Research & Practice for Persons with Severe Disabilities
2004, Vol. 29, No. 4, 218–230

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CLASSIC TASH ARTICLE IV

Reprinted from The Journal of The Association for the Severely Handicapped, Volume 13(1), Spring, 1988.

Caught in the Continuum: A Critical Analysis of the Principle of the Least Restrictive Environment

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This article presents a critical analysis of the principle of the least restrictive environment (LRE). The article begins with a review of the origins of LRE in professional writings and law and moves next to a discussion of how LRE has been operationalized in terms of a continuum of residential, educational, and vocational services. Building on previous critiques of the continuum concept, the author presents seven conceptual and philosophical flaws or pitfalls in the LRE principle itself, especially when it is applied to people with severe disabilities. The author then argues that an uncritical acceptance of LRE may lead to the establishment of a "new" community-based continuum and takes the position that many leading writings in the field can be interpreted to legitimate this new continuum. The conclusion of the article supports an unconditional commitment to integration and briefly contrasts integration with LRE as a guiding principle for the design of services and support for people with developmental disabilities and concludes with a note on the importance of viewing concepts in historical context.

DESCRIPTORS: community integration, community services, educational placement, independent living, integration, least restrictive environment, public policy, segregation, vocational environment

Since the late 1960s and early 1970s, the concept of the least restrictive environment (LRE) has guided the design of services for people with developmental disabilities. The LRE principle has been incorporated into federal and state policy and has been widely accepted by professionals in the field.

Translated into practical terms, the LRE principle has been represented in terms of a continuum of services ranging from the most to least restrictive alternative. Like the LRE principle upon which it is based, the continuum is a popular way of conceptualizing residential, vocational, and educational services.

This article presents a critical analysis of the LRE principle and argues that it is conceptually and philosophically flawed. After analyses of the origins of LRE and how it is defined operationally in terms of a continuum, the article outlines the pitfalls of the LRE principle and argues that an uncritical acceptance of the principle is leading to the creation of a new continuum model. The conclusion of the article endorses an unconditional commitment to integration for people with developmental disabilities and discusses the importance of viewing concepts in historical context.

Origins of the LRE Principle

The LRE principle, sometimes referred to as LRA or the least restrictive alternative, has its roots in both professional writings and law (Biklen, 1982). Although LRE is commonly thought of as a legal doctrine (see Turnbull, 1981), professional and legal definitions of the principle have proceeded hand in hand. Legislative bodies, administrative agencies, and courts have relied upon professional literature and testimony in defining

Preparation of this manuscript was supported through the Research and Training Center on Community Integration at the Center on Human Policy, Syracuse University. The Research and Training Center on Community Integration is funded by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education (Cooperative Agreement G0085CO3503). The opinions expressed herein are solely those of the author and no official endorsement by the U.S. Department of Education should be inferred.

The author would like to thank Doug Biklen, Hank Bersani, Frank Laski, Jan Nisbet, Gunnar Dybwad, Jim Knoll, Julie Racino, Naomi Karp, Mike Callahan, Pam Walker, Bonnie Shoultz, Zana Lutfiyya, and *JASH* reviewers and editorial staff for their direct and indirect contributions to this article.

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LRE, and professionals have looked to statutes, regulations, and court rulings on LRE for guidance in providing special education and other services for people with disabilities.

As a conceptual framework for the provision of special education, LRE emerged in the 1960s when leaders in the field began to advocate for the development of a range of special education placements for students with disabilities. Reynolds (1962) called for a "continuum" of placements for children with handicaps ranging from the "least restrictive" to the "most restrictive" setting. Deno's (1970) "cascade" of educational placements elaborated on Reynolds' continuum.

In the late 1960s and early 1970s, when federal courts began to address the rights of children and adults with disabilities in schools and institutions, they incorporated the principle of the least restrictive environment in their rulings. As Biklen (1982) and Turnbull (1981) point out, the legal origins of LRE can be traced to constitutional principles such as due process, equal protection, and liberty. Biklen notes that the principle of LRE is deceptively simple: The government must pursue its ends in a manner that least intrudes or infringes upon individual rights. Turnbull (1981) describes the principle of the least restrictive alternative this way: "It is a method of limiting government intrusion into peoples' lives and rights even when the government is acting in an area which is properly open to government action" (p. 26).

In the early right to education cases, notably *Mills v. Board of Education* (1982) and *Pennsylvania Association for Retarded Children* (PARC) v. Commonwealth of Pennsylvania (1971, 1972), federal courts supported the right of children with disabilities to placement in the least restrictive environment. The court-approved settlement in the *PARC* case read: "Placement in a regular school class is preferable to placement in a special school class is preferable to placement in any other type of program of education and training" (Weintraub, Abeson, Ballard, & LaVor, 1976, p. 64). Similarly, federal courts in early institutional right to treatment cases ruled that institutionalized persons had a right to treatment or habilitation in the least restrictive environment. In the landmark *Wyatt v. Stickney* (1972) case, Judge Frank Johnson ruled that the residents of Alabama's Partlow institution had a constitutional right to the "least restrictive circumstances necessary to achieve the purposes of habilitation" (p. 320).

Building on the court decisions in the early special education and institutional cases, Congress implicitly endorsed the principle of the least restrictive environment in P.L. 94-142, the Education for All Handicapped Children Act of 1975 and in the Developmentally Disabled Assistance and Bill of Rights Act of 1975, or DD Act. Like its predecessor, P.L. 93-380, P.L. 94-142 contained language expressing a preference for the education of students with handicapping conditions in the regular educational environment:

> ... to the maximum extent appropriate, handicapped children in public and private institutions or other care facilities are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.... (Burgdorf, 1980, p. 221)

Federal regulations implementing P.L. 94-142 make specific reference to the least restrictive environment and underscore the congressional preference in favor of regular school placement of students with disabilities. The DD Act, which according to the Supreme Court in *Pennhurst State School and Hospital v: Halderman* (1981) is an expression of national policy, specifies that services be provided to people with developmental disabilities in the setting least restrictive of the person's personal liberty.

With the approval of Congress, federal courts, and the federal government, LRE quickly caught hold in the 1970s in special education and services for people with disabilities (Blatt, Bogdan, Biklen, & Taylor, 1977). Leaders and professional associations representing a broad spectrum of opinion expressed their support for LRE. By 1976, the Council for Exceptional Children had endorsed the principle that the child with handicaps "should be educated in the least restrictive environment in which his educational and related needs can be satisfactorily provided" (Bruininks & Lakin, 1985, p. 16). The American Association on Mental Deficiency, which had issued a number of policy statements with references to LRE, instructed a task force to explore the implications of this principle. In 1981, this task force published what is commonly regarded as the definitive analysis of the principle of the least restrictive alternative in the field (Turnbull, 1981). Numerous resolutions of The Association for Persons with Severe Handicaps (TASH) have supported LRE, most recently the "Resolution on the Redefinition of the Continuum of Services" adopted by the TASH Board in 1986.

While LRE has received widespread support in the field, the meaning of the principle remains imprecise. LRE is commonly associated with the most integrated or normalized setting possible. For instance, Bruininks and Lakin (1985) state:

> [A] ... policy that derives directly from the concept of normalization relates not only to residential care but also to the educational, habilitative, work, and support programs in which handicapped per-

> sons participate. This concept is generally referred to as placement in the "least restrictive environment," although its underlying promise and relationship to normalization might also be conveyed as "maximum feasible integration." (p. 12)

As argued later in this article, the lack of specificity of LRE at once explains its broad appeal and represents one of its major weaknesses.

The Continuum

Since its earliest conceptualization, the LRE principle has been defined operationally in terms of a continuum, an ordered sequence of placements that vary according to the degree of restrictiveness. Reynolds' 1962 article proposed a continuum of placements from most to least restrictive. Turnbull (1981) describes LRA as a hierarchical rank ordering of alternatives: "... the government (or person, family, or professional) presumes that there is a generally accepted hierarchy of placements, treatments, or interventions and that any given one is clearly rank ordered as more or less restrictive" (p. 17).

A common way of representing the LRE continuum is a straight line running from the most to the least restrictive alternative or alternatively a hierarchical cascade of placement options (see Hitzing, 1980; Reynolds, 1962; Schalock, 1983). Most restrictive placements are also the most segregated and offer the most intensive services; least restrictive placements are the most integrated and independent and offer the least intensive services. The assumption is that every person with a developmental disability can be located somewhere along this continuum based on individual needs. If and when the person develops additional skills, he or she can "transition" to a less restrictive placement (Hitzing, 1987). Figure 1 depicts a traditional continuum model of residential, educational, and day/vocational services.

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THE RESIDENTIAL CONTINUUM

          NURSING HOMES                                SEMI-
           AND PRIVATE          GROUP              INDEPENDENT
           INSTITUTIONS         HOMES                LIVING
     |         |         |         |         |         |         |
     |         |         |         |         |         |         |
     |---------+---------+---------+---------+---------+---------|
     |         |         |         |         |         |         |
     |         |         |         |         |         |         |
  PUBLIC              COMMUNITY              FOSTER            INDEPENDENT
INSTITUTION            ICFs/MR                CARE               LIVING

THE SPECIAL EDUCATION CONTINUUM

                                          SPECIAL         REGULAR
 HOSPITAL                                CLASS IN        CLASS WITH
 OR PUBLIC          HOMEBOUND            REGULAR         RESOURCE
INSTITUTION        INSTRUCTION           SCHOOL           ROOM
     |       |       |       |       |       |       |       |
     |       |       |       |       |       |       |       |
     |-------+-------+-------+-------+-------+-------+-------|
     |       |       |       |       |       |       |       |
     |       |       |       |       |       |       |       |
        RESIDENTIAL          SPECIAL          PART-TIME       FULL-TIME
          SCHOOL             SCHOOL            SPECIAL          REGULAR
                                               CLASS            CLASS

THE DAY PROGRAM/VOCATIONAL CONTINUUM

   DAY                                        TRANSITIONAL
 TREATMENT                SHELTERED            EMPLOYMENT
  CENTER                  WORKSHOP              SERVICES
     |          |          |          |          |          |
     |          |          |          |          |          |
     |----------+----------+----------+----------+----------|
     |          |          |          |          |          |
     |          |          |          |          |          |
              WORK                    WORK                COMPETITIVE
            ACTIVITY                STATIONS              EMPLOYMENT
             CENTER

    <---MORE RESTRICTIVE.....................LESS RESTRICTIVE--->
    <---LEAST INTEGRATED.....................MOST INTEGRATED--->
    <---LEAST NORMALIZED.....................MOST NORMALIZED--->
    <---MOST INTENSIVE SERVICES.......LEAST INTENSIVE SERVICE--->
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Figure 1. The traditional LRE continuum model.

Residential Continuum

The residential continuum runs from institutions as the most restrictive environment to independent living as the least restrictive environment. Between these extremes are nursing homes and private institutions, community intermediate care facilities for the mentally retarded, community residences or group homes, foster care, and semi-independent living or transitional apartments. Clusters of 12-bed group homes on the grounds of institutions are now being constructed in New York State. According to the New York Office of Mental Retardation and Developmental Disabilities, these "small residential units" represent a "new niche in the continuum" (Center on Human Policy, 1986).

In his 1972 ruling in the *Wyatt v. Stickney* case, Judge Johnson interpreted LRE in terms of a continuum of residential environments ranging from large to small settings, more to less structured living, segregation to integration, and dependent to independent living:

> Residents should have the right to the least restrictive conditions necessary to achieve the purposes of habilitation. To this end, the institution should make every attempt to move residents from (1) more to less structured living; (2) larger to smaller facilities; (3) larger to smaller living units; (4) group to individual residence; (5) segregated from the community to integrated into community living; (6) dependent to independent living. (p. 320)

Many states currently design their mental retardation/developmental disability service systems according to a continuum that includes institutions as well as community living arrangements (Schalock, 1983). The State of New York Office of Mental Retardation and Developmental Disabilities (1987) recently issued a plan titled *Strengthening the Continuum, 1987–1990.*

The residential continuum assumes that people with developmental disabilities will move progressively to less and less restrictive environments and ideally to independent living. One of the nation's first community-based service systems, the Eastern Nebraska Community Office of Retardation (ENCOR), was designed to offer a "completely rounded continuum of services for mentally retarded persons" that would enable people to move from structured settings to semi-independent living to independent living ("A complete continuum," 1973, p. 3). One report on ENCOR described the design as follows:

> UP THE LADDER—The developmental pattern of the ENCOR program's retarded clients . . . as they grow progressively and hopefully toward independent living in the group home environment. The ultimate goal: integration into the community. ("A complete continuum," 1973, p. 6)

A common justification of institutions is that they prepare people with developmental disabilities, especially those with severe disabilities, to live in less restrictive environments (see Crissey & Rosen, 1986). In a recently published article titled "The role of the small institution in the community services continuum," Walsh and McCallion (1987) write:

> Restructuring institutions demands a shift in emphasis from relentless custody to transitional programming. Proactive, habilitative training must be unstintingly directed toward imparting skills needed by clients to move continuously to less restrictive settings, beginning with the most basic skills in the institution and ending in successful, continued community placement. (pp. 233–234)

Special Education Continuum

The special education continuum envisions a sequence of placement options ranging from homebound instruction and residential schools on the most restrictive end and regular class placement on the least restrictive end (Zettel & Ballard, 1982). Abeson, Bolick, and Haas (1976) write: "The 'cascade' or 'continuum' approach to programming assumes that educational settings will range from regular classrooms to residential facilities, with a minimum of eight interim alternatives" (p. 30). Reynolds' (1962) original scheme listed 10 steps in the continuum corresponding to students' severity of disability: hospitals and treatment centers, hospital school, residential school, special day school, full-time special class, part-time special class. regular classroom plus resource room service, regular classroom with supplementary teaching or treatment, regular classroom with consultation, and most problems handled in regular class.

The continuum has been codified in federal regulations under the LRE mandate. The P.L. 94-142 regulations read:

> Each public agency shall insure that a continuum of alternative placements is available to meet the needs of handicapped children for special education and related services. . . . The continuum . . . must include . . . (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions). . . . (Federal Register, 1977, p. 42497)

Day/Vocational Services Continuum

In the day/vocational continuum, segregated day training or day treatment programs stand at the most restrictive end point, with competitive employment at the least restrictive end point (Schalock, 1983). Payne and Patton (1981) describe four steps in the day/vocational continuum: activity centers, sheltered workshops, semisheltered employment, and competitive employment: "Vocational habilitation programs may be

transitional in nature, emphasizing training and eventual placement in a more independent position, or serve as long-term sites for persons who cannot work in more demanding and less structured situations" (p. 323). Durand and Neufeldt (1980) advocate a five-step continuum of employment opportunities based on the normalization principle: sheltered employment, sheltered industry, semisheltered employment (group), competitive work with support, and individual competitive employment and self-employment.

Despite the widespread acceptance of LRE, significant numbers of people with disabilities, especially those with severe disabilities, continue to be found at the most restrictive ends of the residential, educational, and vocational continua. For example, as of 1986, state institutions housed approximately 100,421 people with mental retardation at an annual cost of over $4.64 billion (Braddock, Hemp, & Fujiura, 1986); in 1979, an estimated 105,500 people with mental retardation and developmental disabilities attended day activity programs (Bellamy, Rhodes, Bourbeau, & Mank, 1986).

Pitfalls in the LRE Principle

Outside of discussions of its legal and constitutional dimensions (Burgdorf, 1980; Turnbull, 1981; Turnbull & Turnbull, 1978), the LRE principle *as a policy direction* has received relatively little critical analysis in the field of developmental disabilities. The soundness of the principle generally has been assumed. Although books, articles, and policies have been written on living and learning in the least restrictive environment, the meaning and implications of the principle as a foundation upon which to build services have not been thoroughly and critically explored. The only nonlegal critical discussions of the principle of the least restrictive environment analyze LRE from a vantage point that is, in general, skeptical of deinstitutionalization, normalization, and integration. According to this view, LRE overlooks the therapeutic needs of people with disabilities who may indeed require institutionalization (Bachrach, 1985).

It is difficult to arrive at a precise definition of LRE, because the term is used so diversely by people in the field. However, out of the many usages, a common meaning can be identified. The principle of LRE for residential, educational, vocational, and other services may be defined as follows: Services for people with developmental disabilities should be designed according to a range of program options varying in terms of restrictiveness, normalization, independence, and integration, with a presumption in favor of environments that are least restrictive and most normalized, independent, and integrated. This definition is broad enough to include positions that reject institutions, special schools, and other segregated settings (Brown et al., 1979; Brown et al., 1983; Gilhool & Stutman, 1978), as well as those that envision a continued role for these environments (Aines & Knapp, 1986; Walsh & McCallion, 1987).

As a guiding policy for the design of services for people with severe disabilities, the LRE principle has serious flaws. For people with severe disabilities, in particular, LRE is full of pitfalls. Although LRE has been "almost universally acknowledged throughout the field and adopted as a standard and guide" (Castellani, 1987, p. 15), and especially among proponents of integration, the associated continuum concept has fallen into disrepute. Beginning in the late 1970s and early 1980s, a number of people started to argue that the traditional continuum of services was conceptually flawed (Bronston, 1980; Galloway, 1980; Haring & Hansen, 1981; Hitzing, 1980, 1987). As they explained, the continuum concept confused people's needs for normal housing with their needs for specialized services and supports. Bronston (1980) distinguished between a "housing continuum" and a "program continuum." As an alternative to any kind of continuum, Hitzing proposed the placement of people with developmental disabilities in "natural settings" with an array of services to meet their needs. In the field of vocational services, Bellamy et al. (1984) have criticized the "readiness trap" imposed by traditional vocational preparation programs (see also Wilcox, 1987).

Because the LRE principle and continuum concept are so closely linked, the present article builds on previous critiques of the traditional continuum. In contrast to past critiques, the analysis presented here regards the principle of the least restrictive environment as characterized by seven serious conceptual and philosophical flaws and argues that an uncritical acceptance of LRE may lead to the creation of new service continua.

1. *The LRE principle legitimates restrictive environments.* A principle that contains a presumption in favor of the least restrictive environment implies that there are circumstances under which the most restrictive environment would be appropriate. In other words, to conceptualize services in terms of restrictiveness is to legitimate more restrictive settings. As long as services are conceptualized in this manner, some people will end up in restrictive environments. In most cases, they will be people with severe disabilities (see Payne & Patton, 1981, p. 219).

The lack of specificity of the LRE principle undoubtedly explains much of its appeal. People are free to define LRE differently. For an increasing number of people in the field, LRE is defined in terms of community-based, nonsegregated settings (Brown et al., 1983). For example, Gilhool and Stutman (1978) take the position that the special class in the regular school is the least restrictive educational environment. For others, the least restrictive environment may include segregated settings. Zettel and Ballard (1982) write, "As the

concept has taken on legal dimensions through legislation and court decrees respecting handicapped children, the mandate of least restrictive environment has nonetheless acknowledged the existence of a wide continuum of educational placements, ranging from the least restrictive (regular classroom with nonhandicapped children) to the most restrictive (special school or institution)" (p. 17). The American Association on Mental Deficiency (AAMD) monograph on the least restrictive alternative argues against a narrow definition of the principle:

> Certain proponents of LRA have advocated a literal and strict construction of the LRA principle: they contend that only the alternative rank ordered as the least restrictive should be available to the client in any given situation. . . . In our view, the rigidity of this approach makes it unattractive. (Turnbull, 1981, pp. 32–33)

Both the P.L. 94-142 statute and regulations legitimate segregated educational settings and envision instances in which "removal of handicapped children from the regular educational environment" may be justified. As Sarason and Doris (1979) insightfully point out, P.L. 94-142 contrasts sharply with the 1954 *Brown v. Board of Education* Supreme Court decision that found racial segregation unconstitutional:

> *What the law intends is that the number of segregated individuals should be reduced somewhat. . . .* Public Law 94-142 intends a modest quantitative change and in that respect it is miles apart from the 1954 decision which ruled segregation unconstitutional. (p. 369, emphasis in original)

A state with an entrenched institutional system can adopt LRE as an official policy. In the Willowbrook case, *New York State Association for Retarded Children v. Carey* (1978), New York State argued that transfers from Willowbrook to the Bronx Developmental Center represented movement to a less restrictive environment and should be accepted by the court as consistent with the LRE provisions of the consent agreement reached earlier in the litigation.

As long as the policy direction is defined in terms of the least restrictive environment, some people will continue to support institutions and other segregated settings merely by defining them as the least restrictive environment for certain people. Debates over policy thus assume an aura of philosophical consensus in which the principle is agreed upon but the practical implications are disputed, with both sides presenting conflicting empirical evidence to support their positions (Antonak & Mulick, 1987; Landesman-Dwyer, 1981; Peck & Semmel, 1982).

2. *The LRE principle confuses segregation and integration on the one hand with intensity of services on the other.* As represented by the continuum, LRE equates segregation with the most intensive services and integration with the least intensive services. The principle assumes that the least restrictive, most integrated settings are incapable of providing the intensive services needed by people with severe disabilities. Thus, in the *Wyatt v. Stickney* (1972) case, Johnson framed LRE in terms of "conditions necessary to achieve the purposes of habilitation." One special education textbook goes so far as to suggest that the provision of related services and instructional support services such as speech and language therapy, physical therapy, occupational therapy, music therapy, and adaptive physical education would add to the "restrictiveness of an instructional alternative" (Meyen, 1982).

When viewed from this perspective, it follows that people with severe disabilities will require the most restrictive and segregated settings. However, segregation and integration on the one hand and intensity of services on the other are separate dimensions. Brown et al. (1983) write: ". . . any developmentally meaningful skill, attitude, or experience that can be developed or offered in a segregated school can also be developed or offered in a chronological age appropriate regular school" (p. 17). In fact, some of the most segregated settings have provided the least effective services (Blatt & Kaplan, 1966; Blatt, Ozolins, & McNally, 1979; Center on Human Policy, 1979).

3. *The LRE principle is based on a "readiness model."* Implicit in LRE is the assumption that people with developmental disabilities must earn the right to move to the least restrictive environment. In other words, the person must "get ready" or "be prepared" to live, work, or go to school in integrated settings, with many residential and vocational programs designed to be "transitional." As Hitzing (1980) notes in his critique of the continuum:

> The notion was that a person moved into the residential system initially by being placed in a nursing home or large group home. Once clients "shaped up," they "graduated" to a smaller group home. If they learned certain skills in the group home, they "graduated" to a more independent placement unit. (p. 84)

Durand and Neufeldt (1980) have this to say about a normalized vocational continuum: "The continuum places an emphasis on creating opportunities that allow the handicapped person to graduate from a segregated to a progressively more integrated setting, to move from a controlled and sheltered environment to one that is progressively less sheltered and more competitive, and from a state of dependence to increasing independence" (p. 289).

The irony is that the most restrictive placements do not prepare people for the least restrictive placements

(Brown et al., 1983; Wilcox, 1987). Institutions do not prepare people for community living, segregated day programs do not prepare people for competitive work, and segregated schooling does not prepare students for integrated schooling. According to Bellamy, Rhodes, Bourdeau et al. (1986), progress through the vocational continuum; that is, from sheltered to integrated settings, is extremely slow; for people with mental retardation in day activity and work activity programs, the probability of movement to competitive employment is nearly nonexistent (see also Bellamy, Rhodes, & Albin, 1986).

4. *The LRE principle supports the primacy of professional decision making.* As Biklen (in press) notes in an article titled "The myth of clinical judgment," integration is ultimately a moral and philosophical issue, not a professional one. Yet LRE invariably is framed in terms of professional judgments regarding "individual needs." The phrase "least restrictive environment" is almost always qualified with words such as "appropriate," "necessary," "feasible," and "possible" (and never with "desired" or "wanted"). Professionals are left to determine what is appropriate, possible, feasible, or necessary for any particular individual. According to the AAMD monograph, "... the professionals' task is enormous because they must converse in two domains—the intent of LRA and the client's individualized needs" (Turnbull, 1981, p. 42).

In recent years, courts have shown tremendous deference to professional judgment in a broad range of matters concerning services for people with developmental disabilities. In *Wyatt v. Ireland* (1979), Judge Johnson, while upholding the LRE provision of his 1972 decision, supported the role of professionals in determining whether or not people with mental retardation should be placed in the community:

> Although the minimum constitutional standards require defendants to provide community facilities and services when an individual's habilitation demands such treatment, they do not remove from the professional judgment of qualified staff members regarding the appropriateness of community placement. ... From the evidence it is clear that there is debate within the profession concerning the beneficial effects of community placement for the severely and profoundly retarded. The Court will not choose sides in this debate. (p. 7)

More recently, in *Youngberg v. Romeo* (1982) and *Board of Education of the Henrick Hudson Central School District et al. v. Amy Rowley* (1982), the U.S. Supreme Court ruled that courts should refrain from second-guessing professional decisions. According to the *Youngberg v. Romeo* decision, "Courts must show deference to the judgment exercised by a qualified professional" (p. 4684).

5. *The LRE principle sanctions infringements on people's rights.* LRE is a seductive concept; government should act in a manner that least restricts the rights and liberties of individuals. When applied categorically to people with developmental disabilities, however, the LRE principle sanctions infringements on basic rights to freedom and community participation beyond those imposed on nondisabled people. The question implied by LRE is not *whether* people with developmental disabilities should be restricted, but *to what extent* (Turnbull, 1981, p. 17).

The principle of the least restrictive alternative may well be a noble one in the case of criminal or commitment proceedings in which some level of restriction may arguably be justified (Turnbull, 1981; Turnbull & Turnbull, 1978). Linked to the provision of services to people with developmental disabilities, however, the principle becomes a tool to legitimate unnecessary segregation under the guise of protecting rights. In regard to providing services, as distinguished from social control, people with developmental disabilities should have the opportunity to live, work, and go to school in "nonrestrictive environments"—that is, integrated settings—rather than "least restrictive" ones (Taylor, Racino, Knoll, & Lutfiyya, 1987).

As a legal theory, LRE may be the strongest argument available to support the integration of people with developmental disabilities into society. As a guiding principle for the design of services for people with developmental disabilities, however, LRE obscures basic issues of integration and community participation. It is relevant to point out that although The Association for Persons with Severe Handicaps (TASH) has endorsed LRE as applied to residential, vocational, and educational services for people with severe disabilities, its "Resolution on intrusive interventions" implicitly rejects the logic of least restrictive alternative (The Association for the Severely Handicapped, 1981). According to TASH policy, aversive treatments are *never* justified.

6. *The LRE principle implies that people must move as they develop and change.* As LRE is commonly conceptualized, people with developmental disabilities are expected to move toward increasingly less restrictive environments. Schalock (1983) writes: "The existence of a functioning system of community services would provide a range of living and training environments that facilitate client movement along a series of continua" (p. 22).

Even if people moved smoothly through a continuum, their lives would be a series of stops between transitional placements. People with developmental disabilities sometimes move to "less restrictive environments" only because new programs open up or space is needed to accommodate people with more severe disabilities. This can destroy any sense of home and may

disrupt relationships with roommates, neighbors, and friends.

7. *The LRE principle directs attention to physical settings rather than to the services and supports people need to be integrated into the community.* As Gunnar Dybwad (personal communication, February, 1985) has stated, "Every time we identify a need in this field, we build a building." By its name, the principle of the least restrictive environment emphasizes facilities and environments designed specifically for people with developmental disabilities. As suggested in the critiques of the traditional continuum model by Hitzing (1980) and Bronston (1980), the field of developmental disabilities has defined the mission in terms of creating "facilities," first large ones and now smaller ones, and "programs," rather than providing the services and supports to enable people with developmental disabilities to participate in the same settings used by other people. Many of the major controversies in the field—the size of facilities issue (Landesman-Dwyer, 1981), for example—reflect a preoccupation with the development of specialized facilities and programs (see Rothman & Rothman, 1984, for a discussion of the obsession in the field with trying to determine the optimal size of facilities).

The New Community-Based Continuum

A failure to examine critically the principle of the least restrictive environment may lead to the creation of a new "community-based" continuum. Critiques of the traditional continuum rightfully reject the most restrictive and segregated environments and the assumption that segregated settings prepare people to function in integrated settings (Bellamy et al., 1984; Bellamy, Rhodes, Bourbeau, et al., 1986; Bronston, 1980; Brown et al., 1983; Galloway, 1980; Haring & Hansen, 1981; Hitzing, 1980, 1987; Wilcox, 1987). Yet these critiques stop short of rejecting the LRE principle itself, which underlies the continuum concept.

A community-based continuum is emerging as a guiding principle for the design of services for people with developmental disabilities and their families. Like the traditional continuum, this new continuum envisions a series of options ranging in terms of restrictiveness, integration, and normalization, with a preference—but not a mandate—for the least restrictive and most integrated and normalized settings. It is also generally assumed that people with the most severe disabilities will be found in the more restrictive and less integrated environments. In contrast to the traditional continuum, the community-based continuum eliminates totally segregated environments located at the most restrictive end of the scale. The range of acceptable options is confined to settings "in the community" that provide for at least some degree of interaction with nondisabled people. Conceptually, the community-based continuum suffers from many of the same flaws that characterize the traditional continuum described above.

In response to the critique offered here, it might be argued that the progressive leadership of the field today does not intend to establish a new continuum of services, but instead to outline an array of "options," some of which happen to be more restrictive and less integrated than others. While the notion of an LRE continuum seems implicit in the writings of many leaders in the field, this critique does not rest on their ultimate beliefs. The issue is not so much what people intend to say, but rather how what they say is interpreted, especially given the nature of bureaucracies responsible for funding and administering services. Many of the leading texts and articles can be used to legitimate a new continuum of services.

Figure 2 depicts new community-based continua of residential, vocational, and educational services. Since these continua are implied in writings in the field, they are intended to be illustrative and not necessarily representative of any specific proposal for the design of services.

The New Residential Continuum

The community-based residential continuum includes settings that range from group living arrangements on the most restrictive end to independent living on the least restrictive end. Specific residential programs found in the community-based continuum include small community-based intermediate care facilities for the mentally retarded, community residences or group homes, three- to four-person "minigroup homes," apartment clusters, supervised apartments, and "semi-independent living situations" (Halpern, Close, & Nelson, 1986). As in the case of the traditional continuum, it is assumed that people with severe disabilities will be served in the more restrictive congregate settings, albeit small by institutional standards, and people with mild disabilities will live in less restrictive, smaller apartments.

A community-based continuum of residential services in many states is implicit in the design of developmental disability programs and has been described by Lakin, Hill, Bruininks, and White (1986), Schalock (1983), and many others. Schalock provides the clearest and most explicit formulation of the new community-based continuum: "In terms of community living-training alternatives, this continuum generally ranges from highly structured, protective, restrictive environments to unstructured environments that facilitate freedom of movement and independence" (p. 22). Lakin el al. (1986) write:

> The development of a community-based continuum of care for developmentally disabled individuals is ultimately based on recognition of: (1) the uniqueness of each individual handicapped

Caught in the Continuum

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THE RESIDENTIAL CONTINUUM

                          SMALL
SMALL COMMUNITY      (3-4 PERSON)        SUPERVISED          INDEPENDENT
  ICFs/MR            GROUP HOMES         APARTMENTS            LIVING
     |         |         |         |         |         |         |
     |         |         |         |         |         |         |
     |---------+---------+---------+---------+---------+---------|
     |         |         |         |         |         |         |
     |         |         |         |         |         |         |
           GROUP                FOSTER              SEMI-
           HOMES                 CARE            INDEPENDENT
                                                   LIVING

THE SPECIAL EDUCATION CONTINUUM

 SELF-CONTAINED                PART-TIME
  SPECIAL CLASS                 SPECIAL                          REGULAR
 IN REGULAR SCHOOL               CLASS                            CLASS
     |               |               |               |               |
     |               |               |               |               |
     |---------------+---------------+---------------+---------------|
     |               |               |               |               |
     |               |               |               |               |
               SELF-CONTAINED                REGULAR CLASS
               SPECIAL CLASS                 WITH RESOURCE
               WITH INTEGRATION IN           ROOM OR SPECIAL
               EXTRACURRICULAR                ASSISTANCE
                 ACTIVITIES

THE VOCATIONAL CONTINUUM

 SPECIALIZED
 INDUSTRIAL                                                   INDEPENDENT
 TRAINING                                                     COMPETITIVE
(BENCHWORK)                    ENCLAVES                      EMPLOYMENT
     |               |               |               |               |
     |               |               |               |               |
     |---------------+---------------+---------------+---------------|
     |               |               |               |               |
     |               |               |               |               |
                MOBILE                        INDIVIDUAL
                CREWS                       SUPPORTED JOBS

     <---MORE RESTRICTIVE.....................LESS RESTRICTIVE--->
     <---LEAST INTEGRATED.....................MOST INTEGRATED--->
     <---LEAST NORMALIZED.....................MOST NORMALIZED--->
     <---MOST INTENSIVE SERVICES.......LEAST INTENSIVE SERVICE--->
```

Figure 2. The new community-based LRE continuum model.

> person, so that a full range of options (from total support to independent living) is provided in the community to meet individual needs; (2) the developmental potential of handicapped individuals, so that provisions exist for the training of residents, and mechanisms are established for moving clients to less restrictive, more independent placements as developmental accomplishments warrant; and (3) the dignity of handicapped individuals, to ensure that they live as similarly to other community members as the nature and severity of their impairments maximally allow. (p. 227)

Even those who explicitly reject the continuum model may adopt a logic that arranges residential services along a most to least restrictive dimension. Hitzing (1980, 1987) has provided the most penetrating critique of the continuum, but defines the least restrictive alternative in a way that would leave the door open to creating nonintegrated restrictive settings for people with developmental disabilities:

> It is important to point out that acceptance of the principle of least restrictive alternative does not mean that it will be possible to provide all persons automatically with age- and culturally appropriate, typical residential settings. Acceptance of this principle, however, requires that placement of a person in settings other than these be proven as *necessary* to meet the person's needs. (1987, pp. 398-399 [emphasis in original])

The New Special Education Continuum

A new "in the community" special education continuum would start with placement in regular chrono-

logically age appropriate schools as the most restrictive educational placement for students with disabilities. A regular school continuum is implied in many discussions of LRE (Brown et al., 1979; Brown et al., 1983; Gilhool, 1978; Gilhool & Stutman, 1978; Peck & Semmel, 1982; Taylor, 1982; Wehman & Hill, 1982). According to these analyses, LRE requires, at a minimum, placement in regular public schools with opportunities to interact with nondisabled students. Brown et al. (1983) state, "If a severely handicapped student is based in a special education classroom in a chronological age appropriate regular school that is both close to home and in accordance with natural proportion, opportunities to realize benefits from many kinds of interactions with nonhandicapped students exist that are not available if the same student were based in a segregated school" (p. 21). Similarly, Wehman and Hill (1982) write, "Because instructional preparation is crucial for movement into less restrictive education and community environments, integration efforts must be both planned and systematic (i.e., SH classes strategically dispersed throughout the school)" (p. 33).

Gilhool (1978) suggests that "educable mentally retarded" (EMR) special classes for students with mild disabilities should be abolished, while Gilhool and Stutman (1978) envision special classes in regular schools for students with severe disabilities. Gilhool and Stutman take the position that the continuum permissible under federal statutes includes regular and special classes, with variations, in regular school buildings in which nondisabled students are educated.

The New Vocational Continuum

A community-based vocational continuum consists of a series of employment options ranging from small workshops on the most restrictive end to competitive employment on the least restrictive end. Descriptions of various competitive and supported work models imply a range of options that vary in the degree of integration, restrictiveness, normalization, and intensity of services (Bellamy et al., 1986; Kiernan & Stark, 1986; Mank, Rhodes, & Albin, 1986; McCarthy, Everson, Moon, & Barcus, 1985; Rhodes & Valenta, 1985; Rusch, 1986; Wehman & Kregel, 1985; see also Nisbet & Hagner, 1987, for a warning against the creation of a new continuum between competitive and supported work). Nonemployment options such as day treatment, work activity, and preparatory programs have no place in the new vocational continuum.

Common vocational models cited in recent literature include benchwork, enclaves, work crews, individual supported work, and competitive work (see McCarthy et al., 1985, for an overview of models). Wehman, Kregel, Barcus, and Schalock (1986), while explicitly rejecting the notion of a "developmental continuum," describe four employment models geared toward different populations: competitive employment ("mildly handicapped individuals"); competitive employment with support ("persons with mild, moderate, and severe handicaps"); enclaves in industry ("more substantially disabled individuals"); and specialized industrial training ("severely and profoundly mentally retarded individuals"). Elsewhere, Wehman and Kregel (1985) write, "The development of more work crews, sheltered enclaves in the community, and in-house training programs would broaden the continuum of locally available vocational options and greatly facilitate entry into unsubsidized employment" (p. 9).

Mank et al. (1986) provide a description of four supported work models. In comparing the models, the authors note a varying degree of integration (Supported jobs: "*High.* Daily and continuous integration"; Enclave: "*High.* Daily and near continuous integration"; Mobile crew: "*Medium*"; Benchwork: "*Low*") and success in serving people with the most severe disabilities (Supported jobs, enclave, and mobile crew are rated "*Medium,*" while benchwork is rated "*High*") (Mank et al., 1986, p. 151). According to Rhodes and Valenta (1985), enclaves in industry are designed specifically for people with severe disabilities:

> The use of the model for individuals requiring less support needs is inappropriate. Models that place and support people on jobs without congregation under special supervision are less restrictive and obtrusive, and are preferred when individuals require less support. (p. 137)

O'Bryan (1985) notes that since the purpose of benchwork is to provide people with severe disabilities with a permanent job rather than time-limited training, "employment in a company using this model should only be considered if it is the least restrictive alternative available to that individual" (p. 187).

As with residential, vocational, and educational services, many family support programs developed in recent years are based on a continuum of options ranging in restrictiveness. Salisbury and Griggs (1983) present an array of six respite care service options that vary from less to greater restrictiveness, with in-home services on one end and institutions on the other.

Discussion

The principle of the least restrictive environment was extremely forward-looking for its time. It emerged in an era in which persons with developmental disabilities and their families were offered segregation or nothing at all. As a legal concept and policy direction, LRE helped to create options and alternatives.

It is now time to find new ideas, concepts, and principles to guide us. The LRE principle defined the challenge in terms of creating less restrictive and more normalized and integrated environments and programs. Now we must define the challenge in terms of total

integration for people with developmental disabilities (Biklen, with Bogdan, Ferguson, Searl, & Taylor, 1985; Taylor, Biklen, and Knoll, 1987). As a policy direction, integration means the elimination of social, cultural, economic, and administrative barriers to community integration and the design of services and supports to encourage, rather than discourage, involvement in community life and to cultivate, rather than impede, relationships between people with developmental disabilities and nondisabled people.

Contrasted with the LRE principle, a commitment to integration requires a shift in focus:

1. From the development of facilities and programs into which people must fit to the provision of services and supports necessary for people with severe disabilities to participate fully in community life;
2. From neighborhoods to typical homes, from regular school buildings to regular classes, and from vocational models to typical jobs and activities;
3. From professional judgment as a basis for determining community involvement to personal choice;
4. From a presumption in favor of integration to a mandate to provide opportunities for integration;
5. From a conditional ("to the extent necessary, appropriate, feasible") to an unconditional commitment to integration;
6. From requiring individuals to change in order to participate in the community to requiring service systems to change;
7. From restrictions applied categorically as a condition for receiving services to opportunities available to nondisabled people;
8. From disability labels as a factor in determining community participation to a recognition of common human needs;
9. From independence to community belonging; and
10. From placing people in the community to helping them become part of the community.

Concepts and principles can help us get from one place to another, to move closer to a vision of society based on enduring human values like freedom, community, equality, dignity, and autonomy. Yet they must be viewed in historical context. The concepts that guide us today can mislead us tomorrow. Indeed, integration only makes sense in the context of a segregated society (Bogdan & Taylor, 1987). End segregation and the concept of integration singles out persons with developmental disabilities as different from the rest of us. If and when integration is achieved, we must be prepared to find new ideas and principles to guide us through the challenges and dilemmas we undoubtedly will face.

References

A complete continuum of services. (1973, September). *Mental Retardation News,* pp. 3–8.

Abeson, A., Bolick, N., & Haas, J. (1976). Due process of law: Background and intent. In F. J. Weintraub, A. Abeson, J. Ballard, & M. L. LaVor (Eds.), *Public policy and the education of exceptional children* (pp. 22–32). Reston, VA: Council for Exceptional Children.

Aines, J. P., & Knapp, C. W. (1986). Institutions as community resources for vocational habilitation. In M. S. Crissey & M. Rosen (Eds.), *Institutions for the mentally retarded* (pp. 79–97). Austin, TX: Pro-Ed.

Antonak, R. F., & Mulick, J. A. (Eds.). (1987). *Transitions in mental retardation. Volume 3: The community imperative revisited.* Norwood, NJ: Ablex.

Bachrach, L. L. (1985). Deinstitutionalization: The meaning of the least restrictive environment. In R. H. Bruininks & K. C. Lakin (Eds.), *Living and learning in the least restrictive environment* (pp. 23–36). Baltimore: Paul H. Brookes.

Bellamy, G. T., Rhodes, L. E., & Albin, J. M. (1986). Supported employment. In W. E. Kiernan & J. A. Stark (Eds.), *Pathways to employment for adults with developmental disabilities* (pp. 129–138). Baltimore: Paul H. Brookes.

Bellamy, G. T., Rhodes, L. E., Bourbeau, P. E., & Mank, D. M. (1986). Mental retardation services in sheltered workshops and day activity programs: Consumer benefits and policy alternatives. In F. Rusch (Ed.), *Competitive employment issues and strategies* (pp. 257–272). Baltimore: Paul H. Brookes.

Bellamy, G. T., Rhodes, L. E., Wilcox, B., Albin, J. M., Mank, D. M., Boles, S. M., Horner, R. H., Collins, M., & Turner, J. (1984). Quality and equality in employment services for adults with severe disabilities. *The Journal of The Association for Persons with Severe Handicaps, 9*(4), 270–277.

Biklen, D. (1982). The least restrictive environment: Its application to education. In G. Melton (Ed.), *Child and youth services* (pp. 121–144). New York: Haworth.

Biklen, D. (in press). The myth of clinical judgment. *Journal of Social Issues.*

Biklen, D., with Bogdan, R., Ferguson, D. L, Searl, S. J., & Taylor, S. J. (1985). *Achieving the complete school: Strategies for effective mainstreaming.* New York: Teachers College Press.

Blatt, B., Bogdan, R., Biklen, D., & Taylor, S. (1977). From institution to community: A conversion model. In E. Sontag (Ed.), *Educational programming for the severely and profoundly handicapped* (pp. 40–52). Reston, VA: Council for Exceptional Children.

Blatt, B., & Kaplan, F. (1966). *Christmas in purgatory.* Boston: Allyn & Bacon.

Blatt, B., Ozolins, A., & McNally, J. (1979). *The family papers.* New York: Longman.

Board of Education of the Henrick Hudson Central School District et al. v. Amy Rowley, 102 S. Ct. 3034 (1982).

Bogdan, R., & Taylor, S. J. (1987). Conclusion: The next wave. In S. J. Taylor, D. Biklen, & J. Knoll (Eds.), *Community integration for people with severe disabilities* (pp. 209–213). New York: Teachers College Press.

Braddock, D., Hemp, R., & Fujiura, G. (1986). *Public expenditures for mental retardation and developmental disabilities in the United States: State profiles* (2nd ed.) Chicago: University of Illinois.

Bronston, W. (1980). Matters of design. In T. Apolloni, J. Cappuccilli, & T. P. Cooke (Eds.), *Towards excellence: Achievements in residential services for persons with disabilities* (pp. 1–17) Baltimore: University Park Press.

Brown, L., Ford, A., Nisbet, J., Sweet, M., Donnellan, A., & Gruenewald, L. (1983). Opportunities available when se-

verely handicapped students attend chronological age appropriate regular schools. *The Journal of The Association for the Severely Handicapped, 8*(1), 16–24.

Brown, L., Wilcox, B., Sontag, E., Vincent, B., Dodd, N., Gruenewald, L. (1979). Towards the realization of the least restrictive educational environment for severely handicapped students. *The Journal of The Association for the Severely Handicapped, 2*(4), 195–201.

Bruininks, R. H., & Lakin, K. C. (Eds.). (1985). *Living and learning in the least restrictive environment.* Baltimore: Paul H. Brookes.

Burgdorf, R. L. (Ed.). (1980). *The legal rights of handicapped persons: Cases, materials, and text.* Baltimore: Paul H. Brookes.

Castellani, P. J. (1987). *The political economy of developmental disabilities.* Baltimore: Paul H. Brookes.

Center on Human Policy. (1979). *The community imperative.* Syracuse, NY: Author.

Center on Human Policy. (1986). *On the issue of "small residential units" on the grounds of New York State institutions.* Syracuse, NY: Author.

Crissey, M. S., & Rosen, M. (Eds.). (1986). *Institutions for the mentally retarded.* Austin, TX: Pro-Ed.

Deno, E. (1970). Special education as developmental capital. *Exceptional Children, 37,* 229–237.

Developmentally Disabled Assistance and Bill of Rights Act of 1975, 42 U.S.C. Sec. 6010.

Durand, J., & Neufeldt, A. H. (1980). Comprehensive vocational services. In R. J. Flynn & K. E. Nitsch (Eds.), *Normalization, social integration, and community services* (pp. 283–298). Baltimore: University Park Press.

Education for All Handicapped Children Act of 1975, 20 U.S.C. 1401.

Federal Register. (1977). Education of Handicapped Children: Implementation of Part B of the Education of the Handicapped Act. Vol. 42, No. 163—Tuesday, August 23, Part II, 42474–42518.

Galloway, C. (1980). The "continuum" and the need for caution. Unpublished manuscript.

Gilhool, T. (1978). PARC, Lau, Rodriguez, and individualized education. *Cross Reference: A Journal of Public Policy and Multicultural Education, 1*(1), 23.

Gilhool, T., & Stutman, E. (1978). Integration of severely handicapped students: Toward criteria for implementing and enforcing the integration imperative of P.L. 94-142 and Section 504. In Bureau of Education for the Handicapped (Ed.), *Criteria for the evaluation of the least restrictive environment provision.* Washington, DC: U.S. Department of Health, Education, and Welfare.

Halpern, A. S., Close, D. W., & Nelson, D. J. (1986). *On my own.* Baltimore: Paul H. Brookes.

Haring, N. G., & Hansen, C. L. (1981). Perspectives in communitization. In C. L. Hansen (Ed.), *Severely handicapped persons in the community* (pp. 1–27). Seattle, WA: Program Development Assistance System.

Hitzing, W. (1980). ENCOR and beyond. In T. Apolloni, J. Cappuccilli, & T. P. Cooke (Eds.), *Towards excellence: Achievements in residential services for persons with disabilities* (pp. 71–93). Baltimore: University Park Press.

Hitzing, W. (1987). Community living alternatives for persons with autism and severe behavior problems. In D. J. Cohen & A. Donnellan (Eds.), *Handbook of autism and pervasive developmental disorders* (pp. 396–410). New York: John Wiley.

Kiernan, W. E., & Stark, J. A. (Eds.). (1986). *Pathways to employment for adults with developmental disabilities.* Baltimore: Paul H. Brookes.

Lakin, K. C., Hill, B. K., Bruininks, R. H., & White, C. C. (1986). Residential options and future implications. In W. E. Kiernan & J. A. Stark (Eds.), *Pathways to employment for adults with developmental disabilities* (pp. 207–228). Baltimore: Paul H. Brookes.

Landesman-Dwyer, S. (1981). Living in the community. *American Journal of Mental Deficiency, 86*(3), 223–234.

Mank, D. M., Rhodes, L. E., & Albin, J. M. (1986). Four supported employment alternatives. In W. E. Kiernan & J. A. Stark (Eds.), *Pathways to employment for adults with developmental disabilities* (pp. 139–154). Baltimore: Paul H. Brookes.

McCarthy, P., Everson, J., Moon, S., & Barcus, M. (Eds.). (1985). *School-to-work transition for youth with severe disabilities.* Richmond: Virginia Commonwealth University.

Meyen, E. L. (Ed.). (1982). *Exceptional children in today's schools.* Denver, CO: Love.

Mills v. Board of Education, 348 F. Supp. 866 (D.D.C.) (1982).

New York State Association for Retarded Children v. Carey, 446 F. Supp. 479 (E.D. N.Y.) (1978).

Nisbet, J., & Hagner, D. (1987). Review of competitive employment: Issues and strategies. *The Journal of The Association for Persons with Severe Handicaps, 12*(1), 76–79.

O'Bryan, A. (1985). The STP benchwork model. In P. McCarthy, J. Everson, S. Moon, & M. Barcus (Eds.), *School-to-work transition for youth with severe disabilities* (pp. 183–194). Richmond: Virginia Commonwealth University.

Payne, J. S., & Patton, J. R. (1981). *Mental retardation.* Columbus, OH: Charles E. Merrill.

Peck, C. A., & Semmel, M. I. (1982). Identifying the least restrictive environment (LRE) for children with severe handicaps: Toward an empirical analysis. *The Journal of The Association for the Severely Handicapped, 7*(1), 56–63.

Pennhurst State School and Hospital v. Halderman, 451 U.S. 1 (1981).

Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania, 334 F. Supp. 1257 (E.D. Pa.); 343 F. Supp. 279 (E.D. Pa.) (1971, 1972).

Reynolds, M. (1962). A framework for considering some issues in special education. *Exceptional Children, 28,* 367–370.

Rhodes, L. E., & Valenta, L. (1985). Enclaves in industry. In P. McCarthy, J. Everson, S. Moon, & M. Barcus (Eds.), *School-to-work transition for youth with severe disabilities* (pp. 127–150). Richmond: Virginia Commonwealth University.

Rothman, D. J., & Rothman, S. M. (1984). *The Willowbrook wars.* New York: Harper & Row.

Rusch, F. R. (Ed.). (1986). *Competitive employment issues and strategies.* Baltimore: Paul H. Brookes.

Salisbury, C., & Griggs, P. A. (1983). Developing respite care services for families of handicapped persons. *The Journal of The Association for the Severely Handicapped, 8*(1), 50–57.

Sarason, S. B., & Doris, J. (1979). *Educational handicap, public policy and social history.* New York: Free Press.

Schalock, R. L. (1983). *Services for developmentally disabled adults.* Baltimore: University Park Press.

State of New York Office of Mental Retardation and Developmental Disabilities. (1987). *Strengthening the continuum 1987–1990.* Albany, NY: Author.

Taylor, S. J. (1982). From segregation to integration: Strategies for integrating severely handicapped students in normal school and community settings. *The Journal of The Association for the Severely Handicapped, 8*(3), 42–49.

Taylor, S. J., Biklen, D., & Knoll, J. (Eds.). (1987). *Community integration for people with severe disabilities.* New York: Teachers College Press.

Taylor, S. J., Racino, J., Knoll, J., & Lutfiyya, Z. (1987). *The nonrestrictive environment: Community integration for people with the most severe disabilities.* Syracuse, NY: Human Policy Press.

The Association for Persons with Severe Handicaps. (1986).

Resolution on the redefinition of the continuum of services. Seattle, WA: Author.

The Association for the Severely Handicapped. (1981). *Resolution on intrusive interventions.* Seattle, WA: Author.

Turnbull, R., with Ellis, J. W., Boggs, E. M., Brookes, P. O., & Biklen, D. P. (Eds.). (1981). *Least restrictive alternatives: Principles and practices.* Washington, DC: American Association on Mental Deficiency.

Turnbull, R. H., & Turnbull, A. P. (1978). *Free appropriate public education: Law and implementation.* Denver, CO: Love.

Walsh, K. K., & McCallion, P. (1987). The role of the small institution in the community services continuum. In R. F. Antonak & J. A. Mulick (Eds.), *Transitions in mental-retardation. Volume 3: The community imperative revisited* (pp. 216–236). Norwood, NJ: Ablex.

Wehman, P., & Hill, J. W. (1982). Preparing severely handicapped youth for less restrictive environments. *The Journal of The Association for the Severely Handicapped, 7*(1), 33–39.

Wehman, P., & Kregel, J. (1985). A supported work approach to competitive employment of individuals with moderate and severe handicaps. *The Journal of The Association for Persons with Severe Handicaps, 10*(1), 3–11.

Wehman, P. H., Kregel, J., Barcus, J. M., & Schalock, R. L. (1986). Vocational transition for students with developmental disabilities. In W. E. Kiernan & J. A. Stark (Eds.), *Pathways to employment for adults with developmental disabilities* (pp. 113–128). Baltimore: Paul H. Brookes.

Weintraub, F. J., Abeson, A., Ballard, J., &LaVor, M. L. (Eds.). (1976). *Public policy and the education of exceptional children.* Reston, VA: Council for Exceptional Children.

Wilcox, B. (1987). Why a new curriculum? In B. Wilcox & G. T. Bellamy (Eds.), *A comprehensive guide to the activities catalog* (pp. 1–10). Baltimore: Paul H. Brookes.

Wyatt v. Ireland, Civ. A. No. 3195-N (M.D. Ala., N.D.), Memorandum Opinion, October 25 (1979).

Wyatt v. Stickney, 344 F. Supp. 387, 390 (M.D. Ala., N.D.) (1972).

Youngberg v. Romeo, 102 S. Ct. 2452 (1982).

Zettel, J. J., & Ballard, J. (1982). The Education for All Handicapped Children Act of 1985 (P.L. 94-142): Its history, origins, and concepts. In J. Ballard, B. A. Ramirez, & F. J. Weintraub (Eds.), *Special education in America: Its legal and governmental foundations* (pp. 11–22). Reston, VA: Council for Exceptional Children.

Received: February 28, 1986
Final Acceptance: May 14, 1987

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