

Loneliness in Children with Disabilities

How Teachers Can Help

Shireen Pavri

Maria is a 10-year-old repeating fourth grade due to extremely limited reading skills. She is diagnosed as having a learning disability. Maria feels alone in the world, even when there are other people around her. She believes that she has nothing in common with the other kids at school, and that she has nobody to turn to when she needs help. Maria does not know how to begin a conversation with other students. She feels a desperate ache deep within her and wants to have friends.

Jake, a 14-year-old adolescent with hearing impairments, has always been a shy and quiet introvert. Of late he seems withdrawn and listless, mechanically going through life activities. He shuns social interaction and has stopped hanging out with the only other student he was friendly with. He recently wrote a poem about suicide as a way out of his silent and desolate world.

Jeremy is an 8-year-old second grader, recently diagnosed as having mental retardation. He had to change schools so he could attend a special program for students with mental retardation. Jeremy has found it difficult to adjust to the new school. He complains about missing his friends and activities at his old school. He says he doesn't have anyone to play with, and that nobody likes him. His parents report that he has become irritable and anxious and has frequent physical and verbal outbursts.

The students in the preceding scenarios are experiencing severe loneliness, an unpleasant emotional state that often goes unidentified in school-aged children (Asher & Gazelle, 1999; Peplau & Perlman, 1982). In most instances, lonely children are shy and quiet and do not disrupt classroom activities or call attention to themselves. Many students do not acknowledge feeling lonely and are resistant to sharing their feelings of loneliness with others; thus, their needs go unmet.

Loneliness in Children

Most children experience short-term, situational loneliness as a natural consequence of interacting in social situations (e.g., not getting invited to a birthday party, a best friend's leaving town, not being allowed to go outside to play at recess due to incomplete classwork).

Only when loneliness becomes chronic and has serious emotional consequences do teachers and other professionals view it as problematic, requiring intervention (Asher & Gazelle, 1999).

Consequences of Loneliness

Researchers have found several devastating consequences of loneliness on children's immediate and long-term adjustment. Many lonely students, like Maria, Jake, and Jeremy, have difficulty developing satisfactory peer relationships and friendships (Asher, Hymel, & Renshaw, 1984; Renshaw & Brown, 1993). Lonely children often experience poor self-esteem and increased anxiety and depression that may be accompanied by suicidal ideation (McWhirter, 1990).

Students who are lonely are at risk of poor later life adjustment, as well. For

instance, lonely people are at an increased risk of engaging in criminal and delinquent behaviors in adulthood (Parker & Asher, 1987). Given these detrimental consequences of chronic loneliness, educators must identify students who are lonely and develop interventions to prevent and reduce loneliness.

This article describes the phenomenon of loneliness and its incidence in children with disabilities, and suggests techniques for detecting and dealing with loneliness at school (see box, "How Does Loneliness Affect Children with Disabilities?"). The strategies suggested for developing school-based interventions for students who are lonely are based on my personal experiences in working with students with disabilities, and from the extant literature. Additional research is needed to deter-

Social Problem-Solving



Stop and Think
What is the problem?



Brainstorm solutions to the problem



Select and apply the best solution

mine the effectiveness of the suggested intervention techniques in reducing feelings of loneliness in children.

Assessing Loneliness in Children

Because loneliness is a subjective experience that is not synonymous with social isolation or rejection, it is difficult to diagnose accurately. Some children enjoy their solitude and do not feel lonely when they are alone. Others experience intense loneliness even when they are in a room full of people. The lonely child has an ideal conception of the social relationships he or she desires, and believes that his or her present relationships fall short of these desired relationships (Sermat, 1978). For instance, Maria, in the introductory scenario, feels socially alienated and dissatisfied with her existing social relationships and has a desperate need to make friends.

Family members, teachers, child care providers, and other school personnel might be the first to notice that the child is lonely. Some children are willing to talk to teachers about their loneliness and seek assistance with social participation. Other children, particularly those who are chronically lonely, do not initiate interventions, thereby making it more difficult to detect their loneliness.

How Does Loneliness Affect Children with Disabilities?

Researchers have defined loneliness as a subjective experience that is unpleasant and distressing to the individual. It usually stems from dissatisfaction with social relationships and may vary from being brief and transient to becoming a persistent and life-disrupting experience (McWhirter, 1990; Peplau & Perlman, 1982).

Children with disabilities, particularly children with learning disabilities and mental retardation, are more vulnerable to feelings of loneliness than their peers without disabilities (Luftig, 1988; Margalit & Levin-Alyagon, 1994; Pavri & Luftig, 2000; Williams & Asher, 1992). Research evidence suggests that 10%-16% of students without disabilities report feeling lonely (Asher et al., 1984). Reports of loneliness experienced by students with mental retardation are as high as 25% (Luftig, 1988). Though most of the research has focused on students with learning disabilities and mental retardation, students with other disabilities are likely to experience similar levels of loneliness.

Students with disabilities experience a higher incidence of loneliness for two principal reasons:

- Many students with disabilities have *difficulty reading and processing social cues and developing social relationships*, and consequently they are less accepted in their peer group (Haager & Vaughn, 1995). Many students have difficulty expressing themselves appropriately in social situations and may display behaviors that result in their being rejected by their peers.
- Educators have traditionally not given students with disabilities equal opportunities for full participation in educational and extracurricular activities at school. Such a *separate education system* likely affects the extent to which students with disabilities feel a sense of belonging and acceptance in the school and classroom community. For instance, Jeremy, in the introductory scenario, may be reacting to his new placement in a more restrictive educational setting for students with mental retardation. He must adjust to a new school, teacher, and peer group, and has less opportunity for after-school activities where he could develop supportive friendships with a heterogeneous group of peers.

Detecting Loneliness Symptoms

Researchers have found that students who display particular behavioral patterns experience greater levels of loneliness. For instance, students adopting a passive-withdrawn behavioral style or an aggressive behavioral style are more likely to be rejected by the peer group, and consequently experience higher levels of loneliness (Cassidy & Asher, 1992; Margalit & Levin-Alyagon, 1994; Renshaw & Brown, 1993). Students who are passive and withdrawn rarely initiate social interactions, often provide minimal encouragement to overtures of friendship, and in extreme cases perceive themselves as being persecuted by others. Jake, in the introductory example, would be considered to be passive and withdrawn. On the other hand, students like Jeremy who act out verbally

or physically when their social goals are not met also tend to be rejected by their peers. Educators should look for signs of loneliness in students who tend to be shy and withdrawn or who are prone to aggressive behavior.

Assessment Techniques

Figure 1 illustrates four techniques that educators often use to assess loneliness in students with or without disabilities. As discussed in Figure 1, informal

Look for signs of loneliness in students who tend to be shy and withdrawn or who are aggressive.

Figure 1. Commonly Used Assessment Techniques to Identify Loneliness

1. Direct observation of the target student at different times at school, for example, recess, playground, academic class periods.
2. Interviews with peers to learn about the student's social behavior using informal interviews, peer ratings, peer nominations, and sociometric ratings.
3. Interviews with parents and other adults to learn about the student's social behavior and adjustment in different situations and settings, for example, home, school, extracurricular settings.
4. Interviews with the target student to learn about his or her self-perceptions of loneliness and social satisfaction using informal interviews, and self-report inventories, such as the following:
 - a. *Children's Loneliness Scale* (Asher et al., 1984).
 - b. *UCLA Loneliness Scale* (Russell, 1996).

observations of students interacting with peers in naturally occurring social situations is an effective way for teachers and paraprofessionals to identify students who appear lonely. Bullock (1993) provided guidelines for school professionals to use while observing students to determine whether they are lonely. She recommended that teachers look for whether the student appears

An effective assessment strategy is interviewing peers to determine a target student's social standing in a group.

anxious or timid, lacks interest in his or her surroundings, is rejected by playmates, chooses to avoid other students, and lacks the social skills needed to initiate or maintain interactions or is reluctant to use these skills. The observer might also make a determination of whether these signs of loneliness are of recent onset or have been recurrent over a period of time. Observations should be conducted during academic class periods, as well as social or unstructured times at school. Interestingly, students with and without disabilities have reported feeling particularly lonely during structured classroom activities, such as reviewing math facts or working on an independent writing assignment (Asher, Hoppmeier, Gabriel, & Guerra, 2001; Pavri & Monda-Amaya, 2001).

The second assessment strategy highlighted in Figure 1 is interviewing peers to determine a target student's social standing in a group. Same-age peers share several experiences and spend a large part of the school day with the target student. Informal conversations with peers give school professionals a sense for students' social relationships and events occurring in their social lives. Educators might also use more structured peer ratings and peer nominations in the classroom. Teachers can conduct peer ratings by providing all students in the classroom with a class roster and asking them to rate each class peer, according to how much they like them on a 5-point scale. Peer nominations are a little different, requiring students to generate names of class peers that meet predetermined descriptors (e.g., name three students whom you would like to sit next to in class).

Sociometric techniques are used to measure the extent to which class peers like a target student. This technique allows teachers to classify students into one of the following five groups based on sociometric status: popular, average, neglected, rejected, and controversial. The extent to which students are accepted by their peers influences their vulnerability to loneliness (Renshaw & Brown, 1993). Typically, students who are popular feel less lonely than do students who are rejected; and, contrary to

common belief, not all students from a lower sociometric status group experience high levels of loneliness.

The third assessment technique discussed in Figure 1 is interviewing family members and other adults, including teachers and paraprofessionals who work closely with the student. The family is aware of transient and long-term changes in the student's life and the effect these changes have on the student's social and emotional adjustment. For this reason, building a partnership with family members is extremely important in making an appropriate diagnosis. Educators should also solicit feedback from many other people who interact with the student in different settings (e.g., childcare providers, extended family members, neighbors, siblings, and after-school activity coordinators) and should take this feedback into account in determining whether a student is lonely.

The final assessment technique described in Figure 1 is interviewing the target student. This technique might be the most effective way to determine whether a student feels lonely. On a cautionary note, one should take into account that such self-report could be subject to temporal changes in a student's social interactions. For instance, Jessie, who has a fight with her best friend an hour earlier, may report feeling "extremely sad and lonely," but on making up with her friend in the next couple of hours might feel "happy and loved." Students might also be hesitant to be completely truthful about their feelings, particularly with adults they do not feel they can trust.

Self-report inventories could be used to assist teachers in diagnosing loneliness in students. These inventories provide a reliable and valid index of a student's loneliness and are less subject to the situational fluctuations described above. Two such inventories are described:

1. Educators have frequently used *The Children's Loneliness and Social Dissatisfaction Scale* (Asher, Hymel, & Renshaw, 1984) in assessing school-based loneliness in students without disabilities and in students with learning disabilities and mental

retardation (Pavri & Luftig, 2000; Pavri & Monda-Amaya, 2001; Williams & Asher, 1992). This questionnaire includes 24 items on a 5-point Likert scale, 16 tapping into loneliness (e.g., “It’s easy for me to make new friends at school”), and 8 filler or “neutral” items used to help the student feel comfortable in responding to the questionnaire (e.g., “I like to read”). Students respond to the items by checking one of five choices, ranging from “That’s always true about me” to “That’s not true about me at all.” A total loneliness score ranging from 16 (low loneliness) to 80 (high loneliness) is obtained for students responding to the measure.

Pavri and Monda-Amaya (2000, 2001) modified the *Children’s Loneliness Scale* for use with students with learning disabilities. To facilitate student’s reading difficulties, the researchers individually administered the scale, read test items and response choices aloud to the student, and enlarged the response format to allow the student to more clearly distinguish between the five response options. The measure yielded high internal reliabilities for the group of elementary-age students with learning disabilities. To accommodate students with mental retardation, the scale might be further modified (e.g., having a 3-point scale comprised of a happy, neutral, and sad face instead of the standard 5-point scale). Although such a test modification would still provide rich qualitative information, it might affect the reliability and validity of the scale.

2. Educators have used The UCLA Loneliness Scale-Version 3 (Russell, 1996) and earlier versions to measure loneliness in adolescents, adults, and elderly people. This 20-item measure requires the respondent to indicate in writing (by selecting “never,” “rarely,” “sometimes,” and “always”) how often they feel a certain way (e.g., “How often do you feel alone?” or “How often do you feel close to people?”). Russell reported sound psychometric properties for this

instrument, with high reliability and validity, and significant correlations with other loneliness measures. There are no reports of whether the UCLA Loneliness Scale has been modified for use with people with disabilities. It might be challenging for students with mental retardation to comprehend several items on this measure. Test presentation might also need to be modified for use with students with disabilities (e.g., reading items aloud, modifying response format), which might affect the psychometric qualities of the measure.

Teachers have also used other measures to assess loneliness in students. *The Loneliness in Contexts Questionnaire*, developed by Asher, Hopmeyer, Gabriel and Guerra (2001), provides an index of how students feel in different school contexts such as the classroom, lunchroom, playground, and physical education class. Marcoen and Brumagne (1985) developed a measure to assess loneliness across parent and peer contexts.

Interventions to Alleviate Loneliness

We must develop ways to reduce the debilitating effects of loneliness on the social functioning of students with disabilities. Unfortunately, few researchers have investigated how educators and other professionals can help reduce loneliness in students with and without disabilities (Bullock, 1993; Margalit & Levin-Alyagon, 1994; Page, Scanlan, & Deringer, 1994; Pavri & Monda-Amaya, 2001; Williams & Asher, 1992).

The following suggestions are based on a review of the literature on student- and teacher-generated interventions to provide social support and reduce loneliness in students, and on my personal experiences working with students with disabilities. Figure 2 summarizes these strategies.

1. Teach social interaction skills. Students with good social skills are better accepted by their peers and find it easier to make and keep friends. Having even a single friend helps decrease a student’s feelings of loneliness

Figure 2. Key Intervention Approaches to Working with Students Who Are Lonely

1. Social Skills Training
 - Initiating, maintaining, and terminating interactions.
 - Assertiveness training.
 - Conflict-resolution skills
 - Social problem-solving skills.
 - Dealing with aggressive behavior.
2. Creating Opportunities for Social Interaction
 - Participation in extracurricular and after-school activities.
 - Structuring recess and play times.
 - Social interaction during academic subjects, for example, cooperative learning, peer tutoring.
3. Creating an Accepting Classroom Climate
 - Developing rapport with students.
 - Developing clear classroom rules and expectations.
 - Promoting classroom membership and belonging.
 - Promoting disability awareness and acceptance.
4. Teaching Adaptive Coping Strategies
 - Awareness of a range of coping skills.
 - Suggestions for adopting alternative strategies.
 - Changing self-perceptions and attributions through counseling.
5. Enhancing Student’s Self-Esteem
 - Using positive reinforcement.
 - Encouraging social interaction and taking risks.
 - Assigning classroom jobs and responsibilities.

(Renshaw & Brown, 1993). Many educators have used social skills training to equip students with the skills they need to effectively interact with their peers. Schools have used social skills training groups run by school counselors or psychologists to help students overcome shyness and social inhibition (McWhirter, 1990; Page et al., 1994). The classroom teacher can also teach these skills to the students. Social-skill instruction can take various forms:

- Selecting a skill to be focused on each week, based on individual student needs.
- Making use of teaching opportunities as they naturally arise in the classroom.
- Using an established social skills curriculum (e.g., Skillstreaming), or schoolwide programs such as “Character Counts” or “Peaceable Schools.”

When teaching social skills, you should determine why the student is not manifesting appropriate behaviors. The instructional strategies used to teach a student to acquire a desired social skill that is not already in his or her behavioral repertoire are different from strategies used when a student has acquired the skill but fails to perform the skill in an appropriate situation.

For instance, to go back to our scenarios, coaching and modeling techniques would be effective in teaching Maria to learn the new skill of initiating a conversation with her peers, whereas motivation or reinforcement strategies might be more effective when working with Jake, who appears disinterested in social interactions.

2. Create opportunities for social interaction. Work with family members and other school personnel to create socialization opportunities and build

social networks and supports for students with disabilities. For instance, teachers and school counselors could provide students with opportunities for meeting new people and making friends. You could encourage students to participate in activities like Boys and Girls Clubs, nature camps, after-school activities, Special Olympics, and other hobby groups. Such activities would provide opportunities for students like Maria, Jake, and Jeremy to meet other students and share a common interest with them.

Pavri & Monda-Amaya (2001), in interviewing 60 general and special educators, found these teachers using several techniques to engage students in social interaction at school. During academic class periods at school, teachers used cooperative learning groups, buddy systems, and heterogeneous seating arrangements to facilitate working with others, thereby reducing loneliness. During unstructured and free times at school, teachers facilitated group games and activities, assigned roles or jobs to students, and even spent time outside on the playground with vulnerable students teaching them important skills and encouraging other students to play with them.

Developing a relationship with parents is extremely beneficial for the teacher who wants to truly understand and help her students. In Jeremy’s situation, teachers could work with his family to find ways to help him adjust to the new school, while arranging for him to continue to participate in activities with friends from his former school.

3. Develop an accepting classroom climate. An accepting classroom environment nurtures a sense of belonging and membership where students feel respected and trusted by each other and their teacher. Establishing good rapport with students goes far in meeting academic, social, and emotional needs. Margalit (1994) identified three important variables of classroom climate that teachers can control:

- Foster relationships between classroom members so as to create a supportive environment with reduced conflict.

- Emphasize individual growth of each student and reduce competition in the classroom.
- Establish order, consistency, and clear expectations among the students regarding classroom rules and work habits.

In interviews with general and special educators, Pavri and Monda-Amaya (2001) found that teachers adopt several strategies to promote an accepting classroom climate. Some teachers reported eating lunch with small groups of students, or playing with them at recess, so they get to know and develop a relationship with each of their students. Others reported having open classroom discussions on issues concerning students, so as to reduce conflict and facilitate group problem-solving. Other teachers used videos and books featuring people with disabilities to foster disability awareness. Teachers invited guest speakers to talk to the class about individual differences and similarities among students.

4. Teach adaptive styles for coping with loneliness. Students tend to respond in different ways when they feel lonely. Some students take active steps to alleviate loneliness, and others adopt a more passive approach. Researchers have found that some students with learning disabilities use strategies similar to those used by lonely adults in coping with loneliness (Margalit & Levin-Alyagon, 1994; Pavri & Monda-Amaya, 2001). These coping strategies include the following:

- Active solitude or engaging in a creative activity while alone.
- Distracting oneself by engaging in a task such as shopping that takes one’s mind off the distressing situation.
- Initiating social contact with others to overcome loneliness.
- Sad passivity or doing nothing, which serves to prolong the lonely experience (Rubenstein & Shaver, 1979).

As in Jake’s scenario, students who adopt passive coping strategies tend to perpetuate their experience of loneliness, allowing it to become chronic. Other students like Maria and Jeremy also do not use effective ways to deal with their loneliness. Counselors and

Family members, teachers, childcare providers, and other school personnel might be the first to notice that the child is lonely.

Students who are lonely are at risk of poor later life adjustment.

teachers can help students become aware of the maladaptive nature of the strategies used and teach students to substitute ineffective and passive coping techniques with more adaptive and effective strategies. This change could be brought about by nonintrusive interventions, such as suggesting alternative ways to react in particular situations (e.g., “Maria, why don’t you ask Dulce to join you at the computer?”) or more intrusive interventions that might involve mental health professionals working with the student on changing their attributions and perceptions.

5. Enhance self-esteem. Students with a healthy self-concept are empowered to believe that they can take action to control important life outcomes. Such students engage in positive and constructive thinking and problem-solving and have an “I can do” approach. Teachers can enhance the self-esteem of students across all domains by providing them with appropriate classroom jobs and responsibilities, giving positive reinforcement when they accomplish a task, and encouraging them to be successful in new situations.

Teachers might need to consult with psychologists or mental health therapists in helping some students develop a positive attitude about themselves. Maria, Jake, and Jeremy would benefit from interventions that make them feel good about themselves and in control of their social functioning at school. This would encourage them to take risks in initiating interactions with their peers.

Interviewing the student might be the most effective way to determine whether a student feels lonely.

Final Thoughts

Teachers can use several strategies to promote a sense of belonging and acceptance for students with disabilities, thereby reducing feelings of loneliness and social isolation. Training in social skills helps those students who have not acquired the skills required to interact appropriately with their peers. Activities like art, drama, and free play allow increased peer contact and an avenue for expressing feelings in young students, while cooperative learning and peer tutoring are effective ways to facilitate social relationships in older students. Developing a positive classroom climate aids the acceptance of diversity and respect for all students. Teachers should monitor and guide group activities to optimize the learning and social development these activities offer.

Some students might need to build a network of support in both school and home settings to feel more a part of these communities. The teacher and school counselor can collaborate with parents in identifying out-of-school activities that the student could participate in. School professionals play a prominent role in developing much-needed interventions for lonely students to feel a connection with people in their lives and to develop fulfilling and meaningful relationships.

References

- Asher, S. R., & Gazelle, H. (1999). Loneliness, peer relations, and language disorder in childhood. *Topics in Language Disorders, 19*, 16-33.
- Asher, S. R., Hopmeyer, A., Gabriel, S., & Guerra, V. (2001). *Children's loneliness in different school contexts*. Unpublished manuscript submitted for publication.
- Asher, S. R., Hymel, S., & Renshaw, P. D. (1984). Loneliness in children. *Child Development, 55*, 1456-1464.
- Bullock, J. R. (1993). Lonely children. *Young Children, 48*, 53-57.
- Cassidy, J., & Asher, S. (1992). Loneliness and peer relations in young children. *Child Development, 63*, 350-365.
- Haager, D., & Vaughn, S. (1995). Parent, teacher, and self-reports of the social competence of students with learning disabilities. *Journal of Learning Disabilities, 28*, 205-215.
- Luftig, R. L. (1988). Assessment of the perceived school loneliness and isolation of mentally retarded and nonretarded stu-

Additional Readings on Loneliness

- Asher, S. R., Parkhurst, J. T., Hymel, S., & Williams, G. A. (1990). Peer rejection and loneliness in childhood. In S. R. Asher & J. D. Coie (Eds.), *Peer rejection in childhood* (pp. 253-273). New York: Cambridge University Press.*
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press.*

- dents. *American Journal on Mental Retardation, 92*, 472-475.
- Marcoen, A., & Brumagne, M. (1985). Loneliness among children and young adolescents. *Developmental Psychology, 21*, 1025-1031.
- Margalit, M. (1994). *Loneliness among children with special needs: Theory, research, coping and intervention*. New York: Springer-Verlag.*
- Margalit, M., & Levin-Alyagon, M. (1994). Learning disability subtyping, loneliness, and classroom adjustment. *Learning Disability Quarterly, 17*, 297-310.
- McWhirter, B. T. (1990). Loneliness: A review of current literature with implications for counseling and research. *Journal of Counseling and Development, 68*, 417-422.
- Page, R. M., Scanlan, A., & Deringer, N. (1994). Childhood loneliness and isolation: Implications and strategies for childhood educators. *Child Study Journal, 24*, 107-118.
- Parker, J., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low accepted children at risk? *Psychological Bulletin, 102*, 357-389.
- Pavri, S., & Luftig, R. L. (2000). The social face of inclusive education: Are students with learning disabilities really included in the classroom? *Preventing School Failure, 45*, 8-14.
- Pavri, S., & Monda-Amaya, L. (2001). Social support in inclusive schools: Student and teacher perspectives. *Exceptional Children, 67*, 391-411.
- Peplau, L. A., & Perlman, D. (Eds.). (1982). *Loneliness: A sourcebook of current theory, research and therapy*. New York: Wiley*.
- Renshaw, P. D., & Brown, P. J. (1993). Loneliness in middle childhood: Concurrent and longitudinal predictors. *Child Development, 64*, 1271-1284.
- Rubenstein, C. M., & Shaver, P. (1979). Loneliness in two northeastern cities. In J. Hartog & R. Audy (Eds.), *The anatomy of loneliness*. New York: International Universities Press.*

- Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20-40.
- Sermat, V. (1978). Sources of loneliness. *Essence*, 2, 271-276.
- Williams, G. A., & Asher, S. R. (1992). Assessment of loneliness in children with mild mental retardation. *American Journal on Mental Retardation*, 96, 373-385.



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CEC Announces New Editors for *TEACHING Exceptional Children*

CEC is proud to announce the appointment of Drs. Alec Peck and Stan Scarpati as co-editors of *TEACHING Exceptional Children*, effective July 1, 2001. Drs. Peck and Scarpati have long been active in CEC and have had distinguished careers in special education. The present editor of TEC, Dr. Dave Edyburn, is working with them on the transition of editorial duties.

Dr. Peck is Associate Professor of Special Education in the Lynch School of Education at Boston College, where he has been an Associate Dean for Graduate Studies and Project Director on many research projects. He has worked with several publishers as a writer and reviewer. He also works directly with teachers and students in many schools in Greater Boston. He has been a middle school special education teacher and has held several positions in CEC at both state and national levels.



Dr. Scarpati is an Associate Professor of Special Education in the School of Education at the University of Massachusetts at Amherst. In addition to his present faculty position and coordinator of the Special Education Program, he has served as the Director of the Schools' Office of Research and Development and as a department chair. He has been the project director of numerous research and grant projects and has worked with several publishers as a writer, reviewer, and editor.

His projects have brought him into close contact with schools, teachers and students, particularly at the secondary level. He has been a member of CEC for many years and has participated in numerous activities for local and state chapters.

Until July 15, submissions to TEC should still be sent to Dr. Edyburn. The new address for article submissions will be announced in the next issue of TEC, in *CEC Today*, and on CEC's web site (www.cec.sped.org).

We are happy to welcome Dr. Peck and Dr. Scarpati to their new role in CEC, and we look forward to working with them.

Nancy Safer
Executive Director
Council for Exceptional Children

