. Canada's rise of prosperity in the 1960s generated a powerful momentum to social and economic changes (Hebert & Hartley 2006). These changes were manifested in the country's demographics, education system, and workplaces, and in how children were parented. By the early 1960s, Canada's birthrate was the highest it had ever been and the nation was becoming a more multicultural society due to the arrival of new immigrants seeking work and wishing to escape the hardships of their countries of origin. The baby boom generation stimulated an already expanding economy in Canada which in part led to the rise of suburbia as thousands of new families chose to locate away from the cores of downtown cities. Across the country, hundreds of new schools were constructed and thousands of teachers were hired (Whitworth, 1961, p 78).

The 1960s and 70s saw the introduction of human rights codes in Canada which were built upon the basic framework of early fair practices (Marenko, 2008). The *Canadian Human Rights Act* was first legislated in 1977. The purpose of this Act was stated as:

> to extend the laws in Canada to give effect, within the purview of matters coming within the legislative authority of Parliament, to the principle that all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability or conviction for an offence for which a pardon has been granted (Department of Justice Canada, *Canadian Human Rights Act, 1977*).

Human rights commissions, independent federal agencies, were mandated to investigate and mediate alleged violations of the *Act*. Social movements were being formed to advocate for racial and social equity, children's rights, student's rights, gay rights, women's rights and Aboriginal rights.

The decade of the 1960s was a time where a great deal of attention was being given to the children's rights due to a continuation of human rights initiatives like *Universal Declaration of Human Rights* 1948, *The Declaration of the Rights of the Child* and the disability rights movement in USA where professionals and parent led groups which advocated for legislation regarding children who were identified as 'exceptional' (Winzer 1995).

For the particular category of children with challenging behavior, this rights emphasis created the opportunity for different questions to be asked regarding some of the ongoing institutional practices and programs which had been in place for many years regarding the figure of the 'problematic' child. An example of such a question relating to the child with challenging behaviour in the institution of education might be: how the practice of suspending certain children from school assists them in learning to behave in more acceptable ways.

5.2.1 Progressivism

Progressivism in education was taken up in the early thirties and had "fluctuated and fallen in and out of favour over time" (Titley & Mazurek, 1990, p. 111). Another wave of the progressive movement returned in Canada around the early 1960s, in part, as a response to the

rising birthrate, increase of technology, need for teachers, rise in immigration, and the nation's low retention of students in schools. The core ideas of progressive education consisted of "a belief in active, individualized, child-centered education that is aimed at the "whole child", advocating a more differentiated and holistic curricula that moves beyond the basic reading writing and arithmetic to meet children's social, emotional, psychological and biological needs" (Davies, 2002, p. 271).

In the 1960s, Departments of Education across Canada also bought into the progressive education philosophy. Schooling was now not just a place where middle class children went to cultivate their intellectual development, it additionally was a place where the schools mandate focused also on the development of the social, and the making of a proper citizen.

Progressivism influenced how professionals in the various fields viewed the 'problem' child, the way Canadian children were taught, and how they were parented in their homes. In Canada, in the 1960s there was great optimism, which was expressed in the belief that children were in a state of growth and development rather than static or fixed. From a psychological perspective the problematic behaviour was seen to reflect an underlying temporary disruption in the process of adaptation and development. With a particular program or treatment, the behaviour would return to what was considered 'normal'.

At the same time the numbers of children identified with challenging behaviour were increasing, and there were concerns over the "inadequate knowledge, treatment, services and education of children…" (Lazure & Roberts, 1970, p. 33). Canada's increasing population, rapid urbanization and rising social movements advocating for children rights, produced cause for concern for Canadian society regarding children identified as 'problematic.

By the seventies, Canada had entered a new economic era defined by globalization and a revolution in information technology. Unemployment and inflation rates increased dramatically during this decade due to industry mechanization and workers not being trained in the fields of the service industry or computers. In the mid 70s Progressivism fell out of favour again when education returned to a 'back to the basics' approach focussing once again on reading, writing, and arithmetic (Titley, 1990).

5.3 Identification of children constituted as 'problematic' in Canada

The identification of children constituted as problematic' using different language from various professional disciplines in the 1960s and 1970s focused on the differences in handicap

or disability. In the field of education the child constituted as 'problematic was named 'exceptional' through special education, and later a child with 'special needs'. In the fields of medicine and psychology, the terms used to describe the child with challenging behaviour was 'emotionally disturbed'. In the justice field, the 'problematic' child was named 'delinquent'. In this next section I will examine these terms and some of the characteristics associated with the different disciplines and professionals who worked with children during the period of the 1960s and 1970s in Canada.

5.3.1 The child constituted as 'emotionally disturbed'

During the 1960s, the term 'emotional disturbance' emerged as one defining children according to their physical bodies, their emotions, learning difficulties and relationship challenges. The key to disturbance according to Bayles (1967) was "lack of balance and co-ordination between the different parts of the child's personality" (p. 2). Harmony is needed to be restored between "physical, intellectual, emotional, and social development" and the "thinking, feeling and willing elements, so that the being of the child becomes whole" (Bayles, 1967, p. 2). Bayles statement is suggestive that a child who is harmonious, well balanced, and coordinated at an individual level, will also contribute to society at large including schools.

Laycock, a Canadian psychologist who carried out research on children with challenging behaviour stated 'emotional disturbance' was identified by characteristics in children with:

> excessive restlessness, refusal to conform to discipline, general lack of attention, day-dreaming, inability to mix with others, excessive shyness, lying, stealing, cheating ,or truanting, temper tantrums, moodiness, unusual fearfulness, excessive nervousness, "show-off" behavior, unsatisfactory school progress, too aggressive behavior, persistent lack of effort, or persistent unhappiness" (Laycock, 1963, p. 149).

This list of varied descriptions of children with 'emotional disturbance' could also apply to 'normal' children at any given moment in time. Laycock's definition gave no indication of how many of these characteristics had to be present in a child before they were labelled as 'emotionally disturbed'. Research completed by Laycock and others during the 1960s continued the practice used since the early 1900s of psychological observations of children's behaviour (See Chapter 4) and constructing children as 'problematic' according to statistical norms.

By the late 1960s researchers in Canada were making a connection between learning issues and emotional problems. In a study targeting the educational needs of the 'emotionally disturbed' children in British Columbia, Canada, Laycock and Findlay described these children's behaviour as having "a disrupting effect on the rest of the class [which] places undue pressure on the teacher, and furthers the disturbance of the pupil himself" (1969, p. 6). The teacher's need to teach to the majority here forms the context for an individual's behavior to be constituted as problematic. These children's behaviour was expressed in terms of characteristics of: "hyperactivity, distractibility, withdrawal, bizarre behaviour" (Laycock & Findlay, 1969, p. 6). Such a 'deficit' view of children placed the blame for problematic behaviour directly on the child who was described in terms according to his or her:

> inability to have effective relationships with peers and teachers, inappropriate behaviour or feelings under ordinary conditions, a general pervasive mood of unhappiness or depression, difficulty or inability to face reality, a very poor self concept, difficulty or inability to cope with the learning situation in spite of the usual educational remedial measures, etc. and a tendency to develop physical symptoms, speech problems, pains or fears associated with personal or school problems" (Laycock & Findlay, 1969, p. 13).

Referring to characteristics of "inappropriate behaviour or feelings under ordinary conditions" assume that every child is supposed to respond and experience conditions in the way the constructed 'ideal' school child would behave. In this case, an 'ideal' or 'normal' child is constituted as a child who would have effective relationships with peers and teachers, is happy and successful in a learning situation. "A general pervasive mood of unhappiness or depression" reflects that a child's mood could be measured along a continuum subject to ratings from 'normal' to 'abnormal'. The statement regarding "usual educational remedial measures" is suggestive that there is one approach to learning for all children and any child identified as not coping, as compared to the 'ideal' child is constructed as 'problematic'.

This figure stands in opposition to the ideal student described by Hall and Dennis (1968) in their contemporaneous report. This report described the aims of education as producing:

> an individual who has opportunities for self-realization, security, and participation in decision making … educated for social responsibility, service to all, adaptability to

> change, and explicitly to be educated to work and get along with others (Hall & Dennis, 1968, p. 71).

The aims of education described here specifically imply that it is the 'ideal' student, one who is responsible and adaptable who will be successful, not a student who is identified as having problematic behaviour and is constituted at this point in history as not being able to academically, emotionally or socially meet with success in school.

5.3.2 The child constituted as 'exceptional'

The term 'exceptional' in the 1960s was taken up in Canada in education systems referred to children who:

> differed from the average to such a degree in physical or psychological characteristics that school programmes designed for the majority of children do not afford them the opportunity for all-round adjustment and optimum progress, and who therefore needed either special instruction or in some cases special ancillary services, or both, to achieve at a level commensurate with their respective ability" (Dunn, in Ballance & Kendall 1969, pp. 65-66).

Dunn's (1963) classifications had included a long list of characteristics such as low and high intellectual ability, disturbed and maladjusted emotional and social functioning, impairments in speech and hearing, physically impairments and chronic health problems. Thus children with behavioural problems could be encompassed within the general category of exceptionality. The characteristics associated with the term 'exceptional' placed children outside the construct of 'normal' as decided according to the scientific evidence collected in the discursive practices of testing and/or diagnosis. Mental health practitioners assessed children according to standard scores of intelligence, and/or psychological and psychiatric measures that provide guidelines for diagnoses within manuals such as the Diagnostic and Statistical Manual for Mental Disorders. As well, medical personnel engaged in discursive practices involving medical exams where children were diagnosed according to 'normal' and 'abnormal' physical characteristics.

5.3.3 The child as 'active' or 'hyperactive'

The 1960s was a period of time where children's level of activity became a focus of concern. Prior to the 1960s, a more formal approach to education was dominant, and children who had difficulty with academics or who physically liked to move about and/or had challenges in

paying attention for longer periods of time were problematic. Progressive education and its child-centered approach were associated with an emphasis on "individual freedom of expression" (Cooper, Smith, Upton & Graham, 1994, p. 32). John Dewey's theory of education asserted that education should "engage with and enlarge experience" (Warde, 1960). Inspired by Dewey, a progressive education approach sought to encourage discussion, inquiry, and experimentation, as noted by Hall and Dennis in their goal-setting report on Canadian education (1968). Dewey's argument for the child as an 'active' learner stressed that learning was not the passive acceptance of knowledge but involved engaging with the world.

However, there were also alternative views of activity in childhood, involving a distinction between normally active and 'over active' or 'hyperactive' children. By 1968, the term Hyperactive Reaction of Childhood was included in the DSM II. Those children who met the criteria for this disorder were characterized by overactivity, restlessness, distractibility, and short attention span, and diagnosed and labeled with a psychiatric disorder (American Psychiatric Association 1968, p. 50). Hyperactivity was considered a behavioural symptom and recognized "as the result of some biological difficulty, rather than due solely to environmental causes" (Barkley 2006, p. 8).

Medically, impairment in the central nervous system functioning was determined to result in deviations of behavior (Millichap, 2010). The term 'minimal brain dysfunction' in the 1960s referred to children:

> of near average, average or above average general intelligence with certain learning or behavioural disabilities ranging from mild to severe, which are associated with deviations of function of the central nervous system. These deviations may manifest themselves by various combinations of impairment in perception, conceptualization, language, memory and control of attention, impulse or motor function (Clements, 1966, p. 9f).

The understanding of a psychiatric diagnosis of behaviour in children associated with these behavioural characteristics was incongruent with an 'active' child within a Progressive education system in the 1960s. There are two discourses interacting during this period, one, a Progressive discourse where children were encouraged to move about while learning, which posited that an active child was not considered problematic, and two, psychological discourse

which determined that activity could be psychologically measured and normed. Overactivity then was constructed as problematic.

5.3.4 The 'inattentive' child

In the 1970s, researchers who studied problematic behaviour of children shifted their focus from hyperactivity to inattentiveness and impulsivity. This new way of thinking was based on merging research evidence that suggested attention difficulties might be independent of hyperactivity. This was an attempt by psychological and medical discourses to divide the category of Hyperactive Reaction to Childhood into two separate categories, one, hyperactivity, and two, inattentiveness and impulsivity. For instance, Douglas, (1972) concluded from her studies on hyperactive children that deficits in sustained attention were equal to or greater than their motor restlessness. In other words, attentional difficulties in children were sometimes more noticeable and determined to be more problematic than their levels of their hyperactivity.

This different understanding of the figure of the child would challenge the medical diagnosis for Hyperactive Reaction of Childhood or minimal brain dysfunction and influence how the 'inattentive' child was treated medically. Such a change would also result in a new category for the figure of a child presenting with attentional issues as problematic in schools. According to Douglas (1972) and her descriptions of children included in her research on hyperactive children, "because of their short attention span, they tended to flit from one activity to another" (p. 260). As a result of their short attention span, "hyperactive children's behaviour was often fragmented and disorganized" (Douglas, 1972, p. 260). Therefore a child's inattention contributed to the impression of excessive activity.

This new construction of the 'inattentive' child, I argue is an example of a hybrid diagnosis. The identification of attention as a focus for problematizing child behaviour was not something entirely new but in some respects a return to earlier ways of thinking. Concerns relating to attention have been closely connected to the concerns of schooling, on education and learning. As early as 1902, Dr. George Stills, based on observations on children in schools, identified a child's "abnormal incapacity for sustained attention" as one characteristic among a number of others determined to be problematic in a school setting (Stills, 1902, p. 1166).

5.3.5 Summary

The definitions of emotionally disturbed and exceptional children was greatly expanded in the 1960s and 1970s to include such a wide range of behaviours that it was questionable as to how professionals could determine who was defined as emotionally disturbed and /or exceptional and who was not. The characteristics associated to each of these terms created tensions in how professionals provided recommendations for interventions for these varied diagnosis and challenging behaviours of children.

Children identified as emotionally disturbed or exceptional within a school context were compared to the constructed definition of the ideal child which created tensions for what measures could be used to address the multiple emotional and learning issues associated with these two categories of children with challenging behaviour.

The period of Progressivism surrounding a child centered approach created competing views between progressive educators' views of the 'active' child and the medical or psychological perspective. Within education, how a child's level of activity impacted learning and vice versa was made more visible. Discovery based learning continued to be popular and supported the 'active' learner. The type of behaviours listed under minimal brain dysfunction which may have been identified in the past and which contributed to the constitution of a child as 'problematic' were not as applicable in a progressive learning environment of the 1960s.

When the DSM II was developed in the latter half of the 1960s, and the category of Hyperactive Reaction to Childhood was taken up by psychologists through the norming of 'active', a category for children constituted as hyperactive was created. A child identified as over active or hyperactive whose prime symptoms included inattention and impulsivity may have created tensions in a context where activity based learning was being encouraged.

As well, inattention as a category separate from the diagnosis of Hyperactive Reaction to Childhood, or an alternative explanation for hyperactivity in children contributed to a third type of 'problematic' child in schools. 5.4 Government reports on special needs children

Between 1969 and 1974 five national reports were produced in Canada as referred to in the chapter introduction. Clearly the topic of children with exceptionalities was of great concern to the federal government. In this next section I will examine in detail the first of these reports, which greatly impacted on education and children constituted as problematic.

5.4. Ontario Provincial Committee of Aims and Objectives of Education in the Schools of Ontario, Living and Learning Report 1968

One of the responses to upheaval about social and educational issues during this period was the release in 1968 of the *Ontario Provincial Committee of Aims and Objectives of Education in the Schools of Ontario,* Living and Learning *Report*, otherwise known as the Hall-Dennis report. The education system prior to the period of progressivism in the 1960s adhered to rigid expectations, grades and subjects. For certain students who did not perform well according to the institution's determination of what was successful, this meant leaving school early. Instead of focusing solely on intellectual development, the school's mandate now included social development. What changed was what society demanded from its citizens. In referring to this period, Gleason (1999) maintained:

> Education now meant developing problem solving and critical thinking skills, fostering self expression, stimulating interest in culture and civic – and social-mindedness, and instilling good habits of social hygiene (p.121).

The Hall-Dennis Report (1968) identified the need for a change in the way educators provided educational programming to all students. This report made reference to and supported a child centered approach which its authors believed significantly influenced the way Canadians viewed children identified as having difficulties in schools, other institutions, the home, and in the community. The aspects of Dewey's child centered approach taken up by Hall-Dennis focused on the importance of children's learning through individual discovery and inquiry based learning focused on children's individual interests and their freedom to create their own learning by choosing from various class activities. Teachers acted as facilitators in learning.

Also, a progressive education advanced that there were less strict rules due to a belief that children learned through discovery. The implication for thinking about children's behaviour was that if the child were interested in what they were learning by doing, they would not be getting into trouble. In comparison to the construction of the 'ideal' student, a student with problematic behaviour would be described as being "bored, disinterested, and uninvolved in learning and whose mind and energies wandered to the forbidden, the exciting, the challenging whenever they can find it" (Hall & Dennis, 1968, p. 54).

However, there were limits to the flexibility envisaged in *Living and Learning*. This is clear in its statement of the aims of state schooling that included:

> to help the child to understand the nature of the environment in which he or she lives; to lead the child "to choose and accept as his own those ideals of conduct and endeavour that a Christian and democratic society approves,"(Ontario's Department of Education, 1967, p. 4), and to assist the pupil to master the essential abilities for living in a modern society (In Hall & Dennis, 1968, p. 10).

The idea of the Christian and democratic society developed out of early nineteenth century beliefs when educators supported specific moral and religious instruction, and where "the power of education was believed to promote virtue and cause evil to wither away" (Phillips, 1957, p. 527). In the above statement, what appears as a "modern" view of schooling maintains conservative values. While in the progressive approach the child is now constituted as one who can "choose" and "own … ideals of conduct", there were still norms of conduct and the child did not determine these norms. However, the introduction of the concept of choice created new possibilities for children to be 'problematic', and different ways of describing children's problems. As a result of being able to make individual choices, students could then be looked upon as maintaining responsibility for their choices. For educators, their attention on academics in school expanded to include children's emotions and social skills development. "Incorporating social responsibilities into the curriculum was also associated with teachers being encouraged to act as guides and facilitators to assist students develop a sense of responsibility" (Gagne, 1972, p. 93).

The new figure of the problematic child was one whose behavior could not be interpreted in terms of ideal social and emotional development, who did not welcome being guided in this way and who did not 'choose' to accept social norms as his own. *The Living and Learning Report* recommended that exceptional children not be separated into categories that divided the population into two divisions: education and special education. Instead, special education should be viewed as "an integral part of the ordinary school program" (Hall & Dennis, 1968, p. 101). An 'exceptional' child was defined as one who:

> differed from the average to such a degree in physical or psychological characteristics that school programmes designed for the majority of children do not afford them the opportunity for all-round adjustment and optimum progress, and who therefore needed either special instruction or in some cases special ancillary services, or both, to achieve at a level commensurate with their respective ability" (Dunn, cited in Ballance & Kendall 1969, pp. 65-66).

From the language in this quote, one can see how the attention if focused on the 'majority' creates a division between those students who fall within the 'norm' and those students' constituted as exceptional who were understood as never being able to reach the norm with or without services to support their learning.

5.5. Children with Emotional and Learning Disorders in Canada (CELDIC) 1970

Co-Chairmen, Drs. Charles Roberts and Denis Lazure, published the report, *Children with Emotional and Learning Disorders in Canada: One Million Children* in 1970. The authors described the context of Canada during the early 1960s as a time where 42% of the Canadian population was less than 19 years of age (Justice Committee on Juvenile Delinquency 1967, p. 10). The reasons the authors gave for the report to be written were:

> to study the needs of children with emotional and learning disorders; to determine the existing services for these children and their families; to examine approaches and models of practice and organization being used in Canada and other jurisdictions; and to suggest possible solutions to this problem (Lazure & Roberts, 1970, p. 30).

A committee of specialists representing the various professional disciplines across Canada was appointed to lead this research project along with over 100 individuals who were responsible for various other tasks vital to its completion. Funding for this huge undertaking was sponsored by various organizations including Canadian Association for Retarded Children, The Canadian Council on Children and Youth, The Canadian Education Association, The Canadian Mental Health Association, The Canadian Welfare Council, and an international sponsor, Dr. Barnardo from the United Kingdom.

In the report, it was claimed that 'one million children' currently suffered from 'emotional and learning disorders'. These children were described as:

> children who are neurotic or psychotic or who exhibit learning disorders; children with overall learning deficit – the retarded; children with specific learning difficulties or deficits; children with sensory or physical handicap likely to lead to a secondary emotional or learning problem; children who are judged to be delinquent; children whose family or community experience leads to cultural or emotional deprivation (Lazure & Roberts, 1970, p. 19).

This definition encompassed a host of difficulties, which included physical, emotional, social and learning aspects of a child. According to its authors, the definition for emotional and

learning disorders was purposely broad in scope to include all children to whom the labels could be applied. One advantage of such a broad definition was that it could be used in justifying the large-scale mobilization of resources. The CELDIC report recommended an interdisciplinary response.

The report suggested that learning problems should be understood in terms of the child's environment. Its authors commented, “not enough attention is paid to an understanding of child development and family relations” (Lazure & Roberts, 1970, p. 165). This was in contrast to the prevalent attitude regarding children with emotional and learning disorders, which took a medical standpoint centered on diagnosis and treatment. Developmental psychology supported the report's view that children moved through developmental stages in ways impacted by their environments. From this perspective, normal development consisted of the interaction between biological (internal) and cultural (external) forces where “successful development is dependent on a well-functioning biological organism operating within a sheltering yet stimulating environment” (Lazure & Roberts, 1970, p. 20).

One of the main arguments threaded through the CELDIC was that the disciplines involved in treating children's problems had served to constitute the ‘problem’ child as a ‘fragmented’ child. What professionals working in each of the various disciplines of medicine, child welfare, education and justice understood about the ‘problem’ child was different according to the professional language and training each of these professionals received. The authors argued that none of these professional views took into consideration other important aspects of the child’s life. As the authors of this report highlighted:

> No one sees or is concerned with the whole child as he interacts with his environment. We diagnose and treat and sometimes label for life, on the basis of a small segment, the *problem* part of the total child (Lazure & Roberts, 1970, p. 296).

Lazure and Roberts maintained that that the child was not viewed as whole due to attention of the various professions being concentrated on the negatives, the illness or the pathology of the child. Throughout the entire report, the authors argue that the whole child is absent. There is a belief put forth that the ‘whole child’ will emerge out of a unity of concern put across by the different professionals involved in the study if and when everyone sees the child in the same way.

However, this new view of the whole child assumed that the problem was still there as 'the problem part' (see above). If we return to earlier categories of problem children, such as 'moron', the child as the object of study was observed or assessed medically and classified as a 'moron'. In other words, the essence or totality of the child was determined a 'moron', not just a part of the child. In a sense this too was a 'holistic' view. Within the CELDIC report, there are dissonant views being put forth from a number of different discourses. The report argues that the whole child is absent or invisible whilst at the same time advocating that the label of 'socially and emotionally disordered' be retained as a means of attracting resources to deal with the whole child and its 'problem parts'.

While the CELDIC and Living and Learning reports emphasized broader philosophical principles for children such as viewing the child holistically, three other national reports *The Report on Legislation and Services for Exceptional Children in Canada*, (Ballance & Kendall, 1969); *The Standards for Educators of Exceptional Children in Canada Report,* (Hardy, MacLeod, Minto, Perkins, & Quance, 1971), and *A Matter of Principle: Principles Governing Legislation for Services for Children with Special Needs*, (Treherne, Dice, Grigg, & Sanchez 1974), all focused on legislation and services for children with 'special needs'. The difference in these three reports as compared to the two examined earlier in this chapter is that the CELDIC and Hall Dennis reports focussed on philosophical principles while these three were concerned more with legislation and the program side of things. The number of reports produced alone suggests that this topic was of great concern to the federal government.

5.6 The Report on Legislation and Services for Exceptional Children in Canada 1969

The Report on Legislation and Services for Exceptional Children in Canada (Ballance & Kendall, 1969) better known as The Kendall report, includes a collection of data from each of the provinces in Canada regarding legislation relating to the education of exceptional children. The four main areas identified as a guide for discussions at local, provincial and national levels included: legislation, services, teacher preparation, and funding and community support. In the first area, legislation, the report summarized that:

> most Provinces had relied on general rather than specific educational provisions, and that these were originally formulated (often exclusive legislation), for apparently clearly defined sub groups such as the deaf and blind and the severely mentally retarded, have subsequently been extended to cover other groupings" (Ballance & Kendall, 1969, p. 53).

In the second area, services, Ballance and Kendall (1969) argued, "One of the most serious and widespread deficiencies in Canadian provinces seems to be in services for the emotionally disturbed and socially maladjusted" (p. 37). Problems were identified in the diagnosis and classification of exceptional children. The report indicated that diagnostic facilities were inadequate, and there was poor communication between medical, educational and welfare workers. There were a number of deficiencies reported in the educational services, "especially in programmes for the emotionally disturbed, …children with specific learning disabilities and vocational preparation, and training for both mildly and more seriously handicapped" (Ballance & Kendall, 1969, p. 57). Lastly, in this area, there was an expressed concern with the need for ancillary services of all kinds; "particularly those provided by psychologists, speech therapists and counsellors trained to work with exceptional children" (Ballance & Kendall, 1969, p. 57).

Teacher preparation was the third area identified in this report as being problematic. Despite the fact that some provinces required teachers to have completed minimal training requirements, for the most part, teachers untrained in this field carried out special education, and the fourth area identified was funding and public support regarding exceptional children. The report suggested that there were problems with funding the education for exceptional children but implied that society is prepared to pay these costs.

One of the difficulties Ballance and Kendall noted in this report was that no province in Canada had "comprehensive legislation regarding the definition, identification, and education exceptional children" (1969, p. 15). One cannot discuss services without clarifying whom these services are for. Although the terms 'emotionally disturbed' and 'socially maladjusted' were specifically mentioned in the Kendall report, the only definition for emotionally disturbed came from the province of Manitoba which stated the emotionally disturbed as one who is "unable to profit from a regular classroom programme but who may profit from special class instruction" (Ballance & Kendall, 1969, p. 19). By making such a statement, the authors of this report in effect are categorizing emotionally disturbed children as having special educational needs. Provisions for classes to be established in Ontario and Saskatchewan were also included in the School Acts of these two provinces. There was no definition for the term 'socially maladjusted' anywhere in this report. The authors did make note that there was a major concern with the problem of terminology from provinces across Canada for children with exceptionalities, and yet they themselves continued to include terms but failed to provide

definition, adding further confusion. The term 'exceptional' in this report is the same term used in the *Living and Learning Report* as defined by Dunn 1963 which, included a long list of characteristics including low and high intellectual ability, disturbed and maladjusted behaviour, emotional and social functioning difficulties, impairments in speech and hearing, physically impaired and those with chronic health problems. The mention of children with challenging behaviour as the primary concern is absent from this list.

According to Ballance and Kendall:

> To some extent, this kind of confusion is inevitable as groups are made for administrative convenience rather than on the basis of objective biological or psychological reality: fashions in terminology as labels acquire emotional loading, and as knowledge and understanding develop these labels change (1969, p. 56).

This brings the problem of definition to the forefront. There was no one particular diagnosis or disorder, which described this figure of a child. Instead, characteristics of challenging behaviour were included in numerous definitions creating ongoing tensions between different disciplines and discourses when discussing children and behaviour.

Children whose prime concern was challenging behaviour were excluded from the definition of 'exceptional' yet at the same time were determined by educators to require special educational placements as children included in the exceptionality category.

5.7 The Standards for Educators of Exceptional Children in Canada Report, (SEECC) 1971

The Standards for Educators of Exceptional Children in Canada Report, (SEECC), (Hardy, MacLeod, Minto, Perkins, & Quance (1971), was commissioned by the Council for Exceptional Children in collaboration with the National Institute on Mental Retardation (Podrebarac, 1971). The SEECC report draws attention to the "essential and urgent needs in Canada in the education of exceptional children" (Hardy et al., 1971, p. 3). The definition of an exceptional child as: "… a child who has physical, intellectual, communicative, social or emotional deviations to such a degree that curriculum modifications and /or special services must be provided for them" was drawn from the Council for Exceptional Children's 1966 report on professional standards (p. 4). The addition of 'social or emotional deviations' suggested that now, children identified as having deviations in social or emotional characteristics could be considered 'exceptional'. The term'deviations' clearly implies the

existence of social and emotional norms. Social and emotional functioning of a child could be assessed by psychologists or other mental health practitioners and determined statistically to fall on a continuum to be within 'normal' limits, or on either side constituting a deviation from the norm.

The recommendations in the SEECC report discouraged a classification system such as Dunn's 1963 (referred to earlier) as the various categories were not clearly identifiable or exclusive. According to Hardy and colleagues, any one exceptional child may have problems in one or more areas, and "children cannot be neatly packaged into separate, self-contained compartments without overlap" (Hardy et al., 1971, p. 14). This statement is aligned with the concerns which arose in the CELDIC report that was published one year earlier and highlighted the importance of looking at the child as 'whole' and not 'fragmented'.

The SEECC report also recommended "all teachers of 'exceptional' children demonstrate knowledge and understanding concerning children with behavioural and social disorders, along with understanding of diagnosis and prescriptive teaching in developing appropriate programming" (Hardy et al., 1971, p. 48). The term 'prescriptive' comes from a medical discourse that means to prescribe as in to treat. Children with 'behavioural and social disorders' were defined in this report as those who:

> exhibit behaviour such as inconsistent response to life situations and frequent significant difficulty in school achievement, social relationships, sense of self-esteem, which may result from experience and/or biological limitation, problems of adjustment and communication in the school related to ethnic and cultural difference" (Hardy et al., 1971, p. 45).

Noticeable is that this definition acknowledges ethnic and cultural differences as factors in a child's experiencing either behavioural or social difficulties. This suggests that the increase of immigration and changing sociocultural context of Canada had influenced the expanding definitions of behavioural and social disorders. Within the recommendations of this report, children were being discussed in a way that positioned them in relation to the world around them. Such a view of children supported a social psychological understanding of children where a child's behaviour is tied to how well a child adjusts to his or her environment.

Similar to the CELDIC report, this definition also includes learning difficulties and school achievement, yet it did not link behaviour problems specifically to difficulties in learning.

5.8 Technologies used for the identification of the 'problem' child

Practices of identification, assessment, diagnosis and programming for children considered to have emotional and learning disorders, which were advocated in this period, will be considered here. The authoritative guides for diagnosing and treating such children were the Diagnostic and Statistical Manual of Mental Disorders (DSM) II, 1968, and the International Statistical Classification of Diseases and Related Health Problems (ICD-8A), 1968. The DSM II's description of 182 disorders guided physicians, psychologists and mental health clinicians in diagnosing mental disorders in children and adults (APA, 1968).

This version of the DSM was the first to include categories specific to problematic behaviour in children, particularly related to hyperactivity. The aim of DSM II was to "avoid terms which carry with them *implications* regarding either the nature of a disorder or its causes" (APA, 1968, p. vii). Childhood problematic behaviour had now become officially classified as a childhood psychiatric illness (Conrad & Potter, 2000, p. 562). Some of the behavioural disorders of childhood and adolescence included in this manual were: overanxious reaction, runaway reactions, unsocialized aggressive reaction, group delinquent reaction, and hyperkinetic reaction of childhood. The kinds of behaviours that were being pathologized in this version of the DSM were in relation to the behaviours deemed unacceptable by society and possibly as reactions to life experiences at that time.

The diagnosis of Hyperactive Reaction to Childhood opened the way for control of a child's behaviour through therapeutic measures. Instead of children being punished for their behaviours characterized by hyperactivity, inattention or impulsivity, they could now undergo a specific medical treatment that focused on the characteristics of 'problematic' behaviour with the hope the treatment would work to reduce or eliminate the 'hyperactive' behaviour. Physicians began to prescribe use of drugs such as methylphenidate, or Ritalin as it was more commonly known, to treat hyperactive behaviour (Safer and Allen, 1976).

While diagnoses of children's problematic behaviour continued, "there was also a shift in emphasis taking place in educational diagnosis from a classification which was based on causes and origins to behavioural and functional analysis" (Hardy, McLeod, Minto, Perkins & Quance 1971, p. 10). Behaviour monitoring and evaluation were used to determine the health of a child's personality. Behavioural analysis became popular within the field of education with children with challenging behaviour in the 1960s. Interviews, observations, and a variety

of evaluation measures were used in the assessment of children's challenging behaviour and diagnosis of mental disorders.

Behaviour checklists and behaviour rating scales became widely used by psychologists and mental health clinicians as a means to gain a perspective of a child's behaviour from those who interacted with the child every day such as parents and teachers. Examples of these checklists were the Conner's Parent and Teacher Ratings Scales first developed in (1960), and the Child Behavior Checklist (CBCL) developed in 1969.

The CBCL 1969 consisted of a collection of informal questions completed by the child's parents and teacher regarding a child's behaviour according to various subscales including: Conduct Disorders, Anxious–Shy, Restless–Disorganized, Learning Problems, Psychosomatic, Obsessive–Compulsive, Antisocial, and Hyperactive–Immature, and provided a profile of problematic behaviours and social competence.

These two scales conceptualized symptoms and impairment for challenging behaviour and/or mental disorders as dimensional measures and as categorical measures (Jensen et al., 1999). As a result of the techniques of behavioural rating scales and behaviour checklist, children's difficulties in social competence began to be described, diagnosed and categorized by psychologists, providing a new language for parents and educators.

Behaviour rating scales as technologies by psychologists provided meaning to the conduct of children by judging children's relationships to social norms and what was determined to be socially acceptable. While these scales were understood as an objective measure of 'normal' functioning, this technique involved the distinctly social task of judging what psychologists identified as normative behaviors. This new knowledge assisted psychologists in their identification of children with challenging behaviour, and enabled psychological expertise to claim a key role in any practice of the management of individuals in various institutions (Rose 1989, 1998). The standards and norms constructed by psychologists for characteristics of behaviours identified on behavioural checklists and scales provided a method of evaluating social competence and targeting children's behaviour.

5.9 Expansion of Special Education

Special education, defined as the branch of education concerned with the provision of services for exceptional children expanded greatly in the 1970s (Csapo & Goguen, 1999). Canadian public school systems had followed the United States in their development of special

education services (Lazure & Roberts, 1970). One of the significant documents concerning Special Education and exceptional children influencing Canadian education was the United States legislation titled *Education for All Handicapped Children Act,* Public Law 94-142, 1975. This law provided that handicapped children were afforded an appropriate education. While this provision did not include children whose primary disorder was behavioural, special education developments are relevant to this thesis as there were no other service delivery models at the time, and so special education became the default system in the absence of any other.

A number of other important elements included within this United States legislation to support the integration of handicapped children into schools and which greatly influenced policy in Canada were the concepts of 'least restrictive environment' 'continuum of services', and 'individualized education plans'. The concept 'least restrictive environment' meant that:

> students with disabilities would to the maximum extent possible be educated with children that are not handicapped, and that special classes, special schools, separate schools or other removal of children from their regular educational environment occurs only when the severity of the handicap is such that education in regular classes cannot be achieved (*Education for All Handicapped Children Act* Public Law 94 – 142, Section 612 (5), p. 781).

The concept of a continuum of services in *Education for All Handicapped Children Act* (1975) was put in place as a response to having all handicapped children in self-contained special education programs. Placement in or separate schools after this legislation was only permitted if the nature of the child's handicap was such that schools could not educate a child satisfactorily in regular classes, even with the use of supplementary aids and services.

In Section 3 (19) of *Education for All Handicapped Children Act*, the term 'individualized education program' was defined as:

> a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children (p. 773).

In the CELDIC report, Lazure and Roberts (1970) commented that in general, special education services in Canada were "brought under public control and administration but not

always under the guise of the local school districts" (p. 90). It was during the 1970s that the principles of integration and mainstreaming were introduced across the nation. The term integration refers to "attendance of learners with disabilities in regular classes on a full-time or part-time basis in the company of typical peers" (Bunch et al., 2005, p. 46). The provision of special classes for children with exceptionalities who failed to meet the demands of the regular program was common in Canadian schools. This practice included children with challenging behaviour, although this was not usual practice. The majority of special programs for children were organized on a referral system which involved the teacher requesting the administration's help in relation to the behaviour or learning difficulty of a particular child in class (Lazure & Roberts, 1970). The principal of a school decided whether a referral is made to special services. Psychological testing was the main tool used in the assessment of emotional and learning problems within the school.

During the 1970s there was a shift of emphasis in the way the 'exceptional' child was understood. The handicapping conditions of the child once viewed as needing specific specialized services were now looked at in terms of what the child could do instead of a focus on what they could not. Different opinions continued to present themselves regarding the best placement for children with 'exceptionalities' within the education system. One of these claims suggested that providing 'special classes' within 'mainstream' education for children identified with physical or mental handicaps, and children with challenging behaviour was the best possible way to educate these children and provide for their challenges. Others disagreed. Many early programs suffered from the lack of a common set of characteristics or an accepted classification system for behaviourally disordered students (Knoblock, 1963), as well as from the lack of a common conceptualization of behavioural disorders and program orientation (Morse, Cutler, & Fink, 1964). Such a 'segregated' practice I contend, that rather than being viewed as a positive intervention so the child with problems might better succeed in school, is instead, a placement primarily put in place to keep children with 'exceptionalities' or challenging behaviour from disrupting the learning of the majority, children identified as 'normal'.

Integration of students identified with exceptionalities in the 70s into mainstream schools primarily included special classrooms. At the same time, certain students with challenging behaviour even though they were not included within the exceptionality categorization fell

under the guise of Special Education and were placed into classrooms developed for students with mental or physical disabilities.

5.10 Justice Discourse in Canada

By 1961, the population of Canada was 18.2 million people (Canada, Department of Justice, 1965, p. 7); 42% were under the age of 19 (p. 2). Youth crime was on the rise. The Juvenile Delinquents Act which was in circulation for over 50 years, created dissatisfaction among police, provincial governments and non-government agencies (Havemann, 2000). By the 1960s the deficiencies of the JDA were becoming apparent and the Federal government put together a committee to review the juvenile justice system (Baja, 2008). What transpired was the *Justice Committee's Report on Juvenile Delinquency* (1965). There was lack of uniformity as to the way various provinces managed children and youth who committed crimes (Doob, Marinos, & Varma, 1999, p. 21). One of the reasons was that "provincial legislatures had exclusive legislative powers in relation to the administration of justice, and civil rights within the province, and all matters of a purely local or private matter" (Doob, Marinos, & Varma, 1999, p. 30). These conditions contributed to differences in how the problematic child was understood by each of these divisions within government and also in the type of services provided. "Certain provinces dealt with law enforcement under provincial Child Welfare legislation while others under the federal *Juvenile Delinquent Act*" (Canada, Department of Justice, 5, p. 5). Whether a child's behavioural problem was considered to be a juvenile delinquency problem often depended upon whether the problem was dealt with by Child Welfare or by the court. This discrepancy in itself resulted in differences in how the 'problem' child was understood.

The concept of child welfare views children with challenging behaviour from the doctrine parens patriae (the State as Parent). This doctrine served as the foundation for the established right for the state to intervene and to provide protection for children whose parents did not provide adequate care or supervision, such as in the case of juvenile delinquency. Child welfare legislation in every province in Canada in the 1960s offered a child protection who, because of a behavioural problem "has suffered some form of deprivation" (Canada, Department of Justice, 1965, p. 43). Child Welfare legislation in every province in Canada in the 1960s offered a child protection who:

> because of home circumstances, parental indifference or his emotional or behaviour problems, was drifting into bad associations, is exposed to moral danger or is beyond control (Lazure & Roberts, 1970, p. 220).

A child identified as 'problematic' according to child welfare legislation would be determined a 'neglected' child and would be positioned as a child needing protection. In such cases, the court may intervene in the life of a child. The court could also respond if the child's response to difficulties in his personal and family life resulted in behaviours that were 'incorrigible' or 'unmanageable'. These terms were determined to constitute problematic behaviour in that they both resulted in behaviour, which was determined "beyond the control of parents or guardians" (Canada, Department of Justice, 1965, p. 73). In such cases, the child could be charged under the *Juvenile Delinquents Act* or under provincial legislation, which treated the child as a delinquent.

A 'delinquent' child from a legal perspective was one who had:

> violated any provision of the Criminal Code or any Dominion or provincial statute, or of any by-law or ordinance of any municipality, or who is guilty to sexual immorality or any similar form of vice, or who is liable by reason of any other act to be committed to an industrial school or juvenile reformatory under the provision of any Dominion or provincial statute (Canada, Department of Justice, 1965, p. 6).

Compared with other views introduced in this chapter, a child would be considered delinquent according to connections associated with poor home environment or behaviour problems not considered criminal. Psychiatric and psychological explanations of delinquency during the mid 1960s maintained that delinquency was indicative of some failure in personal development:

> Delinquent behaviour was thought of generally as reflecting one or another form of personality disorder or social adjustment, a condition which in turn is attributed, in large part, to disturbed personal relationships between individuals, particularly within the context of the family (Canada, Department of Justice, 1965, p. 15).

In the above statement, children's delinquent behaviour is attributed to pathology within the child and his or her family constituted through discourses of medicine and psychology. Another theory attributed delinquency to as an "unfortunate outlet or mode of adjustment seized by a child who has otherwise failed to cope with his own particular feelings of

frustration, anxiety, conflict or guilt" (Justice Committee on Juvenile Delinquency, 1965, p.15). Such an understanding of maladjustment came out of psychological discourse and psychoanalytic theory which asserted that in order for a child to adjust to society and his or her environment first needed to resolve the traumas they may have experienced in early childhood (See Chapter 4).

According to one of the informants for this study, "delinquents remained under the care of the justice system until the court was satisfied that they had been cured of their delinquency" (Interview, ST). This informant's use of the word 'cured' suggested that delinquency was believed to be something that could be treated medically like a disease in the body and eventually returned to wellness. According to the JDA of 1908 which remained as law in the 1960s, "a child could be placed in foster care, pay a fine, or be institutionalized until the age of 21" (JDA, 1908). A judge could sentence a child to a training program without evidence that a crime had been committed if he or she felt it was in the best interests of the youth. Such a statement speaks to the power a judge could exert on children and youth constituted as delinquent.

In an attempt to reassess Canada's plan for services for the juvenile delinquent, the Federal Department of Justice put together a committee, which released a report titled *Juvenile Delinquency in Canada* (Canada, Department of Justice, 1965). This report drew attention to the many shortcomings of the system including lack of uniformity across Canada in terms of the types and sizes of institutions, and the numbers and qualifications of staff and policies administered in the operations of training schools. For the treatment of delinquents who did not fall under judicial treatment, the report called for stricter limitations on the exercise of court powers, and recommended the use of more sentencing options. For those children who did fall under the justice system:

> the report called for more standardization of services and programs, equal application of the *Juvenile Delinquents Act* across Canada, better training for judges and other court officials, and mandatory pre-sentence reports. It also recommended that the court be obliged to inform the accused of his or her rights to retain counsel, that provisions be made for more formal procedures and protection of the accused rights, and that broader rights of appeal be instituted (International Corporation Group, 2004, p. 22).

Such recommendations were moves to provide the accused child or youth with certain rights that were afforded to adults. Despite all of the limitations in the DJA identified by the Justice Committee Report on Juvenile Delinquency 1965, the legislation on juvenile delinquency enacted in 1908 remained in place without changes for many years.

5.11 Conclusion to Part One of the chapter

One of the key themes of discussion in this period was the relationship between learning issues and emotional problems. Laycock and Findlay (1969) report was particularly influential in putting the focus on the educational context of what they described as 'emotionally disturbed' children in British Columbia. These authors described these children's behaviour as that which "has a disrupting effect on the rest of the class, places undue pressure on the teacher, and furthers the disturbance of the pupil himself" (Laycock & Findlay, 1969, p. 6). These children's behaviour was described as having characteristics of "hyperactivity, distractibility, withdrawal, and bizarre behaviour" which emphasized their difference from the ideal student (Laycock & Findlay, 1969, p. 6). Psychological and medical discourses acted to construct characteristics of an 'emotionally disturbed' child which did not fit with the expectations of the educational aims in the 1960s and 1970s that focused on the 'ideal' child who could meet with success academically, emotionally and socially. The CELDIC report also supported these views and placed emphasis on early identification and diagnosis of the problems of the 'emotionally disturbed' child (Lazure & Roberts, 1970, p. 15).

At the same time, this report emphasized a move away from programs designed by specific diagnoses to a concentration on programs to meet children's special needs focusing on what each child could do rather than what they could not. Services were coordinated through special education programs and attention was directed to the development of individualized plans to address children's identified needs.

The argument for cross-disciplinary and interagency collaboration was central in the CELDIC report. The question of what to do with the problematic child in the 1960s and 1970s pointed to the need for communication and sharing of knowledge between professionals as no one agency should assume ongoing responsibility for a child. In order to collaborate, Lazure and Roberts recommended a coordination of services that consisted of a continuum of services for all children within each local community.

One of the key recommendations in the CELDIC pointed to the need to provide for continuity in care for problematic children, via interdisciplinary understanding and cooperation so no one

discipline maintains responsibility for a child constituted as problematic. Instead, Lazue and Roberts (1970) recommended the development of a plan of management for each child based on access to the service most appropriate to support the child's needs.

In the early 70s, while psychological and medical diagnoses of children continued, "there was also a shift in emphasis taking place in educational diagnosis from a classification which was based on causes and origins to behavioural and functional analysis" (Hardy, et al. 1971, p. 10). Educational diagnosis began to focus on the analysis of children's behaviour and skill functioning rather than on classifications such as 'emotionally disturbed'. This focus in education was determined to constitute the psycho-educational aspect of special education (Hardy et al., 1971, p. 11). The emphasis on proper behaviour fit in with progressivism's move to educate the "whole" child through the provision of learning opportunities for academics and social skill development.

With regards to the 'problem' child, educators turned to practices based on psychological discourses that supported the placement of students into categories based on statistical norms. The practice of assessment represented a continuity in how the discipline of psychology focused on assessments for the identification and classification of children with challenging behaviour.

The psychological norming of children according to their level of activity produced a problematic child identified according to behaviour observed as 'overactive' or 'hyperactive' or 'inattentive'. Children diagnosed as hyperactive were labeled with a psychiatric disorder named in the DSM II (1968) known as Hyperactive Reaction to Childhood. This particular disorder and others like Runaway Reaction to Childhood were examples where children's responses to life experiences were pathologized and determined as deficits within the child.

Psychological discourse, with its emphasis on assessments as the method for which problematic behaviours in children in schools were identified was accepted by educators in schools. Parents and teachers were utilized by psychologists to assist in providing feedback by completing behaviour checklists on children's behaviours. A child was observed and evaluated according to the norming of particular behaviours constructed as problematic by psychologists and assessed from statistical information gathered through the use of behavioural rating scales.

Another form of psychological discourse taken up by the educational institution involved developmental psychology. Developmentalism demarcated children's normative levels of

acceptability according to age, achievement, and behaviour, and these levels were used as indicators of where the child was positioned along a continuum. Like other discourses, developmentalism was associated with terms for identifying categories of children. Problem children from a developmental perspective would be categorized as outside 'normal' developmental ranges situating the problem as something 'within' the child. A child's behaviour would be placed upon an ordinal grid according to normative levels of acceptability subjecting a child to comparison with same age peers and against a standard of an 'ideal' child. One example of this categorization from a developmental standpoint would be a child as a 'slow learner'. This particular way of looking at the child's learning may have suggested that no intervention was necessary as the child may over time catch up to their peers who would be considered on par, or average for their age.

From a justice perspective, a child constituted as delinquent was based on two differing views of behaviour; behaviours that were considered criminal in the sense that an offense was committed, or as non-criminal behaviours determined anti-social, understood by Child Welfare officials to position the child as neglected by the child's family. Interventions for children constituted as delinquent ranged from paying fines to being removed from their home and placed in either foster care or a training school.

5.12 PART TWO: PEI in the 1960s and 1970s

High unemployment and high underemployment characterized PEI in the 1960s. Traditional industries and ways of living on PEI were "rapidly giving way to new technologies, better transportation, larger farming units and different ways of making a livelihood" (Hall, 1975, p. 11). As a result of the increase in technology, and lack of education, Islanders found it increasingly difficult to find employment creating pressure for young people to remain and graduate from high school thus permitting them access to some form of post-secondary training. (Hall, 1975, p. 12) Improvement in transportation, the addition of more paved roads, electricity, and communication allowed for easier access to larger urban centres (MacDonald, 2000). The number of small farms began to decrease making way for larger farms and improved farm equipment (Cousins, 1999).

5.12.1 Department of Health Programs for children with challenging behaviour

Two types of clinics were operating on PEI in this period, the Mental Health Clinic, and the Child Guidance Clinic. The Department of Health was responsible for the operation of the Child Guidance Clinics on PEI in the 1960s, and these clinics operated under the direction of

the Mental Health Clinic (Beck, 1968). The Mental Health Clinic included the services of psychiatrists, and a psychologist, and liaison teachers. The Child Guidance Clinic's liaison teachers worked primarily with mentally retarded children, while other liaison teachers worked within mainstream schools on the Island with students who presented as problematic academically and socially. Dr. Mac Beck, psychiatrist who was responsible for these two clinics noted that the Child Guidance Clinic was a provision open to children and families for the purpose of "preventing emotional problems from occurring…. and providing treatment for the child who was already disturbed" (Beck, 1961, p. 19). The role of the liaison teachers in schools was to administer tests and refer problem children to the clinic. The Child Guidance Clinic personnel worked primarily in Charlottetown but "once the numbers of referrals increased, travelling clinics to Summerside began once a week" (Beck, 1961, p. 19).
Other programs were operating as well for children with challenging behaviour under the Department of Health. In PEI, some programs were becoming comprehensive centres for children with mental retardation, and others for those with emotional disorders. Sherwood Home established in 1961, and opened in 1962, provided children with mental retardation "inpatient care, day training classes and a day care program" (Beck, 1962, p. 2048). In day care programs children identified as severely mentally retarded received training in "social and emotional readjustment" while returning home at night (Beck, 1962, p. 2049).

Dr. Beck was a key advocate for children with challenging behaviour on PEI and in part, as a result of his authority and advocacy, a number of provisions including the Adolescent Unit, and Sherwood Home were put in place for problematic children in the 1960s. A second program, a therapeutic in-patient unit for children diagnosed with severe emotional disturbance was recommended by Dr. Mac Beck for consideration by the province in 1961. Prior to this children with severe emotional disturbance were treated in Riverside Hospital, a psychiatric facility for the adult population.

Beck also recommended that a therapeutic program in the Child Guidance Clinic that utilized the special training of psychiatrists and psychologists be set up for juvenile delinquents. As Beck noted, "5 of the 7 children committed to reform institutions out of province in the past two years" required the care of a specialized inpatient treatment residence (Beck, 1961, pp. 16- 17). As PEI did not have any training schools on the Island, juvenile delinquents could not remain on the Island to receive the treatment recommended by Dr. Beck.

As technologies focusing on statistical evidence were being utilized by the liaison teachers for identifying various problems of the children referred to the Child Guidance Clinic, the Province instructed Liaison teachers to assist in the conducting of surveys to measure reading levels of Island children.

5.12.2 Surveys

In the early 1960s in PEI, The Sub-Committee on Mental Health in the School utilized two surveys to gather information on children in the province (Beck, 1961). The use of surveys for measurement was in line with the rest of Canada as poor school progress was one of the most common reasons put forth for referrals to the child guidance clinic at this time in history (Gleason, 1996). Surveys provided further evidence that the extension of schooling was a key move in making the problem child a much more central figure in PEI. From this technology, professionals in education, psychology, and medicine had the methods to support the production of new labels for the constitution of 'problematic' children, and ultimately create the possibility for these professionals to recommend new programs and practices for teachers and parents.

The Superintendent of Schools on PEI initiated *The PEI Grade Standards Project* in 1960 to gather information on the reading ability of all children in grade six. Using the technology of testing, the Liaison teachers working out of the Child Guidance Clinic identified from this survey that "38.3% of the 2370 pupils tested in grade six were reading at least two years behind their grade placement, 10%, or 2500 children in the Province were identified as having Specific Reading Disability, and another 1250 children as having speech problems" (Beck 1961, p. 20). These statistics supported the recommendation that the system put in place more support for students who struggled with reading.

The second, the *Mental Health Survey* conducted in 1961, was sent by the Sub-Committee on Mental Health in the School "to all schools and Public Health Nurses in the Province in order to identify the mental health needs of Islanders" (Beck journal, p. 1342). The results from the questionnaire completed by teachers indicated there were "470 pupils with speech problems, 266 with emotional problems, 108 children with a physical disability, and 688 children with mental retardation" (Beck, journal, p. 1343). Dr. Beck reported that statistics from this survey showed "on the average over the past few years 4 children per year, 16 years and under have been admitted to Riverside Hospital" (Beck, 1961, p. 16). Although this was not a valid statistical survey, it provided the committee with some indication of the teacher's opinions

regarding the number of children presenting with problems (Beck, 1961). Also, teachers noted that there were inadequacies for gifted children. In the committee's opinion, "these students were frustrated by their present school experience and their unique talents were not being fully developed" (Beck, 1961, p. 21). Children on both sides of the norm were being considered.

A Brief on Royal Commission on Health Services in PEI in 1962 identified that "between 5 and 10% of school children showed symptoms of emotional or mental disturbance sufficiently serious to warrant help of specially trained personnel; 2- 3% of all children were severely disturbed, maladjusted, or mentally ill, and 2% of children were seen at the Child Guidance Clinic" (Beck, 1962, p. 16). This increase in the number of children identified with emotional problems on PEI was similar to the reported increase in national statistics.

It was reported that in October of that same year:

> 3-4 % of children (349), per year were in the care of the Division of Child Welfare. The breakdown of cases considered problematic among these children included 23 with behaviour problems; 18 with school problems; 23 with emotional problems; 42 mentally retarded – IQ < 70; 47 slow learners – IQ between 70 - 85, and 17 with physical defects (Beck, 1966, p. 177).

There was no specific mention of youth breaking the law in this report but considering that this department was responsible for both children in need of care and protection and those committing crimes, one might assume the number of 'juvenile delinquents' was included within these statistics.

5.13 Educational Developments on PEI

Some of the educational developments during this time included the *Comprehensive Development Plan* (1969), a new *PEI School Act* (Department of Education, 1970) and a new *Philosophy of Education* (Department of Education, 1970). The changes in the delivery of education that these three documents posed were important in regards to children identified with challenging behaviour. As schools were consolidated and high schools built, different constructions for children identified with challenging behaviour on PEI were taken up.

The *Comprehension Development Plan* for PEI was a federal-provincial agreement that sought to bring about major changes in "agriculture, the fishery, tourism, and education" on the Island (Buchanan, 1987, p. 169). This 15-year plan provided the support and rationale for the transformation of the Island school system in the early 1970s. As agreements were signed

between the federal and provincial governments, "new social initiatives were undertaken due to major infusions of funding" (Philosophy of Public Education for PEI Schools Report 1989, p.1). O'Connell described this plan as "one of the most innovative of its kind in Canada" (1978, p. 247), and "nothing less than a complete and fundamental change in the organization and direction of educational planning" (1978, p. 248). Prior to the *Comprehensive Development Plan's* recommendation for consolidation, the education system of PEI consisted of an administratively decentralized system with at one point approximately 470 officially described school districts, each consisting of an area of approximately five square miles. These one room school systems were "operated by some 1400 school trustees, and 1500 teachers" whose qualifications were deemed far below those of their counterparts in Canada (O'Connell, 1978, p. 248). As well, there were limited resources for students across the Province wishing to move on to grade 10 as the majority of schools consisted of one or two rooms with only one teacher responsible for teaching all children from grade one upwards.

Partly as a result of the *Comprehensive Development Plan,* a new *Philosophy of Education* (1970) was created "in order to bring the education system into the modern era" (Campbell, 1968). The modern era in PEI at that time meant government would take on the responsibility of financing education and small one- and two-room schools would be replaced with larger, schools, multiple classes and more teachers. The consolidation of a large number of smaller schools into five regional units changed the landscape of education in the province. What remained were "108 schools, including 57 one room schools" (O'Connell, 1978, p. 248).

Influenced by the recommendations in reports produced earlier in Canada such as *The Living and Learning Report* 1969, PEI's *Philosophy of Education* (Department of Education, 1970) stated that the basic goal of education was "to prepare an individual to function happily and successfully in the society in which he lives" (p. 2). This goal included making education "more relevant to life and its demands of the decade and being more flexible and up to date in approach" (Department of Education, 1970, p. 5). Words like 'happily', 'successfully', and 'flexible' reflected a progressivist approach to learning.

The *Philosophy of Education* (PEI Department of Education, 1970) also stressed the importance of individuality amongst learners: "There exists differences in intellect, in emotional response, in socioeconomic background and these types of differences must be respected in the education program" (PEI Department of Education, 1970, p. 2). In this statement, the inclusion of 'emotional response' and socioeconomics is noted and these two

important factors helps in the identification of two characterizations of a 'problematic' child in the field of education. There was also an emphasis on "preparation for life and for making a living to the many students who do not fit into one of our programs" (PEI Department of Education, 1970). What this statement suggests about students that did not 'fit' was that education did not meet their needs as school focused more on the academic than the more practical side of education. Those who did not fit dropped out of school as they received the necessary academic skills required for them to move out into the world of work and support their families.

PEI's *Philosophy of Education* (1970) offered a direct critique of a past in which educational programs were fixed and students had to fit into the program. In the past, such a view created a "one size fits all" approach to the education of children (Smitheram, 1975). This philosophy also places an emphasis on the importance of schooling for work. Regarding students' behaviour, the *Philosophy of Education* in PEI in 1970 stated:

The school is a developing agent, an institution which is to help people change their behaviour so that they may act intelligently within their environment. The school is an institution to help people develop skills necessary to self- preservation, continuing self-development, self-examination, self-building, self renewal, and self respect (p. 5).

The language used here focusing on 'self' implies that children had the ability to develop these skills within themselves. The philosophical view of learning and behaviour stated above suggests that there were standards regarding learning and behaviour set by the government that students needed to strive toward. 'Acting intelligently within the environment' implies that there was also a standard for intelligence. For those students who did not act in this way, this statement implies that such a standard was achievable through education.

Along with the Province's newer *Philosophy of Education* (1970), a new provincial *School Act* (1970) provided a framework for the re-organization of the Department of Education and school system across the Island.

> The goal was to bring the education system into the modern era; new taxation system, create five districts, complete the consolidation of all small schools, revise and restructure curriculum … (O'Connell, 1978, p.248).

The *School Act* (1970) gave the Department of Education the responsibility to prescribe standards of instruction, develop the instructional programs to be used in schools, provide

consulting services to the regional administrative units, and to authorize and supply textbooks and other instructional materials (Rich, 1989). Of note is that PEI's new *School Act* 1970 aimed at the fullest development of the individual by providing all students with "equal opportunity to develop their ability and interest in programs suited to the natural pace of each" (Smitheram, 1975, p. 59). Prior to this time, students who did not pass their academic subjects had to repeat the grade. This notion of 'natural pace' of learning for each child introduced a perspective which "views development as individualized" (Smitheram, 1975, p. 59). The concept of individualization within schools implies that failure to differentiate for children's individual interests and ability was responsible for problems. I tentatively suggest that this might be used in support of seeing behavior problems as reflective of program problems such as a lack of relevance or insufficiently catering to ability level.

These three important documents reflected Islanders' aspirations that public education in PEI would offer all students with comparable educational opportunities that suited their abilities and interests. For students identified as 'problematic', the attention to individual differences would be provided for in the larger schools giving these students more opportunities to experience a diversified curriculum including classes in home economics, physical education, and music. In addition, there would be more teachers with better training than in the past when the majority of schools contained one or two rooms.

5.13.1 Establishment of school guidance and special education on PEI

In the early 1960s, the Charlottetown School Board and Superintendent of Schools for Charlottetown decided to support the placement of guidance services in their schools (Ewing, 1968). At that time, according to Mr. Ewing, psychologist working in the Mental Health Clinic and Child Guidance Clinic in Charlottetown, "the role of the liaison teachers was changing from dealing with individual emergency cases to one of testing whole school populations", which Mr. Ewing considered "the work of a guidance counsellor at an elementary school level" (Ewing, 1968, p. 4).

In 1967, a Division of Guidance and Special Education was established with PEI's Department of Education and Russell Ewing, was hired as the director (Ewing, 1968, p. 4). In that same year, the Department of Education provided funding to send a limited number of teachers to receive graduate training in guidance. By 1968, 17 full-time and 4 part-time counsellors were working in junior and senior high schools on PEI (Ewing, 1968, p. 5).

In 1968, the Department of Education formally took over the Child Guidance Clinic (Ewing, 1968). However, three liaison teachers continued to be associated with the Mental Health Clinic to work with mentally retarded children. The other liaison teachers began work under the direction of the Department of Education and continued to work in schools. Rather than being called liaison teachers, they became identified by the term 'guidance consultants'. Their association with Mental Health continued as these consultants "met regularly with the senior psychologist at the Mental Health Clinic who in turn had regularly meetings with the child psychiatrist" concerning 'problem' children in the schools and in special education programs (Ballance & Kendell, 1969, p. 30).

Placing additional guidance consultants and guidance counsellors in schools was an expansion of the Child Guidance Clinic. By 1971, the Department of Education and the School Boards were responsible for guidance counselling services and one year later, the responsibility for the mentally retarded was passed over from the Department of Health to the Department of Education (Beck, 1997). Elementary school guidance programs were initiated in the early 70s (Interview, GH).

> I was the first elementary school [guidance] counsellor on the Island and subsequently we had people at the elementary level. We had at the time, psychologists' support in the school system. We also had psychiatric support for students who were identified well outside the norm (Interview, GH).

This statement by GH was indicative that there were two different types of professional support in place for children with challenging behaviour. These professionals were working out of the Mental Health Clinic. Psychiatrists operating under a medical discourse examined the body for illness or disease, and psychologists focused on assessment practices that identified particular deviances from the norm in intelligence scores and behaviour rating scales. Children were referred for further examination, identified or diagnosed as having a particular disorder and placed into programs to deal with the identified problem. The hiring of elementary school counsellors created even more possibilities for constructions of the child with challenging behaviour. Department of Education year-end reports indicated a steady rise in numbers of guidance counsellors (PEI Department of Education, 1978).

The role of the school counsellors was laid out in a document written for the PEI Guidance and Counselling Association (Rowe et al., 1977). The rationale for guidance services was

described as “to meet the social, emotional, and intellectual needs of children” (Rowe, et al., 1977, p. 1). This focus on the perceived ‘needs’ of the child reflects the federal government’s response to emotional and learning difficulties, as seen in documents reviewed earlier. The guidance counsellor roles in schools on PEI included:

> to help children improve learning skills, develop a sense of responsibility, help children with personal and social development, and assist children to adjust and adapt to society and make most out of life in terms of being healthy, happy and successful individuals (Rowe, et al., 1977, p. 1).

The quote above describes an ‘ideal’ child which all children must continually work towards becoming. The guidance counsellor’s role in meeting children’s having was seen as necessary in order for the child to attain this ideal state. The role of helping a child ‘develop a sense of responsibility’ implied that if a child is experiencing difficulty, the responsibility of that difficulty is placed back on the child as something needing to be corrected. Also, the expectation that such a child needs to be assisted to ‘adjust’ to society’ implied that the child is currently ‘maladjusted’ and ‘maladapted’. The child whose behaviour is problematic must learn to adjust to the way society understands and defines acceptable behavior Thus the guidance counsellor’s role was to assist children to learn and behave in ways that would be considered ‘normal’ by society’s standards.

The addition of a Division of Guidance and Special Education at the Provincial Department of Education was a significant development in the decade of the 1960s. The move to provide training for teachers in area of guidance could be considered an expansion of the Child Guidance Clinics where children with different problems could go to receive specialized services. With the population of Canada reaching its peak with respect to children, early identification of problematic children was important, and guidance services expanded to move into elementary schools.

5.13.2 The Adolescent Program

The Adolescent Program that originated in 1969 initially stemmed from collaboration between the Director of Hillsborough Hospital, Sam Murchinson, and the Deputy Minister of Health. Prior to this program, children requiring psychiatric service were admitted to Falconwood Hospital, formerly known as Riverside Hospital, a psychiatric hospital for adult patients. According to the *Charlottetown Youth Report,* 1973, in order to become eligible for this

program, an adolescent had to be referred by a doctor, guidance counsellor, or court judge to the psychiatrist in charge (Hum, 1973). If these children were diagnosed by a psychiatrist or psychologist as severely emotionally disturbed, and required more specialized care, they were referred to the Adolescent Program at Hillsborough Hospital and the psychiatrist in charge determined who would be admitted.

The child psychiatrist, three nurses who worked as adolescent workers, the nursing staff of two to three nurses at one time, and a social worker made up the team responsible for the care and programming for these children and youth. The psychiatrist assessed each child, and followed up with the team three to four times a week to review and discuss each child's plan. The program followed a behaviour modification format where consequences were given dependent on the nature and severity of each child's behaviour, and rewards were earned for compliance to the rules.

This particular self-contained program with space for eight children or youth was initiated by one of the psychiatrists working with children sent to this program who in her words "had behaviour problems of one kind or another" (Interview, QR). In her view these were "kids who had disastrous homes", or "children who probably just had minor developmental problems that their parents just couldn't cope with". They had, "behaviour problems of one kind or another" and were determined "severely emotionally disturbed". These comments describe a heterogeneous group of children not all of who may have needed to be admitted to a psychiatric unit in a hospital. Some children admitted to the Adolescent Program came from foster homes where parents could no longer parent them, and some youth were referred from the justice system (Interview, QR). This psychiatrist described these children in terms of a wide variety of issues such as depression, symptoms that today would be diagnosed as Foetal Alcohol Syndrome, minor developmental problems or 'dangerous' tendencies. This suggests an ordering of difficulties from 'minor developmental problems' to 'severe emotionally disturbed' to 'dangerous'. Such a range is what Rose (1988) names "a grid of codeability of human attributes" where human conduct is conceptually coded and cognized in terms of judgments as to conformity or deviation from such norms" (p. 187).

If we return to Laycock and Findlay's 1969 definition for 'emotionally disturbed' earlier in this chapter, one can see that the characteristics the psychiatrist associated with admission into the Adolescent Program in 1969 were similarly diverse. These different definitions for 'problematic' children used by the psychiatrist to describe children with challenging behaviour

entailed multiple descriptions. One description placed the cause of challenging behaviour as a 'within child' factor (e.g. depression), another, an environmental factor such as 'disastrous' homes, another, as a developmental issue, and yet another, as a result of poor parenting.

The emphasis of the program according to the psychiatrist:

> was based on the fact that these kids had not learned the respect for adult caregivers that children in middle class homes learned and that they, the stress had to be on what they had done, not you, and the program was designed so that the consequences … it was what you did, you know what the consequences were; when it was over, it was over (Interview, QR).

Significant is that this quote surfaces social class, which was often left out of official accounts of problematic children. Certain children were placed in the hospital in this program because there it was determined by a social worker that there was no other place for them, as it very difficult to find good placements and enough support in the community. As QR stated:

> there wasn't enough Group Home space and we had kids, I suppose we had kids for a couple of years, …a lot of them were there for quite a long time and most of them would be more months than weeks.

The program followed a behaviour modification format based on levels or stages where consequences were given dependent on the nature and severity of behaviour, and rewards were earned for compliance to the rules. Stage One constituted behavior included violence, running away, or stealing and was consequenced by the child having to stay in their room alone for a full day. According to QR, this program was similar to others she observed in Toronto. This kind of programming for children was very different from the progressive education that was being taken up in mainstream schools in this period. It reflected behaviourism, a psychological discourse gained acceptance in the 1950s and involved positively rewarding children for 'normal' behaviour and negatively reinforcing behaviours that were identified as 'abnormal' or outside the codes of behaviour.

What was different about this program was that children were able to maintain their schooling while there. Dr. Wolf Leon, a psychiatrist and Director of Mental Health, was one of the people responsible for accessing funding to hire a teacher for the program. Children and youth took part in school within the Unit during the regular day and once they left the hospital were transferred back into the neighborhood school closest to where they lived. This was an unusual

intervention in that the children were both patients in a hospital for children with severe emotional problems and school students.

5.13.3 Regular Class

In the early 70's when GH first started working with students with challenging behaviour as a guidance counsellor, these students attended regular classes. This practice was common also across the nation with the exception of larger centers where 'special classes' were available for children diagnosed as 'emotionally disturbed" (Laycock & Findlay, 1969). As GH mentioned:

> Normally, in 1974 -75, children who misbehaved were either sent home or isolated and then, as we moved along the road, we more or less tried to include those children in our regular classrooms. There weren't any policies or guidelines to advise administrators or counsellors so they used what they determined was good ol' common sense.

While there were no policies at the regional school boards, the Department of Education in PEI did follow the *School Act* (1970) that included sanctions for misbehaviour such as suspensions or expulsions from school. According to GH, the resolution to a child's problematic behaviour was seen as a joint responsibility between the school and the parent. There was often support for the school from the parents and a collaborative effort at resolving the issue (Interview, GH).

According to GH:

> Originally, I can remember one of the things we used to do with difficult high school kids that were out of control were to tell them to go home and when you are ready to come back, explain to us why you are ready to come back and how you are going to manage yourself and how we can help you manage that and you can come back in the school system (Interview, GH).

This view from GH is supportive of those written in the School Act Department of Education documents.

5.13.4 Special class

In the 70's, prior to the creation of alternative classrooms, Island students in elementary schools identified as having 'problematic' behaviour were usually sent home or placed in classes for slow learners. This was reported in an interview with GH, the first elementary school counsellor hired on PEI in the early 70s. According to this informant, once

consolidation was in place in 1972, it became the Provincial government's responsibility to home school students who were sent home for extended periods of time. Such an expensive proposition as paying for home schooling could have been a contribution to policy regulations concerning out of school suspensions for extended periods of time being put in place on PEI. Conceived as a practical application for those students who did not move easily through the school system, one of the uncomfortable continuities concerning the problematic child was that they ended up in special classes specifically not set up for them. One example of this was evident in the different types of 'special' classes established in the 1960s for students experiencing difficulties in schools. One of these groups of students included children with difficulties with learning, while the other group involved children with both learning issues and challenging behaviour in elementary schools.

WX was the principal at St. Jean's School from 1964 to 1970 on PEI. St. Jean's was a large elementary school [Grades 1 through 6] with a population of over 900 students in the middle of downtown Charlottetown unlike those schools in more rural areas of the Province. During the latter 1960s in PEI, in order for students to be accepted into grade seven at Birchwood Jr. High, they had to pass an academic grade six test. A number of WX's students did not pass this test and ended up repeating grade six a number of times, and therefore remained at St. Jean for additional years. According to the CELDIC report 1970, one of the fairly common practices put in place in elementary schools for 'slow learners' who had to repeating grades more than once was social promotion. The practice of social promotion moved children ahead automatically on the basis of chronological age in order to be with their peer group (Lazure & Roberts, 1970, p. 118). This practice was not in place on PEI in the late 1960s or early 1970s.

During one of his last years at this elementary school WX arranged to have two classes specifically for children identified as "slow learners" who "because of learning difficulties or reading difficulties simply weren't able to handle the regular program offering" (Interview, WX). He stated:

> We had two classes of kids that were considered slow learners and we adjusted programs with help from the Department [of Education]. This was a special program for those kids, and we tried to integrate them into some of the other activities that were going on so they weren't exclusively feeling separated yet they seemed content and they had some ideal teachers who seemed to like working with that type of child.

In this statement children identified as 'slow learners' were different from children with challenging behaviour as 'slow learners' were described in terms of their compliant behaviour. What this tells us about 'slow learners' is that the system did not want to exclude them but instead try to provide programs in order for them to be successful in school. On the other hand, students with challenging behaviour were often suspended and sent home. While this was true of students in St. Jean, WX shared in his interview that another rationale for the development of these 'special classes' was behavior. These students were described by WX as students who were "street wise and they'd go out and bum enough money to get a bottle of wine at noon" and be brought back to school by the truant officer. This example supports how the school system at this time had a 'one size fits' all approach which was not conducive to students with challenging behaviour. A question that one might ask here is whether the students' challenging behaviour arose out of frustration with their lack of academic success. WX stated that some of these students at 18 years old were still in grade 6 and needed something different with regards to their academic program. WX noted that if he didn't do something different, these students would have dropped out of school.

As stated in the CELDIC report "where such standards have become the basis for student promotion … pupils frequently are of secondary importance to the system, and there is little opportunity or effort to meet the needs of the exceptional child or the child with a problem" (Lazure & Roberts, 1970, p. 80). For the students at St. Jean, the establishment of the special class for 'slow learners' with challenging behaviour is an example where WX made the effort to meet those students' needs.

CD was one of the first psychologists hired to work at the school board level in the early 1970s. Once the schools consolidated under 5 Regional Administrative School Boards in 1972, one of my informants, CD, left the Mental Health Clinic and was hired as a psychologist by the Unit 3 School Board. At that time, her job as a psychologist: included " … a lot of assessments at that time with students who were not fitting in for whatever reason; learning, emotional, social, and behavioural" (Interview, CD). This statement by CD was a direct link to the Philosophy of Education (1970).

In an interview, when questioned about students with challenging behaviour, for elementary aged students, she maintained that "there certainly wasn't the emphasis nor do I think there were the numbers of severely behaviourally challenged kids that we have now. The word 'severe' is a descriptor of behaviour falling outside the norms of appropriate behaviour

constituted by psychologists from their use of assessment tools such as behavioural rating scales. When questioned about the programs available for these students in the 70's, CD mentioned that whatever programming for these students was all done very informally. For students at the junior high level (grades 7-9), over the years she recalled that there had been a variety of Stay in School Programs and smaller classrooms set up for them. Also, she maintained that school counsellors arranged to have students go out in the community and be part of various programs. She recalled:

> We did have in the early days what you would call behavioural classes. They weren't called that at the time though. They were just smaller groups so that they could be managed and to try to get something meaningful for the students (Interview, CD).

The use of language such as 'managed' suggests an administrative term that is tied to discipline in the school and not to learning per se. This was an interesting statement as it appears that students with challenging behaviour were designed to keep students in school, yet, in order to 'get something meaningful for the students' guidance counsellors arranged students to go outside of the school to participate in programs. What this suggests is that schools did not have the necessary resources to provide meaningful programming for students within the schools themselves.

5.13.5 Behavioural Assistant

One of the moves in education during the 70s was the hiring of 'behavioural assistants" to manage a child's challenging behavior. Laycock and Findlay had recommended "paid teacher aides be provided for teachers of special classes of emotionally disturbed children and also for teachers of regular classes where one or more moderately disturbed pupils are enrolled" (p. 25). Also, the CELDIC report recommended "more extensive use of teacher aides and volunteers at every levels…" (Lazure & Roberts, 1970, p. 130).

The first behavioural assistant on PEI was hired in 1974 and approved by the Pupil Personnel Coordinator and Special Education. The role was to work with a specific child who had what GH described as having "severe behavioural challenges"

> We had a very difficult boy in grade 3 and we applied for a Behaviour Assistant from the Department of Education. We didn't really know what we wanted, but that person came in and tried to marshal the child through the elementary school system (Interview, GH).

The term ‘marshalled’ has echoes with law enforcement where a criminal needed to be accompanied by a guard in order to ensure appropriate behaviour within the institution.

Following the hiring of the first Behavioural Assistant, the Unit 3 School Board applied to the Department of Education making a case for a second behavioural assistant, and the number of individuals hired for this support for students continued to expand in numbers. Since 1969, The Department of Education on PEI provided a home schooling program for children who “for physical or emotional reasons must be absent from schools for more than two weeks” (MacLellan, 1980, p. 135). In an interview, GH shared that he believed that the cost of home schooling may have lead the district school boards to try something different in their efforts to keep children with problematic behaviour in schools. The hiring of a behavioural assistant to support the ‘needs’ of children with challenging behaviour in schools reflected a new way of understanding this type of child in PEI. This type of student was someone who in the past was suspended for long periods of time and required home tutoring in order to receive an education. Hiring behavioural assistants was a move to keep children with behavioural problems in schools.

5.13.6 Remedial reading

Once consolidation of schools was in place, in 1972, the Unit 3 School Board in Charlottetown set up a resource program offering remedial reading programs in response to the results of surveys, which had indicated the extent of the Island’s literacy problem. The resource program operated on the top floor of the Unit 3 School Board Office, and teachers were hired specifically to resource students identified with reading difficulties. This program emphasized diagnostic and prescriptive services in the prevention of reading problems and aimed at providing a closer tie between the Department of Education and teachers, particularly those in one and two room schools in rural PEI (Department of Education Annual Review 1968-1972). Here, the influence of a medical perspective on education practices is evidenced. The use of the word ‘prescriptive’ comes from a medical discourse that prescribes an intervention for medical problems. In education this term ‘prescriptive’ is taken up as a form of intervention for reading problems. This remedial reading program operated as a pull out resource where children from nearby schools were transported to the board office in Charlottetown to receive reading support. Other supports for reading difficulties included visits to schools by a reading consultant, educational psychologist or a guidance counsellor (Edmonds & Besai, 1973).

By 1973, year-end statistics from the Department of Education indicated that "only 57% of students were remaining in school from grade 2 through 12" (Smitheram & Mahen, 1973, p. 4). During this same year, students with emotional problems were included in this remedial program. The Department of Education Year End Reports, 1973-1974, described the program's clientele as students "who had potential but experienced difficulties in the area of reading and/ or for students who had emotional problems and after diagnosis were considered able to benefit from such remedial resources". The diagnosis of emotional problems became commonplace on PEI during this time. Children were diagnosed through reading and intelligence testing administered by psychologists and those children identified as requiring additional reading support and or emotional problems were referred to the resource center.

One of my informants, CD had just started working for the school board in 1972. In personal communication with her about this program, she stated that the rationale for including children with emotional problems was that children's emotions were tied into how well they did at school.

> If a child was doing poorly, this affected their self-esteem and it was deemed valuable to have them in a program which attempted to increase their success in school. If this helped a child perform better academically, it was reasoned that this would increase the child's sense of self and accomplishment (Personal communication CD, March 2011).

In the 1960s, children's difficulties with learning had been associated with difficulties with their emotional state. Difficulty with learning could be understood as a result of a child's emotional problems, or a child's difficulty with learning may have been associated to the cause of emotional problems. CD's statement was aligned with research reported in the CELDIC report regarding children with emotional and learning disorders. For example, it was stated that:

> a child who is depressed or anxious will have difficulty with academic learning, while a child with a learning disorder will be discouraged or worried about himself because of his school failure and he may try to compensate for these feelings by aggressive or disruptive behavior in school" (Lazure & Roberts, 1970, p. 21).

It was accepted that the dividing line between emotional and learning disorders was seldom clear-cut.

5.14 The 'delinquent' child on PEI and programs

In the early 1960s, youth from the ages of seven through twenty one in PEI convicted of a criminal offence in a court of law were placed under temporary custody as a ward of the court through the Division of Child Welfare (Interview ST).

PEI's Child Welfare Division established in the 1960s, held responsibilities for the "investigation of all referrals of neglected children, providing services to unmarried mothers and a large adoption program and investigating and following up with juvenile delinquent cases" (Beck, 1966, p. 13). If a youth on PEI was deemed guilty of a serious offence, the judge sentenced the youth to be incarcerated. In some provinces like PEI, a child could be sent to a training or industrial school for conduct including "begging, truancy, petty crime, unmanageability, or incorrigibility" (Committee on Juvenile Delinquency, 1965, p. 32).

According to ST, it would be then left up to someone designated by Child Welfare to arrange where this sentence would take place. PEI, as the smallest province in Canada, faced a unique challenge in service provision for problematic children as there had not been the critical mass to have the resources to provide extensive service delivery. As a result, the province had to rely on the cooperation of the neighbouring provinces of New Brunswick and Nova Scotia to supply these services to Island children who required them.

> The New Brunswick Training School at Kingsclear was opened in 1962 and also housed children who had been seized by child welfare authorities prior to their placement in foster homes. Girls in trouble with the law were sent to the Maritime Home for Girls located in Truro, Nova Scotia (McReynolds, 1985, pp. 1-2).

The emphasis at the girls' training school during the 70s was "to teach the girls to cook, sew, and keep house, in addition to providing a curriculum which paralleled the school system" (Kaufman, 2002, p. 11). The concept of place in relation to the treatment of problematic children becomes an issue here as children from provinces other than PEI, although removed from their homes, did remain in their home provinces, whereas children from PEI were separated from their family, friends, and province.

According to ST, the superintendents of these training schools decided how long each youth remained at the facility. This form of indeterminate sentencing was consistent with what was determined to be 'rehabilitative' in nature according to the Juvenile Delinquents Act of 1908.

As this Act was still in existence in 1960s and 1970s, the concept of rehabilitation tells us that children with problematic behaviour were viewed from an understanding that 'delinquent' behaviour can be restored to a level considered appropriate or 'normal' in a court of law.

According to the JDA 1908, youth committing 'delinquent' acts were considered a 'juvenile delinquent' not a criminal, and were considered, "a 'misguided' and 'misdirected' child and one needing aid encouragement, help and assistance" (Canada, Department of Justice, 1965, p. 39). What this tells us about place is that there was no facility on the Island that could manage children who were charged with committing a 'delinquent' act yet, these 'misguided' or 'misdirected' children or youth were permitted to return home for long periods of time. As for a child being placed in a training school as a juvenile delinquent was not to be released until treatment was determined to be successful. According to an interview with ST, he recalled some youth being sent to the training schools in another province in the fall when the school term began, returned to the Island for Christmas holidays, then returned to the school until they were released again in June after school was out for the summer.

5.15 Collaboration of Professionals in PEI

While the CELDIC report maintained that services provided to children were fragmented. This was not necessarily the case in PEI. In the previous chapter I described the cooperation between professionals from Mental Health in Charlottetown and the education sector regarding the setting up of the child guidance clinic. Funding from Mental Health was used to train educators to work as liaison teachers in the clinic. In a quotation reflecting back on his work in the Child Guidance Clinic by Dr. Mac Beck, a psychiatrist who worked in this clinic, Dr. Beck maintained:

> All of us were hard workers, not a shirker in the lot. And there was very little, if any discord amongst us through all these years we continued to work together. It was a good team, we did good and effective work, and we accomplished much between the lot of us.

A second example of this cooperation can be seen in relation to the surveys conducted by various professionals in the early 1960s such as the Brief on Royal Commission on Health Services in PEI in 1962 in order to identify the mental health needs of Islanders. According to a personal journal kept by Dr. Beck, a local psychiatrist, "this was the first time in the history of the province where such a cross section of professionals from Administration, Social Work,

Psychology, Nursing, Education, Law, Nutrition and Medicine has joined forces in working together toward a common goal" (Beck 1997, p. 1336).

Another example of the collaborative and practical Island approach to the issue of children's challenging behaviour was the Adolescent Program. The collaborative efforts of individuals from medicine, psychology, education and justice resulted in the establishment of this program, which they believed would address the growing numbers of children being identified with mental health issues on PEI.

5.16 Summary to Part II

The 1960s and 1970s was a period on the Island during which the statistical evidence was sought regarding the extent of children's problems. Surveys gathering information on reading levels and mental health of children on the Island produced statistical which were used to argue that children required supports if they were to be successful in school.
The Compressive Development Plan put in place by the province of PEI in the 1960s and implemented in the 70s produced the framework for major changes to the educational system on the Island. This plan included the consolidation of schools. With the move to close small schools and provide larger consolidated schools on the Island, problematic children became more visible, as did the lack of resources for these children.

Out of the *Philosophy of Education* (1970) came the importance of attending to the child as an individual and the development of programs suited to their natural pace. Therefore, new demands were being placed on teachers and administrators to support children with diverse needs. The failure to provide for the individual and diverse needs of students was assumed to be one of the reasons for the increasing numbers of children being identified with challenging behaviour.

As the education system on PEI was not meeting the needs of problematic children, more resources were being put in place to support children with challenging behaviour in schools. Junior and senior high guidance counsellors were present in schools on the Island in the 1960s, and elementary guidance programs were established in the schools in the early 1970s. In a time where the concept of integration was taken up in the province, provisions through special education were made available. Human supports such as behavioural assistants were made available to assist children with challenging behaviour with their work as well as to assist students to learn to behave appropriately so they might remain in the regular classroom.

As well, a program of remedial reading was taken up on PEI in the 1970s and expanded to include children other than those identified as having reading difficulties. Emotional issues were accepted as one of the reasons why children did not do well with academics. Therefore, the remedial reading program was understood to be an appropriate intervention for these children.

While progressivism reinforced the importance of individual differences and the making of a good citizen, outside of education, provisions such as the Adolescent Program emerged as more suitable for children who were previously hospitalized on adult psychiatric wards. The separation of 'emotionally disturbed' children from adults suggested that there were differences in the way treatment should be delivered. This program was based on behaviourist principles and focused on changing the behaviour of the child through techniques of positive and negative reinforcement.

As the smallest province in Canada, service provision for problematic children had been challenging as there had not been the critical mass to have the resources to provide extensive service delivery. As a result, collaboration of professionals from various agencies came about partially as a result of the smallness of the Island and Dr. Beck's philosophy of teamwork. As well, the province of PEI had had to rely on the cooperation of the neighbouring provinces of New Brunswick and Nova Scotia in supplying these services to Island children requiring them.

5.17 Conclusions to the chapter

The 'problematic' child continued to be constituted in and through discourse in the 1960s and 1970s in Canada. While progressivism reinforced the importance of individual differences and the making of a good citizen, what became evident during this period was that the labels attached to children became more inclusive of the social and not just cognitive functioning. Children with challenging behaviour were identified as 'emotionally disturbed' or 'severely emotionally disturbed' through the discourse of medicine and associated with a multitude of characteristics that made it difficult to determine which children were included in such a diagnosis.

Psychologists used the technique of behaviour rating scales and norms based on descriptors using statistical findings collected from assessment practices developed for these scales in determining 'problematic' children's behaviour. As many of the challenging behaviours associated with psychological discourse within this time period were associated with

children's behaviour in school settings, what was new is that psychologists turned to using teachers and parents' observations of children's behaviour as part of their assessment of children's behaviour.

Certain behaviours like hyperactivity, inattentiveness and impulsiveness in children constituted them as problematic and activity levels of children statistically rated as falling outside the 'norm' were warranted as needing specific treatment. Through the use of tools such as the DSM II (1968), what transpired was a continuation of the proliferation of labels and diagnoses such as 'Hyperactive Reaction to Childhood' (APA, 1968).

Psychological and psychiatric views during the period under examination tended to frame children's' challenging behaviour such as emotionally disturbed, hyperactive, impulsive, and inattentive as deficits 'within the individual' and the placing of individuals into neat categories without focusing on the various systems as maintaining any responsibility in the constitution of the child with challenging behaviour as 'problematic'.

Just as the changing labels reflected the different behaviours that could be included in diagnosis, the interventions that were developed to 'treat' these children were changed also. Psychological and medical discourses remained dominant during the 1960s and 1970s. Psychiatric diagnoses for certain diagnoses of disorders for children were related to behaviour of children in school. Practitioners trained from a medical perspective during this time period constituted children with symptoms describing unacceptable behaviour as hyperactive, impulsive and inattentive and looked to damage to the brain as the rationale for such behaviours. Practitioners adhering to medical discourse acted to treat children's problematic behaviour with pharmaceutical drugs such as Ritalin that were perceived to control children's behaviour rather than to cure some illness or disease.

Both Laycock and Findlay and the CELDIC report recommended that an 'emotionally disturbed' child should remain in the regular classroom provided that this type of child could receive adequate help through the availability of supportive services both inside and outside the school. This recommendation was relevant to the expansion of special education as problematic behaviour in children included social, emotional, and behavioural characteristics that were different to physical and mental handicaps.

Documents like the *Children with Emotional and Learning Disorders in Canada* and *Living and Learning Report*, *Report on Legislation and Services for Exceptional Children in Canada*

and *A Matter of Principle: Principles Governing Legislation for Children with Special Needs* produced during this period were signs of the tremendous amount of resourcing, social energy and institutional commitment put into the figure of the 'problem' child in Canada. The recommendations produced in these documents represented how the nation attempted to address and analyze what society could do to better care for the children constituted as 'problematic'.

The CELDIC reported framed the problem as one of service provision. Different services were treating a child producing in effect different children, all completely fragmented. Instead, a discourse of the 'whole child' attempted to put aside specialist discourses and supported a holistic perspective where professionals from each specialist position could collaborate with one another and come to a shared understanding. The child remained constituted within specialist discourses of medicine, psychology, education and justice, but these were repositioned as only partial. What progressivism did was to introduce the problem of 'wholeness' – that is, the child had to be thought of in all their dimensions. . So now the child was not just a problem in relation to law, or learning, but in relation to the whole of their life. This understanding meant that new kinds of programs and techniques needed to be developed in response.

While the CELDIC report spoke for all Canada, and especially the centres of economic and political power taking a viewpoint from PEI tells a somewhat different story. PEI was distinct in that, due to its smaller size, there was more collaboration between professionals coming from different disciplines to identify and respond to the learning and mental health issues of Islanders. Collaboration from different agencies of medicine and education resulted in the establishment of the Adolescent Program for children identified as emotionally disturbed.

The late addition of guidance services on PEI as compared to other provinces in Canada demonstrated how the Island lagged behind other neighbouring provinces regarding the provision of services for children. Sharing of resources among the four Atlantic Provinces was a common factor in the provision of services for children and their families given the costs, smallness of the geographical region and the lower populations in the region. Parental authority was removed and children identified as delinquent because of their unlawful behaviour continued to be sent off Island by judges to training schools in the neighboring provinces of New Brunswick or Nova Scotia. Children with various 'handicaps' such as

blindness, or deafness were sent to other special such as the Halifax School for the Blind in Nova Scotia.

While the CELDIC made reference the fragmentation of services, this was not always the case in PEI. The spirit of CELDIC lived on to some extent, or at least in PEI, as there were already the conditions of this happening. At the same time, there were moves also in PEI to maintain the division between these services. Special interests or the investments of particular disciplines in their approach, in their way of doing things continued as well, and so the problem that CELDIC sought to resolve was not solved ultimately and was still constituted as a problem.

In a Foucauldian sense, one could say that the institutions in place during the 1960s and 1970s in Canada and PEI to address the needs of children had succeeded in maintaining the production of children with emotional and learning disorders rather than providing services to reduce the various problems children experience.

The overall argument for this chapter supported that there were a number of problematic children in the 1960s and 1970s in Canada and PEI who despite the uptake of the concept of integration were segregated into programs and institutions away from their peers. Some examples where this happened included 'juvenile delinquents' who were sent off Island to training schools, students with exceptionalities who were educated in classrooms that were segregated from the mainstream school, some children diagnosed with emotional and/or behavioural problems were hospitalized, and other children diagnosed as 'emotionally disturbed' or having 'emotional and learning disorders' were being absorbed into 'special classes' or programs in schools, or suspended from school. The insertion of greater amounts of expertise especially around psychology and the technology of testing and monitoring through behavioural rating scales generated more categories of children with challenging behaviour and all children were being identified and labelled, which along with explosion in the population of Canada created a need for provincial governments to respond with ways to address this problem. A key question that arose from the analysis of key documents and practitioner experiences during the 1960s and 1970s pertained to what society could do to address these problems and better care for children constituted as problematic.

Chapter 6: Rights and needs

6.1 Introduction

The period of the 1980s was a significant one for Canadian legislation and policies impacting children and youth beginning with the enactment of the Canadian Charter of Rights and Freedoms in 1982. Partly in response to the Charter and its underpinnings of legal rights for students with mental and physical disabilities, policies were being developed in various sectors in Canada to guide decisions regarding this group of children.

In the analysis of legislation, and policies developed in Canada and specifically in PEI in the 80s concerning children with challenging behaviour, I consider how various discourses are embedded within different national and provincial policies, and how texts in these policies create different children with behavioural challenges as children with 'special educational needs'. I specifically look for the detailed properties of text and how text is related systematically to social practices of discursive events as instances of social practice. Additionally, I track some of the ways informants reflecting on this period talk about children with challenging behaviour and connect their spoken language to the types of social practices connected to these descriptions.

According to Ball, "Policies do not normally tell you what to do; they create circumstances in which the range of options available in deciding what to do are narrowed or changed" (Ball, 1993, pp. 12-13). I will be looking at the 'circumstances', the range of options made available to children constituted as 'problematic' during the 1980s, and how these were narrowed or changed in relation to the various Acts and policies developed in this decade by PEI's Department of Education, and Department of Justice. Governmental frameworks like the Charter, Acts and policies constructed for 'special educational needs' children, especially those children with challenging behaviour have implications when it comes to the implementation of provisions, practices and programs. By examining a number of relevant policies developed in PEI, I analyze how, through the process of implementation, various ideologies and discourses produced numerous tensions and contradictions in programs for children with "special educational needs", particularly those with challenging behaviour.

Two logics at play are identified involving, respectively, the concepts of children's rights, and children's 'needs'. I highlight the contradictions between the discourses of 'rights' and 'needs' concerning children with challenging behaviour and point out the tensions and limitations

which continue to exist in government documents written 'in the best interest' of children (Prince Edward Island Teacher's Federation, 1985). I contend that the language used in policy documents create and constitute children with 'exceptionalities', including behavioural, as having 'special educational needs' which compete with understandings of their rights.

I will be drawing on three kinds of data used to substantiate my accounts: primary document data which includes actual policies and pieces of legislation; secondary data which includes individual accounts surrounding policy development and implementation; and interview data where informants talk and give some insights about some of the events, or policies, or programs for children constituted as having "special educational needs" during this period. Below, I integrate a timeline of the decade of the 80s so visually the reader may view the various frameworks, Acts, policies and facts implicated in the constitution of 'problematic' children in Canada and on PEI within the various discursive fields of education, and justice.

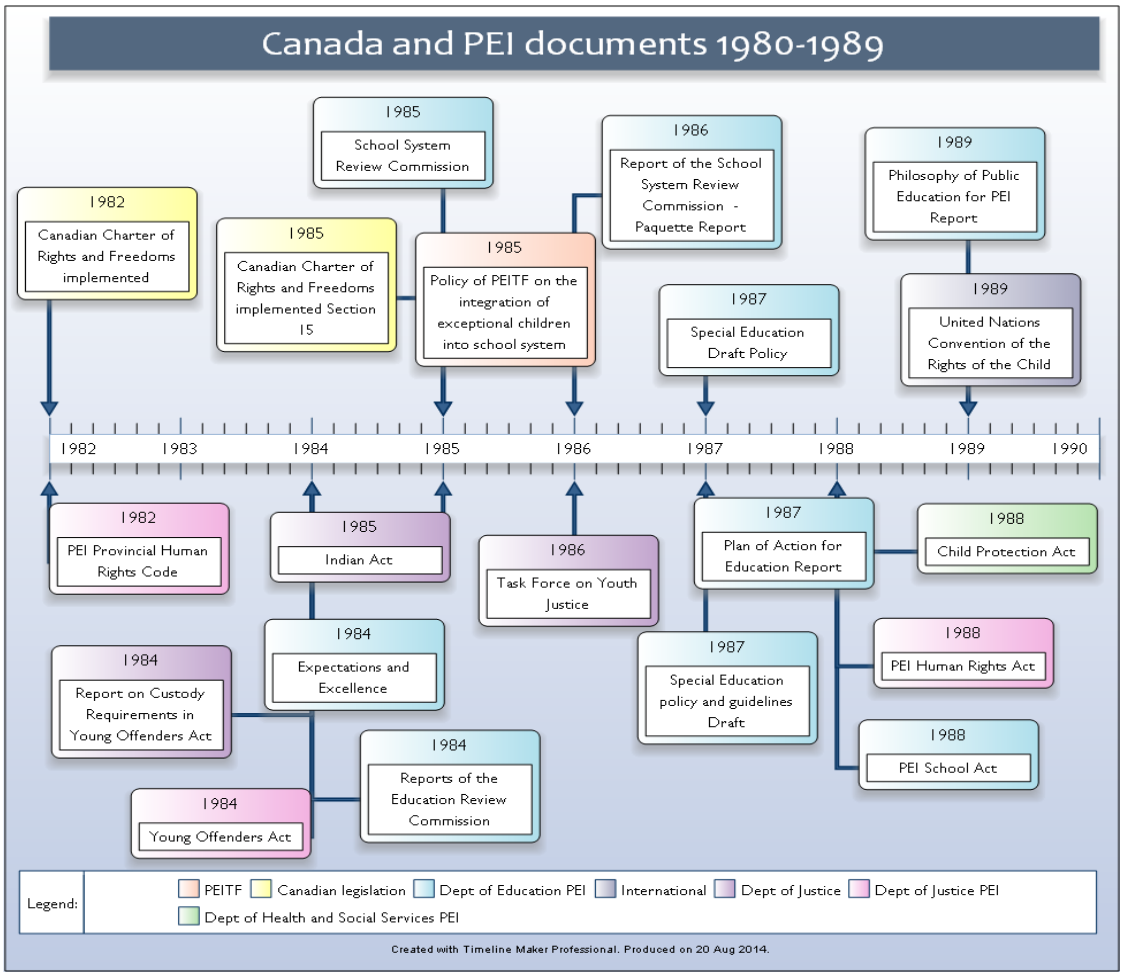

Figure 10: Canadian and PEI documents 1980-1989

6.2. Canadian Charter of Human Rights and Freedoms

Human rights are grounded on the presumption of the equal worth and dignity of all human beings. Human rights are considered as, "the highest moral rights, they regulate the fundamental structures and practices of political life, and in ordinary circumstances they take priority over other moral, legal, and political claims" (Donnelly, 2003, p. 1). A Charter is a governmental framework used to establish principles. It is a formal written statement that allows for "judicial intervention into governmental action, including educational decision making, where traditionally only experts held sway" (MacKay, 1986, p. 3).
The Canadian Charter of Rights and Freedoms 1982 developed out of *The Canadian Human Rights Act* introduced by the federal government in 1977 which legislated equality rights; in particular, the right not to be discriminated against. It was a vital document because it introduced a legal framework that recognized the primary fundamental freedoms, mobility rights, and democratic rights, language education rights, and equality rights of Canadians. It was designed to be applicable to all levels of government, federal, provincial, territorial, and municipal.

The Charter provides a framework for enacting human rights through legal and institutional practices and procedures. The Charter did not mention children specifically, absorbing children into the general category of people. However, certain sections were particularly relevant to the treatment of children and youth. Of particular concern are sections 7 and 15. Section 7 of the Charter has provided for the principles of fundamental justice: "Everyone has the right to life, liberty, and security of person and the right not to be deprived thereof except in accordance with the principles of fundamental justice" (*Canadian Charter of Human Rights and Freedoms*1982). Section 15 of the Charter, which addresses equality, specifically concerns the 'right' of all people to "equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability" (*Canadian Charter of Human Rights and Freedoms* 1985).

The categories in the *Canadian Charter of Rights and Freedoms* are named in order that people can fight discrimination, and in naming these groups or categories of people, these policies recognize that members of these particular categories have been treated unequally and have suffered as a result of this treatment. In relation to disability, those individuals identified with a mental or physical disability were named in the Charter but the implications for

students with challenging behaviour are dependent on whether or not their behaviours could be categorized as a disability. The age category potentially could be applied to discrimination against children but was more usually applied to seniors. To ensure a smooth transition, this particular section was not brought into force until 1985 so that provincial, territorial, and federal governments would have time to review their legislation and make the appropriate changes to any discriminatory laws.

The Charter guaranteed the rights and freedoms set out in it but with the provision that these be subject to such "reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society" (MacKay, 1986, p. 303). The implication of establishing limits for these rights is that children with challenging behaviour were not necessarily excluded from the law. Rights and freedoms of any individual are subject to reasonable limits as prescribed by law, the law being the official sanctioned tool of society to control behaviour. Those children and youth falling outside these reasonable limits, constituted as 'young offenders' could be held accountable by constitutional law and therefore were not protected by the Charter. The clause mentioned above stating "except in accordance with the principles of fundamental justice" refers to the legal principles that outline the ways in which the legal system ought to operate fairly according to societal consensus. In other words, certain behaviours of children may be violating the law in what society deems unacceptable and outside the limits of the law, and therefore, children of a certain age would not be protected under the Charter.

By 1988, in response to the newly legislated Canadian Charter, and the restriction of many human rights protections, a number of provinces in Canada made revisions and amendments to their existing legislation on human rights (Howe & Johnson, 2000, p. 12).

6.3 Human rights in PEI

The Human Rights Act of PEI 1988 was not the first human rights legislation to come into effect in PEI. An Act Respecting Human Rights in 1968 was passed by the legislature of this province in response to the *Universal Declaration of Human Rights* passed by the General Assembly of the United Nations (Act Respecting Human Rights, 1968). In the *Human Rights Act of PEI*, 1988, citizens subjected to the Act are described as:

> persons … equal in dignity and human rights without regard to age, colour, creed, ethnic or national origin, race, religion, marital status, disability, sex, and political belief (PEI Human Rights Act H-12, 1988).

In order to promote the principle of human rights, the Act prohibits discrimination on PEI, which was at that time, defined as "unequal, prejudicial treatment of persons in certain areas such as employment, public sector, and access on the basis of age, race, sex, and disability" (PEI Human Rights Act H-12, 1988, p. 2). The main point of this Act is the protection of the rights of people, including children, to "free expression of opinion, accommodation, services, facilities to which public members have access, or which are provided to any individual or class of individuals" (PEI Human Rights Act H-12, 1988, p. 3).

6.4 Rights and the child with challenging behaviour

While these various Charters and Acts may appear to have offered broad ranging protections from discrimination, with regards to the particular concern of the child with challenging behaviour, this was not the case. Although Section 15 of the *Canadian Charter of Rights* covered the rights of individuals with a mental or physical disability, it did not particularly single out that category of individual who is constituted as 'problematic' due to their challenging behaviour. Behavioural issues were not diagnosed as a specific mental or physical disability; therefore, this governmental framework did not protect individuals with challenging behaviours from discrimination. Also, as rights and freedoms of any individual were subject to reasonable limits as prescribed by law, the law being the official sanctioned tool of society to control behaviour, those children and youth falling outside these 'reasonable limits' (such as those constituted as 'young offenders') could be held accountable by constitutional law and not protected by the Charter.

Analysis of the rights of children with challenging behaviour within legislation and policy documents is a complex one and in the next section I will highlight some of these challenges as they pertain to children in the school system identified as 'exceptional', and 'young offenders' who were involved in the justice system. Such an examination will reveal some of the limitations of the rights discourse with respect to these two categories of children and youth.

6.5 The Right to Education

MacKay and Burt-Gerrans (2004) argue that it is well established that provisions under both the Charter and Provincial Human Rights Acts applied to education and educational service delivery. However, the meaning of these rights and its specificity in practice has been questioned often. With respect to education, Canada has no federal ministry, and instead, the Council of Ministers of Education, Canada (CMEC) provides a forum for education ministers to come together to discuss matters of common concern, explore ways to cooperate, share information, and represent Canadian education internationally. As such, the CMEC did not determine what equality under the Charter meant in practical terms for the education for children in Canada; therefore there was, and continues to be, no national policy or legislation concerning children and their rights to an education. Policy statements related to the educational 'rights' of 'exceptional' children may be found in provincial or territorial laws, regulations and guidelines (Goguen, 1990).

The right of all children to education is not guaranteed in the same way in all provinces and territories in Canada. Although the common law in Canada recognized that every child has a natural right to an education, when the Charter was enacted, there were two types of legislation in place: mandatory, or permissive. In Canada in the 80s, only the provinces of Quebec and Saskatchewan specifically referred to education as a protected right within their provincial policies (Manley-Casimer & Sussel, 1986). A 'protected right' referred to mandatory legislation meaning that school boards in these two provinces were legally obligated "to provide educational services to all children regardless of their handicaps and regardless of the financial consequences of so doing" (Poirier & Goguen, 1986, p. 241). Permissive legislation "centred on provisions for facilities operating beyond the minimum standards undertaken under local initiatives" (Winzer, 1990, p. 116).

The *School Act of PEI* (Department of Education, 1980) provided the legislative base for education during the 80s. This Act outlined the roles, responsibilities and limitations of partners in education, namely the Minister, the school boards and trustees, the superintendents, the instructional and non-instructional staff, the parents and the students. Individual school boards were responsible to create their own guidelines and policies in accordance with provincial ones. The *School Act of PEI* 1980 did not have any specific provisions concerning children's right to an education. Instead, Section 49 of the School Act 1980 affirmed that:

> A school board shall, subject to the regulations, the Minister's orders under subsection 63.2(5) and the Minister's directives:
> (a) provide for instruction in an educational program to all persons who are enrolled in its schools and eligible in accordance with the Act and the regulations (Department of Education, 1980, p. 2).

There was nothing in this Act to indicate that a child had a right to an education. Instead, the Act established that all children were afforded an educational program if they remained within the rules and regulations of the Act. For children with challenging behaviour, the School Act reiterated guidelines established in 1971 that supported their removal from school. Previous to 1971, children either dropped out or were required to stay home.

In 1982, under the *PEI Provincial Human Rights Code*, "education was not referred to as a protected right…" (Manley-Casimer & Sussel, 1986, p. 5). Instead, PEI had enacted permissive legislation regarding education. This meant that the province legally could but did not have to provide educational services to handicapped children, as attendance for those students was not compulsory (Poirier & Goguen, 1986). Such a law represented a continuity in practice for children with identified disabilities. Withholding services for 'handicapped' children was a practice, which could be traced back to the late nineteenth century when legislation concerning compulsory attendance for children to attend common school was established (See Chapter 4). Compulsory attendance laws at that time included a statement that outlined the criteria, which regulated who could and could not attend common school. Among these laws was one that excluded certain categories of children – those with specified physical and mental disability or behavioural conduct that threatened the function of schools were conditions that exempted or excused children from attendance" (Richardson, 1994, p. 698). Legislation in the 1980s continued to make provisions for the exclusion for certain categories of children.

Prior to the Canadian Charter, established in 1982, administrators were given broad discretion to make and enforce rules concerning the management of students within schools and there was little challenge to this authority (Lam, 1990, p. 65). Provincial education acts tended to allow students with disabilities to attend school, yet access to education for children with disabilities might be described best as "a privilege rather than a right to an education" (Clayton, 2011, p. 17). School attendance by such children was not compulsory; and "these provinces could, during times of budgetary restriction, cut these services since no duty is

imposed upon them to offer such services" (Poirier & Goguen, 1986, p. 241). Most provincial education acts contained exclusion clauses that implied not all children; especially those with severe disabilities would be provided access to regular education classes. Permissive legislation in provinces such as PEI explicitly legitimated the exclusion of certain specified classes of individuals. One practice, which continued to be dominant in the institution of schooling for children with challenging behaviour, was long-term school suspensions. Before 1985, children who presented with severe behavioural challenges in PEI who couldn't be managed in the school would be forced to stay home (Interview, GH). As well, in the *PEI School Act* 1988, Aboriginal students were excluded as they were considered the responsibility of the Federal government as noted in the *Indian Act* 1985.

On PEI, whether children with challenging behaviour were diagnosed medically or evaluated informally, their behaviour was subject to disciplinary measures of the School Act and school discipline policies. PEI's School Act 1988 stated that it is the child's behaviour or impairment which is 'the problem' or 'the difficulty' preventing their participation in 'mainstream' education. Children whose emotional and or behavioural challenges put them at odds with school behaviour codes continued to be subject to exclusionary practices such as suspensions put in place as corrective actions.

6.5.1 Integration and the right to a 'mainstream' education

One of the concerns in the 80s regarding the rights of children with exceptionalities was that they be treated equally under the law. Ensuring that children with disabilities had equal access to an education was one of the goals the Charter set out to achieve. This encompassed the common right of all children to attend their local school, in their local community, with appropriate support.

The concept of integration established in the United States and other countries such as Britain, greatly influenced special education practices in Canada. Integration, or 'mainstreaming' as it is often termed, was defined during this period as:

> an educational placement procedure for exceptional children based on the conviction that each child should be educated in the 'least restrictive environment in which his or her educational and related needs can be satisfactorily met (Council for Exceptional Children, 1980).

In the early 80s, in Canada as with other parts of the world, the notion of integration became prevalent and students identified with disabilities or 'exceptionalities' who had been previously segregated to special schools or none at all were being brought into regular schools (Winzer, 1993). In Canada, special education had become a specialized system, with its own programs, services, and personnel (Lupart, 2000, p. 5). There were special classroom arrangements, curriculum modifications and a range of services that included speech language therapy, counselling, occupational and physiotherapy (Lupart, 2000).

The decade of the 80s saw special education provision changing from provision of separate special schools to the specialized services within 'mainstream' schools. The understanding of integration that had developed in Canada during this decade was that education was for all children, and that exceptional children were a part of, not separate from, regular education (Hayes, 1989). The term 'mainstream', a concept which historically referred to education provided to the majority of the population, was taken up in Canada in this period to refer to the characteristics of the regular school and classroom within which all children would be included (Bunch et al., 1997, p. 49). The concept of 'mainstream' education is inclusive of curriculum, achievement, learning, instructional practices, and classroom management.

One of the first Acts introduced concerning 'exceptional' children within Canada was in the province of Ontario. When the *Education Amendment Act,* called Bill 82, was passed in Ontario in 1980, children who had previously been cared for or educated in other institutions or who had never gone to school were now expected to enter the school system. The provisions governing special education legislated within this Act placed a legal responsibility on all school boards to accept all exceptional children in schools. Under Bill 82, as it was better known, an "exceptional pupil" was defined as:

> a pupil whose behavioural, communicational, intellectual, physical or multiple exceptionalities are such that he is considered to need placement in a special education program by a committee established under subparagraph iii Subs. 1(1) *(adding* para. *20(1* to subs. I (I) of the principal Act)…(R.S.O. 1980.c.129, para. I (1) 2. of paragraph 5 of subsection I of section 10 [of the principal Act).

Any one of these exceptionalities would have been sufficient to place a student into a special education program. It is interesting to note here that behavioural exceptionality was the first mentioned in the list, giving it status. It is also worthy to note that this document places

exceptional children into a special education program. This ensured that special education would continue to be the prime provider of services for special needs children, whether they were in a special school or the 'mainstream'.

Bill 82 was based on five principles (Winzer, Rogow, & David, 1987). These included:

- the right to an appropriate educational program for all exceptional children;
- the right of free education without charge to the pupil or the family;
- the right of appeal of identification and placement, and the right to a review hearing by the exceptional children, their parents, and their advocates;
- the right to an appropriate program that states objectives and outlines services that will meet exceptional children's needs; and
- the right to continuous identification of needs and continuous assessment and evaluation of the student's progress.

The terms taken up within this Act, as in *US Public Law 94-142 Education for All* (1975), were based on legislation of education giving 'exceptional' children certain rights. One of the significant aspects to note here is the connection made between the notions of children's rights and their 'needs'. An 'exceptional' child's needs are based on a 'continuation of assessment', and it is the identified 'needs' of the child in question that determines how their rights to education provision will be enacted.

As this document states, an 'exceptional' child was considered to 'need' placement within a special education program. The Ontario Department of Education defined special education program as "an educational program that is based on and modified by the results of continuous assessment and evaluation and that includes a plan containing specific objectives and an outline of educational services..." (*Education Amendment Act* 1980 Subsection I (I) p. 63). Such a view of an 'exceptional' child is based on an acceptance of a medical model where a child undergoes a medical examination and/or psychological assessment, where deficits and problems are identified which are recommended for treatment or rehabilitation. As schools needed to identify which students could be categorized as 'exceptional', they relied on psychologists and outside personnel to conduct assessments in order to plan for the child's 'special needs'. Thus problems become 'needs' and in a circular move were taken to explain the reason for the difficulties the child is experiencing in education. The possibility that the education system itself may play a part in bringing about, or exacerbating an exceptionality was not considered. For the child with so-called behavioural exceptionalities, The *Education*

Amendment Act (1980) made these children subject to the same assessment and placement processes as other exceptional children.

In 1980, the Diagnostic and Statistical Manual for Mental Disorders - III named two disorders among its classifications for children with challenging behavior: Conduct Disorder, and Oppositional Disorder. The distinction between these two was made primarily on the basis of severity. Oppositional Disorder was characterized by disobedience and argumentative behaviours and Conduct Disorder characterized aggression and covert delinquent acts (APA, 1980). Along with these two classifications of children's psychiatric disorders, Attention Deficit Disorder, (ADD) was increasingly becoming identified in children and youth within schools across Canada. Physicians, psychiatrists, and psychologists diagnosed ADD on the basis of a cluster of behaviours including inattention, hyperactivity and impulsivity. Thus, expert knowledge derived within discourses of medicine, psychology and education, which served to classify children as 'exceptional', rather than serving to integrate them within the 'mainstream', instead assisted in maintaining dividing lines between 'normal' and 'abnormal'.

Csapo (1981), in an effort to determine the extent of public school services for 'behaviourally disordered' children in Canada, conducted a research project consisting of a 12 item questionnaire that was administered to each province or territory's Director of Special Education. The questionnaire included questions pertaining to:

> definitions and terminology, prevalence, services available, caseload and class size, diagnosis and placement, administrative organization, and success of the programs based on numbers of children returned to the regular class" (Csapo, 1981, p. 140).

In this report, no agreement was found across Canadian provinces and territories with regard to a common term used for a 'behaviour disorder' or the definition of a 'behaviour disorder'. In PEI, and five other provinces, the term "severely emotionally disturbed" had been adopted, while the remaining seven provinces or territories used a range of other terms including "socially maladjusted", "socially emotionally handicapped", "children with severe behaviour problems", "emotionally handicapped" or "emotionally disturbed" and /or behaviour disordered descriptions (Csapo, 1981). Most of this terminology referenced medical definitions, some of which can be found in manuals such as the DSM III mentioned earlier in this section for diagnosis of psychiatric disorders.

Csapo's survey also looked at provisions for children with behaviour disorders. Human resources for these children included "guidance counsellors, access to psychiatric consultation, and access to a school social worker" (in some areas of Canada) (Csapo, 1981, p. 142). Other provisions mentioned in some, but not all provinces in Canada included "special classes, crisis intervention, and psychotherapy by a school psychologist, transportation to a non-school agency, or payment for a private school program" (Csapo, 1981, p. 141). The special class Csapo was referring to in this document was PEI's Adolescent Program.

According to her research, provisions said to be available for children with challenging behaviour on PEI included "academic tutoring, homebound instruction, and a resource room" (Csapo, 1981, p. 145). This one resource class, [The Adolescent Unit] was a shared resource "provided by the Department of Health yet administered by the Department of Education" (Csapo, 1981, p. 145). As indicated in an earlier chapter, a psychiatrist oversaw the running of this stand-alone unit in the hospital, but teachers were responsible for the education part of the program. What all of these provisions had in common were that they were all segregated practices that took place outside the mainstream classroom and separated children with behaviour disorders from their peers.

Csapo recommended the establishment of a Children's Bureau to protect the rights of children in Canada. She also identified the need to create a common definition for emotionally disturbed, train specialists, and include some training to all teachers on how to teach emotionally disturbed children. These recommendations are similar to those found in reports such as CELDIC.

6.5.2 Parent advocacy

The move to educate students with disabilities in 'mainstream' classrooms within public schools was in large part owing to parental action (National Institute of Mental Retardation (NIMR), 1981). Beginning in the 1950s and 1960s, the advocacy movement in Canada gained momentum in the1970s and was given considerable strength from the introduction of the Charter (Lupart, 2000). The *Canadian Charter of Human Rights and Freedoms*, in part, provided parents with the legal impetus to continue to pressure school boards with concerns regarding the education of their children with exceptionalities. Partly because of parental pressure, public education schools gradually began to assume greater responsibility by creating special classes for children with exceptional needs in regular schools.

One of the informants for this study who had worked within the Special Education sector in one of the school boards on the Island identified the pressure being placed upon schools in the 80s to remove children with 'exceptionalities' from segregated programs and integrate them into regular schools on PEI. When questioned about which groups were applying the most pressure, she replied,

> Learning disabilities groups, coalitions, Community Living, parents groups for the most part, looking for a better way to have their children educated because they were put in you know, a little room with two or three other kids that you know, their behaviours were so bizarre that everybody then had all the bizarre behaviours; because there were no role models. There just was no normality, whatever that is, at all in any of those classes. And I can remember talking to people and saying, "Why do they [children with exceptionalities] have to be in those classes, you know at the Board [Unit 3 School Board] and with my colleagues and so on?" People said, "Well we've always done this, right?" But when you get challenged, then it was one by one (Interview, YZ).

This statement made by this informant, suggests that special education and the integration of children with 'exceptionalities' was based on placement. In line with what was going on in other parts of the country, special education classrooms on PEI in the 80s included children with a variety of 'exceptionalities'. Parents wanted their children integrated in regular classrooms among children their own age and not educated in separate classrooms with children of various disabilities and handicaps. This informant seems to be in agreement with parents who advocated for their children's rights to be integrated into mainstream classrooms where 'bizarre' behaviour would not appear to be normal nor reinforced by others. This may not have been the case if a number of children with challenging behaviour identified as 'bizarre' were placed in a special class.

6.6 The Report of the Education Review Commission 1984

In 1983, an Education Review Commission was put in place to determine public satisfaction, review the structure and organization of the school system in PEI, and to make recommendations required to allow the education system "to be more responsive to the needs of Islanders" (Paquette, 1984, p. 2). *The Report of the School System Review Commission* or the Paquette report, as it was commonly known, was presented to the Minister of Education in November 1984. The report was especially cognizant of the increasing attention being paid to

special education and provision of services for the 'special educational needs' of students on PEI.

Among its numerous recommendations the Paquette report identified the need for an overall plan for the provision of Special Education services in PEI: "No aspect received as much attention and support from professionals, parents and the public in general" (Paquette, 1984, p. 23). Reasons given for policy development were stated as "growing demands on the system, economic restraints, Charter of Rights issues, and social changes" all of which were said to require a more specific response than the "degree of flexibility to respond to individual situations" (Paquette, 1984p. 7). In other words, it was either too expensive for the system to respond as it had in the past and something more economical needed to be tried. Special schools were cheaper to run than integrated programs that were associated with increased demands for administration and regulation of children with special needs.

As for children with challenging behaviour, the report called for an increase in guidance counsellors at every level of schooling due to what it identified as a wide range of social issues such as family problems, increase in divorce rates, child abuse, peer problems, and learning difficulties (Paquette, 1984, p. 23). One of the key differences in ways of understanding children's problems is in terms of whether they are innate (organic) or as a result of social context. When the provinces legislated around disability, sometimes it would specified that a condition could only be considered a disability if it was not caused by contextual factors such as family 'dysfunction'. Therefore, when a report highlights social problems, it could be seen as suggesting that these kinds of problems are not disabilities as such – but instead, social problems.

As more attention was being paid to 'exceptional' children, the Paquette report recommended that services in PEI be increased. More specifically, Paquette recommended that a ratio of one counsellor for every 500 students be placed in elementary schools (Grades 1- 6), and 1:250 be established in Junior and Senior High schools. This was a significant increase compared to the existing provision, which in 1984 was 1: 1306 (Elementary), and 1:1104 (High) (Paquette, 1984, p. 25). Justification for increased guidance services was argued by referring to the increase of 'divorce', 'child abuse', and 'peer problems' on PEI. The report's acknowledgement of these types of problems within the child's family and environment reflects a perspective that takes into consideration the importance of the environment in which

the child lives thus, interventions were recommended to address these problems that were viewed as causes to the child's problematic behaviour.

In response to what was happening internationally in the 80s along with the recent federal legislation enacted for individuals with mental and physical disabilities in the Canadian Charter of Human Rights in 1982, as more and more students with disabilities entered public schools in PEI, the need for institutional responses emerged. Canadian Teacher's Associations represented a stakeholder group with a significant interest in the management of integration for students with special needs. In PEI, this too was the case.

6.7 The Road to Integration on PEI

While Section 15 of the Charter (1985) did not mandate integration of children with disabilities into regular schools, what it did was provide legislation for Canadian citizen's rights. In the 80s in PEI schools, children with 'exceptionalities' were integrated into regular public schooling and what followed became known as a "dual approach" to education (Lupart, 2000). In the eighties, responsibility for coordination of special education services and the integration of exceptional children on PEI within the mainstream was at the Department of Education level. This also included:

> consultation services to the regional school boards concerning organization, development, and maintenance of services, in service training, curriculum guidelines and texts and materials required for programming (PEI Department of Education, 1990, p. 2).

'Mainstream' education regulated all aspects of the system for non-exceptional students and provided the context within which exceptional students would be integrated (Lupart, 1998). Special education became to be understood as the program responsible for the process of integration.

As many children with different exceptionalities were integrated into 'mainstream' schools, challenging behaviour became more noticeable. The disciplinary processes for dealing with disruption did not take into account any exceptionalities, for example, any child could be strapped, suspended or expelled for breaking the rule as they were considered just disobedient rather than disabled. In order to assist schools to respond to such challenges, special education policies were written and practices were implemented to guide the integration and placement of 'special educational needs' students into mainstream schools.

6.7.1 PEI Teacher's Federation (PEITF) Policy on Integration

The development of educational policy in Canada for children with in the 1980s "focused on the ideological themes of inclusive education … which foregrounded children human and individual rights…" (Winzer & Mazurak, 2011, p. 5). During the 1982-83 school years, the Provincial Executive of the PEI Teacher's Federation identified a shift in educational philosophy and practice on the Island that tended towards the integration of 'exceptional' children into the regular classroom. As a result, the Provincial Executive directed the Federation staff to prepare a discussion paper on the issue of integration, which eventually led to the development of a Federation policy on the issue.

This issue was not without contention, as there was perceived to be a great difference in an inclusive philosophy and how this principle was to be implemented in mainstream schools (Winzer & Mazurak, 2011). "Regular classroom teachers and administrators across Canada were said to be insufficiently prepared and ill-equipped to deal with the integration of children with exceptionalities into mainstream schools (Lupart & Webber, 2012, p. 16). Jim Blanchard, General Secretary of PEITF, made a statement in one of the Federation's newsletters six months before the Federation endorsed the policy. He was opposed to such a move. He stated:

> I have not yet concluded whether integration of children with such special needs is in their best interest. I have concluded that without the necessary support for the classroom teacher (training and human assistance) the needs of the child who is integrated and the other students in the class cannot be met adequately. In fact, the educational opportunities available to the children in such a class will most likely deteriorate (PEITF Dec. 1984, p. 2).

This statement from Mr. Blanchard was quite explicit in prioritizing the needs of the non-disabled majority of children in the class rather than those of children with special needs. Such a statement gives credence to the power of teachers and unions in making decisions concerning the children that they teach.

In May of 1985, the Board of Governors of the PEI Teacher's Federation (PEITF) adopted a policy on the integration of 'exceptional' children into school system. The term integration or "involvement of 'exceptional' children in a school environment … included:

> an educational placement procedure and process for exceptional children, based on the conviction that each child should be educated in the least restrictive environment in which his/her educational and related needs can be satisfactorily be met…" (p. 2).

In PEITF's newsletter in Oct of 1985 the newly elected president of the Teacher's Federation, Mr. Jim Ross stated his opinion on this matter:

> We cannot afford to have those children presently involved in the public school system experience any further reduction in the resources made available for their education. Equally important, we cannot afford, nor do we wish to provide an inadequate environment to those children classified as exceptional. They very often require a very specialized and personalized setting (PEITF, 1985, p. 3.).

Both Mr. Blanchard and Mr. Ross adopted the union line arguing that mainstream teachers were being neglected and left on their own to cope with high needs students. Mr. Ross argued that a reduction of resources had occurred when integration had directed resources previously provided to segregated services to schools. Both statements were quite direct in their reasons for why 'mainstream' schools and teachers were not equipped to support the needs of exceptional children, and by maintaining the status quo,' exceptional' children would be better off being separated.

As this was the first policy on special education on PEI, the Province based its policy model on policies and terms taken up from other provinces in Canada and the United States (Winzer, 1999). Information on the United States Public Law 94-192 *Education for All Handicapped Act* (1975) is located in the previous chapter. Terms included in this legislation such as 'least restrictive environment', 'continuum of services', and individual education plan' were introduced in PEITF's policy on integration. Children were integrated in schools according to a continuum of settings based on the 'least restrictive environment'. Least restrictive environment meant that a child would be placed in an environment which best suited their 'needs'. The continuum for exceptional children on PEI was based on seven levels of educational provision as highlighted in the following diagram.

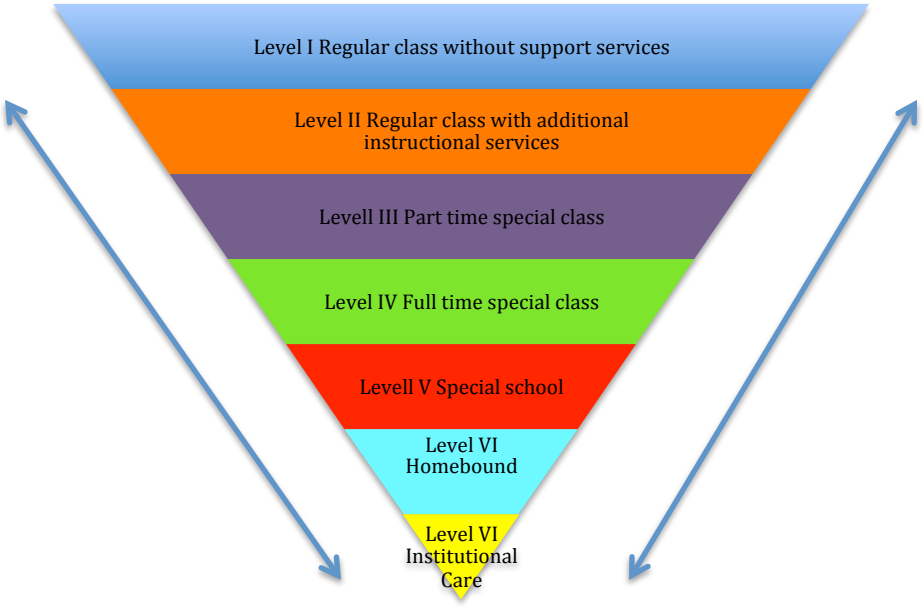

Figure: 11 Continuum of educational provision for exceptional children (PEITF, 1985, p. 2).

In PEI, a continuum of educational settings would be made available for children identified as 'exceptional' which may, at any given time be appropriate for an individual child's needs …" (PEITF, 1985, p. 2). Such a statement suggests that someone had to determine what 'appropriate' means, what that child's 'needs' were, and that the environment the child was educated in could change at any given moment in time. I argue that no particular environment was the 'least restrictive' per se because the full definition is "least restrictive environment in which needs can be satisfactorily met" (PEITF, 1985, p. 2). Crucially, this meant that any one of these levels could be defined as least restrictive. Critiquing this model at the time Taylor (1988) argued that a continuum of services confused segregation with intensity of services by implying that the most intensive supports required segregation. Looking at the implications for Taylor's arguments for a child with challenging behaviour, this child would not receive more intensive supports unless this child was placed further along the continuum in which case the child was segregated from the 'mainstream' classroom. In other words, a child with challenging behaviour needed to be placed further away from the mainstream before he or she received the supports needed for success in school. Rather than moving closer to integration, this type of child was moving further away.

The movement of 'exceptional' children along a continuum based on their 'special educational needs' suggests a child must work their way back to the 'mainstream' classroom. Such a practice was considered by some to be a discriminatory practice, as it was not applied to 'non-exceptional' children. In the diagram illustrating the continuum of services model, it is stated that a child would move back along the continuum towards the regular class "as rapidly as possible" (PEITF, 1985, p. 2). Such a statement implied that movement between placements could happen quickly. This may not be the case, as often, a child with severe needs who was placed in institutional care (Level 7) may never move up the continuum to one level closer to a 'mainstream' classroom.

Another important element included in PEITF's policy on integration for 'exceptional' children involved an Individual Educational Program (IEP). For each child identified as 'exceptional' and diagnosed with a disability, an IEP was put in place. As stated in the Federation's (1985) policy, the IEP was designed to respond to the child's assessed 'needs'. For children diagnosed with a disability, whose condition involved problematic behaviour, the IEP included goals to assist children to modify their behaviour towards the appropriate behaviour expected in schools, and goals for academics if required. Efforts were being made to assist children to modify their behaviour and to develop control. However, this individualized treatment was not required for those children whose inappropriate behaviour did not have a specific diagnosis. Children, whose challenging behaviour was not identified as a disability, were subjected to disciplinary practices such as suspensions that fell under PEI's School Act, 1980. Such children were not subject to either the 'needs' or the 'rights' discourse but could be excluded because of the schools' need for control and efficiency.

6.7.2 PEI Department of Education reports

In October 1987, the Department of Education of PEI released the *Plan of Action for Education Report* comprised of studies on various aspects of the educational system, and consultations with educators and the community. The report included a number of recommendations and a statement of the Government's commitment to "maintain and improve the PEI education system in a planned and systematic fashion" (p. 1).

Among the list of priorities identified by this report as having a significant impact on schools was the issue of the provision of comprehensive special education programs, and guidance services. Throughout the document there are terms used such as handicapped, learning disabilities, special needs, and at risk, yet none of these terms are defined. The problem with

the use of these different terms was also reflected at the national level in research by Csapo in 1981 on *behaviourally disordered children in Canadian schools* The lack of agreed definitions for students' exceptionalities left individuals free to draw on assumptions about these categories.

In the section of PEI's *Plan of Action for Education Report* 1987 one of the areas of particular need identified in setting priorities for planning and action was services for 'exceptional' students. This was the first time the term 'exceptional' was named in provincial education documents, and in doing so, mentioned the term in relation to "the integration of mentally handicapped, physically disabled, emotionally disturbed, and learning disabled…" (p. 14). There was no mention of behaviour as a category of exceptionality.

In 1987-88 a committee on special education was put in place on PEI to review policy at the Department of Education. In the third draft of PEI's Department of Education's Special Education Policy and guidelines in 1987, exceptional children were given the right to an education. The specific wording of this policy draft stated:

> Every child has the right to an appropriate educational program regardless of mental or physical handicaps or emotional or behavioural problems. Every Administrative Unit shall provide special education services for exceptional students. These should ensure that all students are afforded the opportunity to develop to their full potential (PEI Department of Education Special Education Policy draft, 1987, p. 2).

Exceptional children were defined in this policy as "those with mental or physical handicaps or emotional or behavioural problems" (Department of Education, 1987, p. 1). The specific inclusion of emotional and behavioural problems as categories of exceptionality in policy reflects the increasing tendency by the late 80s for emotional and behavioural problems to be diagnosed medically and psychologically. Disorder categories pertaining to the characteristics of hyperactivity, impulsivity and inattention were becoming common with diagnosticians. As schools needed to identify which students were 'exceptional', they relied on psychologists and outside personnel to conduct assessments in order to plan for the child's 'special needs'. Thus the expert knowledge derived within knowledge production from discourses of medicine, psychology and education which serve to identify and classify children as 'exceptional' and having 'special educational needs', rather than serve to integrate them within 'mainstream

schools and classrooms instead, assisted in maintaining the dividing lines that existed between 'normal' and 'abnormal'.

The inclusion of children with 'emotional or behavioural' problems in the category of 'exceptional' children with educational rights is significant here, as PEI's Department of Education policy can also be seen as acknowledging that this specific category of children may have been subject to discrimination and may require targeted educational programs or services in order to be successful in school. This policy identifies special education as the method of providing this service, and children identified with an 'exceptionality' are placed in special education.

Identification of 'exceptionality' for a child with challenging behaviour as an 'emotional or behavioural problem' was based on a medical model of disability that assumed the child's difficulty or disorder equated to a deficit which may be repaired or treated. Tomlison (1982) called non-normative conditions, "those for which there is little normative agreement about signs, symptoms and diagnosis, conditions that categorize the bulk of children in special education: learning disability, mild retardation, and emotional disturbance" (pp. 65-66).

Responsibility for coordination of special education services was at the Department of Education level which also provided consultation services to the regional school boards concerning "organization, development, and maintenance of services, in service training, curriculum guidelines and texts and materials required for programming" (PEI Department of Education, Special Education Policy statement Circular No. 90-003, p. 2). The regional school boards maintained responsibility for:

> the implementation of procedures for the identification and referral of 'special needs' students, assessments by qualified personnel, of the needs of pupils; review of placement of each special needs pupil; coordination of outside agencies if required by a student, and consultation with parents regarding their child's needs and progress (p. 3).

In 1990, Dr. Parnell Garland, Director of Education for PEI, was responsible for developing the first policy addressing special education in this province outside the one produced by PEITF in 1985. Special education in the 1990 policy was defined as:

> … programs and services designed to accommodate pupils whose educational needs cannot adequately be met through the use of regular curriculum and services only.

> These programs and/or services may include additional and /or alternative curriculum, methodology, staff, facilities, and materials (PEI Department of Education, 1990, p. 1).

Targets of special education were defined as students with 'special educational needs' defined as those "whose intellectual, physical, communicative, sensory, social /emotional characteristics, and/or learning difficulties are such that special education is required" (PEI Department of Education 1990, p. 1). This represented a shift in terminology from the draft policy of 1987, which had used the term 'exceptional'. The naming of students with identified with 'social /emotional characteristics' in this policy statement was very significant. Social/emotional characteristics were now being treated as disabilities, along with the more traditionally recognized physical and intellectual disabilities, in association with medical and psychological understandings.

An outcome of this shift was that students identified with a social/emotional difficulty were seen as entitled to services that had not been officially available to them in the past. In this way PEI came into line with an international trend to a human rights approach to educating 'special needs' children. An earlier policy draft stated it more explicitly: children had a "right to an appropriate educational program regardless of mental or physical or emotional or behavioural problems" (PEI Department of Education 1987, p. 2). Such a statement was adopted from legislation in the *United States Public Law 94-142* developed in 1975, which greatly influenced policies globally.

Another reason for the inclusion of children with 'emotional/behavioural' problems within policy may have been pressure exerted by governments regarding getting students to remain in school as we have seen above. The focus on getting all students through school meant that this particular category of students identified by their 'emotional/behavioural' characteristics could no longer just leave school; yet handling them was a problem within the 'mainstream' classroom approach. The formalization of an expanded category of 'special educational needs' created the possibility for programs to be developed to support these specific 'needs'.

In the next section, I focus on practitioners' views on challenging behaviour in PEI schools and especially how policies and practices impacted these professionals and category of children.

6.7.3 Practitioners' views on challenging behaviour

The enactment of the Canadian Charter of Human Rights and Freedoms in 1982 and 1985, and policies and practices developed after this enactment impacted practitioners and their work with children with challenging behaviour in both educational and justice discourses. According to one of my informants, working on PEI as a school counsellor, education became more adversarial, especially in relation to children presenting with behaviour challenges in schools:

> Misbehaviour was identified by parents as the inability for the school to adequately either teach or manage their children and this put the school at a disadvantage that wasn't there initially … , there was less responsibility taken
> by parents originally than there was when I was initially in the business (Interview, GH).

According to GH, prior to the Charter, a child's misbehaviour was a joint responsibility between the family and the school. As he moved into the 80s, GH maintained that in the field of education, parents were seen as shifting problem behaviour onto the school and making demands on schools to teach their children better.

What was different from earlier times was that parents now had the right to appeal any suspension handed down by a school administrator or school board. GH noted that as the 1980s progressed, "It became a matter of rights and freedoms so [suspensions] took on a much more adversarial approach that was never there when I first started out" (Interview, GH). After the Charter was enacted, according to GH, new policies tightened up the guidelines for suspension.

> One of the things we used to do for high school students was to tell them to go home until they were ready to come back to school, and [say] "When you do come back explain to us why you are ready to come back and how you are going to manage yourself and how we can help you manage that and you can come back in the school system". That changed entirely as teachers felt there was a necessity to put policy in place and that resulted in a high school kid being sent home for no more than three days … if he did it again, that had to be reviewed by the entire elected board of trustees. So that kind of thing changed dramatically and more formalized and in many ways

much more depended upon policy and much more dependent upon professional opinion.

Although GH did not reference the Charter specifically, he referred directly to 'rights and freedoms' that he saw as having become more of a preoccupation than the 1980s, which coincided with the establishment of the Charter. In response to rights and freedoms, "there was a greater demand for all aspects of funding for all children integrated in 'mainstream' schools, this included both human supports and programs" (Interview, GH). A number of different supports were put in place but certain practices considered exclusionary by some remained.

While children's rights have been discussed with respect to the education system, those with respect to the Justice system have also had a significant impact on children with challenging behaviour.

6.8 Justice System and the Young Offenders Act 1984

The integration of the *Charter of Human Rights and Freedoms* as legislative law influenced the direction and the development of youth justice laws in Canada. According to the authors of the report entitled the *Task Force on Youth Justice* in 1986, national and other surveys on the public's perception of youth justice in Canada in the 80s was unfavourable (Department of Justice, 1996, p. 18). Juvenile court data in 1983 indicated that 631 charges were heard in juvenile courts in Canada, and of these, "88 percent resulted in findings of guilt; most were placed on probation or fined" (Task Force on Youth Justice, 1996, p. 471).

In 1984, the *Young Offenders Act* (YOA) was introduced in Canada replacing the *Juvenile Delinquents Act* (JDA) first endorsed in 1908.The enactment of the YOA brought about substantial changes for children and youth involved in criminal activity. The YOA prescribes how the police, courts and correctional system handled young people who came into contact with the justice system. A 'young offender', under this new legislation was identified as, "a person who had been convicted or cautioned for a criminal offence (YOA, 1984). This term reflected a change in the way the court handled cases brought before a judge.

Once *The Young Offenders Act* was declared in 1984, Canada as a whole shifted the responsibilities of 'delinquents' who broke the law from the Child Welfare division to the Department of Justice. PEI was in line with what was happening nationally.

6.8.1 Declaration of principles

The objectives of the youth justice system in Canada according to the Young Offenders Act

(1984) were "to prevent crime, rehabilitate and reintegrate young people into society, and ensure meaningful consequences for offences" (Green, 1984, p. 3). The Declaration of Principle (section 3) of the YOA which ensured the limited accountability and the special needs of young offenders addressed in subsection 3. (1)(a) reads:

> while young persons should not in all instances be held accountable in the same manner or suffer the same consequences for their behaviour as adults, young persons who commit offences should nonetheless bear responsibility for their contraventions.

The notion of responsibility was referred to under the Declaration of Principles in the YOA as mitigated responsibility which stressed the special needs of the young person and the fact that they should not be dealt with in the same manner as adults (YOA cited in Caputo & Vallee, 2007). Assessment of the 'needs' of the young person is to be made in relation to the offending behaviour of the young person who is considered to be best served by rehabilitation, according to a justice perspective at that time. As stated in the principles of the Young Offenders Act, the young offender was understood to 'need' guidance and assistance.

Section B (c) young persons who commit offences require supervision, discipline, and control, but, because of their state of dependency and level of development and maturity, they also have special needs and require guidance and assistance (Canada, Department of Justice, 1984).

In the 80s, the concept of rehabilitation for young people who committed crimes was aligned with a social-scientific view of a psychological understanding of adjustment. The reference to 'level of development and maturity' is suggestive of a psychological discourse that defines childhood as a process of passing through developmental stages before reaching adulthood. Not all children or youth meet these stages at the same time. 'Guidance and assistance' was thus transferred to professionals within and outside the justice and the social welfare system. These professionals included youth workers, and probation officers who oversaw the rehabilitation programs developed to meet the 'young offenders' special needs. The term 'special needs' was one coming from a special education perspective where the needs of a young person were said to require resources in order for that person to succeed in the education system. This is another example where the alignment of justice, psychological, and educational discourses with one another for a specific intervention recommended for the problematic child, strengthens the position of each discourse.

The third principle stated in the YOA referred to protection of society. The Declaration of

Principle, Section 3, *Young Offenders Act*, 1984 states:

> The protection of society, which is a primary objective of the criminal law applicable to youth, is best served by rehabilitation, wherever possible, of young persons who commit offences, and rehabilitation is best achieved by addressing the needs and circumstances of a young person that are relevant to the young person's offending behaviour.

In all three principles refer to the needs of the young offender as relating to the offenders' unlawful behaviours which could be addressed by rehabilitation.

6.8.2 Age requirements in YOA and impact on young offenders

One of the major changes in the YOA was the increase of the minimum age for criminal offenses from age 7 to age 12. The responsibility for young offenders aged 12 to 18 was delegated to the Minister of Justice, Director of Young Offenders Services (McReynolds, 1987). Only youth 14 years of age or older charged with more serious offences could be transferred to adult court. This amendment was significant as it suggested that the change impacted differently on children 7-12 than it did on children 12 and older. This implied that there were some beliefs that differences between younger children and older children's problematic behaviour supported practices in treating these populations differently. Children under 12 years of age and involved in criminal activity were governed by child welfare and mental health legislation. As part of the updating of child welfare policy in PEI in 1988, children were deemed in need of protection if,

> the child is less than 12 years old and may have killed or seriously injured another person, or poses a serious danger to another person, or may have caused significant property damage, and the parent of the child does not obtain or consent to treatment which may be necessary to prevent a recurrence of the incident or danger (Child Protection Act, RSPEI 1988, c C-5.1)

There were also changes to the maximum legal age for a youth considered under the YOA. The age limits varied among provinces and in some cases between genders. Alberta's age limit in 1984 was 16 years for boys and 18 for girls (Makarenko, 2007). The maximum legal age of 16 set by the provincial government of PEI was the same as in the provinces of Nova Scotia, New Brunswick, Ontario, and Saskatchewan, but differed from British Columbia and Newfoundland whose maximum age was 17, and Quebec whose age limit was 18 years of age.

Anyone in Canada committing a crime over the age of 21 was judged as an adult in an adult court. The substantial variation that existed across the country in the maximum age of juvenile delinquents meant that young people could be treated differently for the same offence depending on where they lived (Caputo & Vallee, 2007).

Changes in the age limit on PEI meant immediate enactment of the YOA for young offenders 12 to 15 years of age but "16 and 17 year olds were still considered adults and were dealt with accordingly" (McReynolds, 1985, p. 3). The provinces were permitted to continue to designate a maximum age of 16 or 17 for a short time, in order to allow them to adapt to the new system. In April 1985, the maximum age of 18 became uniform across Canada (Rosen, 2000). Once again, for a short while, young offenders were treated differently depending on the province in which they lived.

6.8.3 Legal rights for young offenders

For 'young offenders', Subsection 3 (e) of the YOA signified that a number of legal and constitutional rights were made available to youth. One of these rights included the right to be heard and to participate in the decisions that affected them. "Probation officers, under the control of the judge, could assist the court in representing the child at the hearing by providing any information the court might require or by being available to take charge of the child before or after the hearing, as directed by the court" (Caputo, 1999, p. 128). Previously, in the Juvenile Delinquents Act, children and youth did not have a say in court.

Once the YOA was enacted, on PEI, a youth charged in a court of law and determined a young offender was not automatically considered a ward of the court, as was the case when the JDA was in place. According to ST:

> … if you receive custody it does mean by going to a youth facility you are in the physical custody of the Director of Young Offenders programs but it doesn't alter the guardianship which may be held by a parent, substitute parent, or Director of Child and Family Welfare so it didn't have the connection anymore simultaneously to the child welfare legislation (Interview, ST).

Due to this new Act, instead of youth being charged with delinquency, youth were charged with violating a specific statute or section of the Criminal Code; the sentence was supposed to reflect the nature of the crime. This change ensured that young offenders could no longer be subjected to indiscriminate sentences, but rather was sentenced by a judge to serve a specific

amount of time. “The only provision that guided judicial discretion was that it be exercised in the best interests of the child” (Caputo, 1999, p. 128). Once the ‘young’ offender served the sentence, the youth was released back to his or her parent(s) or guardian(s) custody. The only continuity here was that the power and discretion of sentencing continued to be in the judge’s hands.

6.8.4 Alternate forms of sentencing

Section C 4 in the YOA legislated the use of alternative forms of sentencing that included community service or restitution. For young persons who did not require secure custody, but removal from their home, the YOA stated two forms of open custody.

As there were many cases where young offenders go before the court for cases considered minor, the new Act provided legislative authority for the use of voluntary “alternative measures”. In order for alternative measures to be put in place, as stated in the YOA, that young person “must accept responsibility for the offence alleged, and consent to participation” (Canada, Department of Justice, 1984). In justice, the term ‘diversion’ has been used to describe the programs that have been devised to have the young person participate in some educational or community service program rather than having them be prosecuted (Canada, Department of Justice, 1984).

6.9 Changes arising in PEI Justice system

Under the Canadian Constitution, criminal law is a federal jurisdiction. The YOA’s authority did not extend to provincial laws and statutes. Because the YOA only applied to offenses against federal statutes, the completion of the reform required that each province enact similar legislation governing the treatment of young offenders against provincial laws. Differences remained in the manner in which young offenders were dealt with in each province.

The enactment of the federal YOA in 1984 stated that ‘young offenders’ would no longer be incarcerated with adults. This presented a major difficulty for PEI, as PEI did not have any facilities for young offenders, or any facilities that could be modified for use within the new YOA program. On PEI there were no training schools and ‘young offenders’ from this Province continued to be sent off Island: males, to either Shelburne School for Boys (Nova Scotia), New Brunswick Training school at Kingsclear, and females, to Nova Scotia School for Girls. Youth accused and remanded in custody while waiting trial were held at Sleepy Hollow Correctional Facility in Charlottetown, or Prince County Jail in Summerside that were adult facilities. Custody in these cases involved secured custody (lockdown), where youth

were locked in cells with two or three other youth for several hours at a time, "chiefly late evening until early morning" (Green, 1984a, p. v). Most of the youth in these cases were remanded for offences such as "default of fines and parole/probation violations" (Green, 1984, p. vi).

Along with Canada's *Charter of Human Rights and Freedom* and lack of Island facilities for youth who offended, a number of Provincial reports and proposals were being generated. John Eldon Green and his consulting firm, DPA Group, in 1984 were hired by the Justice Department of PEI, and in consultation with a number of justice officials locally, wrote two reports. The first was titled: *Report on Custody Requirements, Young Offenders Act – PEI,* (Green, 1984a), and the second report was named *Proposal for the Establishment of Custodial Facilities for the Administration of the Young Offenders Act on PEI* (Green, 1984b).

The first report was a proposal for the establishment of custodial facilities on the Island. As a result of this proposal, it was determined by the Provincial government that "a central facility for the secure custody of 32 young offenders would be constructed in Summerside PEI, and an eight bed open custody centre would be located in both Tyne Valley and Georgetown" (McReynolds, 1985, p. 3). In writing the *Report on Custody Requirements*, Green conducted extensive consultations with "a number of provincial officials with regards to program content within custodial facilities, on the extent to which existing services could be utilized for YOA purposes, and on possible options for program delivery" (1984a, p. ii).

One of the key recommendations in this report was that the facilities be based on the need to establish an environment "which cannot be manipulated, which separates offenders from negative peer influences, and from alcohol and drugs, and which provides remedial education and training programs and skill development and physical fitness" (McReynolds, 1987, p. xiii).

In the second report, *Proposal for the Establishment of Custodial Facilities for the Administration of the Young Offenders Act on PEI* (Green, 1984b), the author's objective was to:

> examine the implications of certain provisions of the YOA for PEI related to custody requirements … and recommend to the Minister of Justice possible program requirements, program options and models … (Green, 1984b, p. 122).

As a result of this report, young offenders on the Island no longer had to be placed in facilities off Island away from their families.

6.9.1 Adolescent Unit

One of the programs supported by the Department of Justice in conjunction with the Department of Health and Social Services in the 80s was the Adolescent Program (see Chapter Five). This existing community service facility began to be utilized by the Justice Department in PEI where certain youth were assessed prior to going to trial or disposition. An assessment could be requested by a judge in order to determine if the youth in question had any "previously disclosed physical, mental, or emotional illnesses present or any other disabling condition, such as learning disabilities" (McReynolds, 1987, p. x). The practice of sending youth who committed crimes to a hospital program reflected a view that was characteristic of the understanding of delinquency as a kind of psychopathology.

By 1985, this unit consisted of a ten-bed facility housed in the Hillsborough Hospital for children and youth who presented with "severe behaviour management problems which parents/schools were unable to handle successfully because of the presence of psychopathic behaviour which parents do not understand" (Green, 1984, p. 44). This, comment made in the *Report on Custody Requirements YOA in PEI,* takes up medical and psychological discourse that acts to pathologize behaviour. According to Green, by placing youth who offend in the Adolescent Unit two of the factors associated with behaviour of 'young offenders' could be addressed. First, there was a possibility for the youth to change the unacceptable behaviours associated with his previous environment, and second, placement in the Adolescent Unit "establishes controls over unacceptable behaviour…" (Green, 1984, p. 46). From this perspective, the 'young offender' was being compared to the 'ideal child' in society, and the Adolescent program was being considered an intervention, which would identify and treat the deficits were perceived to be associated with the unlawful behaviour.

From Green's second report, it was determined by the Provincial government that "a central facility for the secure custody of 32 young offenders would be constructed in Summerside PEI, and an eight bed open custody centre would be located in both Tyne Valley and Georgetown" (McReynolds, 1985, p. 3). Open custody was defined in the Young Offender's Act as custody in (a) a community residential centre, group home, childcare institution, or forest or wilderness camp or (b) any like place or facility (Canada, Department of Justice, 1984). A facility was considered "open" when there was minimal use of security devices or perimeter security. In 1985, McReynolds and his team of research consultants were hired to write a proposal regarding the program of requirements for a Youth Centre in Summerside.

In the same year, while waiting for these facilities to be built, ST was seconded from his current job as a social worker where he worked with 'young offenders' to become the Provincial Administrator of Youth Custody Programs. In 1987, for the first time on PEI, two interim open custody facilities were opened, one in Summerside, and one in Georgetown.

6.9.2 Alternative Residential Placement program (ARP)

In 1985 the Alternative Residential Placement program was initiated alternative to custody for young offenders. It comprised a program where residential resources in the form of private homes were put in place for young offenders "in need of a safe, structured residential resources outside of, or as a complement to, their natural homes" (Corrections Services PEI). According to ST, Director of Youth Custody Programs, 'young offenders' were being moved from youth centres back to the community through the provision of alternative initiatives. This avoided keeping youth in young offenders' facilities for longer periods of time and was far less expensive (Green, 1984).

In conversation with ST, he stated proudly that the ARP program was the only type of program of its kind in Canada in the 80s. In PEI, the development of a program such as the ARP speaks to opportunity sometimes given to small places, which may be more difficult to achieve in larger urban cities across Canada. Differences in programming across the country for 'young offenders' were mentioned often in federal reports. Some examples of these programs included sentencing circles based on aboriginal healing, youth justice committees, and alternative measure programs, but there were none similar to the ARP on PEI.

In the Director's description of 'young offenders', he described them as 'attachment disordered':

> So what, these kids have, a lot of them have already been through living with relatives, group homes, foster homes. They do not want anything at this stage that resembles a substitute parent figure. What they really want and what they're really capable at best is having a big brother, big sister somebody who will provide structure, guidance, but who is not looking for them to attach emotionally because a lot of them are 'attachment disordered' because they're here (Interview, ST).

The term 'Attachment disordered' was a descriptive which reflected this informant's training as a social worker. Reactive attachment disorder (RAD) was first included in DSM-III in 1980 (American Psychiatric Association, 1980) and "emphasized problems with attachment but the

criteria included symptoms such as "failure to thrive, a lack of developmentally appropriate social responsiveness, apathy, and onset before 8 months" (Richters & Volkmar, 1994, p. 328).

ST shared that the ARP program was "like a bridge between custody in a young offender's facility and release back into the community" (Interview, ST). The emphasis of this program was on the successful reintegration of youth back into their families and communities, and what ARP offers ST believed was "a bit of extra support" (Interview, ST). His use of language of re-integration was common during the mid -1980s and was mentioned in other reports such as the *Report on Custody Requirements YOA – PEI* (1984) when discussing programming for young offenders. The rationale given for the development of this program by the Director was:

> We want kids in custody as a last resort for the shortest period of time. And so we have to build strong community based alternatives to custody and we started to see our custody rates drop… (Interview, ST).

The Director of Young Offenders Programs in PEI was legally entitled to designate an ARP as a place of open custody. Open custody meant that individuals were not locked in cells at any time. As ST stated:

> it's not a typical program that you would administer under justice. If it was anywhere, it might be by NGO [Non Government Organization], or it might be by Youth or Child Services. But we can designate, I can designate legally an ARP as a place of open custody (Interview, ST).

Judges make all other decisions regarding sentencing for young offenders. The particular way that ST is viewing this situation is being expressed in language identified by his social work background. An ARP as ST describes it is similar to a foster placement as both a foster home and an ARP offers a place for a child or youth to live for a specific amount of time until the individual may be returned home.

The average placement period for a 'young offender' in an ARP was three to six months with the home providers offering guidance and support during these stays. Areas of 'guidance and support' offered by the home providers included: life skills, education and structured community involvement and activities. Professional development and training opportunities, as well as ongoing support and supervision are made available to these homes and youth

placed in these homes by the program coordinator and community youth workers (Corrections Services PEI).

The ARP program provided youth with an opportunity of re-entering the community much sooner than youth placed in open or closed youth facilities. In this way the ARP program could be said to be similar to the 'continuum of services' model used within the education system for 'exceptional' children. Both the continuum of services and ARP program are examples of where 'problematic' youth are removed from 'mainstream' society for a while until they prove they are rehabilitated and earn their way back to the 'mainstream'.

6.9.3 Community Youth Workers

In 1985 also, to support young offenders placed in the ARP program, the Correctional Division of the Department of Justice attached a resource in the form of Community Youth Workers (CYW). CYWs were individuals who supported and maintained ARPs and youth within these homes through regular contact, consultation, and liaising with other agencies and community organizations. They also initiated and facilitated preventative programs for youth and their families within the community.

One of these alternative programs was Family Ties, a voluntary counselling support service for youth ages 12 to 18 years and their families. Other interventions included Youth Addiction Counselling Services where youth could receive one on one counselling concerning alcohol and drug use. For families dealing with such issues, supports such as Al A Non Family Groups, or Alateen offer support to family members who have other family members who have alcohol or drug problems.

The ARP as a form of 'alternative' could be understood as a different opportunity for 'young offenders' as opposed to them being incarcerated in youth facilities. By moving youth back into the community under supervised care and supports from Justice earlier than usual, young offenders could be given chances for earlier integration back into 'mainstream' society they would not otherwise have because of their incarceration in correctional facilities. On the other hand, this program could be considered exclusionary as youth were mandated by law to be in these programs away from their families and the interventions were based on characteristics which identified young offenders (and their families) as having deficits versus factors which are related to systems.

6.9.4 Youth Justice Act PEI 1988

In 1988 in PEI, the Young Offenders Act was renamed the Youth Justice Act PEI (YJA). By the late 80s within the YJA, a number of alternative practices had been established and put in place by justice personnel for young offenders. This was due partly in response to a call for national reform to providing alternatives to incarceration for youth crimes.

> **9.** (1) Where a youth justice court finds a young person guilty of an offence, it shall consider any report required by the court, any representations made by the parents of the young person and any other relevant information before the court (PEI JA, 1988).

Sentencing for youth found guilty of a criminal offence(s) changed to include a variety of sentencing options which made it possible for a judge to:

> 2 (a) discharge the young person absolutely;
>
> (b) conditionally discharge the young person and direct that he comply with the conditions prescribed in a probation order;
>
> (b.1) reprimand the young person;
>
> (c) order the young person to pay a fine;
>
> (d) order the young person to make restitution; (*Youth Justice Act PEI,* 1988).

What is represented here could be considered a continuum of sentencing model for youth who had committed crimes and been convicted in a court of law by a judge. Such a continuum is similar to the model used in special education to determine placement of children with various exceptionalities into the 'least restrictive environment' according to the intensity of their needs. In the field of Justice, now depending on the severity of the crime, the judge decided which of these options was in the youth's best interests. Some of the factors which impacted on a judge's decisions on the type of sentences imposed on young offenders included whether the offender was convicted of more than one offence and the seriousness of the offence. In writing about this period, Roberts and Birkenmayer (1997) commented that for regulatory offences, such as motor vehicle offences, property offences or drug related offences; fines were usually sanctioned (p. 473). Youth charged with violence or sexual assaults were usually sentenced to remand. This matched up with the kinds of behaviour that were determined more serious.

6.10 Research on 'behaviour disordered' children in Canada

Toward the latter part of the 1980s, another national research project regarding services for behaviour-disordered students was conducted (Dworet & Rathgerber, 1990). The authors examined issues related to "definitions, services provided, standards prescribed by provincial law or regulation, program effectiveness, funding, and special training requirements for teachers" (1990, p. 201). Echoing Csapo's 1981 report, Dworet and Rathgerber (1990) indicated that most provinces and territories in Canada followed a continuum of educational services model when dealing with 'behaviourally disordered' children. The 1981 report had reported that seven of the twelve provinces and territories had some type of special class for behaviourally disordered children while others, Newfoundland, Nova Scotia, PEI and Yukon, offered resource classes (Csapo, 1981, p. 141). Emotional disturbance was used for a criterion for exclusion (Csapo, 1981 p. 147).

Of the provinces and territories that had special classes for behaviourally disordered children, Dworet and Rathgerber noted that there were large differences between the numbers of children estimated to have returned to the regular class. For example in British Columbia, "only 2% of behaviourally disordered students returned to regular class… while in Manitoba, 60% returned" (1990, p. 206). There were no reasons given for such a large discrepancy.

According to the 1990 report, the services for children identified as behaviour disordered had not changed much from the situation reported earlier by Csapo. One of the recommendations included in this report was that "a full cascade of services be available to behaviour disordered students" (p. 207). The authors noted that services for students with challenging behaviour were very different depending in which province or territory a student lived. A statement such as this highlights the importance of place geographically regarding programs developed for children identified as problems.

In relation to PEI, the only new service provision mentioned was the addition of school psychologists. This suggests that expert identification of children's specific diagnoses was becoming increasingly important.

What was happening in the majority of Canadian provinces throughout the decade of the 80s was that children constituted with labels such as behaviorally disordered, maladjusted, emotionally disturbed, emotionally handicapped, or severely emotionally disturbed were placed in some type of special class or offered resources classes (Csapo, 1981; Dworet &

Rathgerber, 1990). As these authors commented, “when a school system focuses entirely on mainstream settings, certain students with serious behavioural disorders who would benefit from a segregated setting may not be appropriately placed” (p. 207). Dworet and Rathgeber’s statement implied that behaviour disorders themselves were now being normed. This is supportive of a psychological discourse as behaviour disorders were now being normed and those named as ‘serious’ were said to require a segregated program rather than a mainstream classroom. Such a provision was the continuation of a special education discourse that supported the notion of a continuum of placement options. As was dominant in the beginning of the decade, continued to remain strong at the end of the 1980s: children with challenging behaviour were placed in programs outside the mainstream.

6.11 Conclusion

Below is a diagram, which provides a visual summary to the chapter as a whole regarding the types of programs available to children with problematic children and systems of education justice. The arrows pointing up refer to programs put in place for youth constituted as young offenders. In this diagram, the mainstream school is considered the norm for children and youth. The arrows pointing down refer to programs and practices as interventions for children with challenging behaviour in schools. Interventions to the right of the mainstream school are integrated practices, meaning children and youth are educated within the school yet, the closer to the center, the further these interventions are situated from the mainstream class. Those interventions to the left of the mainstream school are considered segregated practices as children and youth are educated outside of the mainstream school where they are separated from their peers.

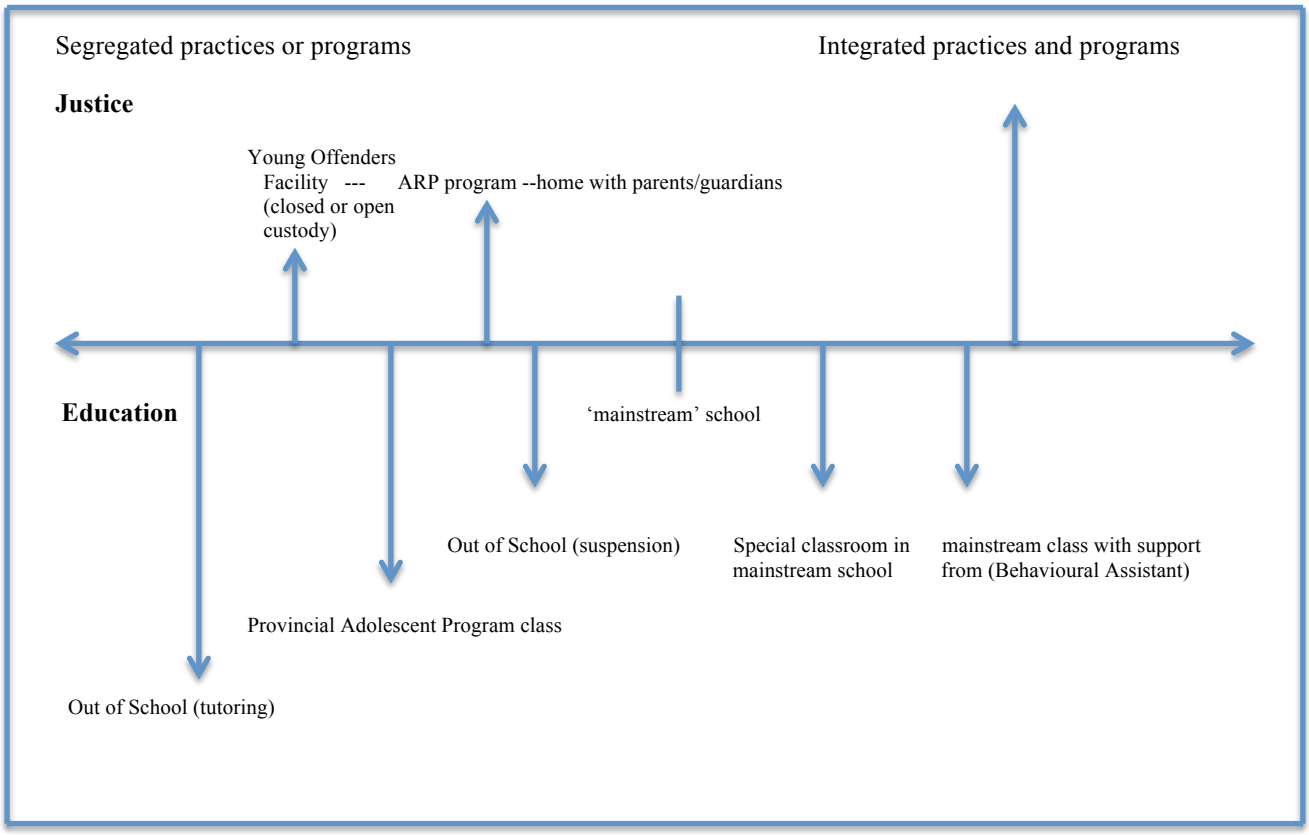

Figure 12: Continuum of programs for children and youth identified as 'problematic'

Through the analysis of legislation and policy documents concerning problematic children, it has become apparent that several contradictory discourses coexisted and were in tension during this period. These contradictions are highlighted when we consider the difficulties in implementation of programs targeted at the problematic youth of the day.

In the period of the 80s there does not appear to be a single dominant discourse regarding problematic children. The discourse of 'needs' coming from a psychological discourse 'and taken up in the discursive field of education through special education policy and the legal discourse of 'rights' were both very important and were playing out in very different ways. Groups and institutions with different agendas appropriated these notions of rights and needs and used them as tools in order to achieve their own goals.

The policies that follow the Charter of Rights and Freedoms 1982 were based on the notion of children's rights. Speaking in terms of 'rights' represented a legal perspective, which were particularly prevalent regarding children with disabilities significantly impacting their access

to opportunities and services. This was not the case with children with challenging behaviour in schools. In PEI's Special Education policy 1987, they were not afforded the same 'rights' as children with physical and mental disabilities. Children with problematic behaviour were suspended from school, which was supported by the *PEI School Act* 1980.

In the discursive field of education, one of the effects of the enactment of the Canadian Charter of Human Rights and Freedoms was that children with physical and mental disabilities were legally permitted to attend 'mainstream' schools. Once human rights made it legal for children with 'exceptionalities' to attend 'mainstream' schools, special education evolved into a program which managed education for students identified as having 'special needs' by providing the services and supports deemed necessary for these children while attending school.

What was different on PEI and in a few other provinces, as compared to other places in Canada was these 'rights' were not protected rights ensuring the necessary programs and services were put in place for 'exceptional' children. Instead, PEI adhered to 'permissive' legislation, which meant that the Province legally could, but did not have to, provide educational services to handicapped children as attendance for those students was not compulsory (Poirier & Goguen, 1986). Such an example exposed how children's rights were different depending on where they lived in Canada, and highlighted an example of the importance of place in research concerning children with challenging behaviour.

Through a process of integration, children with challenging behaviour were identified with having 'special educational needs'. These needs were understood as something different from disabilities, they were based instead on what children and youth could do in school. Children identified as "special" or "different," because of characteristics associated with emotional or behavioural challenges inevitably resulted in stigmatizing children and singling children out for special services, which resulted in segregating them from their peers without 'special needs'. Such a discursive practice was one that divided and separated children on the basis of their 'needs'.

The notion of integration in Canada supported deficit based thinking where children's 'special educational needs' were understood as being addressed through special education placements. Children identified with such 'needs' while integrated into 'mainstream' education continued to be segregated through practices and programs within the 'mainstream'. Additionally, the

implementation of policies could lead to excessive, unwarranted, or even questionable exclusionary discipline practices such as out of school suspensions, especially for children with challenging behaviour.

The rights discourse made a great difference in the field of parental pressure and its use by lobby groups to ensure children got access to schooling. In the justice system, human rights legislation paved the way for which children and youth were given the same rights as adults within courts of law. One of the effects on children is that one of these groups of children,' juvenile delinquents' have been institutionalized without having any say, and as a result of the Charter, this could not happen anymore. As a result of the federal Young Offenders Act 1984, children between 7 and 12 were no longer considered responsible for criminal or delinquent behaviour, and 'placed in institutions for long periods of time without having any legal means to question such decisions. However, the mobilization of a rights discourse in relation to the discursive field of justice in the comparison of 'young offenders' to 'mainstream' children and youth plays out in legislation that also leads to practices that are exclusionary. Children with behavioural disorders were placed in programs segregated from the majority of their peers with the intention that such programs provided the necessary supports for them to succeed in school.

Place was also significant in relation to the justice system in Canada. For one thing, different provinces have different cut off ages separating 'young offenders' from adults. In PEI this cut off age for a 'young offender' was 16 as compared to other provinces like British Columbia where the age was 17 and Quebec 18 years of age. Therefore, where a youth lives with respect to crime, determines how they will be treated in the courts. What was also different in PEI as compared to the rest of Canada was that 'young offenders' had access to an alternative program called ARP where youth could reside in homes within the community rather than remain in an 'open' or 'closed' young offender's facility.

Within both the institutions of schools and young offender facilities, while the rights discourse resulted in practices and programs by which children with 'exceptionalities' were integrated into mainstream schools, what evolved and was evidenced through the implementation of special education policies were practices and programs which continued to discriminate against certain groups or categories of children within the 'special educational needs' definition. Children with challenging behavior continued to experience exclusionary practices.

On PEI these children were placed in programs such as the Provincial Adolescent Program, suspended from school or provided tutoring outside of school.

Special education has been criticized for the fact that it has concentrated almost totally on the individual and created practices in which segregation is understood as the answer to the problem. According to Rhodes (1995) and Heshusius (2003) Special Education can be considered a well-developed example of how knowledge could be used to define or to categorize and separate. Knowledge was used to separate 'us' from 'them' in order to create 'others' that were not the same as 'us'. We used simplified psychological knowledge to damage 'their' identity and to put them at a safe distance from 'us' (Rhodes 1995). "Our innermost needs to stabilize and protect a certain type of ideal self created a threatening otherness in those around us, whose lives remind us of the self that we do not wish to be" (Pehlija 2008 p. 13).

We see that the process of youth going to court was similar to that of a child identified with an 'exceptionality'. Each of these types of constituted 'problematic' children were subject to practices where they were assessed, diagnosed, and placed in an environment which was deemed 'in their best interest' and 'least restrictive'. Unfortunately for children with challenging behaviour, these 'exceptional;' children and 'young offenders' were placed in segregated environments and given the opportunity to earn their way back to placements that were considered more integrated with the rest of society.

Chapter 7: The 90s: 'Second Chances'

> We are well aware of the challenges to the education systems posed by our rapidly changing world: globalization of the economy, openness with regard to other cultures, pressing needs for skilled labour, and technological advances that are having an impact on our daily lives as well as the job market. These changes require constant adjustments to our educational practices to ensure high quality, accessibility, mobility, and accountability (*The Council of Ministers of Education, Canada (CMEC), 1993.*

7.1 Introduction

In the previous chapter I examined the 1980s and the importance of frameworks such as the Canadian Charter of Human Rights and Freedoms 1982 and its importance to children constituted as 'problematic' in Canada and PEI. Some of the tensions concerning the concepts of 'rights' and 'needs' concerning children with challenging behaviour were raised with regards to specific policies on PEI. One of the arguments made in this chapter was that the 'rights' of others trumped those of the child with 'needs'.

As in the other analysis chapters, I will incorporate a timeline at the end of the introduction so the reader may visually identify the documents being discussed in the chapter, as well as the specific programs constituted for problematic children and youth on PEI in the 1990s.

During the 90s, Canada was characterized by rising unemployment rates, increasing numbers of high school dropouts, and higher violent crimes rates in youth (Picot & Heisz, 2000). The unemployment rate in Canada in 1990 reached a level of 8.1%, up from 7.5% the previous year; and 38% of individuals in Canada 15 years of age and older were without a high school diploma (Human Resource Development Canada, (HRDC). The percentage of individuals aged 20 to 24 who were not attending school, and had not graduated from high school in 1990-1991 was 16.6% (Statistics Canada, 1991). In 1991, the total number of criminal charges against youth peaked from previous years, and the violent crime rate for youth was on the rise (Stevenson, Tufts, Hendrick & Kolowski 1999). Changes were occurring in the employment sector related to organizational restructuring, financial constraints, increasing skills requirements and recurrent retraining (Picot & Heisz, 2000).

Increased downsizing and reduced hiring resulted in slow employment growth. Unskilled jobs in many industries and occupations were eliminated due to technological change resulting in an increased demand for specialized skills in the job market. Any individual not possessing the specialized technological skills required for many jobs were disadvantaged in their pursuit for work. Together, the high unemployment rate, increased numbers of 'dropouts' and increased violent crimes among youth in Canada had implications for institutions involved with children and youth. Violence was also said to be increasing in schools across the country. In the early 90s, the prevailing view of school violence in Canada was that "violence included a continuum of behaviours which resulted in either physical or psychological harm" (Mawhinney, 1999, p. 2). The term violence was being used to describe unacceptable student behaviours in schools, and the issue of violence raised public awareness and concern for the difficulties that incidents concerning school violence further fuelled public dissatisfaction with public education (MacDonald, 1998, p. 3).

In schools, risk was a key theme. Throughout the chapter, I will attend to different understandings of the concept of risk and how the notion of risk is applied to students', constructing them as being 'at risk'. According to Rose (1996), risks are "identified, assessed, calculated, reduced, insured against by the prudent individual citizen by the effective professional or by the well managed organization" (p. 13). There were significant implications for students in school identified with challenging behaviour. From this perspective, certain groups of students are constituted as 'at risk' of some form of negative outcome such as school failure, and/or early school leaving.

While not all 'dropouts' engaged in problem behaviour, research at the time suggested that such behaviour could precede leaving school (Kronick & Hargis, 1990; Rumberger, 1987). Those identified with "physical, behavioural, and/or cognitive disabilities, advanced cognitive abilities … and students from economically culturally, or language-disadvantaged backgrounds, and chronic low achievement were constructed as 'at risk' to meet their full potential" (Lupart, 1999, p. 251).

During the 1990s in Canada, three documents were produced concerning the issue of early school dropouts. These were, *The Stay in School Initiative 1990 - 1994*, (HRDC); the *School Leavers Survey 1991* (Employment and Immigration Canada and Statistics Canada)*;* and *The National Exemplary Schools Project* (Gaskell, 1995). My examination of these particular

documents and other data produced in PEI will address how the broader question of risk, which includes individual risks and individual needs, was applied across education.

During the 1990s in Canada, education sectors shifted their thinking constituting particular 'problematic' students as 'at-risk' of dropping out of school. A variety of 'alternative' programs were created in response. It is well documented that the problem with early school leaving has a number of major educational, social and economic implications (McDill, Natriello, & Pallas, 1986). While early school leaving was not a new problem, it was one that was heightened in the 1990s due to statistical information available and its implications for governments. Research has indicated the numerous consequences associated with dropping out, including reduced lifetime earnings, poor health, increased unemployment, delinquency, crime, substance abuse, early childbearing, economic dependency, and reduced quality of life, and an increased incidence of marital instability (Dryfoos, 1990). For society, early school leaving was also associated with "increased expenditures for government assistance to individuals and families, higher rates of crime, and maintenance of costly programs for purposes such as employment and training" (Steinberg, Lin Blind, & Chan, 1984, p. 113).

In association with this shift, another perspective of risk from a Human Capital theory perspective identifies youth, including those with challenging behavior, as individuals with potential who may be at risk of remaining unfulfilled (McElwee, 2007). While human capital discourse is a discourse in its own right, this approach is one which governments used to frame the importance of schooling and its broader implication when students transition to the work force. This approach reflected international emphasis on school completion during this period. The concept of human capital predicts that increased knowledge and skill will yield improved economic outcomes for both individuals and societies and so education was considered of key importance. This mobilization of risk discourse pays attention to the notion "of identifying risk factors and populations-at-risk, and of mobilizing certain interventions on the basis of these identifications" (Withers & Batten, 1995, pp. 5–6). Becker (1992) posited, human capital perspective could be changed by "investments in education, skills and knowledge" (1992, p. 32). This perspective underpinned the Canadian government's creation of 'second chance' training opportunities for early school leavers in Canada. Initiatives were also developed in the criminal justice system regarding practices and programs for problematic youth constructed as 'delinquent' and perceived as being at risk of negative outcomes in life.

The emergence of 'alternative' programs coincided during this period with a move to educational inclusion of exceptional children. Seen through the lens of Foucault's notion of 'dividing lines' (1972), I argue that 'alternative' programs and their clients were divided from 'mainstream' education. The perspective of teachers and other practitioners working within 'alternative' educational environments in PEI will demonstrate how they constituted themselves according to an 'alternative schooling' discourse versus a mainstream one. I will argue that the discourse of 'alternative' schooling has worked, and continues to work to situate these children as 'different' from children who remain in 'mainstream' schools. Here, risk is identified in relation to certain children or youth's problematic behaviour.

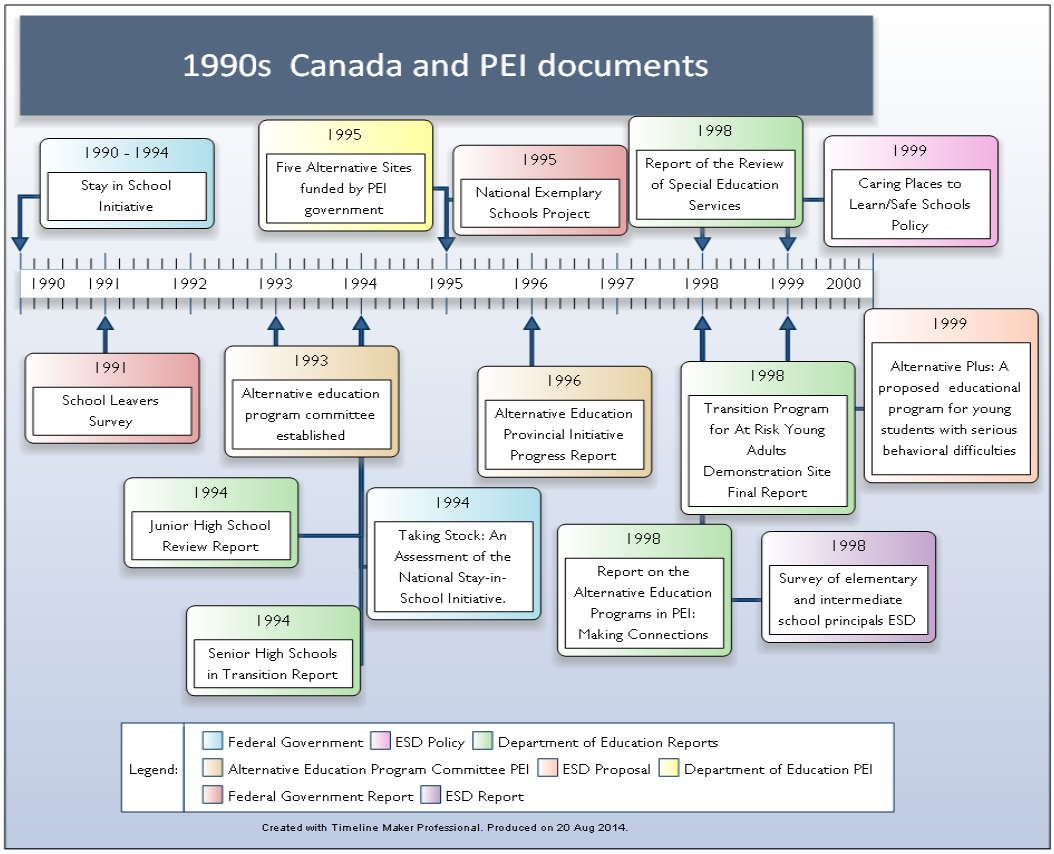

Figure 13: Key documents in Canada and PEI in the 1990s

7.2 Discourse of Risk and 'At Risk'

There are many different understandings of risk, and the construct of risk is approached from many diverse perspectives and disciplines. In this period of the 1990s, students with challenging behaviours were associated with three main ways of understanding risk. The first understanding comes from a deficit discourse where explanations for school failure were located in deficit discourses of schooling where individual and family characteristics are given

as reasons for poor school performance (Swadener, 1990;Valencia, 1997). The second concerns an economic intention, while the third is in relation to management of populations. In the first mobilization of risk, in identifying a child 'at risk', there were a number of factors associated with risk status such as:

> poverty, ethnic minority status, community or family characteristics, such as single parent status, parents' education, inadequate housing, child abuse, home-school breakdown, inadequate knowledge of official languages, and type of geographic location of schools (Evans, 1995, p. 48).

This understanding of risk concerns children or youth, or groups of individuals who are constituted as being 'at risk' of some form of negative outcome such as not completing their high school education. Research has indicated the numerous consequences associated also with reduced lifetime earnings, poor health, increased unemployment, delinquency, crime, substance abuse, early childbearing, economic dependency, and reduced quality of life, and an increased incidence of marital instability (Dryfoos, 1990). Once these risk factors are known, they are brought together to individualize a person as 'at risk', and interventions are brought in to deal with the problems associated with being identified.

The second version of risk discourse prevalent in this chapter concerns an 'economic intention' which according to Withers and Battens (1995) foregrounds the costs and the benefits to young people and families, but primarily to communities. This version of risk discourse pays attention to the notion "of identifying risk factors and populations-at-risk, and of mobilizing certain interventions on the basis of these identifications" (Withers & Batten, 1995, pp. 5–6). Here, there are underpinnings of a human capital approach where interventions are put in place for the young person and society's benefit. The term 'at risk' was associated with those "whose prospects for becoming members of society look dim" (Hepburn & White, 1990, p. 5). For society, early school leaving was associated with "increased expenditures for government assistance to individuals and families, higher rates of crime, and maintenance of costly programs for purposes such as employment and training" (Steinberg, Lin Blind, & Chan, 1984, p. 113).

The third version is a managerial aspect of risk where schools are managing the risk concerning the behaviors and temperaments of youth to all student populations. This understanding is one that highlights "the role of a social institution of school in constructions

of risk which restrict and implicate humans behaviour" (Giddens, 1999, p. 5). For students with challenging behaviour who are at risk of danger to themselves or others in the school system, this account of risk involves the implementation of a progressive discipline approach that focuses on the rules and regualtions limiting harm.

7.3 Human Resource Policy and Stay-In-School Initiatives

The Department of Human Resources Canada (HRDC) was created by the federal government of Canada in the early 1990s to represent the integration of various components from the former departments of Health and Welfare Canada, Secretary of State, Multiculturalism and Citizenship, Employment and Immigration, and all programs from the former Department of Labour. HRDC aimed to provide an integrated approach to programs that supported the income of Canadians together with human resource programs linked to the requirements of the national economy and labour market (HRDC, 1990).

The human capital approach adopted by the Federal government of Canada brought the issue of youth's education participation into the centre of a national picture of development. While human capital discourse is a discourse in its own right, this approach is one which governments used to frame the importance of schooling and its broader implication when students transition to the work force. This approach reflected international emphasis on school completion during this period. In 1995, the Organization for Economic Co-operation and Development estimated that 15% to 30% of children and youth in its member nations were 'at risk' of failing to complete school and experiencing subsequent problems of integration into labour markets and adult life (Evans, 1995, pp. 25–27). The figures were worse for particular groups. For example, the high-school completion rate of persons with registered Indian status was 30 percentage points below that of other Canadians.

HRDC's mandate crossed all age sectors; for youth, employment initiatives were designed to provide young people with the employability skills, work experience, and knowledge they needed to access relevant labour market information. Youth who had dropped out of school due to factors such as challenging behaviour were included in these new programs. This inevitably included students who were categorized as having problematic behavior. The problem of 'early school leavers' was now being framed as one of unfulfilled potential which could be addressed by the provision of programs for these individuals. Prior to this time, dropouts were often looked upon through a deficit lens focused on risk factors. Due to the concerns of the public that dropouts were becoming a problem, the Canadian and Provincial

governments began a series of campaigns and initiatives against early school leaving. This took two forms: attempts to keep students in school, and attempts to bring back those who had left. One group of programs focused on retraining; these were known as 'second chance' programs. These programs reflected a different way of understanding the 'problematic' child as an educable subject. This particular group of students was treated as having potential to be trained in order to obtain the skills necessary for gaining employment in the work world that they previously lacked due to dropping out of school. HRDC was the conduit, which made 'second chance' training possible both for adult workers needing retraining due to industry changes and the 30% of youth how had failed to complete school. One of these programs was the Stay in School Initiative.

7.3.1 Stay in School Initiative (SIS) 1990

In 1990, the government of Canada launched the Stay in School Initiative (SIS). This five year 296.4 million dollar investment was aimed at increasing public awareness of the dropout issue and encouraging individuals to stay in school. Underpinned by human capital theory, the school dropouts represented an unacceptable loss of human potential in terms of personal and social costs, as well as the loss of skills and productivity to the Canadian economy (Renihan, Buller, Desharnais, Enns, Laferriere, & Therrien 1994). The project aimed to mobilize stakeholders such as community educators and parents, youth and volunteers groups to seek solutions (HRDC, 1996). It was argued that the education system was not responding to Canadian citizens as well as it had in the past. In particular, it was not meeting the need for skilled workers.

It was estimated that 15.5 percent of the school-aged population needed some form of specialized help at school (CMEC, 1989), and of these 15.5 per cent, "approximately 25 per cent were educated in separate settings …" (Winzer, 1997). This is suggestive that for this number, mainstream education was not meeting the needs of many students. A number of students who left school early were those whose behaviour was problematic resulting in friction between themselves and the school system. Because of their identified difficulties, they were considered 'at risk' of dropping out of school or were being asked to leave school.

For students with challenging behaviour who dropped out of schools for various reasons, the Stay in School programs were a 'second chance' or an 'alternative' environment in which they could return to learning and move forward to complete their high school education. In the long

run, it was believed that if at-risk students stayed in school longer and learned valuable skills, they would have a better chance of gaining employment.

7.3.2 School Leavers Survey 1991

In the late 1980s, Human Resources Development Canada (HRDC) was interested identifying the characteristics and consequences of leaving school. Statistics Canada was asked to conduct a School Leavers Survey (SLS). Survey results identified that 63% of youths aged 18 to 20 were high school graduates, 16% were school leavers, and 21% were high school continuers (Frank, 1997, p. 37). As for reasons cited for why they left, leavers identified that they experienced difficulties with academic performance, yet "appeared to have performed well enough academically to have continued in school" (Sunter, 1993, p. 2). Leavers were more likely to report negative school experiences: they did not enjoy school, participated less in class than other students, skipped classes, and were five times more likely to have failed a grade in elementary school (Sunter 1993, p. 2).

School-related reasons, the highest being boredom, was most often reported by 18- to 20-year-olds as the main reason for dropping out (HRDC, 1991, p. 45). This was similar to contemporary research completed by Rumberger, (1987) who reported that almost half of all dropouts left school because of issues related to school such as "disliking school or being expelled or suspended" (p.109).

It has been well documented in research literature that behavioural problems in school have been associated with dropping out (Bowditch, 1993; Finn, 1989; Patterson, 1992). In the SLS, it was reported that 3.5% of respondents had been kicked out of school. Reasons for suspensions were not included in the survey report.

Regarding students as reliable informants on their own decision making with respect to staying in school or leaving, and their insights as being capable of helping the system improve, represented a change in the way that governments were analyzing the dropout issue. This is an interesting shift, particularly in relation to a category of students who had been particularly troubled in school, and for them, school leaving may have been viewed as positive due to the difficulties they created while in school.

What was interesting in this survey was that "young people whose last location of residence was listed as an agency (e.g., orphanage, prison, transition home, shelter, etc.)" were left out of this survey (Government of Canada, HRDC, 1991, p. 5), and that responses from students

in all ten provinces in Canada were represented but neither the Yukon nor the North West Territory took part in the survey. No rationale was given for this decision. In this survey designed to access information on students from across all of Canada, the omission of certain categories of young people, as well as the exclusion of information from individuals from the two territories results in a clear gap in information on early school leavers across Canada. Placement, as in where a person lives, and place, as in geographical location are two important factors when it comes to understanding rationale for early school leaving.

Research has identified that one of the well-known risk factors associated with early school leaving had to do with placement and place. First, where students were placed because of problematic behaviour or family circumstances represented a key rationale for students being identified as 'at risk' for dropping out of school early. Research indicates that students who do not live at home are more at risk than those who do drop out of school before graduating (Rumberger, 2011). Lack of specific information on early school leavers from identified 'high risk' groups such as students who have been institutionalized in one way or another, or who do not live with a parent or guardian I argue, points to a gap in research on early school leaving.

Second, where a student lives geographically is another risk factor important in understanding the reasons for students dropping out of school early before graduating. Students who lived in Canada's North represented higher numbers of dropouts than in other regions. For instance, Jewison (1995) reported that approximately 76% of students residing in the North West Territories had dropped out of school before having received their secondary school diploma.

The implications of this survey pointed to information shared by informants shared that could be useful to both schools and other programs developed for addressing the problem of keeping students in school and bringing back those students who left school early before earning a high school diploma.

7.3.3 Taking Stock: An Assessment of the National Stay-in-School Initiative 1994

Over its four year commitment, the SIS initiative focused on encouraging young people to stay in school or return to complete their studies" (Renihan, Buller, Desharnais, Enns, Laferriere & Therrien 1994, p. 6). In 1994, a formal evaluation was conducted on SIS, which had over four years included 800 programs across Canada (Gaskell, 1995). Researchers surveyed over 3000 participating groups and individuals, and interviewed over 200 respondents, including teachers, administrators, and executive officers of provincial and national stakeholder organizations

(Hackett & Baran, 1995). The evaluation addressed academic achievement, effectiveness of programs, and cost effectiveness.

According to the authors of this report, support for this federal program was "overwhelming and positive" (Renihan, et al., 1994, p. vi). The Stay-in-School initiative produced a noticeable increase in student retention, improved academic achievement performance, and improved life skills performance.

> … fifty percent of school contacts noted enhanced academic performance in over half of the Stay-in-School participants. Improved life skills were reported by 70% of respondents. Students reported improvement in self-confidence, work habits, life skills, and academic skills, and expressed a desire to continue with and succeed in school (Renihan et al., 1994, p. vi).

This is corroborated by evidence that the national dropout rate for those aged 20 - 24 dropped by 2.5% from 16.1% in 1991 to 13.6% in 1994 (Statistics Canada, 1994). While the SIS evaluation found great benefit to students who had dropped out of school, what this report also uncovers is the poor job schools had previously been doing to ensure as many students as possible graduated with a high school diploma.

7.3.4 National Exemplary Schools Project 1995

The National Exemplary Schools Project was a joint venture of the Canadian Education Association, Human Resources Development Canada and several universities. This national study of a highly diverse selected group of secondary schools was the largest of its kind in Canada aimed to identify characteristics of successful practice in schools and to make policy recommendations" (Gaskell, 1995). The word exemplary within title of this project suggests that the schools included in this study were chosen because of some particular aspect of schooling that presented them as a successful model for other schools which were not.
Five issues that were examined in this study related to:

> the meaning and recognition of success; the interaction between the school and its context; the influence of structures, processes and culture of the school in fostering success; the characteristics of student life in the school and the services provided to students 'at risk' of dropping out of school (Gaskell, 1995, p. vii).

It is noteworthy that at-riskness is linked to dropping out and singled out as an issue for specific examination. This is in keeping with the contemporary emphasis on schools' role in

building human capital. I was most interested in the fourth issue as it related to programs developed for 'problematic' students. A number of students who were leaving school were those whose behaviour was associated with a clash between themselves and the school system. This precipitated their decision to leave, or for those students identified as 'problematic' and excluded from school, the decision to leave school was not left up for them to decide; often it was decided for them. The understanding of risk in this sense is related to the identification of risk factors with the intent of organizing certain interventions on the basis of those factors.

While all of these issues were being examined ostensibly in terms of what determined successful practices in schools, the opposite was clearly implied; that lack of attention to issues outside of school would foster failure of schools and their students.

The report's author noted that "schools pay particular attention to 'at risk' students because they were the ones who constituted the discipline problems and who questioned the utility of schooling" (Gaskell, 1995, p. 173). Here, there is an implied association between risk of dropping out because of the student's challenging behaviour. The nature of these discipline problems were discussed in this report in terms of academic and psycho social concerns, and in terms which linked disciplinary concerns to learning issues.

In addressing the dropout dilemma, Gaskell noted that it was the whole organization of the school that was key in keeping students in school. This same author indicated "that there is no single way to educate students successfully" (1995, p. 173), and therefore, programs which supported and encouraged students 'at risk' took different forms; "some schools kept students together in class withdrawing them for help when necessary, while others ran segregated programs for students who needed more support" (p. 178). In her words, "the special programs offered at the schools in this study were viewed as critical to the success of students who are having difficulty" (p. 178). Having special programs also could be understood as an example of a continuum of support or services where a student identified as having 'special needs' was placed in whatever environment was considered by school personnel or 'experts' to be 'in the student's best interest', or 'the least restrictive environment'. As noted in the previous chapter, any place on this continuum could have been be considered a best placement for students based on their specific identified 'needs'. The same could be said for students identified as 'at risk'.

The report on exemplary schools noted that schools faced a dilemma on whether to "mainstream students identified as 'at risk' or create special programs for them" (Gaskell, 1995, p. 172). Gaskell maintains: "There is a tension between offering segregated special programs and incorporating such services into the operation of the school as a whole" (1995, p. 276). Here, the author voiced her concern around the inclusion dilemma and whether the remedial efforts for the individual needs of students at risk were to be provided within the mainstream school, or in spaces outside the classroom.

The report recognized that gender equity had not been achieved during the time this report was written. Specifically, the report identified that there were differences observed between males and females in schools and there were varied responses to identified problems such as sexual harassment and sexuality (Gaskill, 1995). Certain schools addressed the gender issue by the provision of programs. This perspective is similar to the first understanding of risk where students were placed at risk according to specific characteristics and then interventions are designed to cope with the specific risks.

7.3.5 Summary of programs, research and policy in Canada

The findings from the *School Leavers Survey*, the *Stay in School* initiative evaluation and the *National Exemplary Schools Project* assisted school systems in taking steps in the identification of barriers to students' participation in school. These reports, although not specifically focused on behavioural challenges of children, had implications for thinking differently about students who left school early. Early school leavers were a group that included those whose behavioural difficulties contributed to a split between themselves and the education system.

For school systems, the success of the SIS initiative identified a need to view problematic students differently rather than being content to allow increasing numbers of these students to leave school before graduating. In order to address the issue of students dropping out or being suspended from school for various reasons including 'problematic' behaviour, information from these three documents contributed to a critique of how schools were meeting the needs of certain children. These reports encouraged education systems to examine the research and look at what could be done differently to support this category of students.

Within all of these documents, the underlying argument put forth for 'second chance' initiatives is that students constituted as being 'at risk' for school failure thus raising the

possibility of them dropping out of school have been identified as having a deficit which needed to be addressed through programming. The understanding of risk that is being mobilized here is if appropriate interventions were put in place, the issue of students dropping out would be resolved. No longer would there be a need for a student to be considered 'at risk'.

The construction of special programs for students identified as 'at risk' is an example of a continuity with regards to placement for such a category of student. The concept of a continuum of placements was one where students were placed according to their identified needs, and one where a specific program was developed for the identified risk(s).

7.4 PEI in the 1990s

The phenomenon of rising unemployment and increasing dropout rates were occurring in Canada and PEI contemporaneously. The unemployment rate in PEI in 1990 was 14.4%, in Canada, 8.1%. From 1990-1993, PEI represented the second highest dropout rates in the country at 18.7 percent (Human Resources and Skills Development Canada).

In the 90s, there was a decline in traditional farming and fishing occupations in PEI so more and more Islanders were looking to other sources of employment, moving from rural areas into the cities and towns where occupations were much different (*Plan of Action Report*, 1991, p. 13). There was a decline also in industries, a need for different kinds of technical skills and for student engagement in learning so as to acquire these skills. Actually, school retention had been increasing over time. In PEI during the 90s, approximately 30 percent more of the student populations were retained in grade 12 than were in 1976 (*Plan of Action Report*, 1991, p. 13). However dropping out came to be viewed as more problematic owing to the lack of unskilled positions for early leavers compared to in the past.

Just prior to this period, the province had renewed its commitment to the concept of relevance in education. *The Plan of Action for Education Report* 1987, a document developed to provide the government with the provinces priorities for the development of education in the future recommended philosophy of education previously developed in 1970 needed to be renewed to ensure that the aims were "relevant to the needs" of students in the Province (Rich, 1989, p. 4). Some of these identified needs called for schools to address "social concerns such as alcohol and drugs, family life education, family violence, values education, etc." (Rich, 1989, p. 4). This hinted at some of the particular challenges faced by Island families and their youth.

In the Justice sector on PEI, this period saw the development of a number of different approaches including community alternatives for youth who would otherwise receive custodial services. Professionals working in the correctional sector attempted a certain amount of social rehabilitation on behalf of individuals who had entered into the 'young offender' status. Similar to initiatives developed by the Canadian government through HRDC, the Justice department also was moving towards integrating youth out of correctional facilities back into the community. Part of this rationale could be attributed to the fact that in 1989 the federal government initiated a 'capping' of contributions to young offender services (Department of Justice 1996, p. 91). A federal document reviewing the youth justice system in Canada identified that "seventy percent of the government's financial contributions to youth justice was directed towards custody" (Department of Justice 1996, p. 81). Recommendations from this report suggested retargeting the resources of the youth justice system to better ensure that serious young offenders in custody were provided "comprehensive and effective rehabilitation and reintegration programs, and enhance the diversion of less serious cases from the youth court system and from custody" (Department of Justice 1996. p. 81). Jurisdictions could develop programs consistent with their own needs and priorities.

7.4.1 Policy and provision for students with 'special educational needs'

There was much activity in the 1990s with respect to special education in the province of PEI. In 1990, the first policy addressing special education in this province was developed and, regional school boards maintained responsibility for the provision of services for students with 'special educational needs' defined as those "whose intellectual, physical, communicative, sensory, social /emotional characteristics, and/or learning difficulties are such that special education is required" (PEI Department of Education 1990, p. 1). This represented a shift in terminology from the draft policy of 1987 that had used the term 'exceptional' rather than 'special educational needs'. The naming of students with identified with 'social /emotional characteristics' in the 1990 policy statement was very significant. Social/emotional characteristics were now being treated as disabilities, along with the more traditionally recognized physical and intellectual disabilities, in association with medical and psychological understandings. Thus students with problematic behavior were made subject to the normalizing discourse of categorization and labelling.

An outcome of this shift was that a student identified with a social/emotional difficulty was seen as entitled to services which had not been officially available to them in the past. In this

way, PEI came into line with an international trend to a human rights approach to educating 'special needs' children. The earlier policy draft stated it more explicitly: children had a "right to an appropriate educational program regardless of mental or physical or emotional or behavioural problems" (PEI Department of Education 1987, p. 2). Such a statement was adopted from legislation arising in United States such as the United States Public Law 94-142 developed in 1975 that greatly influenced policies globally.

Another reason for the inclusion of children with 'emotional/behavioural' problems within policy may have been pressure exerted by governments regarding getting students to remain in school as we have seen above. The focus on getting all students through school meant that this particular category of students identified by their 'emotional/behavioural' characteristics could no longer just leave school; yet, handling them was a problem within the 'mainstream' classroom approach. The formalization of an expanded category of 'special educational needs' created the possibility for programs to be developed to support these specific 'needs'.

Under the auspice of special education, programs developed for students with challenging behaviour such as those with 'social/emotional characteristics' fell under special education programs and/or services which, under the Department of Education PEI 1990 *Special Education Policy* guidelines included "additional and/or alternate curriculum, methodology, staff, facilities, and materials" (p. 2). The term inclusion was not mentioned in this policy, and its absence is an example of how PEI lagged behind other places in Canada with regards to current understandings of programs for children with 'special needs'.

7.5 Action Towards Excellence

At the beginning of the 1990s the release of *The Philosophy of Public Education in PEI* (Department of Education, 1990) provided a framework for the reorganization of the school system across PEI. This document identified the purpose of public education in PEI as being "to provide for the development of children so that each may take a meaningful place in society" (Department of Education, 1990, p. 1). This philosophy aligned with the Canadian government's human capital view that supported the belief that "every individual has the potential of becoming an important and contributing member of society" (Department of Education, 1990, p. 1). This occurred at the same time the policy for special education was introduced.

In 1991, *A Plan of Action Report* was generated, raising concerns regarding the illiteracy rate within the general population and high dropout rates from the school system (PEI Department of Education, 1991, p. 12). The report aimed at "reviewing existing educational priorities and identifying new priorities in preparing students for a changing world" (PEI Department of Education, 1991, p. 1).

It was during this year also that PEI Department of Education joined with the Council of Ministers of Canada (CMEC) in the development of the School Achievement Indicators Program (SAIP). This program to provide a national system of indicators of student achievement facilitated the statistical information regarding student achievement would place additional pressure on educators. Assessments like the SAIP, while tracking student achievement and progress, could also identify gaps and challenges in the system. As such, the report suggested increased attention be paid to youth 'at risk'. As the report stated " … continued concerns are expressed by educators on ensuring that appropriate placements for students are made and that adequate resources and programs are available" (CMEC, 1991, p. 13).

In association with this aim, numerous reports were generated concerning 'at risk' students on PEI. An 'at risk' student in the *Youth at Risk Report* was defined as "one who for any reason is not achieving personal, academic, or social success" (Unit 2 School Board, PEI, 1991). Here, risk was mobilized as a deficit and a reason for why certain students were not performing well in school, and one where the deficit needed intervention before the identified problem was addressed.

The *Youth At Risk Report* highlighted the necessity of addressing the social problems affecting youth and assisting those 'at risk' of dropping out and in need of alternative programs (*The Report of the PEI Task Force on Education*, 1992). The report recommended that a framework be developed to guide implementation of strategies for 'at risk' students and that services provided by social agencies to children and families be delivered through a single agency, in an integrated manner (Department of Education, 1992, p. 17). All of these factors were part of a pattern that created a lot of community concern and brought a lot of resources into PEI from different sources.

In 1992, a Task Force was formed to guide the implementation of the Plan of Action Report released in 1987. One of the recommendations put forth to government called for an

examination of the structure and governance of the education system (Fogarty, 1993). This was taken up in the *Towards Excellence Report* of 1993 which focused "the roles of schools, areas of educational responsibility and recommendations for structural change, as well as how to implement these recommended changes" (Fogarty, 1993, p. 4).

In this 1993 report, there was a great deal of emphasis on the area of standards and assessment. Recommendations were being made regarding curriculum development and "the necessity to place a priority on outcomes based curriculum as a precondition of accountability and improved quality of education" (Fogarty, 1993, p. 66). An outcomes based approach begins by specifying the desired learning outcomes of each program area then designs the program to achieve those outcomes.

For student with challenging behaviour, this report mentioned the:

> increase in the number of troubled or neglected children and youth due to the various social and economic stresses on families, the new demands on teachers' skills, and on finite educational resources due to integration of special needs students into classrooms (Fogarty, 1993, p. 39).

The stated aims of educational outcomes, pointing to the accountability of teachers to focus on the curriculum, were in tension with integrating 'troubled or neglected children'. I argue that such an understanding mobilizes another construction of risk, this one constructing the teacher as being 'at risk' of failing to meet student achievement outcomes. For example, if such a child struggled with academics because of their behavioural challenges, there would be less time for teachers to deal with the behaviours and more time devoted to teaching to the academic outcomes. If a child displayed inappropriate behaviour because of their academic difficulties and there was less attention from the teacher to address these 'needs', the potential was created for an increase in the student's challenging behaviour. The increased concern of teachers regarding children constituted as 'at risk' was one of the reasons that compelled the Department of Education to further look into this concern which resulted in committees being pulled together for the purpose of reviewing issues and concerns of junior and senior high schools in PEI.

7.5.1 School reviews, 'at-risk' students, and emergence of alternative education on PEI

In this next section, I will be introducing three of the reports written in PEI, each focusing on a particular level of schooling, all of which included recommendations regarding at-risk

students. From these reports, a consensus emerged regarding the desirability of offering alternative education programs for students who were not successful in 'mainstream' schools. In the first, the *Junior High School Review Report* (1994) defined 'at risk' students as:

> those who are in danger of dropping out of school. These students are not necessarily lacking the ability to succeed, but they are invariably among those who meet with little academic success, for a variety of reasons. In spite of some efforts made in this area there are still many individuals whose needs are not being met (MacAleer, 1994, p. 37).

Although the term 'at risk' was not defined anywhere within The *Senior High School in Transition Report* (1994), a number of characteristics usually associated with this term were found.

> Certain students are unable to meet the behavioural and academic expectations of the senior high environment. These students profit best from individualized instructional programs that account for their individual differences. For many, it is through total individualization that they can receive an appropriate education (Willis, 1994, p. 36).

The individual differences Willis referred to in this report pointed to "temperament, cognitive abilities, personality, and experience", and were coupled with factors such as "motivations, support at home, past education and life experiences …" (1994, p. 36). Once again the risk is attributed to the individual according to certain deficit factors or characteristics. The implied ideal student was one who did not have any of these 'individual differences' and for whom the mainstream educational provision would produce success. The individually different 'other' required an alternative education programs.

The reference to individualized instruction was common language used by individuals coming from a special education perspective. From this way of thinking, students who were not successful in the 'mainstream' were provided with an 'Individual Education Plan' (IEP), a plan developed according to the student's individual 'needs'. Such a plan may have been followed in an alternative program setting.

The *Senior High School in Transition Report* argued that 'alternative' education and programs should be available to students who "cannot cope with the demands of the regular school setting and may require a setting that is modified to assist them in subjects where they are experiencing difficulties" (Willis, 1994, p. 1). Here, it is the place Willis suggested should be modified. The term modified is associated with changes in the regular curriculum and the

outcomes expected of that particular grade level. Again, there was an emphasis on individualization in order for struggling students to "profit best" and "receive an appropriate education". What an 'appropriate education' is however, was not identified in the report, and thus the reader is left to guess what an appropriate education might be.

Shortly after these two reviews were released to government, a committee was struck to address the recommendation for the establishment of alternative education for Island students. This committee was comprised of representatives from the two English School Boards, the Department of Education, and outside agencies of Health and Community Services, and Human Resource Development Canada (PEI Department of Education, 1995).

In the *Alternative Education Committee Report* (1995), 'at risk' was defined as "students who find courses too difficult, irrelevant, or who are unable to cope with the regular school setting" (Alternative Education Committee, 1995, p. 3). This definition takes a number of different individual categories of student and groups them together as if what was most relevant was their 'at-risk' status rather than their differences. This may be compared to the grouping of specific disabilities under the heading of 'special needs' for the purpose of identification within a system where programs were constructed to manage a specific problem. The report stated that students who "opt out of the educational process …become long term problems in job placements" (Alternative Education Committee, 1995, p. 3). This statement implied that students who opted out of school, did so because of reasons having to do with them being 'at risk' instead of dropping out because of the educational process which did not meet their needs.

In all reports, the importance of establishing 'alternative' education sites to assist these students was emphasized. The Alternative Education Committee argued that school programs were unable to fully address the needs of at-risk students. Describing schools as 'not being able' to address the needs of certain students enabled them to remain unaccountable and legitimated the management of these students outside of the mainstream in alternative education programs.

In 1995 the Provincial government funded a three-year project for alternative programs in five geographical areas of PEI. The primary goal of 'alternative' programs was to "provide an opportunity for the students who have dropped out to re-enter the school system so that they are able to graduate and/or develop skills to find meaningful employment" (*Provincial*

Education Initiative: Progress Report 1996, p. 2). This form of thinking tied in with an understanding of viewing students as an untapped source of human capital. Here, students at risk of dropping out of school were understood as infused with potential, making it possible that they might become made over to serve the economy. As well, I interviewed two informants who wrote the proposal for alternative education. One of these people shared their rationale for alternative programs, GH stated:

> We were at the time in the early 90s a bunch of us felt that the reason for kids' misbehaviour and masked difficulties for misbehaviour were, had something to do with the type of classroom we were offering, that the classroom was a bit regimented, that the classroom was best suited for compliant children who were achievers. So we were looking at some of the models – a particular model at the time that was around – Minnesota, at the time a student was more able to play a role in their education, at the management in terms of getting work done, in terms of choosing curriculum. We decided that we would try something like that and so the Provincial government opted to do that, so we set up a number of sites in the province (Interview, GH).

While these comments constructed a critique of 'mainstream' schools, it also suggested that 'alternative' education was being established to perform a supplementary role to 'mainstream' education. In other words, the 'mainstream' school was to be left as is for compliant students and alternative education was established for those who misbehaved. In GH's explanation, children's misbehaviour is described as possibly being caused by 'regimented' classrooms suggesting that such classrooms were not suited to all students but to those who were 'achievers'. This is a different picture than offered by a medical or psychological perspective when causes for misbehaviour are linked to 'deficit' characteristics. It is striking that GH sees alternative education programs as offering students a chance to choose their curriculum. Choosing the curriculum was not something that happened in 'mainstream' schools, so to get the right to choose curriculum, students first had to fail. It was implied that choice was important to succeeding with the standardized curriculum.

For the second informant, his rationale for 'alternative' education spoke to the attempt to develop a program that was not available in the 'mainstream'.

> It [alternative education] came from the idea that we have a growing number of kids that were simply not engaged in school … .we realized we can't meet these kids in the

way schools are particularly organized so let's try an 'alternative' approach" (Interview, AB).

This informant implied that one of the causes for children's misbehaviour came from their 'disengagement' due to lack of organization by the school to meet their needs. His use of the word 'can't' positioned critics of schools as being helpless to change these students. Nowhere here do we see any evidence that schools were attempting to respond to students who were disengaged in mainstream schools.

In conversations with practitioners who in alternative programs, these programs were described in language that identified alternative education as indeed separate, though connected to the 'mainstream'. The language taken up by practitioners in how they spoke about alternative programs provides an example of how the concept of space is illuminated. Through analyzing their accounts one can conceptualize alternative education as a hybridized space created from the overlap of two different ways of thinking about children with challenging behaviour. The first corresponds to a special education lens which supports thinking that children with challenging behaviour have 'special education needs' that require either human and/or program resources/support in order for that child to succeed. The second relates to an alternative education view that maintains that students with challenging behaviour need an alternative environment different from special education and the type of students served in special education programs. The space created between the accounts of a special education lens and an alternative education view is transformed into a place where problematic children are placed. The diagram below provides a visual of alternative education as a hybrid program.

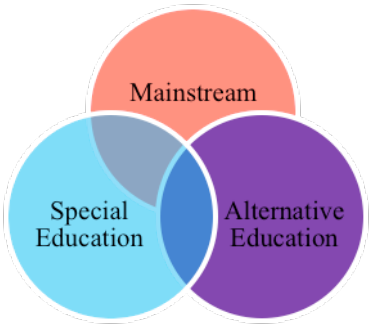

Figure 14: Alternative education program as a hybrid

Teachers on PEI located within alternative schooling constructed views of alternative programs as meeting a variety of student 'needs' otherwise not met within mainstream classrooms. In the opinion of the informants working within an alternative program, students in these programs had 'special needs' associated with learning and/or behaviour. With regard to behaviour, one teacher remarked:

> …Basically, what we look at is if the child is socially, emotionally, academically dysfunctional in a school, and it is determined by the school that they need an alternative site that can respond to their 'needs' (Interview KL).

The above comments reflect the opinion that 'mainstream' schools were not able to manage students who were 'dysfunctional' and positions schools as helpless in their capacity to serve students who were divergent. This comment begs the question, were schools unwilling or unable to respond to a student's various needs? If schools took a helpless stance, and these same schools were the ones determining whether or not the student needed an alternative education program, the student would end up continually being referred to alternative education programs.

This same informant's next comment examines how the concept of dysfunction was viewed and where dividing lines might be placed in determining which particular types of students belonged in 'alternative' programs and which did not. He stated:

> there are all these degrees of how severe this child's dysfunction. There are these kids who I think are certainly within the range that they should not be in regular school (Interview, KL).

This language signals that psychological discourse is being taken up. The phrase such as 'within the range' refers to psychological assessment practices that position individuals on a continuum that rates behaviours or scores according to norms. Those students scoring outside a specific range places the individual as 'abnormal' or 'above' or 'below average', or, as in this case 'more severe', or 'dangerous'. In his next comments, the informant's description of children's behaviours illustrated how the psychological category of 'severe' behavioural disorder could be assigned to a child's actions.

> So the child is acting up in the classroom, I am talking severely here, not the child who throws a spit ball or an airplane or a pencil occasionally, and I'm not talking about the

> kid sitting there not doing their homework either… The kid won't do their schoolwork, … but if it is true behaviour that is a danger to that child, other … (Interview, KL).

The notion of 'severe', or 'dangerous' suggests there is a continuum of behaviour in which at the far end of the continuum one crosses a line; they are at the point of no return. The term 'true behaviour' indicates that the speaker has a way of categorizing 'real' problem behaviour from that which is not really a problem.

The language used by this person suggests that those students constituted as *truly* 'dangerous' belonged in an alternative setting while those students with less severe behaviours such as throwing spit balls or pencils could remain in 'mainstream' schools. In her research on diagnosing 'disorderly' children, Harwood, (2006) found similar patterns of constituting 'problem' students. She described "practices where the subject is either divided inside himself or divided from others" (Harwood, 2006, p. 83). One dividing practice she identified revolved around making behaviour special and explaining this a rationale for segregation. Alternative education was identified as another example of a dividing practice.

Practitioners who referred students to 'alternative' programs often described these students in terms that aligned with the psychological categories of internalized and externalized behaviour, or with reference to their difficulty learning. That is, they tended to divide the population of students in alternative programs into three main groups, based on their perceived problems. One group was described in terms that constituted them as internalizing, for instance withdrawn or depressed, highly anxious, introverted, or excessively shy.

One informant described these internal behaviours as emotional issues.

> There would some, maybe for emotional issues, whether they'd be quite withdrawn or depression or various things like that. Yes, there would be students of that nature. We did also have highly anxious students who couldn't cope with the regular classroom setting (Interview, CD).

The other groups of students were constituted as belonging to the externalizing category.

> There would be others who would be more physically, ah you know physical violence kind of thing where they would be a danger or perceived to be a danger to themself or others, or very disruptive in the classroom and teacher would be spending most of their time trying to keep that student on track. They tended to be, also would go there for a

> while in order to try to build up their strengths and their ability to go back and face the bigger schools (Interview, CD).

Here, the informant remarked that the 'externalized' group went to alternative school in order to build up their strengths and their ability to go back and face the bigger schools'. I would argue that this statement applied to all three groups identified as 'alternative education students'.

The third category identified by practitioners' concerned "students who experienced difficulties learning within a 'mainstream' classroom setting" (Interview, CD). Dividing students on the basis of behaviour is a very problematic one for the whole system, but for certain students, their behaviour may not be problematic at all. Their difficulties pertained to learning.

When identifying statements using behavioural characteristics were used to justify referrals to 'alternative' programs, such psychological views of students constituted these students into recognizable categories such as 'dangerous', 'disordered', or those with 'serious behavioural difficulties', or students who experienced difficulties learning within a 'mainstream' classroom setting.

The issues of student retention, high unemployment rates for students, and the needs of 'at risk' youth all had been factors in the development of reports calling for changes in priorities and governance of education in the province of PEI. An associated focus of attention was education for students with disabilities and learning difficulties. During this period, considerable energy directed at improving outcomes for this group. These policies and programs impacted students with behavioural challenges.

7.6 Minister's Directive on Special Education

Considering that the 1990's were a time where inclusion was becoming more and more talked about in Canada, there was more pressure put on the Department of Education in PEI to update policy. In 1995 a committee of Department of Education and School Board consultants began to develop a model of special education service delivery for PEI schools. In July of 1997, the *Minister's Directive on Special Education No. MD 97-07* was accepted by the Department of Education PEI. One informant who worked as a special education consultant, and who became the Department of Education's special education coordinator in the latter part of the 1990s, stated that administrators, teachers and parents alike, all wanted guidance

regarding ‘special needs’ students (Interview, YZ). As she noted, “Parents wanted to know who to go to when they were experiencing difficulties regarding the education of their children” (Interview, YZ).

New in PEI’s 1997 *Special Education Policy* was the expansion of the concept of special education from being a single program to one that involved multiple programs and services. While in the early 1990s, discussion of the ‘needs’ of children with exceptionalities focused mainly on particular accommodations needed to facilitate individuals' participation (such as wheelchair ramps), by the late 1990s the notion of ‘needs’ included educational programs and services comprised of “additional and/or alternate curriculum, methodology, staff, facilities, and materials” (PEI Department of Education 1997, p. 2). Here the focus was on *all* children and not only those children identified with ‘exceptionalities’. One other change included a change in language of the concept of ‘least restrictive environment’ to ‘most enabling environment’. Least restrictive as it first was defined in the United States Public Law 92- 142 Act or Individual with Disabilities Education Act (IDEA) 1975 meant to the maximum extent possible while ‘most enabling’ was introduced by the Department of Education to be based on the strengths and challenges of the child determined through assessment.

7.6.1 A Handbook on Special Education Service Delivery (1997)

In December 1997, the Provincial government’s document, *A Handbook on Special Education Service Delivery* was released. It was in this document that the concept of inclusion was introduced and defined as “a value system, which supports the entitlement of all students to the equitable access to the meaningful aspects of life… (PEI Department of Education, 1997, p. 2). The introduction of inclusion at this point is interesting, as the notion of inclusion was not even mentioned in PEI’s Department of Education’s *Special Education Policy* that was just released a few months ahead of this handbook.

PEI’s Special Education Service Delivery Model defined special education services as including “programs and /or services designed to accommodate pupils whose educational needs cannot adequately be met through the use of regular curriculum and services only” (PEI Department of Education, 1997, p. 1). This was consistent with the ‘continuum of services’ model that had been in place in many special education programs since the 1970s when the concept of integration was first introduced in Canada. Despite a shift in concepts from integration to inclusion, the continuum of services model retained the option of exclusionary practices, such as withdrawal and segregation, which had existed all along for certain

categories of children like those with challenging behaviour. This was in tension with the notion of 'special needs' students being entitled to an "equitable access to the meaningful aspects of life" (PEI Department of Education, 1997, p. 2). It remained possible for student's rights to be trumped by their perceived needs.

7.6.2 The Report of the Review of Special Education 1998

In 1998, the Department of Education on PEI released *The Report of the Review of Special Education*. The authors of this report identified that among the groups, which caused the main areas of conflict between 'mainstream' education and 'special education' were children with 'emotional and behavioural' difficulties (Mackey, Warren & Moeser, 1998, p. 17). This is an interesting point because a conflict was identified, and the nature of this conflict concerned "those who really are in difficulty learning within the context of the approaches to education driven by prescribed curriculum with limited adaptations to the learning environment" (Mackey, Warren & Moeser, 1998, p. 17). Besides students with 'emotional and behavioural' disorders, those identified as having difficulty with the prescribed curriculum included individuals with disabilities related to sensory issues (visual and hearing), physical, communication, learning, developmental and health/neurological issues. Such a statement points to the imperfections of the education system in teaching children to learn. As the authors of this report argued:

> The system itself has to find ways to become more responsive by creating learning environments that acknowledge this diversity and provide teachers with the knowledge, skills, strategies, materials, and other supports to enable them become more responsive to students who are in difficulty learning (Mackey, Warren & Moeser, 1998, p. 17).

This statement implicated schools as contributing to students' struggles with learning. This ecological perspective was in contrast to the way students with challenging behaviour had been viewed in the past. It suggests that it is not always students' deficits that are the reason for their poor behaviour or academic performance. The report maintained that because diversity in the student population was increasing, especially in the behavioural dimension, there was a need for clear criteria established for identifying students with 'severe emotional/behavioural disorders' concluding, "there were no clear parameters for dealing with disruptive behaviours" (MacKey, Warren & Moeser, 1998, p. 34). The perceived need for 'clear parameters' was made in reference to the demands these students placed on the teacher that was considered "out of balance with group needs" (MacKey, Warren & Moeser, 1998, p.

34). The demands on teacher time considered as 'out of balance' refers to less time being spent on teaching the curriculum to the regular students. The language of 'group needs' with respect to the rest of the class suggests that students with disruptive behaviours did not belong to the 'group', as the authors of the report constructed 'group'. The comment following this first statement maintained, "many children with emotional and behavioural disorders need a much more structured and predictable environment that cannot be arranged in a neighbourhood school" (MacKey, Warren & Moeser, 1998, p. 34). This suggests that the parameters the authors are referring to would be used to determine which children would be removed from their neighbourhood schools and placed in alternative programs.

The recommendation was made that "school boards and schools formalize the collection of data on the impact of increasing diversity in the classroom, particularly as it applies to the behavioural dimension." While the collection of data often was part of management and assessments practices, it was also used with the ESD as information to secure funding for students with 'special needs'. The identification of specific needs served to support the continuation of practice where experts labelled students according to assessments where students 'needs' or deficits were identified and recorded.

The report's authors identified and supported a recommendation from an earlier report *Youth, Families and Communities* published by PEI's Department of Health and Social Services in 1992. This recommendation was for more formalized interagency service coordination for children and youth with 'exceptionalities'. The *Report of the Review of Special Education* 1998 similarly advised that a focus group of stakeholders be established to examine the impact of the changing behavioural dimension of schooling and to generate a set of guiding principles for a Provincial strategy. These stakeholders included the Departments of Education, Health and Social Services, and the Office of the Attorney General.

This move towards shared service coordination and collaborative decision-making represents a return to earlier ways of thinking presented in the document *Children with Emotional and Learning Disorders in Canada* (CELDIC) produced in 1970 (see chapter 5). CELDIC pointed out that services for children and families were fragmented and in need of support. In this critique of Special Education on PEI, the authors of this report also recommended that work with other agencies was needed in order to formalize coordination of services for children (MacKey, Warren & Moeser, 1998).

Another recommendation was made stating that the Provincial Department of Education should include a discussion on emotional/ behavioural disorders with the Department of Health and Social Services and the Office of the Attorney General. Such a recommendation illustrates the complexity of the issue with children with emotional and behavioural challenges and the perceived need for service collaboration among different governmental agencies. The establishment of MAST on PEI would be one example of such interagency service collaboration.

7.7 Evaluation of alternative education on PEI 1999

An evaluation of the Alternative Education Programs in PEI was commissioned in 1997 by PEI's Department of Education and conducted in 1998. The stated goals of the evaluation report titled *Report on the Alternative Education Programs in Prince Edward Island: Making Connections* were to "construct a formative analysis of data collection and to appraise the ongoing alternative education delivery for the purpose of making modifications and/or improvements" (Brookes, Mahen, & Timmons, 1998, p. 5).

A total of 221 respondents representing the four alternative education program sites completed questionnaires on program availability, program location, program needs, entrance requirements, community and agency involvement, as well as their opinion on whether "alternative education were considered to be a part of the broad spectrum of educational services to keep students in school" (Alternative Education Committee, 1995, p. 9). Forty five current students, 43 parents/ guardians of current students, 34 former students, 41 parents/ guardians of former students, 11 program staff, 28 school based admissions personnel, and 9 non school-based admissions personnel (Alternative Education Committee, 1995). It is noteworthy that 9 out of the 11 program staff indicated, students were referred to an alternative program because of behavioural difficulties (Brookes, Mahen, & Timmons, 1998).

The terms used in this report such as 'at risk' reflect the same terms used in the *Alternative Education Provincial Initiative Report* (1996). Researchers noted that teachers and youth workers resisted using 'at risk' term "because of a concern that solutions would be sought to either fix the student or alternatively to fix the system rather than to provide a focus from which to understand the practices which lead to disconnections between the notion of fixing the student and fixing the system" (Brookes, Mahen, & Timmons, 1998, p. 70). These shared practitioner views suggest a broader, more holistic view to understanding the types of students

who attended an alternative education program, rather than viewing students from a 'deficit' perspective.

For certain questions in the report, responses were quite varied. For example, with respect to the question whether alternative education programs were available for all eligible youth in the area, "25.3% disagreed" (Brookes, Mahen, & Timmons, 1998, p. 29). Parents looking for assistance for their children and program staff working at alternative sites were the least satisfied, while students, and admissions group were most satisfied. This is an interesting finding considering the admissions group would be knowledgeable about the numbers of referrals made to the alternative sites, and yet, their opinions may be made cautiously with respect to the cost of expanding such programs.

In other cases, responses among all groups were similar, and in cases almost unanimous. Testimony from students and parents surveyed agreed that "alternative programs in all sites succeeded in helping meet the at risk students' academic, social, and emotional needs" (Brookes, Mahen, & Timmons, 1998, p. 4).

Overall, the finding of the survey indicated that:

> there was at least 80% agreement stating that at risk students received more support in Alternative Programs than in regular schools, were being taught by qualified staff capable of helping them meet their academic and social needs, were helped by program staff to identify clear entry and exit goals for themselves, and were located in sites which were appropriate for their programs (Brookes, Mahen, & Timmons, 1998, p. 3).

The report concluded with 11 recommendations that promoted support for the coordination of the program concerning issues such as the screening process, the addition of a work experience component, in service sessions for staff, and the expansion of in-school supports for students in mainstream schools (Brookes, Mahen, & Timmons, 1999).

The report suggested another survey take place to determine the number of 'at risk' students who were unable to be accommodated in the existing Alternative programs, including those younger than currently eligible to determine whether to expand the program.

7.8 The emergence of Alternative Plus Program (A+)

Shortly after the release of the *Report on the Alternative Education Programs in PEI* in 1998, two counselling consultants working for the Eastern School District were contracted to conduct a survey of school principals in elementary and intermediate schools regarding the

numbers and types of children in their schools identified with challenging behaviour. I was not able to find a copy of this survey but its findings were included in the consultants' report titled *Alternative Plus: A proposed Educational Program for Young Students with Serious Behavioural Difficulties 1999.*

Out of approximately 21 elementary and intermediate schools within the ESD, approximately 85 students (67 male, 18 female) had displayed violent, aggressive, and /or confrontational behaviours. There were no definitions of the terms violent, aggressive, and or confrontational behaviours provided in the survey. Therefore, one could assume that there were definitions included in the survey for such behaviours. Within this number, 65 had been presenting with "significant behavioural issues" (MacDonald & Ledgerwood, 1999, p. 5). Again, I could not determine if "significant behavioural issues" were defined in the original survey. If they were not defined, principals were left to decide if behaviours could be described as significant.

MacDonald and Legerwood noted that administrators were concerned and reported that they were "unable to address the educational and socio-emotional needs of students with serious behavioural issues, and that the education of the other students was being seriously compromised" (MacDonald & Ledgerwood, 1999, p. 1). Such a statement may be interpreted as the needs of the 'majority' being put ahead of the needs of those with serious behavioural issues. There were no descriptions of attempts from these administrators regarding responses in their schools that had been attempted to support children with challenging behaviour. Indeed, administrators admitted it was "their inability of knowing how to respond in a different way that opened the path for why policies for alternative education are written" (MacDonald & Ledgerwood, 1999, p. 1). A concern such as this has been brought up in previous chapters as a rationale for keeping students with challenging behaviour apart from the majority of students, and typifies the exclusionary practices which emerged from this way of thinking. What this emphasized for children with challenging behaviour was an acceptance for mainstream schools being an unfixable institution supporting withdrawal and exclusion of those students who did not fit. In particular, it supports the fact also that the majority of these programs were targeted for males.

MacDonald and Ledgerwood were then seconded to write a proposal for an alternative program for younger children with challenging behaviour that was named *Alternative Plus: A proposed program for young students with serious behavioural difficulties* (1999). The proposal's name, Alternative Plus, denoted that this program would be offering something

extra or in addition to ‘mainstream’ education. Such a positive inference I argue, may suggest to others that such a program is a way to respond to students with ‘serious emotional difficulties’ which was not available in ‘mainstream’ schools.

In this proposal these authors described ‘severe behavioural difficulties’ as:

> A repetitive and persistent pattern of behaviour in which the basic rights of others or age-appropriate societal norms or rules are violated. Pattern must be evident over the past 12 months. Behavioural criteria will include defiance and aggression to people and or animals, destruction of property, deceitfulness or theft, or serious violations of rules. The disturbance must cause significant impairment in social and academic functioning of self or others (MacDonald & Ledgerwood, 1999, p. 5).

Such a definition illustrates a psychological perspective of children with challenging behaviour. Words like ‘norm’, and ‘behavioural criteria’ and ‘impairment’ are commonly utilized in psychological discourse and often appear in clinicians’ manuals for diagnosing various disorders concerning problematic behaviours in children. In this definition, the disruptive student is being understood in relation to those ‘others’ whose ‘rights’ are being violated. There is a much wider set of ‘others’ than school peers identified here which include animals and property owners. Such a comment takes up legal language of rights that was prominent in legislation such as *The Charter of Human Rights and Freedoms* 1982. What were missing were categories of children who by the nature of their gender or ethnicity placed them at risk for exclusion from school based on their problematic behaviour.

Proposals such as *Alternative Plus* mobilized and supported a continuation of withdrawal programs for children with challenging behaviour. This was despite the fact that the dominant view on inclusion in Canada in the 90s was that *all* children should be educated in regular schools alongside their peers (Lupart, 2000). However, the notion that all children, including children with challenging behaviour should be in mainstream classrooms was contested by those who argued, “total integration [was] unrealistic and, in some cases is more harmful to the student than segregated placement” (MacKey et al., 1998, p. 14).

These contexts perhaps need to be understood in relation to an overall context of increased accountability for schools. In the *Education Initiatives in Canada Report*, 1998 prepared for the Council of Ministers Education Canada (CMEC), it was stated that education trends across the country should place more emphasis on curriculum reform with a focus on standards,

accountability and reporting, and restructuring and governance. High priority was placed on assessment of student achievement, focused on explicit outcomes, performance measures, and targets or standards, and in many jurisdictions across the country, a commitment was made to school discipline to ensure "positive, disruption-free learning in the schools" (CMEC, 1998, p. 2). A move to implement such measures would place more pressure on those children identified with problematic behaviour.

7.9 Multi-Agency Support Teams (MAST) 1998

An initiative put in place to address recommendations in reports from various agencies in the Province in the late 90s was Multi-Agency Support Teams (MAST). In 1997, three services on PEI banded together to provide funding for a three year agreement to conduct a pilot project of multi-agency school based service delivery for 'at risk' youth. The focus of the MAST project was "to provide both remedial and preventative services to 'at risk' students" (Eastern School District, 1997, p. 1). In this document, 'at risk' was not defined per se but in a section on desired outcomes addressing risk factors (family problems, school failure, use of aggression, alcohol and drug use, association with negative peer group) was mentioned.

Four teams were established, one in each of the Eastern School District's intermediate schools (grades 7 – 9). Each multi-disciplinary team was made up of representatives from the core services of Education, Community Mental Health, Child and Family Services, Community Service and the Attorney General, Queen's Region Addiction Services, and Public Health. Each team was responsible for identifying emerging issues for youth and providing improved access through in-school services, with earlier identification. Parental consent was required for referral to MAST and parents were required "to be active participants in decisions affecting their child' (Eastern School District, 1997, p. 2). The inclusion of having 'parents as active participants' written in the MAST guidelines was suggestive that parents previously had no say in the decisions which were put in place for their child.

While the alternative programs described above were arguably more focused on meeting the needs of the mainstream by removing difficult students, this interagency collaboration was more focused on addressing the needs of the child. An interagency response then was one that was developed to look at a number of factors besides early school leaving, which may have placed a student 'at risk'. Such an interagency collaboration in the provision for services for children in the 90s was viewed as a practice where the needs of the individuals referred and their families "[could not] be met by any single agency" (Fletcher-Campbell, 1998).

This understanding denoted a return to an older form of practice known as the Child Guidance Clinic which was taken up on the Island in the mid 1950s (See Chapter 4). For this reason, the establishment of MAST may have been understood also as a continuity of practice. It was at the Child Guidance Clinic that children identified with 'problematic' behaviour and their families were referred for interventions. The discontinuity is that, rather than the child and family having to go to the Child Guidance Clinic, professionals from multi-agencies now went to the school to meet with referred children.

7.10 Caring Places to Learn/Safe School Environment: Focus on Behaviour in the Mainstream

One of the outcomes following from investigations into student behaviour on PEI in the 90s was a policy addressing safety and wellbeing in schools, Eastern School District's *Caring Places to Learn/Safe School Environment Policy* (1999). Prior to this policy, the four school boards on PEI followed the Department of Education's School Act but an overarching policy on school discipline did not exist; rather, "individual schools across PEI were held responsible for school discipline and matters concerning aggressive and antisocial behaviour" (Day, Golench, MacDougall, & Beals-Gonzalez 1995, p. 36).

Environics poll conducted in Canada in 1993 revealed that violence was the top educational concern, even surpassing academic standards (MacDougall, 1993). Governmentality, another form of a technological power was defined by Foucault in his later writings, as "the ensembles formed by institutions, procedures, analysis and reflections, calculations and tactics" that shape the conduct of individuals, 'the conduct of conduct' for acting upon the actions of others in order to achieve certain ends (2007, p. 108). In this section, I utilize the notion of governmentality as a form of technological power to analyze this intervention to manage individuals' behaviour in school institutions. I will argue this policy represented a neoliberal tactic that made youth responsible for choices concerning their behaviour.

Caring Places to Learn/Safe School Environment (Eastern School District, 1999) consisted of regulations intended to guide schools' response in situations where there was a concern or complaint about the behaviour of students. It was explained that problematic behaviour could occur between students and peers, students and staff, and staff and staff. An interesting point here to note is that staffs were included in those whose behaviour could cause problems.

The *Caring Places to Learn/Safe School Environment Policy* (CPLP) is divided into four sections that include: expectations; programs for education and violence prevention; definition and examples of behaviours; and interventions and procedures to prevent or deal with violence. In the first section on expectations, the tenets of the CPLP are based on: "the principle of the Duty of Care whereby all interpersonal relationships will demonstrate respect for the unique worth of each individual, fair procedural treatment, and persistent and diligent effort to encourage successful performance" (Eastern School District, 1999, p. 1). The principle of Duty of Care includes due regard, due diligence, and due process.

'Duty of Care' is an element of the tort of negligence. In broad terms, "the law of negligence provides that if a person suffers injury as the result of the negligence of another, they should be compensated for the loss and damage that arises from the negligent act or omission" (Victoria Department of Education and Early Childhood Development Policy and Advisory Guide). The language in CPLP using terms like 'negligence' reflects schools' vulnerability to legal action. With respect to due regard, "students and staff members are required to demonstrate regard, concern, and respect for the unique differences and worth of the individual" (Eastern School District, 1999, p. 1). Due diligence was defined as respect to,

> effort at all levels of the District in setting purposeful objectives, organizing and directing appropriate activities, monitoring performance, and taking corrective action as required to ensure safe and caring learning environments (Eastern School District, 1999, p. 1).

Due process was described as "the demonstration of just treatment and due process…" that governed the working relationships between all individuals in the school system (Eastern School District, 1999, p. 1). In this document, words and phrases such as 'monitoring performance and taking corrective action', 'just treatment', and 'due process' is language that is noted in justice circles where the behaviour of an individual who breaks the law undergoes a process where they are determined guilty or not of a criminal act. If convicted, the individual is under surveillance all of the time, and the behaviour of the individual is expected to undergo some form of corrective action.

Section B of this policy, programs for educators and violence prevention, included statements on support for prevention education, included curriculum-based and community-based programs, and "student programs, and staff training which maintain and strengthen a safe and

caring learning environment"(Eastern School District, 1999, p. 2).

In Section C, a number of behaviours were specifically named in the policy under headings including: acts of verbal abuse, violence, bullying, discrimination, harassment, damage to property, sexual misconduct or abuse, threats, or weapon related incidents. This list includes both civic and criminal misconduct therefore; it spans both education and justice domains. In the educational sector, some of these behaviours, while considered inappropriate, may not be considered criminal. Other behaviours of a more serious nature like sexual abuse or violence fall more in the justice domain. Such behaviours are illegal and individuals displaying such behaviours may be charged in a court of law.

Section D on intervention and procedures to prevent or deal with violation described the types of intervention mentioned in section B, and the regulations to guide the response when there is a concern or complaint about the behaviour of a student, a staff member or "where a staff member exhibits an unacceptable behaviour against another staff member" (Eastern School District, 1999, p. 11). The response to concerns "regarding an allegation of a criminal, sexual or serious nature at school" would be carried out by the District's response team who represented a group of school based and board based professionals. The policy included a checklist of procedures for this team to follow in accordance with the province's School Act.

For each of the identified behaviours named in this policy, under PEI's Department of Education School Act Regulations 1999, schools reserved the right to expel or suspend students. In certain cases, as noted in CPLP, "an alternative setting may be recommended" ESD, 1999, p. 5).

In ESD's policy, there was an emphasis on the ethos of caring. In schools, Nodding advances that "caring establishes the climate, a first approximation to the range of acceptable practices, and a lens through which all practices and possible practices are examined" (1984, p. 172-173). Nodding stated that in a caring regime, the subject is constituted as a member of the social matrix (Fendler 1998). The individual was held responsible for disciplining the self. This aligned with a neoliberal view of individuals needing to take responsibility for their actions. When positioned against "an ideal subject", the child with challenging behaviour was viewed as someone needing governing.

As schools are places that involve the management of individuals, the practice of monitoring student's behaviour plays a part into the concept of risk and the construction of youth as 'at

risk'. Although there is no mention of the concept of risk per se in the ESD's *Caring Places to Learn/Safe School Environment Policy* (1999), certain things are made implicit in this policy. Children with challenging behaviour are viewed as 'at risk' of hurting themselves or others, and policy like CPLP, serve to manage all children and individuals who work with children in schools to ensure their safety in a climate conducive to learning.

7.11 Conclusions

A number of important developments occurred in the 1990s regarding children and youth with challenging behaviour. This chapter explored the shift in the way the Canadian government went about addressing the problem of what to do with high unemployment numbers and the increase in numbers of students leaving school before completing a high school diploma. I have identified how particular aspects of risk and 'at risk' designation were defined or implicated in documents, policies and informants' ways of speaking about students with challenging behaviour as well as some of the interventions put in place to address the problem. A number of understandings of risk and at riskness were examples of a deficit discourse where constructions of the child were based on individual or familial matters and associated to negative outcomes such as academic failure and early school leaving. Once identified as 'problematic', or 'at risk', students were placed in an environment that was chosen by experts as 'the most enabling' based on a continuum of placement options as determined by special education policy.

Schooling alternatives such as Stay in School initiatives in Canada established in the early 90s, provided opportunities for 'early school leavers' to return to school to complete graduation requirements so they might have a better opportunity of finding employment. Cast as 'second chance' programs, I argued that programs such as these were not a continuation of exclusionary practices that segregated individuals from 'mainstream' society, instead many of these initiatives that took place both in and outside of mainstream classrooms or schools were programs that aimed on bringing back students who were excluded from schools.

While the influences of inclusion made its way into education systems in Canada in the 1990s, this did not evolve into a system where *all* students were supported in 'mainstream' schools. Educational policies such as *PEI's Special Education Policy* (1990, 1997) serve to identify students' 'special educational needs' and put services in place to address these needs. 'Mainstream' schools remained very much associated with a special education model using a continuum of placement option whose segregated programs were supported by policy

guidelines designed by governments according to their understanding of the best interests of *all* students. Students with challenging behaviour were identified and named in policy resulting in programming dilemmas.

I particularly focused on the emergence of 'alternative' education programs on PEI in the second half of the decade of the 90s and supported the idea that 'alternative' programs represent a hybridized space which proliferated as a result of an overlapping of the two discourses of 'mainstream' and 'special' education. As a result, an 'alternative' schooling discourse is maintained for students with challenging behaviour through the continuation of programs such as the Provincial Adolescent School and other 'alternative' programs in the Province.

The hybrid nature of alternative education influenced by both special and mainstream education supported the thinking that students with challenging behaviour were attributed with particular 'special educational needs' that could not be addressed either through 'mainstream' schools, nor through special education programs. From this analysis, it was revealed that administrators in mainstream schools did not attempt to provide 'appropriate' interventions within their schools, which in turn, provided the impetus for alternative schools to be established in this decade on PEI.

Informants teaching in 'alternative' programs viewed students from both an 'at risk' and a 'special needs' perspective. Students considered 'at risk' by experts within and outside educational institutions were identified as being attributed particular risk factors that got in the way of their success. Students were also identified as having 'needs', referring to academic or behavioural needs, and as a result of those needs required an 'alternative' program different from a special education program in order to receive an education where they would have a chance of success in school and better opportunities later in life.

In this chapter, psychologists' and consultants' discussions on students identified according to specific behavioural criteria kept the idea of separate provision alive in the form of 'alternative' programs developed as safe environments for learning. For both teachers and other practitioners working within the discursive field of education, the safety of the individual child and all of the other students was paramount in the decision for students being withdrawn from 'mainstream' schools and placed in 'alternative' settings. Such practices produced a

dividing line between students, those who attended ‘alternative’ school, and those who remained in the ‘mainstream’.

The ESD’s policy development on safe and caring schools was a significant move in 1999. This policy was representative of the kind of moves that came at the end of this decade and was an example of the ways institutions managed populations of people. Students who were targeted as ‘at risk’ were often implicated in breaking the rules established in such a policy. Positioning youth as ‘at risk’ therefore, sought to constitute these students as responsible for their behaviour, or as “rational, choice making, autonomous, responsible citizens within neoliberal projects of government” (Rose, 1996). Such a construction viewed at risk students decisions to misbehave as a choice they made rather than a behaviour, which was understood as beyond their control as might be the case for a child diagnosed with ADHD. For students with challenging behaviour, this policy *s*erved to maintain order and adhered to students rights by implementing programs which served to provide an ‘appropriate’ education to them.

I argued that the ESD’s *Caring Places to Learn/Safe School Environment* Policy constructed in 1999 was a “technology of behavioural management” (Rose, 1996, p. 19) which sought to manage individuals identified with challenging behaviour as individuals ‘at risk’ of failing school, and individuals ‘at risk’ of interrupting the learning of the majority in ‘mainstream’ schools. At the same time, identification of ‘problematic’ students was increasingly attached to safety concerns, safety for the individual student, and safety for all other individuals for which they were removed and placed in alternative environments. ESD’s policy opened up a space within or outside of school as a place where problematic children and youth could be constantly under surveillance. These alternative education programs were viewed as supporting ‘at risk’ learners of completing their high school education and therefore increased human capital as they transitioned out into the world of work.

Another response to ‘at risk’ students was a return to suggestions for an integrated approach to service delivery. Once again, the reference to inter-agency collaboration suggested the complexity involved regarding interventions for children with challenging behaviour. A child constituted as ‘problematic’ was viewed as requiring ‘expert’ intervention from a variety of professional disciplines. The complexity of the identified ‘problematic’ behaviours were reason enough to emphasize the importance of looking at the child in his or her entirety, or as “the whole child” as the CELDIC report (1970) suggested.

The emphasis during the decade of the 1990s for students constructed as 'at risk' was one of optimism. A variety of interventions were put in place in an attempt to make schools into different kinds of places. Whether these places were within mainstream schools, or identified as 'second chance' off site places did not matter, as they were perceived as places to help students 'at risk' to learn and successfully complete high school.

What was missing from their accounts of 'at risk' students were certain categories or groups of students who were disproportionately affected more than others. One of the constructions of risk omitted from data collected on PEI was the risk experienced by people in selected groups who were members of certain categories such as problematic youth. I argue that 'problematic' children or youth also constituted an 'at risk' group by being excluded from mainstream school, and therefore were denied a mainstream education. Gender was another category absent in discussions on risk. Males excluded for inappropriate behaviour, or who failed to finish school, were not mentioned in any of the data collected in PEI. Research indicates that certain students in particular groups like boys are at higher risk to drop out of schools as compared to girls. Canadian statistics in 1990-1991, reported 19.2% of males as compared to 14% of females dropped out of school (Statistics Canada, Labour Force Survey, 1991).

Other selected groups not challenged in data from PEI included those from culture minority backgrounds such as Aboriginal youth who were also statistically more likely to be designated as 'at risk'. While the status of Aboriginal children are included in analyses of Canadian and policy discussions on risk relating to low levels of school attainment, in PEI data, I could find no mention of these categories. Also, statistics for the dropout rates in the 90s for immigrant youth compared to youth born in Canada were higher, as were the dropout rate for Aboriginal as compared to non-Aboriginal youth (Statistics Canada, 1991). In PEI, dropout rates for Mi'kmaq students as in other places in Canada were higher when compared to non-Aboriginal students. Not explicitly acknowledging these particular groups as at risk, acts as if these things are taken for granted and so they do not have to be included specifically within the policies.

The 'at risk' student in PEI data was constructed as someone without any gender, without any ethnicity, and therefore seemingly constituted as some kind of universal type of student. Such an omission implied that there is a gap, as references in PEI written and spoken data examined referred to students as children and youth, and never as male or of a particular race or in words describing other specific categories groups such as Aboriginal.

In sum, there were a number of measures taken to help determine who would drop out of school, and who would return given second chances and alternative educational services. Under the assumption that the individual and society both benefitted from each individual obtaining a high school education, reports concluded that alternative programs were successful in this objective to keeping students in school longer. Research and policy context in multiple discourses had long viewed children and youth with challenging behaviour from a 'deficit' perspective requiring particular programs and services in order to respond to their 'at risk' designation and their various identified 'needs'. Alternative education programs were no different in that they represented naturalized or another taken for granted approach in understandings of a child with challenging behaviour as both a figure constituted by discourse, and as an embodied child.

Chapter 8: Meta-Analysis: Finding meaning in the fray

> Those who cannot see beyond the asylum or the bureaucracy have a foreshortened view of history. The timidity of our efforts at reform reflects the narrowness of our imagination, not the limits of the possible (Katz, 1976, p. 404).

8.1 Introduction

In this thesis I have examined how competing discourses of medicine, psychology, education and justice have been implicated in the constitution of the child with challenging behaviour as 'problematic'. I analyzed who these children with challenging behaviour are, how they have been spoken and thought about, and how they have been treated differently, at different times and in different places. Through the use of a Foucauldian genealogical methodology, I examined the historical shifts regarding the constitutions of the 'problematic' child over time and looked for continuities and discontinuities over time in order to disrupt taken for granted assumptions concerning the figure of the child as 'problematic' and the 'expert' recommendations of programs perceived necessary for this type of child.

This genealogical analysis was conducted was across space or places. Throughout the analysis chapters, I examined place more broadly in Canada and the specific geographic locality of PEI. Looking at continuities and discontinuities is one way of understanding relationships between places. In other words, there may be continuities of the same kinds of practices or programs happening locally in PEI as there are in other places in Canada, and also, there may have been discontinuities where different things altogether were happening in PEI in comparison to other places throughout Canada. Also, looking at the space created within places such as the institutions of hospitals, schools, clinics, and young offenders facilities highlighted how space is transformed into specific places recommended by authorities or experts for problematic children.

In this final chapter, I use meta-analysis as a systematic approach to frame the integration of my research across and within the four discourses. Meta-analysis is generally defined as "the analysis of analysis with the goal of reinterpreting the data" (Schreiber, 2008, pp. 507-508). This approach aims to provide a more comprehensive picture of a field of qualitative study. Through meta-analysis, I develop new insights into my investigation regarding the figure of the child with problematic behaviour across and within a number of different historical

periods. I identify key themes, which run through the whole thesis and connect these themes with specific examples from the analysis chapters. I identify some of the tensions and contradictions between different discourses and how these different discourses construct the figure of the child as 'problematic'. The end product of this meta-analysis is to transform the research of this multidisciplinary work into a new conceptualization.

I discuss some of the ways my research will make a contribution to the field of knowledge regarding children with problematic behaviour, and specifically how a 'situated' genealogy is unique to this study surrounding the issue of inclusion for children constructed as 'problematic' and placed in alternative programs. I return to the problem which inspired this thesis project: the problem of where to put this problematic child; whether the child with challenging behaviour is to be included in the 'mainstream' classroom or sent out to some other place. I argue that inability to resolve this question creates tremendous instability around the life chances for these individuals. In conclusion, I consider implications for the diverse range of practitioners who work with such a population of children and youth.

8.2 Meta-analysis and key findings of this research

In this final chapter, I have adopted a meta-analytic perspective across all the decades regarding the four distinct yet connected disciplines of medicine, psychology, education and justice which construct children with challenging behaviour as 'problematic' using terms and labels such as 'sick', 'disordered', 'disengaged', and 'delinquent'. Guided by the overarching question of this thesis: "How have competing discourses of medicine, psychology, education and justice since Post World War II been implicated in the emergence of interventions and programs perceived necessary for children with challenging behaviour", and other questions exploring issue of power-knowledge asking who holds the power, and who makes decisions regarding the problematic child? I utilized meta-analysis in the examination of all the chapters. A genealogical approach was taken to looking across and within each period under study to consider continuities and discontinuities. This draws attention to how objects "are perceived, described, expressed, characterized, classified, and known in the same [and different] ways" from one era to the next (Foucault, 1994b, p. 217). A continuity in genealogical terms represents a unified theme or a long strand connected to something which is happening in the present. Discontinuities are new trends and developments that "represent the breaks and frequent disruptions in analysis which question the notion of unchanging essences or the linear flow of history" (Tamboukou, 1999, p. 203). As well as considering continuities and

discontinuities across times, I also looked at the spaces created for the problematic child across place. In other words, I considered whether happenings in PEI concerning the problematic child were similar to or different from happenings in other parts of Canada.

Four main themes threaded throughout the study have emerged from this review. The first theme is the mismatch between the aims of education and the behaviour of certain children, and the second, is the concept of normalization. The third theme is the problem of spatiality that attends to the issue of where to place the child with challenging behaviour, and the fourth theme centers on the concept of situatedness, or how the particularities of local contexts can impact on how the four discourses represented play out.

Within these four themes, I also weave in this chapter the 5 analytics utilized throughout the thesis, and return to the experts/authorities, labels constituted for the problem child, the logics and solutions put forth for the problem, the programs and institutions, and the technologies implicated in the constitution of certain children as problematic.

8.2.1 Mismatch between the aims of education and children with challenging behaviour

At each period analyzed in this thesis, there is in some sense a mismatch between the aims of education and the behaviour of certain children. At certain times, in different periods, the education system is required to perform different tasks for the State. Whatever these tasks may be, children whose behavior challenges the effective functioning of the system are implicated as 'problematic'. They create difficulties for the practitioners working with them who are responsible to the system.

When the common school was established in the 1800s in United States and Canada certain children previously excluded from common school were permitted to attend. I chose this particular period of time as it foregrounds the ongoing issues institutions such as schools are confronted with concerning the identification, education and management of children's problematic behaviour throughout history. Following this exemplar, I included other examples from the analysis of the time periods chosen for this study where the aims of education did not align with children identified with challenging behaviour.

Prior to the 1880s children were not required to attend school, but once attendance became compulsory, children who formerly did not attend school, or who were educated in separate institutions were now permitted to attend the common school. Shortly after these different children came together to be educated in the common school, issues concerning pupil

behaviour arose. The aims of education during the late 1800s included a focus on basic literacy, numeracy, and conduct in preparation for work. Pupils identified as problematic by authorities within schools such as teachers during the early 1900s included those with characterizations such as:

> irregular attendants, and neglected children, unmanageable in the regular schools, incorrigible**,** backward and otherwise defective pupils, a type who could not be effectively taught in the regular classes, and children of immigrants (In Tropea, 1987, p. 32).

Students identified and labelled as problematic according to such a diverse range of behaviour were viewed as a threat to the normal operation of the school system, and in an effort to resolve this conflict, by the early 1900s, laws were put into effect in common schools in America (Wollons, 1993, in Richardson, 1994). Newly constructed compulsory attendance laws, while attempting to bring more children into school, also legislated certain children out. The types of 'problematic' children listed above, were viewed as competing for teachers' attention, which took them away from their duties to teach children in order to meet the aims of education. The rules enacted gave permission for children with physical and mental disabilities, and those with threatening behavioural conduct to be excluded from the compulsory school population of children (Richardson, 1994). As such, compulsory attendance laws were an example of a continuity running throughout this thesis where various forms of technologies were used to exclude certain children from attending 'mainstream 'school, including those with challenging behaviour.

In the late 50s the aims of education in the Atlantic Provinces were focused on training pupils "in the good habits of work and play, to teach them how to read and write well, and to spell and compute accurately" (Frecker, 1956, p. 89). At the same time, there was an increased concern about individual differences of pupils in schools. Children with academic and/or behavioural concerns were referred to child guidance clinics where experts or authorities such as psychiatrists, psychologists, social workers or liaison teachers assessed them and according to technologies using measurement techniques utilized in child guidance clinics, labelled them and divided them into classifications and categories based on their perceived challenges. The difference in students' behaviour at this time, and the difference these behaviours made to the system included "a failure to conform to the notion of normal behaviour, poor group adjustment, poor school progress, attention seeking behaviour, negativism, and tension"

(Gleason, 1999, p. 28). Once again, there was a mismatch to the aims of education and the behaviour of these children. Children who did not conform to the rules established in the 50s did not demonstrate that they could work and play with other children, alone or in groups, and therefore, required more attention from the teacher which took away from the teaching of the majority. So, instead of children's differences being conceived in a positive light, these differences were compared to that of the ideal school child who did not require extra attention in order for him or her to succeed in school.

In Chapter 5, an example of a mismatch between the aims of education and children with challenging behaviour occurred in the decade of the 1960s and early 1970s when progressivism was the dominant way of thinking in Canadian education. The aims of education during that period focused on meeting the academic, social, emotional, psychological and biological needs of the child. The core ideas of progressive education consisted of:

> a belief in active, individualized, child-centered education that is aimed at the whole child advocating a more differentiated and holistic curricula that moved beyond the basic reading writing and arithmetic to meet children's social, emotional, psychological and biological needs (Davies, 2002, p. 271).

Certain children with challenging behaviour in the 1960s and 1970s included those diagnosed by the authorities of psychologists and medical doctors as "emotionally disturbed", and were identified by characteristics in children such as:

> excessive restlessness, refusal to conform to discipline, general lack of attention, day-dreaming, inability to mix with others, excessive shyness, lying, stealing, cheating, truanting, temper tantrums, moodiness, unusual fearfulness, excessive nervousness, "show-off" behavior, unsatisfactory school progress, too aggressive behavior, persistent lack of effort, or persistent unhappiness" (Laycock, 1963, p. 149).

Despite the fact that many of these characteristics may be applied to all children at some point in time, those diagnosed through labels such as 'emotionally disturbed' were described as having behaviour which "has a disrupting effect on the rest of the class, places undue pressure on the teacher, and furthers the disturbance of the pupil himself" (Laycock & Findlay 1969, p. 6). Despite progressivism's claims for a child centered education where "an individual has opportunities for self-realization, security, and participation in decision making" (Hall &

Dennis, 1968, p. 71), children with emotional disturbance however, could not meet with success in a progressive educational environment. As mentioned in chapter 5, for these students, being "socially responsible, being able to adapt to change, and the ability to get along well with others" was part of the difficulties they displayed in their behaviour at school (Hall & Dennis, 1968, p. 71). All of these factors therefore created havoc for teachers who were attempting to meet the needs of the academic as well as social goals put forth during Progressivism.

The decade of the 80s was one that brought about tremendous changes in legislation for human rights in Canada. As was highlighted in chapter 6, the influence of the *Canadian Charter for Human Rights and Freedoms* 1982, especially Section 15 sanctioned in 1985, greatly influenced education, and especially those children identified as physically and/or mentally handicapped. The aims of education at this time were devoted to the notions of rights and equality, and the notion of integration or mainstreaming of children with exceptionalities became the dominant way of thinking. Organizations such as the Canadian Education Association supported the range of programs and services that needed to be provided in the delivery of services if a right to a free appropriate education in the least restrictive environment for all children was to be acknowledged. This way of thinking was reflected in the development of policy statements across Canada. The purpose of education stated in PEI's *Special Education Policy and Guidelines* 1987 was to "provide optimal development of individuals so they may realize their full potential as members of society" (p. 1). Children with emotional or behavioural problems were included in PEI's *Special Education Policy and Guidelines* 1987 definition of exceptionality that acknowledged that this specific category of children may have been subject to discrimination and may require targeted educational programs or services in order to be successful in school. PEI's School Act 1988 stated that it was the child's behaviour or impairment which was 'the problem' or 'the difficulty' preventing their participation in 'mainstream' education. Therefore, children with challenging behaviour who were undiagnosed continued to be subjected to disciplinary measures under PEI's School Act 1988 and school discipline policies of the time that supported suspensions. Children excluded from school for periods of time therefore could not reach their optimal development or their full potential.

The final example of a mismatch between aims of education in PEI and the behaviours of certain children with challenging behaviour can be found in the 1990s when the aims of

education were connected to the issue of future employment. As stated in PEI's *Philosophy of Education*, 1990, it was important for students "to develop skills to find meaningful employment" (Provincial Education Initiative: Progress Report 1996, p. 2).

At this time, the issue of school dropouts was prevalent throughout Canada, therefore, students who were identified as potential dropouts from school, or 'at risk' of dropping out of school was viewed as creating problems for both the education system and society at large. The aims of education to keep students within the institution of school until they earned a high school diploma, and these aims would not be achieved if students left school early. From a human capital perspective this category of student was viewed in terms of a person who would not develop high-level skills in order to maintain employment, productivity levels, and economic prosperity.

As noted in Chapter Seven, a number of students who left school early were those whose behaviour was problematic resulting in friction between themselves and the school system. Informants also considered authorities or experts working with students with challenging behaviour on PEI, described these students throughout the chapter in terms of the students' identified difficulties that included "misbehaviour", "having serious social/emotional issues", "and not engaged in school". Certain students left school because of issues related to "being expelled or suspended" (Rumberger, 1989, p. 109). As a result, these students were considered 'at risk' of dropping out of school or were being asked to leave school, both of which were problematic for society.

8.2.1.1 Summary

Whatever the aims of education were at different points and time in this thesis, what was a common thread running throughout all the decades was the fact that there were always children and youth whose behaviour challenged those aims.

The logic of cause and effect was a dominant theme over the years in the analysis of the four disciplines and the discourses of the 'experts' or authorities working with students constituted as problematic because of certain challenging behaviour. What was seen to be the cause of the disjuncture was what changed throughout those years. As highlighted in this section, discontinuities presented themselves when different causes were being attributed to the mismatch between the aims of education and the kinds of behaviour that a percentage of children displayed. The discontinuity was the difference in where the problem of the mismatch was located. At certain times, the problem was described in terms that located the problem

'within' the child, and at other times, the problem was placed somewhere else such as the classroom or the school.

8.2.2 Normalization and children constituted as problematic

The second theme that was consistent across and within this thesis concerned the issue of normalization and its connection with authorities and the constitution of children and youth as problematic. This is an example of how power-knowledge worked together in the constitution of the problematic child. The term normalization presented throughout this thesis refers to what Rose (1999) defined as "not an observation but a valuation … that contains not only a judgment about what is desirable, but an injunction as to a goal to be achieved" (p. 133).
In chapter 4, I introduced the establishment of the field of statistics, whereby a form of technology elicited by the gathering of numerical data, and in particular the concept of the normal distribution, provided a scientific means for authorities or experts to classify and enumerate people. The concept of normalization was made possible through the development of measuring instruments that were used by 'experts' from different discourses to determine what 'normal' was and was not concerning human intelligence and behaviour. Normalizing judgment occurred through comparison in that individual actions are referred "to a whole that is once a field of comparison, a space of differentiation, and the principles of a rule to be followed (Foucault, 1977, p. 182).

The inclusion of the concept of normalization as a discursive theme running through the chapters in this thesis was a very important one as disrupting what 'normalization' was from different lens and developing alternative modes of thought permits individuals to see the danger in accepting these various understandings. Otherwise, as Foucault (1994) states, such concepts as normalization are accepted and understood as natural ways of making sense of the world.

One example of how normalization functioned with respect to children with challenging behaviour in schools can be found in Chapter Four, where early forms of psychological technologies described as intelligence testing began to be utilized in the early 20th century, and when in the 1940s, *The Binet Simon Scale* began to be used by psychologists to determine a child's mental age compared to other children the same age (Horvath, Hoernicke & Kallam, 1993). From a psychological perspective, problematic behaviour in a child at this time was understood as a direct result of having lower intelligence. Certain cutoff points were created to delineate divisions between categories of intelligence. The score from these tests signaled

whether or not a child was categorized as either ‘normal’; below the norm and classified as ‘abnormal’; or above the norm and classified as ‘above average’. As Rose pointed out, testing provided “a new way of visualizing ‘normality’ and ‘difference’” (1999 p. 141). If a child scores outside the norm, they were considered different. Children could then be separated into distinct categories according to these differences.

The development of statistics also made possible new ways of thinking about what was considered ‘normal’ regarding behaviour. New norms were constructed by experts or authorities in various disciplines, working within various institutions and what emerged were various ‘grids of specification’, otherwise referred to as systems according to which different kinds of madness are divided, contrasted, related, regrouped, classified, and derived from one another were made possible (Foucault, 1972).

In chapter 4 an example of a technology used by authorities such as mental health professionals, psychologists and physicians to assist in the separation of children’s normal behaviour from the ideal was the Diagnostic and Statistical Manual for Mental Disorders, first developed in 1952. This example of a “grid of specification” (Foucault, 1970, p. 53), a classification system that contained a glossary of descriptions of the diagnostic categories, was taken up by expert authorities to guide medical and psychological discourse and legitimate diagnosis for various ‘mental disorders’ in children. Children determined to be outside of the parameters of what was determined normal behaviour were diagnosed and labelled with a particular psychiatric disorder according to symptoms listed in the manual. For example, in 1968, the DSM II was released, and included the disorder known as Hyperkinetic Reaction to Childhood characterizing children according to their “overactivity, restlessness, distractibility, and short attention span…” (American Psychiatric Association, 1968, p. 50). Children were compared to constructions of ‘normal’ regarding their activity level and attention span.

In the 1960s an example of normalization applied to children’s behaviour was another form of technology known as behaviour rating scales. In 1960 the *Connor’s Rating Scale* was developed and utilized by experts such as psychologists as a means to collect data on children’s behaviour. Norms were developed based on descriptors using statistical findings collected from assessment practices developed for rating scales used in determining ‘problematic’ children’s behaviour.

Parents and teachers rated children from a broad range of behavioural, social and emotional problem descriptors used to indicate whether or not a specific symptom was present or absent in a child. The scores were tabulated and results were compared and determined to be either "typical or atypical" (Sparrow, 2010, p. 8). The data collected was used "as a means of providing standardized objective behavioural assessment data for children with hyperactivity, attention problems and related behavioural concerns" (Whitcomb & Merrel, 2013, p. 146).

The second example of a technology utilized to provide statistical information regarding children's behaviour was a survey. In 1962, a *Mental Health Survey* was conducted in all schools on PEI in order to identify the mental health needs of Islanders" (Beck, 1965). The survey provided information from teachers concerning specific categories of children; those with speech problems, those with emotional problems, those with a physical disability, and children with mental retardation. Once again, children were identified according to particular descriptions that served to create a division between 'normal' and various classifications of 'abnormal' children.

In Chapter Six, Dunn's definition of exceptional used by the author's, Hall and Dennis in the *Living and Learning Report*, 1968, also provided an exemplar as to how normalization was applied to discussions of children with challenging behaviour. Dunn's definition for the term exceptional included descriptions of such children in relation to how they differed from the average. This language, 'differed from the average' was another example of how a division or 'dividing line' was created separating exceptional children from children constructed as 'normal' or 'average'.

A point to be stressed in relation to the concept of normalization over the years is that in different periods of time, what was considered to be the norm changed. This was presented in Chapter Six when educational beliefs premised on a child-centered approach created competing views between what authorities from an educational perspective views of the 'active' child during the 1960s were compared to views from authorities coming from a medical or psychological perspective. Discovery based learning at that time encouraged movement in the classroom for the 'active' learner, whereas the type of behaviours listed under medical diagnoses such as minimal brain dysfunction and hyperactive reaction to childhood identified the active child as problematic. Thus, the norm for behaviour shifted over time. A child who was active in school in the 1950s was considered problematic as children were expected to learn and remember important lessons regarding submission to authority and

control over urges to disobey or to act out (Gleason, 2001) to a time in the 1960s where discovery-based learning permitted movement within the classroom and it was considered normal for a child to be active.

Another way specific language in definitions provided an example of how the concept of normalization was applied in the discussions on children with challenging behaviour was evident in the *Standards for Education for Exceptional Children Report* (1971) definition of exceptional. Here, the exceptional child was depicted in language situating social and emotional characteristics of children in terms of deviations. The addition of 'social or emotional deviations' to this definition implied that social and emotional norms existed and were determined statistically to fall on a continuum to be within 'normal' limits, or on either side constituting a deviation from the norm.

In the decade of the 80s, for children and youth with challenging behaviour, diagnostic categories separated the 'normal' child from the 'emotionally disturbed' child. The concept of the norm was also implicated in the further delineation of the severity of a disorder. Here, behavioural norms were being maintained. For example, descriptors such as 'minor' or 'serious' were used to divide the category of emotional disturbance into further categories. The term or diagnosis of 'serious emotional disturbance' was understood to be positioned further from the norm than emotional disturbance and therefore, more problematic.

The final example where the concept of normalization was used in relation to children with challenging behaviour was in the 1990s, where practitioners who worked in the discursive field of education on PEI, referred students to alternative programs according to problematic behaviour described in terms of internalized and externalized behaviour.

In chapter 7, I reported one informant described these internal behaviours as emotional issues. He stated:

> There would be some, maybe for emotional issues, whether they'd be quite withdrawn or depressed or various things like that. Yes, there would be students of that nature. We did also have highly anxious students who couldn't cope with the regular classroom setting (Interview, CD).

In other instances, in the same chapter, his descriptions of students' behaviours were more in line with the externalizing end of the continuum.

> There would be others who would be more physically, ah you know, physical violence kind of thing where they would be a danger or perceived to be a danger to themself or others, or very disruptive in the classroom and teacher would be spending most of their time trying to keep that student on track. (Interview, CD).

In this example, the concept of normalization encompassed the idea of a continuum. Conceptually framing children's behaviour along a continuum suggested that there is some form of middle ground called the norm where behaviour was considered 'normal' and unproblematic. Outside this 'norm', behaviour was considered problematic and 'abnormal'. In the examples given above, behaviour was divided into two categories outside this norm: externalized behaviour and internalized behaviour. Externalized behaviour was described as aggressive, dangerous and disruptive, and internalized behaviours were considered anxious, withdrawn and depressed.

The final example provided describing how normality operated concerning children with challenging behaviour, constructed behaviour according to 'a regulation of detail' (Rose, 1988).

> These regulations, and the evaluation of conduct, manners, and so forth entailed by them, establish a grid of codeability of personal attributes. They act as norms, enabling the previously aleatory and unpredictable complexities of human conduct to be conceptually coded and cognized in terms of judgments as to conformity or deviation from such norms (Rose, 1988, p. 187).

In the 1990s, the *Caring Places to Learn/ Safe School Environment* policy facilitated the monitoring of both students' and teachers' behaviour according to certain codes of behaviour recognized in policy. Children with challenging behaviour were disciplined according to the school's code of conduct or the school board policy with consequences for children whose actions were deemed to be against society's acceptable mores. Unacceptable behaviours were listed in policies and children whose behaviour fell outside the parameters of what was determined as acceptable behaviour, or the 'norm', were labelled and disciplined in ways which attempted to teach and transform these identified problematic behaviours into those which were determined acceptable within the environment in which they lived.

8.2.2.1 Summary to the theme of normalization

In this genealogical analysis, in each place and time, one will see that there was always norming going on. Norms were established through the use of a variety of technologies that applied the concept of normalization to a continuum for intelligence, and for behaviours. Various experts from different disciplines and institutions used these technologies for the purpose of identification and separating children according to their differences from their construction of what was normal. Once identification was determined, recommendations were made to address the perceived problem through different kinds of treatment or programs. What was problematic about this association of the continuum was that it required an invisible line or cut off point at which an individual moves from one category to another. This was inherent in deciding whether or not a child's behaviour was 'within' a certain range. In other words, if a child was constructed as 'normal', this child must remain within the characteristics developed for how 'normal' was defined. Once this child reached the boundary for what was determined as 'normal', if they crossed over this invisible boundary, they would be constructed according to the new characteristics describing the next category named on the continuum. The notion of a continuum having cutoff points was therefore contradictory as the notion of a continuum is continuous, whereas the notion of a cut off point is not.

As well, descriptions for what constituted problematic behaviours and the order these behaviours are placed on a continuum were different for different people. What certain individuals consider to be problematic behaviours and how problematic, may not have been considered problematic to the same extent as another person. The order of where certain behaviours were placed on a continuum was open to scrutiny as each person who decided how problematic a certain type of behaviour was has different experiences in relation to each child. As such, neither intelligence nor behaviour can be packaged into clearly defined categories. Such diagnoses or identification practices thereby were maintained and continued to remain as dividing lines that exist between 'normal' and 'abnormal'.

Also, the causes of challenging behaviour in the numerous identifications of a child over the years were conceived differently by different disciplines and discourses over time, either as deficits 'within the child' (e.g. depression); environmental factors such as 'disastrous' homes; as developmental issues, as a result of poor parenting, or other numerous reasons connected to the discursive themes running throughout this thesis.

8.2.3 Spatiality and the placement of children and youth with challenging behaviour

The third theme woven throughout this study involves the concept of spatiality. Spatiality in this chapter is conceived as spaces within (places) such institutions where problematic children are placed. Foucault's work on the analysis of power and knowledge is filled with implications and insights concerning spatiality (Tally, 2013). The panopticon is an example of how Foucault conceptualized space as regulatory. Such structures allowed for the constant surveillance of individuals from an invisible central observation point and thus can be understood as a tool for managing problematic populations. "Space generates discourse, knowledge and identity" (West-Pavlov, 2009, p. 157). The attention to space in this thesis brought to light and made possible certain ways of framing children with challenging behaviour as problematic as to produce knowledge. Over the years, Foucault's work attended to the importance of space, and Elden (2001) maintained, "space, place and location are crucial in historical studies, … and space should be used as a critical tool of analysis" (p. 119). In the first theme identified in the meta-analysis of this thesis, different causes were being attributed to the mismatch between the aims of education and the kinds of behaviour that a percentage of children displayed. Expert authorities such as medical doctors, psychologists, liaison teachers, educators and judges working in different disciplines utilized various forms of technology in the identification of children with challenging behaviour. Once identification was determined, the question kept recurring of what spatial arrangements should be made in response to children's problematic behavior. Therefore, the issue of identification is closely associated to the issue of placement.

Once the identification and classification was decided, different notions of where the child should be placed were presented. As noted in an earlier chapter, it is the space created within or outside institutions that are transformed into places. It is through the language taken up by authorities or experts where space opens up. It is within places where "Spatializations of normal/pathological, often accompanied by architectures of enclosure, display segregation, surveillance, and classification, given an impersonal and autonomous social power over docile subjects… (Foucault, 1979 In Gieryn, 2000, p. 475). I will present some examples of the different places within the institutions of schools, hospitals, young offenders facilities, and clinics recommended for children constructed as problematic throughout the time periods chosen for this thesis.

In the late nineteenth century in American history, compulsory attendance laws made it possible for students with challenging behaviour, constituted as "morally weak" (Osgood, 1989), displaying "delinquent conduct" (Wollons, 1993) or identified as "physically or mentally defective" (Tropea, 1987) to attend common school along with those were already there. Once all of these students came together to be educated, what became visible were problems with management. For schools dealing with students with challenging behaviour, placement of 'problematic' children became an issue. As previously mentioned in Chapter 4, one of the places created for the 'problematic' child who was identified according to a number of different characteristics such as; 'unruly', 'irregular attendants';' neglected'; 'unmanageable'; incorrigible'; 'backward'; 'defective', 'immigrant', or male, was the 'ungraded class'. While being posited as a place for students with challenging behaviour to receive instruction and be promoted to the next grade, the ungraded or special classroom became an alternative to the regular classroom as a place to satisfy teachers concern for order while at the same time remaining in compliance with legislative mandates at the time. The ungraded class was not only understood by educators as a form of prevention for student disruption and 'unmanageable' behaviour (Tropea, 1987); it was determined to be a place where theses children could not jeopardize the teacher's ability to teach to a common standard for the whole class. In other words, the ungraded class was a dividing practice which separated certain children from the majority, the norm.

A second example regarding the issue of placement was made visible during the 1950s and early 1960s when the setting up of such discrete and separate programs as classes for children with various classifications such as the emotionally disturbed, the perceptually handicapped, aphasic or dyslexic children, neurologically impaired, or gifted children" occurred (Jones, 1971). As children were differentiated according to how they were understood, programs were developed specifically to address their perceived challenges. While the concept of the special class was perceived as being the answer to a rising concern for many regarding the education of all children, others suggested the special class arrangement was not as it appears. Rather than being perceived as a system that provided a better education for children with perceived challenges, it was instead, one that was exclusionary dividing and separating children with challenging behaviour from others.

As the progressive period in the 1960s came about in Canada, the emotional was linked with learning, and the field of education responded with changes in practices in their attempts to

manage children identified as having challenging behaviour. Children identified with various problems such as emotional disturbance or delinquency were grouped together in one class for the 'socially maladapted' (Laycock, 1963). It was during this period of time umbrella terms like 'socially maladapted' emerged bringing together children with different diagnoses and problems under the one broad category and therefore placed in one classroom.

While certain provinces in Canada in the 1960s placed children with emotional disturbance in special classes, placement for children in PEI diagnosed as 'seriously emotionally disturbed' as well as having other problems, were placed in programs in hospitals under psychiatric care such as the Adolescent Unit.

In the 1970s, another exemple for children with challenging behaviour on PEI was their placement in remedial reading programs. The rationale for such a placement explained by an informant who worked with children on PEI was that in the 1970s, children's emotions were tied to how well they did in school. The belief was that if such children experiencing emotional problems received help with their reading, their reading would improve and their sense of self and accomplishment would increase also.

In the 1980s, with a philosophy of inclusive schooling, the issue of placement for certain children with challenging behaviour in PEI and across other locations in Canada included placement in mainstream classes with their peers until their behaviour proved to be serious enough that something else needed to be tried. Children were moved along a continuum of placement options from a regular class to a regular class with support, part time special class, full time special class, homebound, and institutional care until it was perceived that their placement was considered the 'least restrictive' for them. As I argued in chapter 6, anyone of these levels could have been considered 'least restrictive'.

Alternative programs developed in the 1990s in PEI were placements for youth with problematic behaviour who because of their identified difficulties were considered at risk for dropping out of school or who had already left school before graduating. Considered as 'second' chance opportunities for this category of individuals, alternative programs were examples of places where youth were divided from their peers and expected to learn more appropriate behaviours before returning to mainstream schools where the onus for the difficulties were placed 'within' the youth and rarely on the other factors deemed to be associated with at risk designation.

8.2.3.1 Summary to spatiality section

The identification of children and youth's problematic behaviour in its various constitutions throughout the periods of time analyzed in this thesis made it possible for institutions like schools to rely on authorities or experts for the identification of various problematic behaviour in children and youth for the purposes of placement. Perceived to be 'in the best interests of students' and in the 'least restrictive environment', these discursive alternative placements outside the mainstream classroom constituted segregated programs that separated children with behavioural challenges from their peers.

Over the time chosen for analysis in this thesis, children with challenging behaviour were educated in a number of discrete programs. Programs specific to particular exceptionalities were followed by a period of time where diverse categorizations of children with problems were constituted as a homogenous group and placed in one special class. These different categories were being positioned together in the one group as if they were homogenized except for the fact that they did not fit into the 'mainstream' environment. In that sense, they were made into a group and constituted as requiring an alternative provision whether it was a special school, an alternative program, or treatment of some kind.

Being perceived as programs and provisions for students with challenging behaviour, what has been illuminated is another continuity uncovering the issue that mainstream schools were not successful in keeping certain students such as those identified with challenging behaviour in school. Removing 'problematic' students from the mainstream into 'alternative' classes or programs, mainstream schools accomplished two things. One, teachers continued to operate to provide curriculum to the norm, or ideal student without worry of disruption to the teaching process, and two, schools provided students with challenging behaviour a place where they could continue to receive an education.

Examples where children were placed in programs not necessarily developed specifically for them were found in all chapters analyzed in this thesis. The rationale given for such a move was that there was no other place for them to go. One example of this dilemma was noted in the field of justice when in the 70s, certain children identified as 'delinquent' who acted out because of poor home circumstances were placed in training schools. An informant who worked in the Adolescent Unit in Hillsborough Hospital shared another example of this dilemma. She maintained that children involved with social services who were not 'seriously

emotionally disturbed' were placed in the Adolescent Unit because there wasn't enough room in the Group Homes (Interview, QR).

Another continuity that was present throughout all periods of time in this thesis was that students identified with challenging behaviour were perceived to be at risk academically, and/or behaviourally for dropping out of school or for school failure. The response from school institutions was placing those children in alternative programs either in the form of special classes or programs within the school, or in a placement outside the school environment.

What may be concluded regarding the issue of placement is that there are seldom clear-cut answers for what exactly constitutes children as 'problematic' and what placements are necessary to address and help manage the perceived problem(s).

8.2.4 Situatedness

The final topic in this meta-analysis is situatedness that refers to the locality of this research. According to Smeyers, Depaepe & Keiner (2013), "when something is situated', it is embedded in a specific situation which refers to a rather closed and unique position in time and space" (p. 136). In this research, situatedness refers specifically to a particular geographic location, Prince Edward Island, and more broadly Canada. Situatedness involves a framework of multiple shifting and interacting situations, therefore, I focus on how the location of PEI, has been implicated in the construction of specific programs and practices for problematic children over time. As knowledge is also situated and constituted by those experts in positions of authority, the situatedness of problematic children now becomes a condition for the construction of the embodied child identified as problematic within specific places.

> Every activity involving knowledge is embedded in a specific epistemic, social, and ecological situation: bound to local environments, cultural contexts and scientific expertise as well as to the biological cognitive and perceptual specificity of the human species (Baird, 2003; Knuuttila & Honkela, 2005, in Smeyers, Depaeke, & Kleiner, 2013, p 137).

Programs are implemented in particular local places that exist in relation to each other. In this thesis, two scales of place have been identified: the national (Canada), and the regional (PEI). The distinctiveness of PEI comes through in many different ways across and within the different time periods analyzed. There have been several times in PEI where something was

done differently from the rest of Canada, or where PEI was getting a different result, a better result, or a different outcome.

PEI is a relatively small province and this has consequences for the treatment of children with challenging behaviour and their families. Those children and youth, who have been identified as 'in need' of services from various institutions and agencies, are also well known among the professionals working at these agencies. This can be a positive thing or a negative factor. If professionals collaborate and share information and recommend services that are useful to the families, the collaboration and cooperation may be viewed as positive. On the other hand, children and families who have accessed one or more services, numerous professionals from different agencies or institutions will be aware of the child's problematic behaviour. If interventions have been determined unsuccessful, those accessing services at a later date may be discriminated against because of this known history.

One of the negative impacts on PEI due to its small size concerns certain specialized services. PEI, as the smallest province in Canada, has faced a unique challenge in service provision for problematic children as there has not been the critical mass to have the resources to provide extensive service delivery. As a result, the province has had to rely on the cooperation of neighbouring provinces of New Brunswick and Nova Scotia in supplying these services to Island children requiring them. Examples where this has been the case involves the justice system, and the health sector. Children and youth identified as either 'handicapped', or 'delinquent'; were sent off Island (See chapter 5). Since the late 1800s, children with various 'handicaps' such as blindness, or deafness were sent to other special schools such as the Halifax School for the Blind in Nova Scotia. There were no institutional facilities for the care of 'mentally retarded' children on PEI, New Brunswick or Newfoundland as of 1957, and in the 1970s up until the mid 1980s, 'delinquent' children and youth were transported to training schools in New Brunswick and Nova Scotia.

In other cases, such as the establishment of the Child Guidance Clinic, services were much later established on PEI. Similar to many provinces in Canada, the formation of child guidance clinics represented a place where children and families were referred for intervention for various problems. What was different however, was the delay in the establishment of such services in PEI. In relation to the rest of Canada, the emergence of the child guidance clinic in PEI was well behind the rest of Canada. Winnipeg established a child guidance clinic in 1918, and in PEI's neighboring province of Nova Scotia, the first child guidance clinic was said to

exist since 1941 (Gleason, 1989). Services were later coming to PEI. The financial aspect may have also contributed to the delay in PEI obtaining these services and until federal funding was made available, PEI did without such an intervention.

PEI has developed some distinctive local approaches for assisting children with challenging behaviour. The Provincial Adolescent Program, for instance, was established in 1969 as an intervention for children who required psychiatric services. Children who were referred to the Adolescent Program were patients in a hospital for children with severe emotional problems. What was different about this program, compared to those operating elsewhere, was that the children were able to maintain their schooling while residents. Dr. Wolf Leon, a psychiatrist and Director of Mental Health, was one of the people responsible for accessing funding to hire a teacher for the program. Children and youth in this program took part in school within the Unit during the regular day and a teacher was hired to facilitate their learning. Once children left the hospital, they were transferred back into the neighborhood school closest to where they would be living.

Another example of a program distinctive to PEI was the Alternative Residential Placements (ARP) program established in 1985. This program was deemed to be highly effective in dropping the custody rates in PEI according to the Director of Young Offender Programs. The program aimed to prevent youth crime and reduce recidivism through the support and assistance provided by staff and community residential placements. It emphasized successful reintegration of youth back into their families and communities. In conversation with the Director, he stated proudly that in the 80s, the ARP program was "the only type of program of its kind in Canada".

PEI was also unique in the degree of collaboration between services working with children and youth. While it was noted in documents like CELDIC (1970) that professionals in Canada were fragmented in their work with children and the services provided to them, in PEI, this was not necessarily the case. One example that demonstrates collaboration was the establishment of the Child Guidance Clinic in the mid 1950s. Setting up this service was a result of cooperation between professionals from the Mental Health and Education sectors in the provincial government of PEI. A second example of this cooperation can be seen in relation to the surveys conducted by various professionals in the early 1960s such as the *Brief on Royal Commission on Health Services* in PEI in 1962 in order to identify the mental health

needs of Islanders. Reflecting on this in a personal journal, Dr. Beck, a local psychiatrist, stated that,

> this was the first time in the history of the province where such a cross section of professionals from Administration, Social Work, Psychology, Nursing, Education, Law, Nutrition and Medicine has joined forces in working together toward a common goal (Beck 1997, p. 1336).

A third example of collaborative practice was the joint effort and financial contributions made for the alternative education programs established in 1994. This committee was comprised of representatives from the two English school boards, the Department of Education, and outside agencies of Health and Community Services, and Human Resource Development Canada (PEI Department of Education, 1995).

Because PEI is such a small place geographically, social networking appears to have been easier in the sense that many professionals knew and had easier access to one another. This made PEI a place more likely to act on some of these cross-agency initiatives than other places. As a consequence, for children with challenging behaviour, this meant that there may have been more cooperation between agencies and professionals which could result in greater communication and understanding of children, their families, and their needs. In such cases, each child or youth may be understood as a whole person and less as segmented one that is viewed according to each of the discourses represented by these professionals. As well, utilizing an interagency model such as MAST would result in children and youth receiving services in a timelier manner. Rather than waiting long periods of time to be seen by certain professionals, and possibly shuffled from agency to agency, children would instead be referred and followed up by one committee.

8. 3 Conclusions to the chapter

Disparity between the aims of education and the behaviour of certain children, the reliance on what is determined ‘normal’ as compared to the ideal, the concept of spatiality and the problems experienced by institutions of where to place children constituted as problematic, and the location or situatedness in which this research takes place over a specific period of time, together illustrates the complexity involved in attempting to disentangle the various constitutions of children with challenging behaviour within the discourses of medicine, psychology, education and justice.

The child with challenging behaviour was constituted historically, and the meanings constructed for this figure of a child changed throughout time within the discursive field of the 'problematic' child and the discourses located within this field. Early in the twentieth century, we thought of 'problematic' children as being 'backward', and from then on they were constituted at different times and in different places including terms such as: 'emotionally disturbed, 'ADHD', 'dropouts', 'at risk', 'delinquent', or 'young offenders'. The figure of the child with challenging behaviour is not just one child, and there is not just one problem. Despite this, our reliance on segregation has persisted.

I started this journey of doctoral work as a practitioner who works with children identified as having challenging behaviour, and throughout the candidature, I remained a practitioner. The unquestioned assumptions that ground the professional practices and discourses of medicine, psychology, education, and justice created for me a way of continually evaluating my professional practice. As well, the knowledge I have gained as a result of stepping aside and analyzing the constitution of the figure of a child with challenging behaviour from different discourses and the recommendations put forth in an effort to solve the problem allowed me to examine the damaging effects the various discursive practices and programs have on embodied children.

I worked with, and continue to work with these differently configured child subjects. For me, these are real embodied children who I can talk with and see. What I have concluded through all of this research is that these children with challenging behaviour are not the problem. The definitions of the problem are not adequate descriptions of these children. In actuality, these definitions of the problem are much more complex. Throughout this genealogical research and the periods of analysis that have been studied, the definitions for the 'problem' child have been numerous, and multiple terms and labels have been used to describe children and youths' challenging behaviour.

One of the implications for policy making on inclusion, is that the inclusion of **all** children into the school system need not be based on the identification of individuals with 'deficits' but instead, thought of in terms of the multiplicity of factors, which create roadblocks and difficulties or challenges for their inclusion in 'mainstream' society. There needs to be much debate and decision making around the education system and other systems that are currently failing our children. Effective coordination of services is needed in order to provide the opportunity for professionals to look at the child holistically, not isolated government services

which fragment and silo kids and families. What remains in place maintains the structure and mandates of individual departments – no single department is put in charge to service all the needs of children at all ages.

Alternative education programs for children with challenging behaviour programs are inherently strategies of exclusion put in place to satisfy society's focus on the 'mainstream' and the majority of children who fit within society's determination of the 'norm'. This in itself is not inclusionary. While there are tensions between segregated programs for children with challenging behaviour and incorporating these children into 'mainstream' schools and classrooms, in order to change student's behaviour, we also need to examine the systems that are currently not working for all our children. Instead of looking at alternative schooling as part of a broader construction of social inclusion, I argue that alternative schooling constitutes a discourse unto itself. One cannot talk about alternative programs as inclusionary when they occur outside 'mainstream' education. The only piece of an alternative program that is inclusionary is that these programs are supposed to be temporary and attempt to bring the referred child back into the 'mainstream'. However, placing a child with challenging behaviour in an alternative program falls into the normalizing practices of 'mainstream' schooling as the rationale for alternative education is to help children with 'problematic' behaviour learn the necessary skills so they might return to the 'mainstream' school so they can fit into a 'mainstream' system where the 'normal' child is compliant and does not disrupt the learning of others. Such a view represents a 'deficit' thinking where the child is perceived as the problem for the difficulties he or she is experiencing in school.

In his research on resilience, Dr. Mike Unger argues, "we have been stuck with a way of thinking about youth that no longer serves them or us very well" (2006, p. 121). In other words, as educators, or practitioners in other disciplines, we need to look at the ways we provide services to all children. Instead of policies being constructed focusing on the 'deficits' of students, we need to have conversations around diversity and interagency collaboration, and consider the implications of gender, ethnicity, social class, and move to follow some of the evidenced based practices which research has identified.

One of the innovations of this study has been combining the methodologies of genealogy and critical discourse analysis. This combination of methodologies has the possibility of assisting educators in understanding the way 'expert' knowledge arising out of different disciplines, and policy development, are practices which constitute certain children as 'problematic'. Also, this

thesis points out how certain constitutions of the ‘problematic’ child shift in accordance to time, space and place. In particular, I reviewed a great deal of research literature, and examined a large number of documents within the four analysis chapters spanning Canada and PEI Post World War II to the end of the 1990s, and provided evidence from practitioners in the field, policies, and other government documents for how the figure of the child with challenging behaviour has been constituted.

This study has pointed to some of the ways in which history can be used to understand how discourses constitute our own practices. People are inevitably immersed in their own discourse, which makes it difficult to look beyond their own lens regarding their own work with child with challenging behaviour. Practitioners trained in specific discourses such as medicine, psychology, education or justice and others, may use discourse analysis, which is historically informed, as a resource to critically reflect on how their own constitution of the child with challenging behaviour compared to other constructions of the child, and how that particular child is immersed within the field of education.

The education system continually struggles with the risks that students with challenging behavior pose - physical risk to others and risks to the accomplishment of the goals of the ‘mainstream’. As ‘mainstream’ curriculum gets tightened, the accomplishment of those goals of education gets to be strictly monitored (Darling-Hammond, 1992). As there is an increased emphasis on standardized testing, there is a lot of pressure on schools and how teachers implement the curriculum. Professionals are saving their energy for the mass, the majority, the ‘norm’, where there are expectations regarding student outcomes and achievement. How all of this operates is built around the 'normative' system.

There is a double pressure to both include and exclude children with challenging behavior and which can be seen across the periods under study in the shuttling of these children between placements inside and outside the mainstream. This pressure is almost irresolvable because of the nature of the system. When educators are struggling to teach a child with challenging behaviour in their ‘mainstream’ classroom, they aren’t thinking of the effects various exclusionary practices such as ‘suspensions’ and referrals to alternative programs have on this type of child. Instead, some teachers focus on forcing disruptive students out because they do not know what else to do. Such practice seems to have become naturalized since it keeps returning despite the pressures of inclusionary policies.

Practices such as school suspensions have been around since the establishment of compulsory attendance laws back in the late 1880s. Rules legitimated in the various School Acts implemented across Canada governing the administration of school institutions have become standard form of practice. As well, special education or inclusion policies adhering to a continuum of 'problematic' behaviour refer children with challenging behaviour to outside agencies for further identification and assistance in providing help for these students.

Educators continue to rely on the technologies of experts in the identification of various disabilities and exceptionalities in their efforts to sustain human resources along with other service provisions. Placement options in the 'best interests of the child' and 'most enabling environment' are open to scrutiny when such decisions involve segregating children from their peers. I am left with questioning in whose best interest is it that children with challenging behaviours are excluded from school?

My research provides a system map supported by this genealogical work showing how children with challenging behaviour have been constituted by various experts in disciplines, and naming the practices and programs emerging from the various ways of understanding this type of child. The continuities highlighted in this study brings to mind how systems and professionals repeat the same cycles over and over again regarding the various interventions recommended for this 'problematic' child, doing something new when these innovations often have much in common with old ways of thinking which did not work in the first place to eliminate the problem.

As more and more children are being thought of as 'problematic' and referred to various professionals for identification, more and more labels and categories are being applied to children with challenging behavior (Kramer, 2009). Lane, (2007) in a response to the development of the DSM V [which has since been released], contended that "we've narrowed healthy behaviour so dramatically … that the normal emotional range of adolescence and adulthood … have become problems we fear and expect drugs to fix (p. 8). In response to the proliferation of diagnostic labels and categories, more and more programs are being recommended, and so systems become saturated with programs for which they cannot afford. In the end, often such programs are cut because of financial cuts to the whole education system.

The problematic child helps to define the normal, the ideal, either as what they are not, or why they are to be separated. The normalizing drive functions to remove these children from the mainstream and perpetuates the search for somewhere else to place them so they will not disrupt the learning of their normal peers. The education system removes a child with challenging behaviour and places them into a program outside of the mainstream school where they are expected to remain for a specific period of time, learn more acceptable ways of behaving and return to the 'mainstream', where in most cases nothing changes. We must interrupt this cycle and find other ways of responding to children with challenging behaviour. Instead of the problem being always located 'within the child' we should consider the child 'within the system'. The power of systemic normativity needs to be understood as a large part of the problem. As well, other issues such as race, culture, gender, sexuality, and socioeconomic factors, which were beyond the scope of this thesis need to be included in the conversations about children who are excluded from 'mainstream' education.

The analysis presented in this thesis will contribute to knowledge inside and outside the academy. It is my wish that my analysis of this problematization, this 'problem in the present' can be useful for people who also want to do the best they can with these kinds of children and youth. My research represents a broad resource revealing the difficulties institutions such as schools, clinics, hospitals and young offenders facilities have experienced in intervening with children and youth with challenging behavior in different times and places. The study's critical discourse analysis draws attention to the role of four discourses of medicine, psychology, education and justice in providing different definitions, prescriptions and treatments for this troubling figure. Educators and other professionals researching or working directly with children with challenging behaviour are offered a place to stand now and pay attention to the continuous ways we tend to fragment the child into 'deficit' categories, ignoring the whole child and the broader conceptualizations for the problematic behaviour of the child. The history of the continuities emphasized in this study serve to enlighten us to the exclusionary effects of such programs on our most vulnerable children, who for the most part did not choose to be 'problematic'.

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Appendices

Appendix A: Request for consent from Eastern School District



University of
South Australia

Dr. Kevin MacLeod
Eastern School District
Shakespeare Ave
Stratford, PE

Carolyn M. Thorne
41 Woodlawn Drive
Charlottetown, PE
C1A 6K8
cmthorne@edu.pe.ca

Dear Kevin,

I am presently conducting research under the supervision of Dr. Sue Nichols and Dr. Phil Cormack to fulfill the requirements for a PhD with the University of South Australia. I am requesting permission from the Eastern School District to approach a number of individuals who might be interested in volunteering to take part in an interview for my study. The attached list of employees from the Eastern School District includes the names of potential informants for my study. These particular individuals have been identified due to their involvement in some way with education practices and programs within the district. I have enclosed a copy of the information sheet regarding this study.

This study is not intended to evaluate alternative programs within the Eastern School District but rather to investigate how throughout the years, local policy and competing discourses have been implicated in the emergence of alternative programs and practices as interventions perceived necessary for students identified with challenging behaviour.

At that time I will provide an information sheet about the research to these individuals if they are interested in volunteering to participate in an interview. The interviews will be conducted outside of school hours, at a time and location convenient for the individuals involved.

Maintaining confidentiality is important. Pseudonyms will be used to protect the identity of all individuals. The research data will be protected from unauthorized access, use and dissemination. Access to all interview transcripts will be strictly limited to research purposes only.

I will need your support and permission before moving ahead any further with this research study. I will not make contact with teachers, youth workers, or consultants, or other potential participants employed by the Eastern School District pertaining to this request before hearing from you.

If you need further information to facilitate your decision, please do not hesitate to contact me or my supervisors, Dr. Sue Nichols or Dr Phil Cormack. We would be happy to answer any of your questions. The executive officer of the ethics committee of the University of South Australia, Ms. Vicki Allen, will be available to discuss any ethical concerns that you might have with regards to this research.

Dr. Sue Nichols
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Ms. Vicki Allen
Executive Officer
Human Research Ethics Committee
University of South Australia
Research and Innovation Services
Mawson Lake Campus, South Australia 5095
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Email: vicki.allen@unisa.edu.au

Thank you,

Carolyn Thorne MEd

Appendix B: Participant Information Sheet



University of
South Australia

Participant Information Sheet

A history of educational interventions to manage students identified with challenging behaviour in Prince Edward Island from 1946 to the present.

My name is Carolyn Thorne and I am conducting research under the supervision of Dr. Sue Nichols and Dr. Phil Cormack towards a PhD at the University of South Australia. This research will investigate the different ways of thinking about students with behavioural challenges that have affected educational policy in PEI since 1946.

This research is intended to gain a better understanding of educational interventions for students identified as having challenging behaviour. In addition, the interrelated notions of 'included' and 'excluded' as they pertain to discursive programs and the individuals within these programs will be analyzed and examined.

This research is intended to examine the emergence of alternative programs and other educational interventions for students with challenging behavior in PEI, how these programs have been constituted, the problems with the definitions of the terms used in the discourse on such programs, and the impact on the children who enter them.

If you agree to participate, your identity will be kept confidential. Your identity will be known only to the researcher and research supervisors. There will be no references made across individuals during interviews to protect confidentiality. All individuals will be assured that information disclosed will be for the purpose of the study only and will not be discussed with other participants in this study. An assumed name will be used in the written notes and in all transcribed copies of the interviews.

The recordings and transcripts will be stored in a locked cabinet in the researcher's house for five years. A copy of this data will also be stored at the School of Education office, Magill Campus, University of South Australia for five years, according to university regulations.

Access to this material will be restricted to the researcher, her supervisors, and the University's ethics committee.

Participation in this study is voluntary and you will be free to withdraw at any stage without prejudice. At any point in the research process, individuals may discontinue their involvement by notifying me by phone or in writing. No explanation will be required.

The final thesis will be made available in electronic format or hard copy to any participants' who are interested. As well, a brief summary of the research will be provided to those informants interested in receiving one.

If you need further information to facilitate your decision, please, do not hesitate to contact me or my supervisors Dr. Sue Nichols or Dr. Phil Cormack. Any one of us would be more than willing to answer any of your questions.

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Magill Campus, University of South Australia 5072
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E mail: phil.cormack@unisa.edu.au

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee,

Tel: +61 8 8302 3118; **Fax**: +61 8 8302 3921 **Email**: vicki.allen@unisa.edu.au

Thank you,

Carolyn Thorne
cmthorne@edu.pe.ca
(902) 892-0116

Appendix C: Consent form for Participant Interviews



University of
South Australia

Project Title: *A history of educational interventions to manage students identified with challenging behaviour in Prince Edward Island from 1946 to the present.*

Researcher's Name: Carolyn M. Thorne

Supervisor's Names: Dr. Sue Nichols, sue.nichols@unisa.edu.au and Dr. Phil Cormack, phil.cormack@unisa.ca

- I have read the Participant Information Sheet, and the nature and the purpose of the research project have been explained to me. I understand and agree to take part.

- I understand that I may not directly benefit from taking part in the interview.

- I have explained the study to the participant and consider that she/he understands what is involved.

- I understand that the interviews will be digitally taped and will later be transcribed. The transcription will not include the participant's name.

- I understand that I can withdraw from the study at any stage and that this will not affect my status now or in the future.

- I understand that this study and its results will not place me at risk in any way.

- I confirm that I am over 18 years of age.

I understand that the recordings and transcripts will be stored in a locked cabinet in the researcher's house for five years. A copy of this data will also be stored at the School of Education office, Magill Campus, University of South Australia for five years, according to university regulations. Access to this material will be restricted to the researcher, her supervisors, and the University's ethics committee.

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant please contact the Executive Officer of this Committee,

Tel: +61 8 8302 3118; **Fax** +61 8 8302 3921; **Email**: vicki.allen@unisa.edu.au

I do/do not wish a copy of the summary of the findings of this study.

Participant's Name: _____

Participant's Signature:_____

Date:_____

I have explained the study to the participant and consider that she/he understands what is involved.

Researcher's Signature and Date:

_____

Appendix D: Interview Questions

The content of the interviews was planned around a number of key questions. These included:

- Can you tell me how long you've worked in the field of education?
- Can you please tell me how long you've been working in the field of education?
- What were some of the other resources available, not just for special needs kids but for those kids with behaviour difficulties?
- What have been some of the practices and programs for students identified with behavioural challenges in your history in education?
- So how did that role change as you moved through your career?
- What would your concept of inclusion be?
  What would concept of exclusion be?
- Do you think the concepts of inclusion and exclusion have changed over the years? If so, how?
- What are some of the policies at ESD and Department of Education pertinent to this area of working with students with problematic behaviour?