Educational Programing for Children and Youth with Behavioral Disorders

David B. Center

ABSTRACT

In recent years, there has been a growing interest in the educational needs of children and youth with behavioral disorders and a growth in special education programs for these students. This growth is reflected in the steady increase in the national service level for this population. This paper presents a rationale for the use of an educational model for meeting the mental health needs of children and youth. The implications of the current definition of seriously emotionally disturbed students in PL 94-142 are examined relative to the programing needs of this population. The programing areas identified are discussed, and suggestions for programing approaches, materials, and resources are made.

Some 18 years ago, George Albee (1968), in an address before the National Association for Mental Health, discussed the mental health needs of Americans and the manpower needed to address those needs. Albee argued that mental health demands and the supply of manpower to meet them would probably never reach a point of balance. He argued convincingly that need would probably always outstrip supply. In particular, Albee felt the mental health needs of children and adolescents had been neglected and would continue to be neglected.

The underlying reason for the problem, as viewed by Albee, is the conceptual model most widely adopted in the mental health field, that is, the medical model. In Albee's view, the type of professional, level of training, and treatment approaches implied by the medical model make it highly unlikely that a sufficient number of mental health professionals can ever be trained.

Albee's solution is to adopt a different conceptual model with different implications, an *educational* model. Ablee felt that an educational approach to the problem would require three changes: First, a new class of professionals more like school teachers than like psychiatrists and psychologists would be needed. Second, a new approach to service delivery requiring a facility more like a school than like a hospital or clinic would be needed. Finally, a new approach to intervention more like reeducation and rehabilitation than like psychotherapy would be needed. A mechanism for delivering services to children and adolescents with mental health needs which comes very close, in this writer's opinion, to what Albee suggested in his 1967 address in Chicago is special education.

The population that teachers of the behaviorally disordered are charged with serving is defined in PL 94-142 and includes most of the children and adolescents needing mental health services that Albee referred to in his address. Considering the definition and the characteristics of behaviorally disordered children and youth implicit in the PL 94-142 definition, we can specify the areas in need of reeducation and rehabilitation efforts. A special education program for behaviorally disordered students should be prepared to address any of these areas. First, the program must address academic behavior (part i and criterion A). Second, the program must address social behavior (criteria B and C). Third, the program must address emotional behavior (criteria C, D, and E). Finally, some programs should also be prepared to address the special problems of the schizophrenic child or youth (part ii). In addition, while it is not specifically addressed in the definition, the program should probably also address career education, since this is a curriculum area important for all students and particularly handicapped students.

The following will briefly discuss the programing areas just identified. In each area, a specific resource, set of materials, or program will be suggested. However, these suggestions should be taken only as examples, not as *the* approach to be used as there are far too many approaches available to provide a comprehensive discussion of all the possibilities. This discussion, hopefully, will make clear some of the areas that need to be addressed in

planning programs for serving students and in planning preservice and inservice programs for training teachers. It should also be useful for teachers interested in independent study to improve their own classroom programs and for professional development.

1. *Academic behavior.* In this area, programing should address both basic academic skills and generic learning skills.

A. *Basic skills.* The research (e.g., Becker & Carnine, 1981) clearly supports the use of direct instructional approaches with a behavioral orientation as the most effective. One program that addresses basic skill instruction that might be used is the Directive Teaching Model (Stephens, 1977; Stephens, Hartman, & Lucas, 1982). This instructional and curriculum model covers grades K-8 and addresses arithmetic, reading, handwriting, spelling, composition, and grammar.

B. *Learning skills.* The importance of teaching generic learning skills is widely recognized (e.g., Bloom, 1976). One program that addresses this area is the Learning Strategies model (Alley & Deshler, 1979; Keiming & Carlson, 1983). This program of generic learning skills was originally developed for use with adolescents but can be adapted for use with younger students. The curriculum addresses listening, thinking, study, writing, and reading skills.

2. *Social behavior.* This programing area needs to address both inappropriate social behavior and prosocial behavior or social skills.

A. *Inappropriate social behavior.* The pervasivenesss of inappropriate social behavior in emotionally handicapped children is well documented (e.g., Drabman & Patterson, 1982). By far, the most effective direct approach to dealing with inappropriate social behavior is techniques based on behavioral principles (Deitz & Hummel, 1978). One excellent resource for programing in this area is behavior therapy techniques (Alberto & Troutman, 1982). This resource provides an explanation of various operant learning based techniques and their application to problem behaviors. In addition to learning based techniques, it is sometimes necessary to deal both directly and physically with inappropriate behavior. A program that offers guidance in the selection and use of physical management techniques is classroom crisis control (Samuels & Moriarty, 1975). This program provides techniques for physically managing inappropriate behavior that are designed to minimize the possibility of injury to both the teacher and student.

B. *Prosocial behavior.* The important contribution made by social skill deficits to the problems of disturbed children and youth is also widely recognized (e.g., Kohn, 1977; Phillips, 1978). The best direct technique for dealing with these deficits is social skill training based on social learning principles (Kelly, 1982). There are numerous programs available for social skill training with children and youth (Goldstein, Sprafkin, Gershaw, & Klein, 1980; McGinnis & Goldstein, 1984). The two programs cited have been designed for the secondary and elementary level student respectively. The curriculum addresses beginning and advanced social skills, skills for dealing with feelings, aggression, and stress, and planning skills.

An indirect approach to working with social behavior deficits is teaching social reasoning skills. The relation of problems in social reasoning to the problems of disturbed children has also been documented (Selman & Jaquette, 1976). One excellent resource for working in this area is a volume by Selman (1980). There is also a set of materials which provide an excellent starter set for working on social reasoning (Selman, Byrne, & Kohlberg, 1974; Selman & Kohlberg, 1976). These cited materials are two sets of sound, film-strips with teacher guides. There is one set for elementary and one set for secondary age students. The sound, film-strips set up various social dilemmas frequently faced by children and youth dealing with peers and adults. The dilemmas are used as the basis for developmentally guided discussion groups that focus on the social reasoning process involved in resolving these dilemmas.

3. *Emotional behavior.* Ths program area needs to address inappropriate emotional responses to environmental events with particular emphasis on excessive emotional

responses and the cognitive dysfunction that is frequently involved in inappropriate emotional responses.

A. *Inappropriate emotional responses.* The contribution of emotional disorders, particularly anxiety related responses, to the problems of emotionally disturbed children and youth is also a well established area of concern (e.g., Hersov, 1977). The best direct approach to dealing with problems related to excessive emotional responses is techniques based on behavioral principles (e.g., Graziano, DeGiovanni, & Garcia, 1979). An excellent resource for programing in this area is behavior therapy techniques (Morris & Kratochwill, 1983). This resource provides an explanation of various respondent conditioning based techniques and their application to emotional problem behaviors in children, such as school phobia, fear of riding a school bus, evaluation anxiety, social anxiety, and separation anxiety.

In addition to direct intervention programs, indirect approaches which focus on the role of cognitive factors in emotional problems can be used. The role of cognitive factors in inappropriate emotional responding has also been established (e.g., Bernard & Joyce, 1984). An excellent resource for work in this area is a volume by Ellis and Bernard (1983). In addition, there are two curriculum and teachers' guides for operating Rational-Emotive Education Programs with children and youth (Gerald & Eyman, 1981; Knaus, 1974). One of these guides is for the elementary level and the other is for the secondary level. The programs address such topics as understanding feelings, challenging irrational beliefs, self-concept, problem-solving skills, and others.

4. *Psychotic behavior.* This program area is one requiring a very wide range of programing due to the severity of problems encountered in this population both in terms of behavioral excesses and deficits.

A. *Excessive behaviors.* The problems of this population relative to excessive behaviors are well documented (e.g., Rutter, 1977; Steinberg, 1977). The most effective approach to dealing with the behavioral excesses of this population is based on behavioral techniques (Lovaas & Newsom, 1976). An excellent resource for programing in this area is a chapter in Ross (1981, pp. 322-355). This material focuses in particular on problems related to self-stimulation and self-injury. In addition, the volume on various operant based techniques by Alberto and Troutman (1982) cited earlier is a useful resource.

B. *Deficit behavior.* The problems of this population relative to deficit behaviors are documented in Rutter (1977) and Steinberg (1977) cited earlier. Again, the most effective approach to dealing with problems of deficit behavior is based on behavioral principles (Lovaas & Newsom, 1976). One major problem in this area is language deficits, and Lovaas (1977) provides an excellent description of programing for this deficit. Other deficits that must be dealt with in this population include readiness, listening, psychomotor, and self-help skills, as well as imitation. A valuable guide to programing in these areas is provided by Kozloff (1974).

Finally, a complete description of an intervention program and curriculum for psychotic children can be found in Hamblin, Buckholdt, Ferritor, Kozloff, and Blackwell (1971).

5. *Career education.* This final programing area, while not specifically addressed in the definition, either explicitly or implicitly, is one for which there has been a growing recognition as a need of all handicapped students. The recognition of and need for programing in career education for behaviorally disordered students has recently been addressed by Fink and Kokaska (1983). This volume addresses a wide range of topics including issues, programs, practices, and special topics by a variety of authors. One particularly useful resource for programing in this area is the curriculum model developed by Brolin and Kokaska (1979). While this model was developed for handicapped children and youth in general, it can be easily adapted for use with the behaviorally disordered. The curriculum addresses three major competency clusters: daily living skills, personal-social skills, and occupational guidance and preparation skills. The curriculum consists of 22 major competencies and 102 subcompetencies related to the three clusters. The model also addresses

instruction, assessment, IEP development, and resources. Two other very useful materials based on this same model are Brolin (1978) and Brolin, McKay, and West (1978).

The above discussion has attempted to illustrate what an educational approach to the problems of behaviorally disordered students might entail. Since special education is based upon an educational conceptualization of problems and their treatment, we should emphasize approaches that are learning based and directed at the reeducation and rehabilitation of the students we are charged with serving. There is no intention to imply that other ways of conceptualizing or approaching these problems (e.g., the medical model) are invalid. It is enough to simply say that approaches that do not have an educational focus should be left to those who specialize in them. As Albee (1968) pointed out, an eductional model needs teachers, not psychiatrists; classrooms, not hospitals; and educational methods, not psychotherapy.

While this paper has given little attention to such approaches as psychotherapy and drug therapy or to service delivery through mental health facilities, these clearly have their place and have an important role to play in addressing the needs of behaviorally disordered children and adolescents. Better ways of interfacing with these approaches to provide a comprehensive and cooperative network of services is surely needed. However, such problems are beyond the scope and intent of this paper.

REFERENCES

Albee, G. (1968). Models, myths, and manpower. *Mental Hygiene, 52,* 168-180.

Alberto, P., & Troutman, A. (1982). *Applied behavior analysis for teachers.* Columbus, OH: Merrill.

Alley, G., & Deshler, D. (1979). *Teaching the learning disabled adolescent: Strategies and methods.* Denver, CO: Love.

Becker, W., & Carnine, D. (1981). Direct instruction: A behavior theory model for comprehensive educational intervention with the disadvantaged. In S. Bijou & R. Ruiz (Eds.), *Behavior modification: Contributions to education* (pp. 145-210). Hillsdale, NJ: Lawrence Erlbaum Associates.

Bernard, M., & Joyce, M. (1984). *Rational-emotive therapy with children and adolescents.* New York: John Wiley.

Bloom, B. (1976). *Human characteristics and school learning.* New York: McGraw-Hill.

Brolin, D. (Ed.). (1978). *Life centered career education: A competency based approach* (rev. ed.). Reston, VA: Council for Exceptional Children.

Brolin, D., & Kokaska, C. (1979). *Career education for handicapped children and youth.* Columbus, OH: Merrill.

Brolin, D., McKay, D., & West, L. (1978). *Trainer's guide to life centered career education.* Reston, VA: Council for Exceptional Children.

Deitz, S., & Hummel, J. (1978). *Discipline in the schools.* Englewood Cliffs, NJ: Educational Technology.

Drabman, R., & Patterson, J. (1982). Disruptive behavior and the social standing of exceptional children. In P. Strain (Ed.), *Social development of exceptional children* (pp. 45-56). Rockville, MD: Aspen.

Ellis, A., & Bernard, M. (Eds.). (1983). *Rational-emotive approaches to the problems of childhood.* New York: Plenum.

Fink, A., & Kokaska, C. (Eds.). (1983). *Career education for behaviorally disordered students.* Reston, VA: Council for Exceptional Children.

Gerald, M., & Eyman, W. (1981). *Thinking straight and talking sense.* New York: Institute for Rational Living.

Goldstein, A., Sprafkin, R., Gershaw, N., & Klein, P. (1980). *Skillstreaming the adolescent.* Champaign, IL: Research Press.

Graziano, A., DeGiovanni, I., & Garcia, K. (1979). Behavioral treatments of children's fears: A review. *Psychological Bulletin, 86,* 804-830.

Hamblin, R., Buckholdt, D., Ferritor, D., Kozloff, M., & Blackwell, L. (1971). *The humanization process: A social, behavioral analysis of children's problems.* New York: Wiley-Interscience.

Hersov, L. (1977). Emotional disorders. In M. Rutter & L. Hersov (Eds.), *Child psychiatry: Modern approaches* (pp. 428-454). Oxford, England: Blackwell Scientific.

Keiming, J., & Carlson, S. (1983). *Learning how to learn: Teaching strategies.* Allen, TX: Developmental Learning Materials.

Kelly, J. (1982). *Social-Skills training: A practical guide for interventions.* New York: Springer.

Knaus, W. (1974). *Rational-emotive education: A manual for elementary school teachers.* New York: Institute for Rational Living.

Kohn, M. (1977). *Social competence, symptoms and underachievement in childhood: A longitudinal perspective.* Washington, DC: V. H. Winston & Sons.

Kozloff, M. (1974). *Educating children with learning and behavior problems.* New York: Wiley-Interscience.

Lovaas, O. (1977). *The autistic child: Language development through behavior modification.* New York: Irvington.

Lovaas, O., & Newsom, C. (1976). Behavior modification with psychotic children. In H. Leitenberg (Ed.), *Handbook of behavior modification and behavior therapy* (pp. 303-360). Englewood Cliffs, NJ: Prentice-Hall.

McGinnis, E., & Goldstein, A. (1984). *Skillstreaming the elementary school child.* Champaign, IL: Research Press.

Morris, R., & Kratochwill, T. (1983). *Treating children's fears and phobias: A behavioral approach.* Elmsford, NY: Pergamon.

Phillips, E. (1978). *The social skills basis of psychopathology.* New York: Grune & Stratton.

Ross, A. (1981). *Child behavior therapy* (pp. 322-355). New York: John Wiley & Sons.

Rutter, M. (1977). Infantile autism and other child psychoses. In M. Rutter & L. Hersov (Eds.), *Child psychiatry: Modern approaches* (pp. 717-747). Oxford, England: Blackwell Scientific.

Samuels, M., & Moriarty, P. (1975). *Crycon: The concept of classroom crisis control.* North Brook, IL: Motorola Teleprograms.

Selman, R. (1980). *The growth of interpersonal understanding: Developmental and clinical analyses.* New York: Academic Press.

Selman, R., Byrne, D., & Kohlberg, L. (1974). *First things: Social reasoning.* Mount Kisco, NY: Guidance Associates.

Selman, R., & Jaquette, D. (1976). To understand and to help: Implications of developmental research for the education of children with interpersonal problems. *Contemporary Education, 48,* 42-50.

Selman, R., & Kohlberg, L. (1976). *Relationships and values.* Mount Kisco, NY: Guidance Associates.

Steinberg, D. (1977). Psychotic disorders in adolescence. In M. Rutter & L. Hersov (Eds.), *Child psychiatry: Modern approaches* (pp. 748-770). Oxford, England: Blackwell Scientific.

Stephens, T. (1977). *Teaching basic skills to children with learning and behavior problems.* Columbus, OH: Merrill.

Stephens, T., Hartman, A., & Lucas, V. (1982). *Teaching children basic skills: A curriculum handbook* (2nd. ed.). Columbus, OH: Merrill.

David B. Center, Associate Professor of Special Education, Department of Curriculum and Instruction, P.O. Box 5365, Mississippi State University, Mississippi State, Mississippi 39762

Received 5 April 1985
Initial acceptance 25 June 1985
Final acceptance 31 July 1985