A survey of special education administrators'/directors' perceptions concerning alternative special needs programs for emotionally disturbed students and the influences surrounding choice of intervention approach.

Walter W. Witengier
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A SURVEY OF SPECIAL EDUCATION ADMINISTRATORS'/DIRECTORS'
PERCEPTIONS CONCERNING ALTERNATIVE SPECIAL NEEDS PROGRAMS
FOR EMOTIONALLY DISTURBED STUDENTS AND THE INFLUENCES
SURROUNDING CHOICE OF INTERVENTION APPROACH

A Dissertation Presented
by
WALTER W. WITENGIER, JR.

Submitted to the Graduate School of the
University of Massachusetts at Amherst
in partial fulfillment of the requirements
for the degree of
DOCTOR OF EDUCATION
September 1993
School of Education
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ACKNOWLEDGEMENTS

I wish to convey my sincerest thanks to Dr. Kenneth A. Parker (my chairperson), Dr. Robert Maloy, and Dr. Curt Tausky for their valued support and constructive criticism during the stages in the development of this dissertation. I also wish to thank Providence College, Bridgewater State College, and the University of Massachusetts at Amherst for the use of their library facilities.
ABSTRACT

A SURVEY OF SPECIAL EDUCATION ADMINISTRATORS'/DIRECTORS' PERCEPTIONS CONCERNING ALTERNATIVE SPECIAL NEEDS PROGRAMS FOR EMOTIONALLY DISTURBED STUDENTS AND THE INFLUENCES SURROUNDING CHOICE OF INTERVENTION APPROACH

SEPTEMBER 1993

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Statement of Problem

School districts having strained resources must somehow deal with a growing population of students diagnosed as "Emotionally Disturbed". It is important to know what is the predominant approach used with this group, whether or not it is deemed as being effective, and which individuals influence choice of a particular approach.

Methods

This study surveyed Special Education Administrators/Directors of two states (Massachusetts and Rhode Island) to identify (1) whether there was a general preferred intervention approach; (2) whether the source of influence on the individual teacher's approach selection process had any relationship to the approach indicated by the Administrator as used; (3) whether there was a relationship between the approach(es) rated most effective
and the one stated to be used.

Random on-site inspection of several programs were later conducted to verify findings.

Results

Data obtained from questionnaires was similar from both states surveyed. All three null hypotheses were significantly rejected.

The information extracted from these questionnaires indicated strongly that:

(1) The behavior modification approach was indicated by the respondents as the preferred approach.

(2) There was a strong relationship between influence and program with the three highest rated influences, in decreasing order of rating, being the practical needs of the group, the school psychologist, and graduate education.

(3) A relationship does appear to exist between the approach regarded by Directors/Administrators of Special Education as most effective and the approach used in their classrooms.

On-site inspection of several alternative programs suggested that, although the behavioral approach was indicated as being the predominant approach, in reality, an eclectic approach using some aspects of the behavioral approach was being utilized. Some behavioral methodology existed but was often poorly applied in an attempt to deal
with disruptive behaviors.

Conclusions

As a result of the information obtained from this survey research, the author suggests the following:

(1) Undergraduate and graduate programs need to offer more courses and training in the practical applications of the behavioral approach.

(2) Rules pertaining to classroom operation must be clear and simple to ensure consistency. Communication among staff must be so good that they are working as a team.

(3) Classrooms using the behavioral approach have to be properly equipped and adequately staffed.
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CHAPTER 1
THE PROBLEM

Introduction

It has been estimated that between two (2) and twenty-two (22) percent of school age children can be classified as "emotionally disturbed." Emotional disturbances have been interpreted as those disorders which interfere with the appropriate, normal, daily activities and functioning of individuals in their social and interpersonal relationships. Children who exhibit these behaviors have, in reality, showed "normal" behaviors which have been attributed to most children, but these "behaviors have been exhibited in the wrong places, at the wrong time, in the presence of the wrong people, and to an inappropriate degree." The large majority of these children have been enrolled in regular classes with normal children.

The prevalence of behavior problems in children has tended to fluctuate according to several factors, including the following: the specific definition utilized to identify target students, the instrument(s) being used and the type of person selected to complete it (them), and the sex of the child being rated.

Application of one definition, according to Reinert, resulted in a ten (10) percent increase in the rate of occurrence of behavior problems. Rubin and Barlow found
that 41 percent of the children participating in their study had "educationally defined" behavior problems in that they had not met the demands of the school. Higher rates of prevalence have been generally reported when nonspecific criteria, such as teacher judgements of school problems were used to sample teacher's opinions of school-related disorders.

More boys than girls tend to be identified as having emotional problems. A study by Ullmann reported that "the ratio of boys to girls was 4 to 1." Wright found that teacher-referred "boys outnumbered girls 74 to 23". It might have been that boys' aggressive behaviors were more "disturbing" to teachers and therefore were more likely to be diagnosed as emotionally disturbed.

Thus, the rate of occurrence (prevalence) of students classified as "emotionally disturbed" often has depended on factors such as the definition used by a particular state involved and the specific instrument(s) applied to make the determination. Although the educational team is ultimately responsible for determining whether or not a child has met the eligibility criteria for receiving special educational services and both type and amount of services to be provided, the individual(s) having the greatest influence on the team vary. For instance, in a particular school system, the school psychologist might have had the significant influence in the classification of a student.
Theoretical Framework

The following approaches have been tried by this writer, who has found the behavioral to be the most practical and would similarly have expected it to be the most utilized: The prevalent methods used with populations exhibiting such social and emotional disorders have been the biophysical and the psychoanalytical approaches.

The biophysical, or medical, approach has been one of the oldest of the intervention models used for children in conflict. Various professionals who have subscribed to this approach have suggested that biophysical factors caused mental illness and emotional disturbance. "Disorders are often viewed as the product of excesses or deficits in naturally-occurring biological systems." As a result, treatments used focus on medication to alter body chemistry, and nutrition and diet to correct emotional disturbances. Therefore, the biophysical approach has included drug therapy, diet control, modifications in the environment, and biofeedback. Feingold has recommended the elimination of all artificial food additives to control hyperactivity. Mayron also concluded from his study that food allergens caused symptoms which "are highly significant to learning disabilities professions because the could be clues to the diagnosis of the child who is dull, listless, confused, or unable to grasp simple concepts, or the child who is hyperactive, irritable, aggressive and hostile."
Wunderlich further agreed that the inadequate, improper body chemistry which could cause learning disorders, hyperactivity, and brain disfunction "stems from improper diet - either in the life of the child or the child's forebears over several generations."

Others, such as Algozzine, have shown a correlation between hypoglycemia and behavioral disorders which "may include lethargy, lack of motivation, inattentiveness, emotional lability, and/or symptoms similar to psychomotor seizures." He recommended an eliminations diet (removal of allergic elements) to control hypoglycemia (low blood sugar). As with drug therapy, sufficient evidence has not been presented to make any definitive conclusions regarding the effectiveness of dietary control. Additional studies have tended to contradict dietary treatments for behavior disorders, but they stressed drug therapy. "There exists a convincing mountain of carefully-designed research indicating that stimulant medication does beneficially alter some aspects of the child's behavior."

Myklebust has suggested that some children who have suffered from learning disabilities and emotional disorders have successfully functioned in a regular classroom setting. Myklebust has stated: "Controls are necessary only for those who cannot. Initially, the environment is structured to provide a setting in which they can work and learn." He believed that certain group who were highly distractible
have benefitted from modifications within the school environment, such as plain walls, student cubicles, a minimum of decorations, and a structured teaching method.

The psychoanalytic approach focused on mental processes and how they interacted in one's development. The cause of emotional disorders, according to the psychoanalytic method, was the conflict, or imbalance, among the dynamic parts of the personality. Behavior was, therefore, regarded as a symptom of this mental conflict. "The most important psychoanalytic notion is that behavior is motivated by unconscious, dynamic forces." When these unconscious motives from the past were understood and analyzed, therapy was successful. Therapy has involved the interpretation of past and present behaviors and the analysis of dreams and fantasies.

Freud, who has been called the father of psychoanalysis, explained disturbed behavior in terms of personality. The natural course of events for humans involved conflict and turmoil. Freud's concept described man as an irrational being, driven by instincts that were socially unacceptable.

The psychoanalytic approach has been criticized for several reasons: (1) it portrayed people in a negative manner as pathetic beings who were miserable most of their lives; (2) it explained behavior in a hypothetical way as a function of hypothetical parts of the personality - id, ego, and superego; and (3) it was concerned with
examining the unconscious which has not been shown to alter behaviors.

Newcomer explained more positive benefits of psychoanalysis in education as the following: "(1) children do not always consciously plan and cannot always consciously control disruptive behaviors, therefore, when they misbehave they should not be treated punitively; (2) hostility directed to his teacher should not be viewed as a personal insult since it might stem from a variety of motivations and does not necessarily mean that the child dislikes the teacher; and (3) children respond to internal conflicts, therefore, inconsistencies in behavior should be expected."

The behavioral model, on the other hand, has contrasted dramatically with the psychoanalytic approach in that it rejected inferred motives, impulses and drives as a means to explain behavior. In the behavioral model, most behavior has been learned or was altered through learning processes. "The behavioral approach departs from the traditional conception of behavior by rejecting inferred motives, hypothesized needs, impulses, and drives which supposedly explain behavior." It further has stated that most behaviors were learned and might have been changed through learning stages. Abnormal behavior was not a dysfunction of normal personality development, but was a failure to profit or receive from learning experiences. Watson and Raynor demonstrated that behavior (specifically, fear) could
have been learned through classical conditioning. Thorndike expanded the behavioral position of Watson by theorizing that rewarded behaviors became learned responses, while behaviors that have negative results became less frequent and might not reoccur. Skinner expounded on the use of operant conditioning and schedules of reinforcement, explaining behavior as emitted processes controlled by their consequences, that was to say, behavior might have been strengthened or weakened as a function of the events following it.

Treatments used to alter behavior according to the behavioral model include: the manipulation of behavioral reinforcement, such as token economies, point systems, and contingency contracts; desensitization; modeling, problem solving; time out; and physical restraints. Although behavior modification has been used with emotionally disturbed youth, some limitations have been found. It has been difficult to carry out behavior modification in applied settings, such as self-contained classrooms, over extended periods of time. When behavior modification techniques have terminated some students have reverted to their pretreatment behaviors. An alternative technique has been suggested which may solve the limitations. Self-control behavior modification procedures might have been effective with both emotionally disturbed students as well as "normal" children.

"According to the self-control approach, children can be
taught strategies to help them control their own inappropriate behavior with minimal teacher intervention." An example of this particular approach is called the "Turtle Technique." By imagining a turtle withdrawing into its shell when faced with an aggressor, "young children are taught to react to impulses to aggress by (a) imagining that they are turtles withdrawing into their shells, pulling their arms close to their bodies, putting their heads down, and closing their eyes, (b) relaxing their muscles to cope with emotional tensions, and (c) using social problem solving to generate prosocial alternative responses."

Another program which was designed to improve self-control in boys was called "Think Aloud." "It involved modeling and verbalization of cognitive activity to foster use of verbal mediation skills in dealing with both cognitive and interpersonal problems." The study tested the hypothesis that these techniques would have led to an improvement in classroom behavior of aggressive boys and that their test performances would have improved as well. The study indicated that there was significant positive improvement in both areas under consideration. However, the research was unable to determine if "Think Aloud" resulted in improved classroom behavior or whether the behavior improved due to increased individual attention.

A management system based upon rewards was tested. Inappropriate behavior of students (except for physical and
destructive actions) was ignored by the teacher. At random times, the teacher would ring a bonus bell. If, at that time, every student exhibited correct behavior, each participant earned ten points. It assumed that the more students displayed appropriate behavior, the more rewards they received. "This assumption was predicated on the fact that since the boys could never be sure when the bonus bell would ring, and since acting appropriately when the bell rang resulted in achieving desired rewards, it was to their own advantage to act appropriately most of the time to increase the probability of being caught acting appropriately." The results of the study indicated that this technique, including both group and individual reinforcers, was a powerful instrument in teaching delinquent students.

A six-month study undertaken in a juvenile detention facility involved the use of merit points, both giving the points for appropriate behavior and subtracting points for inappropriate behavior such as fighting, profanity, and acting out. Interviews with counselors and probation officers were used to judge the success of the program. "Highest praise came for ease of group control, an attenuation of previous amount of profanity and aggressiveness, as well as an augmentation in group participation."

Another behavior modification program tested the utilization of a token economy to reinforce appropriate
behavior. The researchers had previously noted that praise, attention, and good grades had not been effective in promoting acceptable behavior among aggressive students and dropouts. They hypothesized that poor academic achievement was the result of this defiant behavior. "With the introduction of the token reinforcement program, an abrupt reduction in defiant behavior occurred. Delay of reinforcement was gradually increased to four days without increase in defiant behavior."

Punishment, as an aversive reinforcer, in behavior modification has not been utilized and promoted widely probably because of terminology which associates this with harsh consequences. Coupled with this is the fear that potential abuse could occur when punishment is being used. Therefore, ethics and common sense should prevail when punishment is being administered. "Ironically, the research literature shows that punishment can be very effective in reducing the occurrence of target behaviors."

In the past, this writer has designed programs for behaviorally disordered individuals at the elementary and middle school levels. Students who reach the age of twelve by October 1st, if not already reintegrated into regular classes are moved into the middle school program, which services students between the ages of twelve and fifteen. Occasionally, students admitted into this special needs
class were exceptions to this three year age span. In such cases, a written request for a waiver stating justification had to be requested from the regional special education supervising authority. The number of students in this self-contained, substantially separate, special education classroom has not exceeded twelve full-time students as required by state law (Chapter 766) relating to substantially separate, self-contained classrooms (Prototype 502.41 settings). The minimum number of students serviced at any time has not been less than eight. The structure of the classroom management system has been based upon behavioral techniques, focusing on increasing positive and reducing observable inappropriate behaviors. Many of these behaviors prevent students from greater reintegration into regular classrooms as opposed to remaining in primarily special education environments. It has been this writer's opinion that psychodynamic strategies in such a setting has not produced the desired changes in student behavior within a reasonable period of time because of the very nature of this approach: Psychodynamic strategies did not attempt to reduce observable behaviors but concerned themselves more with delving into past life experiences and relating them to the present. This has tended to be a lengthy process utilizing the services of highly skilled professional psychologists and psychiatrists. Behavioral techniques, on the other hand, have been more conducive to
being used in classroom settings and have lent themselves to adaptations as classroom management strategies.

The Problem Situation

There has existed a lack of consensus regarding a definition or even a label (term) for a population children who are now called "emotionally disturbed." Because of a lack of consensus regarding the definition and a range of interpretation for it, the prevalence figures similarly have been wide ranging.

Inappropriate and ineffective treatment approaches have continued to be utilized with children classified as "emotionally disturbed." Consequently, it was seen important to conduct a survey research to determine which approaches were used and deemed effective by Special Education Directors/Administrators. This to yield information to aid in providing for the best delivery of services to this population group. Many students experiencing less severe manifestations of behavior problems are serviced in regular classes. It is the core of students who must be serviced in far more restrictive educational programs, however, that this study has focused on as its primary population.

Importance of the Study

It has been and will be for future reference important to know which approach was the most utilized and the most
effective. Among the immediate implication implications will be knowing what should and should not have been and be stressed in undergraduate and graduate teacher training programs.

Knowing which approach has been predominant has implications for what will tend to be acceptable in most school districts. Applicants for vacant job positions, for instance, would most likely be hired if they were skilled in an approach conforming to the one generally used in that school system.

Reforms caused by the financial crunch in our states have led to cutbacks of personnel and services in individual districts. At the same time, many school districts have been struggling to meet the needs of growing numbers of youngsters exhibiting emotional disorders and requiring some type of special education service. Economic conditions and societal change have placed increased pressures on marriages and relationships within the family members. Rising costs of placement of students in programs outside the school system (i.e. day, residential, or hospital placements) have forced school districts to develop alternative means of providing services for this population group. With the growing financial strain on school districts, educational monies must be used wisely towards implementation of effective programs. What has been the most commonly used approach, however, may not have been the most effective as
seen by the Special Education Administrators/Directors - those most responsible for overseeing the delivery of special education services. It has become imperative in recent years to develop and maintain more cost effective services within the school districts.

Also, it was important to know which personnel were considered to be the most influential on the ultimate selection of a particular approach by special needs teachers. If any change is to be brought about in the manner or type of services being delivered, these are your most influential identified change agents.

Definition of Terms

For the purpose of the survey questionnaire and this study, the behavioral, the biophysical, and the psychodynamic approaches have been defined as follows:

The behavioral approach has as its major assumption that all behavior is learned and that maladaptive behavior represents inappropriate learning. Behavior, according to this approach may be changed, molded, or maintained by controlling environmental influences. A variety of social (e.g., praise) and material (e.g., food) reinforcers may be used to accomplish this change. Interventions may include one or more of the following: "token economies," "point systems," "modeling," "contingency contracting," "time out," and program oriented physical restraints.
The biophysical approach assumes that all behavior has biophysical substrata and that disordered behavior represents genetic or biophysical disorders. Treatment might include drug therapy (e.g., administration of Dexedrine or Ritalin), dietary control (e.g., the Feingold Diet), environmental modification reducing certain agitating stimuli in the classroom that might irritate the distractible child, and "biofeedback."

The psychodynamic approach assumes that maladaptive behavior merely symptomatic of the underlying mental disorder and, therefore, it is essential to treat the mental illness rather than modify the deviant behavior directly. Methods of intervention might include "music therapy," "art therapy," "play therapy," "crisis intervention," or the "life space interview."

The term "Special Education Administrator/Director" refers to the person who has responsibility for supervising the provision of all special education services in the school district and is responsible for assigning personnel to provide required services to those students classified as "special needs."

"Regular education" refers to the school program and pupil assignment for children without need of special education. This program has normally led to college preparatory or technical education or to a career, has a
typical grade progression from kindergarten to high school, and has offered a full range of supportive services which are normally provided to children without need of special education.

"Special education" refers to the delivery of required services by personnel as outlined in a student's IEP and not normally provided to students in regular education.

A "program prototype" is a general program category listed in a student's IEP. A program prototype will be considered less restrictive than another program prototype if it affords children with special needs more opportunity to be educated with students without special needs than the converse.

A "collaborative" refers to two or more school committees acting jointly.

An IEP (Individualized Educational Program) is written by the TEAM upon determining that the student requires special education and is based on the evaluative data. The IEP describes the special education and related services which the child requires and includes the following:

(a) The child's current performance level, i.e. what the child can do.
(b) A specific statement of the measurable physical constraints on such performance, i.e. what the child cannot do.
(c) A specific statement describing the child's learning style.

(d) The general (1 year) educational objectives and the specific (quarterly) objectives which the child can reasonably be expected to achieve. Such objectives shall be measurable and shall be listed in order of priority.

(e) The suggested methodology and teaching approach for meeting the general objectives.

(f) The methods and criteria to be utilized in monitoring the child's progress toward achieving the objectives specified in the IEP and in evaluating the adequacy of the program.

(g) A description of the child's participation in the regular education program including academic and non-academic areas; physical education, adapted as necessary; and extra-curriculum activities.

(h) The support services which shall be provided directly to the regular classroom teacher or to persons providing special education to the child, and the methods and types of personnel to be used to provide such support services.

(i) A statement of physical education services for the child, adapted if necessary.

(j) The criteria for the child's movement to a less restrictive environment.
(k) A statement indicating why the student is or is not expected to meet the regular discipline code, and, if s/he cannot, what modifications of the code are required. If a modified code is required, the modifications shall be described in the IEP.

(l) The types and amounts of related services (in terms of periods per day and week).

(m) A statement of any parent-child instruction that is necessary to enable the child to achieve the objectives.

(n) The child's transportation needs.

(o) Whether the particular related services provided to the child should be provided in a classroom setting, in a small group, or on an individual basis.

(p) The types of specialized materials and equipment necessary to enable the child to meet the objectives.

(q) The daily duration of the child's program and the reasons why the child requires the stated duration.

(r) The number of days per year on which the child's program should be provided.

(s) The starting date for each service.

(t) A statement of whether or not the child, if s/he is fourteen years or older, is expected to graduate from high school. If the child is fourteen years or older and if it is expected that the child will graduate, then steps should be taken to ensure that
criteria are established for graduation and a plan for meeting such criteria is included in the child's IEP.
(u) For students 16 years of age (and younger, if appropriate), a statement of the needed transition services.
(v) Designation of the prototype through which the child's program is to be provided and the specific program within such prototype.

Scope of the Studies

This study has intended to analyze the perceptions of various Special Needs Administrators/Directors from the towns and cities of the Commonwealth of Massachusetts and the State of Rhode Island and Providence Plantations to determine which was the more prevalent approach utilized in alternative special needs classes servicing students with moderate to severe emotional disturbances as determined by testing, CORE meetings (Massachusetts and Rhode Island Multi-Disciplinary Team meetings), and subsequent placement. The focus of this study has been on the intervention approaches used in substantially self-contained, special education classes not housed in a regular public school facility (Massachusetts Prototype 502.41). The special education administrators have also been surveyed on a number of other related topics (e.g., their perceptions regarding the effectiveness of each of these approaches and
the identification of factors perceived by them as having significant influence as to the final selection by their special needs teachers of a particular approach.

Because this study was limited to surveying Special Needs Administrators/Directors of two Northeastern states - Massachusetts and Rhode Island - results and generalizations, for all purposes, has been limited to these two states. The use of Rhode Island as a second state in this survey was done for comparison purposes to see if the findings and conclusions were indeed unique to Massachusetts.

Survey research, by its very nature, relied on the truthfulness of the respondents and on their own ability to judge the importance of those variables being surveyed. Another common problem with survey research has been response rate which, of course, reflects on the validity of the study and its conclusions.

Statement of the Hypotheses

Three were three hypotheses which were looked at in this survey of Special Needs Administrators/Directors in the two Northeastern states (Massachusetts and Rhode Island) selected.

Hypothesis 1 - There will be a predominant approach selected for use by special education teachers as stated by Special Education Administrator/Directors.
Hypothesis 2 - There will be a predominant influence existing on the special needs teachers choice of approach as stated by the Special Education Administrators/Directors.

Hypothesis 3 - There will be a direct relationship between the approach stated by Special Needs Administrators/Directors as used by special needs teachers and the one regarded by these Administrators\Directors as most effective.
NOTES


Phyllis L. Newcomer, Understanding and Teaching Emotionally Disturbed Children, p. 38.


Disorders, in social and emotional behavior of some children, which cause grave concern in adults, have been referred to by a variety of labels. These terms have been applied to a diverse range of behavior patterns that might include mild, temporary disorders, extreme guilt, self-doubt, juvenile delinquency, excessive physical aggression, and even autism (a state of mind characterized by daydreaming, hallucinations, and a disregard of external reality). Of the synonyms for such disordered behaviors—maladjusted, behavior disordered, and emotionally handicapped—the term "emotionally disturbed" has denoted the clearest concept of those disorders which interfere with the appropriate normal, daily activities and functions of children in their social surroundings (having to do with human beings living together as a group in a situation in which their dealings with one another affect the common welfare) and interpersonal (involving relationships between persons) interactions.

Kirk has described emotional disturbance as a "...deviation from age-appropriate behavior which significantly interferes with (1) the child's own growth and development and/or (2) the lives of others". His definition has focused on the child's behavior and how it
has affected that individual (socially - how the child has interacted with others; emotionally - how the child has dealt with his feelings; and educationally - how the child has performed in school) and other individuals.

Although children and youth with emotional disturbance have not been a rare occurrence, there has seemed to be no generally accepted definition of this term. Various definitions have emphasized any one or a combination of the behavioral, biological, psychodynamic (having to do with mental and emotional processes underlying human behavior and motivation) or ecological aspects of emotional disturbance. The U.S. Department of Health, Education, and Welfare had prepared a definition which was utilized in the regulations implementing Public Law 94-132. This federal definition explained emotional disturbance from an administrative viewpoint as it has pertained to research, program funding, and teacher training. It states:

**Definition of "Behavior Disabilities"**

The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(a) An inability to learn which cannot be explained by intellectual sensory, or health factors;

(b) An inability to build or maintain satisfactory interpersonal relationships with peers or teachers;
(c) Inappropriate types of behavior or feelings under normal circumstances;
(d) A general pervasive mood of unhappiness or depression;
or
(e) A tendency to develop physical symptoms of fears associated with personal or school problems. The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

Other governmental agencies and most states have administrative definitions as well.

Gutek, while unable to present a precise definition for the term, has included in that category whose youngsters who have exhibited "...conduct disorders; hyperactivity; extreme physical and verbal aggression; extreme fear, anxiety, and feelings of inadequacy; and social delinquency. Behaviorally disabled youngsters exhibit atypical and extreme forms of behavior".

While no child will have demonstrated all of these problems, few will show only one. Bower has listed the characteristics of an emotionally handicapped child as one who, over a period of time, exhibits any one or more of the following traits to a noticeable degree:
...An inability to learn which cannot be explained by intellectual, sensory or health factors.
...An inability to build or maintain satisfactory relationships with peers and teachers.
...Inappropriate types of behavior or feelings under normal conditions.
...A usually pervasive mood of unhappiness or depression.
...A tendency to develop physical symptoms, pains, or fears associated with personal or school problems.

A clear-cut boundary dividing normal and abnormal behaviors might not exist. Often behavior disorders have been familiar behaviors which have occurred too frequently or intensely and have persisted to a point where they can no longer be tolerated or permitted. Graubard has offered a definition of emotional disturbance which has focused on "...a variety of excessive, chronic, deviant behaviors ranging from impulsive and aggressive to depressive and withdrawal acts which violate the perceiver's expectations of appropriateness and which the perceiver wishes to see stopped."

Emotional disorders have caused disruption in the normal functioning of that particular student or of other students. Behavior that has been individually distressing and troublesome or that hindered self-development and growth will eventually disturb others. Additionally, the student
who is emotionally disturbed will, in all probability, suffer from social, emotional, and personal handicaps. "Quay, Morse, and Cutter distinguishes three dimensions of behavior: unsocialized aggression or conduct problems, symptoms of personality problem or neuroses, and immaturity-inadequacy problems. Implicit in each dimension are problems with relationships".

The inability to get along with classmates has been a main factor in referring children to special education resource rooms for the emotionally handicapped. Four intervention strategies have been used with children labeled as emotionally disturbed. The most common approaches have been: (a) biophysical; (b) psychoanalytical-psychoeducational; (c) ecological; and (d) behavioral.

The biophysical approach has included drug therapy, diet control, modifications in the environment, and biofeedback. Although teachers are not directly involved in the administration of these techniques, they must possess sufficient expertise and knowledge to enable them to properly assess and evaluate the child's behavior and, then, to determine the youngster's most receptive state for learning.

Drug therapy has been the most common treatment. The administration of stimulant drugs (amphetamines, such as Benzedrine; dextroamphetamines, such as Dexedrine; and methylphenidates, such as Ritalin to overcome mental
depression, fatigue, and so on) has been used most prevalently. Other types of drugs, such as tranquilizers, antidepressants, sedatives, and anticonvulsants, have also been prescribed, but not to the extent that stimulants were. Behavior apparently has improved with drug therapy, but there has appeared to be a lack of supporting data to evaluate and compare drug therapy to other methodologies.

Another biophysical treatment for emotional disorders, specifically, hyperactivity (abnormally active behavior), has been diet control. Hyperactivity has been defined by Clements "...as motor behavior that is not demanded by the situation or the task involved and that is disruptive to the group or to the expectations of others". One highly publicized diet suggested by Feingold has recommended the elimination of all food additives, such as artificial food coloring, artificial flavoring, preservatives (BHA and BHT), and salicylates (both naturally-occurring and chemically produced) in the Stage 1, or initial, program. Feingold has stressed that success depends upon a compliance rate of one hundred percent. In other words, even the slightest deviation from the strict diet might result in failure, that is, an undesired response or behavior. When the child has been following the prescribed diet for about four to six weeks, Feingold predicted that there should be a noticeable and positive change in the
hyperactive behavior. Feingold has predicted that positive results have occurred more rapidly in younger children.

Other diets have emphasized the removal of allergic elements from the food choices of children and the remediation of an abnormally low concentration of sugar in the blood, called hypoglycemia. Contrary to prevailing ideas, hypoglycemia has not been caused by abnormally low blood sugar due to sugar processing in the body, but rather, by adequate or even high carbohydrate ingestion. Hypoglycemia results when too much insulin is made from these carbohydrates, triggering a rapid drop in blood sugar. "An elimination diet is currently the most effective means for controlling the effects of hypoglycemia". As with drug therapy, there has not appeared to be enough evidence in the research to make any definitive conclusion regarding dietary control. The implications of such diet therapy may be impractical due to the fact that the classroom cannot control the overall diet of the child.

Children who are highly distractible might benefit from certain modifications in the school environment. Myklebust has suggested selection of "...a room that is away from the street and playground noises", where "...floors can be covered with rugs or tile and rubber tips put on the legs of furniture to lower the noise level". Other physical changes have included student cubicles; translucent window coverings; plain, soft-colored walls; cupboards that
can be covered; and a minimum of pictures and other decorations. The method of presenting lessons must also be highly structured, so that only one assignment is given at a time, establishing a routine. The purpose of environmental modifications has been to facilitate learning. In some instances, however, when students were unable to attend to the task at hand, it has not affected their overall achievement.

The fourth biophysical treatment, biofeedback, has been the most recent to have emerged and, therefore, has not been utilized widely. Biofeedback is a technique which is used to control certain emotional states. By training oneself, with the aid of electronic devices, one may learn to modify involuntary bodily functions, such as blood pressure and heartbeat. Biofeedback has been a method by which individuals were taught to monitor and control their outward behavior and internal biological processes by sending back to them knowledge concerning their own physiological state. Biofeedback may be used as a remediation and management technique for hyperactivity, that is, by training "...the hyperactive individual to reduce the muscular activity and tension by monitoring muscular tension". Application of this technique has been limited in a classroom situation.

Under the broad term "psychodynamic", are the psychoanalytic and psychoeducational intervention approaches
which have been utilized with children who are emotionally disturbed. Both intervention approaches are based on the assumption that behavior is the result of the development of, and intervention among, unconscious motivations and underlying conflicts. Psychoanalysis is based on the assumption that neuroses and other disorders are a result of the conscious mind rejecting certain factors which then persist in the unconscious as repressed conflicts. These repressions may be brought into consciousness through dream analysis, free association, and other methods.

These techniques have been utilized in school and clinical settings. The psychoanalytic approach, which employs a clinical setting (direct treatment and observation of patients), focuses on individual psychotherapy and includes techniques such as play therapy, and art and music therapy. With this technique, the child is permitted to interact with the materials in any way while being observed by the therapist, who is also interpreting and analyzing the behavior.

The psychoeducational approach has differed in that the setting has been nonclinical and there has been a concern for achievement in academic areas. Additionally, the environment has been less permissive and the child is taught that the responsibility for behavior rests with the individual. Disruptive incidents have resulted in
consequences for which the child was accountable. The psychoeducational approach has been mainly used in self-contained classrooms servicing behaviorally disordered students in spite of the fact that educational research has not demonstrated that it was more effective when compared to other approaches.

Because of this lack of supporting evidence, other techniques have emerged whose effects were supported by empirical (observable) data. These techniques focus on the interaction of the child with the environment and other sociological factors. Typically, the programs have included the child's family and the community. Strategies such as these were based on the ecological model, which has dealt with the relations between individuals and their environment. It has assumed that the child is an integral member of society who both contributes and receives in social experiences and situations. Therefore, not just the child, but the entire social system must be targeted for intervention. When social skills training has been made available to students, there is a greater chance that they will become emotionally stable. "An important part of the socialization process could be facilitated through organized programs and classes in such areas as social skills, parenting, preparenting, and family living".

Classes in social skills could provide the opportunity for teaching: ...adaptive peer-peer and child-adult
interactional skills; cooperative play, sharing, honesty, and fair play; problem solving skills and methods for resolution of conflict; cultural differences and cross sex interactional styles; strategies for coping with stress and leisure time; and guidelines for dealing with authority figures through techniques of cooperation, negotiation, and compliant.

Since social skills programs focus on the prevention of disruptive behavior, they may tend to be more successful and relevant than many "band aid" remedial methods, which tend to be more costly and ineffective because they are usually applied too late.

The last intervention strategy under consideration is the behavioral approach, which differs greatly from both the psychoanalytic and the biological models. The behavioral approach has focused upon learning and direct, observable behavior, rather than on subjective, internal mental experiences. "The behavioral approach departs from the traditional conception of behavior by rejecting inferred motives, hypothesized needs, impulses, and drives which supposedly explain behavior". Rather, the behavioral approach is based on data from laboratory situations in which behavior was manipulated. It can be inferred from this data that all human behavior is learned. For
example, children are conditioned to stimuli in their environments and depending on the strength of the conditioners is the strength in learning. All behavior normal and abnormal may be accounted for by this conditioning.

Behavior may be changed, molded, or maintained by controlling environmental influences. Newcomer has stated the following:

Emotionally disturbed behavior is the result of (1) a failure to learn behaviors that permit a healthy or beneficial adaptation to the environment, (2) learning maladaptive or nonbeneficial behaviors, and (3) developing maladaptive behaviors as a result of exposure to stressful environmental circumstances that force discriminations that are too difficult for decision making. All three of these situations are amenable to treatment through environmental manipulation.

This intervention has been effectively utilized with numerous, inappropriate behaviors and with students who have various learning and behavioral qualities or disorders. The behavioral model has still another advantage; it is relatively inexpensive and may be used in school and home settings, rather than clinical situations.

There are three kinds of learning which promote or change behavior: (1) classical conditioning, (2) operant
conditioning, and (3) modeling (observational learning). Pavlov, a Russian physiologist, investigated the theory of classical conditioning. It is concerned with unconditioned stimuli, those stimuli (actions that cause or change an activity) which automatically elicit a response. Examples of unconditioned stimuli might include bright light, the taste of foods, and loud noises. The automatic (involuntary) responses to these stimuli were referred to as respondents (unconditioned responses). The respondents were not controlled by the individual. The presence of food, not the will of the individual, caused the mouth to salivate.

A neutral stimulus (conditioned stimulus) can be made to evoke, or draw forth, a reflex response. To accomplish this, the neutral stimulus is coupled with an unconditioned stimulus. Eventually, the conditioned stimulus will alone extract the response. "The process whereby new stimuli gain the power to elicit respondent behavior is classical or respondent conditioning. In respondent conditioning, events or stimuli which precede behavior control the response".

Although Pavlov might be credited as the originator of the behavioral strategy, three American psychologists developed the theory and brought it recognition and prominence. They were Watson, Thorndike, and Skinner. Watson and his associate, Raynor, demonstrated that behavior could be learned through external events. Kazdin has noted that, in the "Albert experiment", Watson clearly showed that
fear could be conditioned in a child. The fear of white rats which 11-month-old Albert learned was quickly generalized to include other furry objects, which had not scared him previously. The experiment led Watson to conclude that fears and other psychological responses are actually learned in similar ways.

Thorndike expanded the behavioral position of Watson by theorizing that rewarded behaviors became learned responses, while behaviors that have negative results became less frequent and might not reoccur. In the 1930's, Skinner formulated the theory known as operant conditioning. "Operant conditioning involves a situation in which an individual learns to make a response in order to achieve a particular end". Most behaviors performed daily may be categorized as operant behaviors; they were not reflex reactions to stimuli. Skinner viewed behavior as "...a function of an individual's genetic endowment, history of reinforcement, current physiological state, and current stimulus conditions". Operant behaviors have included talking, smiling, waving one's hand, and working. At the beginning of Skinner's experimentation, the research centered on simple behaviors. However, it became evident that more complex human behavior, such as education and language, also responded to operant conditioning.
Feedback is important in providing information concerning an individual's performance. Feedback is the process in which the factors that produce a result are themselves modified, corrected, or strengthened by that result. Not always is verbal feedback effective in improving behavior. "The disadvantages of social reinforcement are that some children do not respond positively to praise".

Token economies and/or the point system have been able to successfully provide the client with feedback on performance. Consequently, desired behavior increases and improves. A variety of social and material reinforcers "...may be used (hugs, candy, or free time) and the schedule of reinforcement (the plan of conditions under which reinforcement will occur) may be either continuous or intermittent". Tokens, such as check marks, points, coins, and stars are reinforcers that function in a way similar to how a salary does in our economy. Earned tokens, accumulated and exchanged in a specific manner and rate, may be traded for certain privileges, activity time, food, and other rewards. "Stephens provides the following hierarchy for reinforcers: (a) objects (including food), (b) tokens, (c) home-school activities, (d) job board, (e) interest centers, (f) special privileges, and (g) social praise." Since these reinforcers are ranked from low to high, it is suggested
the teacher choose the highest-ranked reward appropriate for each student.

"Because tokens are associated with a variety of backup reinforcers, they have very powerful reinforcement value." A token is a tangible reminder that the reinforced behavior was accomplished. The token economy not only can aid in increasing appropriate behavior, but it can also decrease unacceptable actions. When a specific behavior is being reinforced, it intensifies. It follows that, "...not only will the behavior become stronger, but behaviors that are incompatible with the reinforced behavior will decrease". When selecting and defining an appropriate behavior, the focus should be to choose a behavior that is totally inconsistent with the disruptive actions. The reward system must be suitable, workable, and act as an incentive. An outline of suggestions for making token economies successful in school settings follows:

1. The target behaviors that will earn tokens must be clearly specified and written on a chart or blackboard. If both individual and group token systems are used, the individual target behaviors should be posted on the student's desk. The rules governing individual and group contingencies should be reviewed frequently with the students.

2. The student must be able to perform the target behaviors for which tokens will be given.
3. The backup reinforcers for which tokens are exchanged must be appealing to the students and should not be available outside the token system.

4. The number of tokens earned must be consistent with the difficulty or effort required to perform the behavior. For example, if a student has great difficulty controlling his aggression, reinforcement for nonaggressive behavior must be sufficient to provide a potent incentive for proper behavior.

5. If possible, the teacher should keep a record of tokens earned by each child (and the group, when a group system is used). Student incentive is often enhanced when the number of tokens earned are recorded on a chart displayed for the entire class to see.

6. If the response cost (token fines) is also used, the exact conditions under which tokens will be earned or lost should be clearly designated to the student(s). When tokens are given or taken away, the teacher should relate the action to the student behavior involved. (The teacher's statement should be to the point, and arguments regarding token loss should be avoided at all costs.)

7. Usually, token exchange for the backup reinforcer should occur at the end of the school day. If the material reinforcer (toy or game) is given to a student during the school day, he is likely to play
with it and distract other students from appropriate task behavior. When a student has earned enough tokens to exchange them for a tangible reinforcer, simply indicate to the child that his name tag will be placed on it so he can secure it at the end of the day.

8. Extend token reinforcement so that the target behavior will be encouraged in a wide range of situations (classroom, physical education class, playground). Desirable behavior is not likely to generalize to nonreinforced settings.

9. Devise the token system so that a student competes with himself rather than other students, i.e., on the basis of desirable improvements in his own performance and behavior.

10. Always combine praise with tokens so that social reinforcement ultimately can be used to maintain desirable academic and social behavior.

11. A well-devised token system should gradually withdraw material reinforcers and rely on reinforcing activities and events. Ultimately, social reinforcement and reinforcing events should maintain the desired behavior.

12. The token system should be simple, functional, and not distract from learning. Tangible tokens (chips, stamps) can be traded or stolen and disrupt the
reinforcement system. In school situations, check marks and tokens are easiest to use. Each student is issued a card with his name on it. As he earns points or check marks, they are recorded on the card and initialed by the teacher. If the card is taken by another student, he cannot use it to obtain backup reinforcers.

Modeling may be quite effective in reducing inappropriate behavior while, at the same time, developing new behaviors. Modeling is defined as "...focusing a student's attention on examples of appropriate behavior, like pointing out how certain peers are behaving appropriately". It may also be interpreted as "...the process through which a trainer demonstrates the behavior to be learned by the trainee". Modeling has been successful in lessening aggressive and hyperactive behaviors in school children, when they have been with those students who demonstrate correct behaviors and who also reinforce the imitation of such appropriate actions by the problem-behavior students. The positive results of modeling have persisted longer that when operant conditioning is used alone. Three possible advantages of modeling are:

(1) new behaviors may be learned from the model,
(2) previously acquired behaviors may be strengthened as the child observes similar desirable or appropriate behaviors of the modeling reinforced, and
(3) previously acquired behaviors may be weakened or discouraged as the child observed the model receiving punishment for similar unacceptable behaviors.

Another approach in dealing with students who have behavior disorders has been problem solving, also referred to as decision-making. The basis for this technique has been the lack of problem solving skills among behaviorally disordered students. The following components are found in essentially all decision-making training programs:

1. Teachers accept all feelings, emotions, and attitudes. Teachers know that there can be no wrong feelings. Feelings are. Teachers, therefore cannot pass moral judgements on feelings. Certainly, they can disapprove of destructive behavior, but behavior is an act. A feeling is a feeling.

2. Teachers help students accept their own feelings without guilt. For instance, the teacher must help the student to understand that hating parents or having a "bad" feeling does not make one a "bad" person.

3. Teachers recognize that all behavior is meaningful, and serves some fruitful end. No matter how inappropriate, bizarre, aggressive, damaging, or objectionable a particular form of behavior may seem from society's point of view, the student receives
some gain from it. In some way, the apparently destructive behavior meets a need.

4. Teachers confront students with their self-destructive behavior (which, too often, is destructive to others) and then present alternative modes of behavior. For instance, if a student has been pushed accidentally, the teacher can point out the alternatives to fighting. The student can curse, withdraw, ignore, or even joke about it.

5. Through adroit and therapeutic questioning, teachers help students recognize the consequences of their decisions. Some consequences are pleasant and rewarding; others are painful. The question to be asked of the student is, "Which do you want - to feel good or to feel bad?"

6. Teachers recognize that the answers to the questions, "What do you want?" "What will you do?" are found in the process of self determination. The student, through self insight obtained with the help of teachers, has made a decision. Admittedly, the student may have difficulty in maintaining that decision, but the fact remains that a decision has been made. Teachers also recognize that not making a decision represents a decision in itself.

7. Teachers next elicit from the student a statement of the decision and a commitment to a course of
action. "Now you tell me yourself, what it is you are going to do." In this process, the teacher always upholds reality as it is commonly perceived. Certainly, a particular child's reality may not be the teacher's. The child may live with an alcoholic father in a slum, while the teacher's reality probably is better. The common reality, however, has a broader base. In a sense it can be stated to the child as, "We are together in this school, in this classroom, in this time and space. Reality states that you are a pupil and I am a teacher and we are here to learn together." This is a reality all pupils and teachers can accept, and within this frame of reference, teachers can begin to teach and students to learn alternative behaviors.

Time out from reinforcement is a form of punishment because it removes positive events. The use of time out procedures has been "one popular mode of treatment for the reduction of maladaptive responding". Time out is defined as "...the opportunity to receive reinforcement being contingently removed when inappropriate behavior occurs". The six levels of time out from reinforcement include these: "...ignoring, contingent observation, removal of materials, reduction of response maintenance stimuli, exclusion, and seclusion".
The method cited most often in administering "...time-out is to partition an area away from the class or lab setting, and a child must sit in this area for a short time as a punishment for misbehavior". Seclusion time out is effective with two groups: young children and older adolescents. While time out is in effect, the client has no access to positive reinforcement. But, it becomes very difficult to remove all reinforcement during this interval. There are times when reinforcement will not be able to be controlled. As an example, when a child misbehaves at home and is sent out of the room, that youngster, in essence, is spending a time out interval. If the child is sent to the bedroom, there may still be reinforcing activities the youngster may use, such as playing with toys, watching a television program, listening to records and tapes, or even sleeping.

Research data concerning the time out procedure indicates two serious limitations. "First, some inappropriate behaviors such as self-injury and stereotypy are free to occur during time-out, which may have serious consequences". Finally, when the time out interval is used consistently for inappropriate behavior, the negative behavior is being reinforced. A student who is frequently in time out may not be receiving "...enough rewards for engaging in desirable behavior. Furthermore, a person who
spends a lot of time in time out is probably not learning very much”.

"Contingency contracting is a system developed by Homme, another student of Skinner’s, who for some time has applied the principles of operant conditioning and the procedures of functional analysis to education". Contingency contracts are actual contracts between individuals who desire to implement behavior change and those whose behavior is to be changed. Both parties involved sign the contract as an indication that they will agree to the specified conditions. A contingency contract explains the behavior, or task, to be completed and the consequence, or reward, for successfully performing the desired behavior. Contingency contracts usually contain these elements:

1. Payoffs (rewards) should occur soon after criteria is achieved.
2. Initially contracts should call for rewarding small amounts of success.
3. Reward frequently with small amounts.
4. Contract should call for and reward accomplishment rather than obedience.
5. Rewards always follow the performance.
6. Contracts must be fair.
7. Terms of contracts must be clear.
8. Contracts must be honest.
9. Contracts should be positive.

10. Use contracting systematically.

Contingency contracts are simple in form. In general, they should detail the desired behaviors and desired reinforcers (rewards). The task to be performed or the target behavior should be easily observed. Contracts should include a clause which explains consequences when behaviors are not performed according to the specified terms. Often, bonuses may be given when the behavior has been consistently performed over a long period of time. One of the major advantages of contracting is flexibility; the terms may be renegotiated or revised if there is dissatisfaction between the participants. Although contingency contracts have been used with retarded persons, they may "...not be feasible with groups such as severely and profoundly retarded whose understanding of the agreement may be impaired".

Contingency contracts have been particularly successful with adolescents. "Parents of teenagers have found they can use behavioral contracts in cases where other procedures such as planned ignoring and time out have been ineffective."

Punishment, or aversive events, occur routinely in everyday life. Examples include fines, parking tickets, verbal abuse, social stigma, and failures on tests and exams. Almost every social institution has employed some form of aversive events in order to suppress negative behavior. If punishment is to be effective, there are
various prerequisites which must be considered. It is significant to note that undesirable behavior may be a consequence of punishing techniques. Punishment must, therefore, be cautiously used.

Situations may arise where the use of punishment is essential and required. Punishment must be viewed always as "...a means to an end, and is always employed for the sake of the basic welfare and growth needs of the individual's involved". It is an immediate requirement when there is physical danger to the student or to others due to inappropriate behavior. Punishment may also be employed when attempting to repress a disruptive behavior while enhancing another behavior through reinforcement. "The advantages and disadvantages of particular procedures must not be perceived as absolute; rather, they must be considered relative to significant situational factors, including the severity of the child's disability and the nature of the target behavior".

Punishment may take several forms. First, punishment may be verbal, as in the case of a student being reprimanded for disruptive, unacceptable behavior. Next, it may take the form of physical pain, such as paddling or physical restraints. Punishment may also include withholding rewards or depriving the student of some reinforcement in a contingency contract. The student may also be assessed a fine, such as the loss
of points or tokens; withdrawing such rewards is a form of punishment.

"Physical restraint is necessary occasionally when a child loses control and threatens to injure himself or herself, or others." Although much professional literature concerning the justification of physical restraints exists in disciplines, such as psychiatry and nursing, few references are discussed in educational journals and research. Generally, "...psychiatrists argue that physical restraint is a more humane and therapeutic method for protecting the out-of-control child, than seclusion, chemical restraints or impersonal methods of restraint such as harnesses or straight jackets."

Legally and ethically, the issue of physical restraints is justified if it is utilized, not as retaliation by an adult, but to protect the violent child from a harmful situation and possible injury. It is justified if punishment is not administered as a form of abuse. "Educators should be public about their intent to use punishing procedures and maintain careful records on the decision process followed as well as frequency of use, nature, and results."

Since punishment, including physical restraints, does occur in education, it is important to discuss limitations to the utilization of punishing techniques. Stephens lists the following:
1. Punishment serves to stop responses, but it does not teach new behavior. Students learn what not to do because it results in unpleasant consequences. It is important for them to learn new responses, alternative behaviors which are acceptable.

2. Punishing actions are often the first responses used when students misbehave. Punishment should be used only after other approaches have been tried. When possible, first ignore the response. Second, try to reinforce a desirable response. Third, alter conditions in order to prevent such behavior from reoccurring. Perhaps when all of these approaches have been used without removing the misbehavior, punishment may be necessary.

3. The use of punishment teaches students to be punitive and aversive. Schooling should serve to nurture sensitivity among students. Harsh environments create mean, insensitive students and defeat the goals of developing sensitivity among students.

4. Frequent punishment will teach students to associate unpleasant experiences with schooling. By association, students can learn to dislike certain subject matter, teachers, and school in general. When employing physical restraints in emergency conditions, the techniques must be safe and effective.
Trying to reach the disruptive child may be difficult; the adult may respond to the child with too much strength. There is also the danger that the adult may be injured. There are various methods to physically restrain a child, but "...the most efficient method is to cross the child's arms around his or her side while standing behind". The use of physical restraints does not teach the child any alternative behaviors and is not an effective technique for modifying behavior. Therefore, "the best use of punishment in applied settings is as an ancillary technique to accompany positive reinforcement".

There are some students, who exhibit such disruptive behavior, that regular education coupled with behavior modification techniques and/or counseling cannot respond to their needs. Although the problems are not created by traditional education, they are aggravated and intensify during the educational process. "Schools are the one institution that alienated and disruptive youth can attack and try to intimidate." Even though the violence and disruption may be carried on by a small minority of disaffected students, and may not be extreme, the negative influences have a tremendous, destructive impact on the whole school population. With this in mind, the idea of alternative education seems to be a logical approach to this problem.
"The contemporary concept of the public secondary alternative school first came to notice in 1959 when the School District of Philadelphia opened the Parkway Program." There has been a steady growth in alternative schools since 1969 at the state and national levels. Within alternative education, students are given a feeling of personal worth, acceptance, and a sense that they really matter. In alternative programs, students receive acceptance and belonging in the school setting, where before all they had felt was rejection and isolation.

The main goal of alternative schooling is "...to keep students in school and return them to their regular classrooms". In the framework of alternative education, some minimum standards are necessary in order to achieve success. Hurley mentions the following:

A low student to teacher ratio. A ratio of 10:1 would be ideal.

Compassionate and flexible staff, competent in several basic fields, and committed to alternative education and the needs of troubled youth.

Facilities, separate or in the regular school, that provide a physical identity for the program in the eyes of the students in the program; something they can consider strictly theirs.

Rules and regulations that satisfy legal, professional, and common sense requirements, yet that
are applied in the context of the severe problems many of the students have. No mountain out of molehills.

A "small school" atmosphere that is informal, warm, friendly, personal, noncompetitive, and nonpunitive. Only a caring and committed staff can create such an atmosphere. The achievement of self-discipline and self-direction should be a constant goal.

A curriculum and methodology that accent basic skills, career orientation, and behavior modification, utilizing individualized instruction.

A guidance counselor as a regular full-time member of the alternative staff for individual and group counseling. A ratio of 50:1 should be considered a maximum.

When appropriate, a supervised work experience program to provide career training and income. School credit should be given for work experience.

A program of relevant field trips and social activities to enhance the academic program and help build group cohesiveness, cooperation, and loyalty.

Credits toward school graduation should be granted, and an opportunity for a return to the regular school program always available when appropriate and desirable.
Whenever possible students should volunteer to enter alternative education programs. They should be "sold" on the idea rather than mandatory placement. Students facing expulsion could be given mandatory placement as a "last chance" opportunity.

A strong effort must be made to gain parental interest and support for alternative programs. Parents must be made to recognize the importance and value of these programs for their students. This may not be an easy task in many instances, but a sincere and vigorous effort must be made.

Alternative education may well be the last opportunity disaffected students have to meet success in school and improve the quality of life for all students. "Programs should emphasize a broad range of activities for responding to students' differing behavioral patterns, interests, needs, and learning styles". A structured curriculum in conjunction with behavior modification and counseling makes alternative education a practical, productive approach to remediating student behavior and attitude problems.

In this chapter, it was learned that many terms have been used to label social and emotional behavior disorders in children but the term "emotional disturbance" has denoted the clearest concept of those disorders that have interfered with a child's daily activities, functioning, and interpersonal interactions. Over the years, a range of
definitions have been given for this term. As was mentioned earlier, this lack of consensus regarding this definition have caused a wide range in prevalence figures addressing this particular problem.

The most common approaches - biophysical (medical), psychodynamic (including the psychoanalytical-psychoeducational), ecological, and the behavioral - were discussed in detail. Although the biophysical and psychoanalytical have been the most prevalent approaches utilized in the past, the behavioral has recently gained in popularity among educators. Treatments of the behavioral model include behavior reinforcement manipulation; modeling; token economies/point system; problem solving; time out from reinforcement; contingency contracts; and physical restraints.
NOTES


17  Alan E. Kazdin, Behavior Modification in Applied
   Settings, p. 13.

18  Alan E. Kazdin, Behavior Modification in Applied
   Settings, pps 13-14.

19  Phyllis L. Newcomer, Understanding and Teaching
   Emotionally Disturbed Children, p. 40.

20  Robert Algozzine, "Biophysical Perspective of

21  Phyllis L. Newcomer, Understanding and Teaching
   Emotionally Disturbed Children, p. 200.

22  C. T. Cameron & C. D. Mercer, "Behavior Management"
    in Childhood Behavior Disorders: Applied Research and
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23  Phyllis L. Newcomer, Understanding and Teaching
    Emotionally Disturbed Children, p. 200.

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26  Phyllis L. Newcomer, Understanding and Teaching
    Emotionally Disturbed Children, p. 200.

27  Edward A. Workman, Teaching Behavioral Self-Control
    to Students (Austin, TX: PRO-ED, 1982), p. 81.


40 Thomas Stephens, Implementing Behavioral Approaches in Elementary and Secondary Schools (Columbus, OH: Merrill, 1975), p. 44.


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54 Leo Hurley, "Is Alternative Education the Best Response to Student Disruption?", pp. 60-61.

CHAPTER 3

METHODOLOGY

It was the intent of this study to analyze the responses of Special Needs Directors/Administrators of Massachusetts and Rhode Island Public Schools to determine if what they perceived as being the dominant philosophical approach used in their alternative special needs classrooms was also seen by them to be the most effective approach regarding improving those student behaviors which result in more restrictive educational placement for these students. In addition, data from those individuals surveyed was compared to determine which factors influencing the choice of a particular philosophical approach by teachers were most important.

The survey research method was selected for this research because it "can be used not only for describing existing condition." Although direct observation by an independent observer was an ideal, it was not practical or possible in many cases. The survey research method gave a reasonably good idea of what exists in a certain situation and factors concerning current status. The mail questionnaire method of obtaining information has been a popular tool in educational research but its usefulness remains dependent on both how knowledgeable the respondent has been and his willingness to provide honest answers, as
well as mail back the completed questionnaire. The cover letter accompanying the questionnaire was brief, personalized, and designed to convince the respondent of the importance of the survey. The questionnaire itself was attractive, designed to elicit the desired information, easy to read, and allowed for responding efficiently. Parten has pointed out that "as a result of low returns in mail questionnaires, valid generalizations cannot be made." With this in mind, hard core resistance was followed using repeated questionnaires, long distance phone calls, personal letters to clarify information concerning apprehensions regarding the confidentiality or use of the results, etc., to increase the rate of response to acceptable levels.

Follow-up research by means of on-site examination of several randomly selected programs reflecting the approach indicated as being predominantly utilized, will be conducted to determine whether this primary approach used is not, in fact, eclectic - a mixture of strategies from several approaches. The purpose of this on-site evaluation is to see whether the data obtained in this research is reflective of reality.

Data Collection Procedures

Three hundred (300) survey questionnaires with attached cover letters explaining the purpose of the study
and identifying the background of the researcher were sent to Special Education Directors/Administrators of Public Schools in Massachusetts and forty-one (41) were sent to Rhode Island to elicit their responses. Lists of potential survey respondents were obtained from the State Departments of Education offices in Boston and Providence. Respondents holding positions responsible for regional or dual school districts were sent only one questionnaire.

After a brief waiting period of approximately three weeks, survey questionnaires were again mailed to those individuals in the first mailing from whom completed questionnaires were not received. Since the stamped, self-addressed return envelopes were numerically coded, it was easy to determine those individuals from whom responses were not received. During this period, phone calls were made to these individuals to impress on them the importance of their responses and to inquire, if, perhaps, the questionnaires had not been received, were overlooked, or, simply, they postponed responding because of demanding schedules. In those cases where it was claimed that the survey questionnaires were not received, verification of the correctness of names and addresses were made and these individuals were informed that another questionnaire will be mailed out to them later that day.

The third mailing was similar to previous mailings in that each cover letter was personalized; however, the
contents of the cover letter were modified slightly. Potential respondents were now advised of the current status of the response rate. They were again provided with two phone numbers, which they could use to obtain the answers to any inquiries they might have regarding confidentiality or the purpose of the questionnaire, and were simply strongly encouraged to respond to the questionnaire. The color of the paper on which the questionnaire was printed was changed to further enhance the attractiveness of the questionnaire and make it easier to read.

In all three mailings, respondents were provided with the opportunity of indicating whether or not they wished to receive a copy of the survey results. They were instructed to mark their preference and complete the portion requesting their name and address on this unattached sheet.

Sample Description

The individuals to be surveyed were currently holding positions as Special Needs Directors or Special Needs Administrators in public school systems and districts in both Massachusetts and Rhode Island. Directors of regional high schools as well as assistant directors were also included in the sample. The names of these individuals, as well as addresses, were obtained from their respective State Department of Education offices.

A second state, Rhode Island, was used so as to
increase the ability to generalize beyond the State of Massachusetts and to make sure that the results were not affected by some unique characteristic(s) peculiar to that State. It was concluded that by using two states any such unique characteristic(s) which might affect the study will average out.

The Null Hypotheses to Be Tested

The three null hypotheses which were to be statistically tested were as follows:

Null Hypothesis 1 - There is no difference in how often one approach of those listed is indicated as used over the others in a survey of Special Needs Directors/Administrators in Massachusetts and Rhode Island.

Null Hypothesis 2 - The source of influence on the individual teacher's approach selection process as indicated in a survey of Special Needs Directors/Administrators has no relationship to the approach indicated by them as used.

Null Hypothesis 3 - There is no relationship between approach(es) rated most effective and the one stated to be used in their school system by the Special Education Directors/Administrators surveyed.
Data Analysis Procedures

The data generated by the survey questions concerned with the approach used in the various public school alternative programs involved four categories and the frequency with which they were used. Since this data was nominal scale the Chi Square test was used to test null hypothesis 1.

Table 1 is a model of the table which was utilized to give a visual display of the data used in testing null hypothesis 1. Figure 1 displays the formula which was used to determine the Chi Square. Degrees of freedom were determined by number of categories minus one (k-1). Therefore, in testing null hypothesis one, degrees of freedom were three (3). For the purpose of this study acceptable statistical significance to allow rejection of the null hypothesis was set at .05.
Table 1
Model Table for Data for Chi Square on Approaches Used in Alternative Programs

<table>
<thead>
<tr>
<th>Approaches listed in Survey</th>
<th>Beh</th>
<th>Med</th>
<th>PsD</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>O_i = Observed approach selected as used by those surveyed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E_i = Expected distribution of approaches used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 3.1
Formula for Chi Square Used to Treat Data on Null Hypothesis 1

\[ X = \sum_{i=n}^{k} \left( \frac{(O_i - E_i)^2}{E_i} \right) \]
The data concerning the dominant influence and approach used was a comparison using nominal data. It concerned the four categories of approaches previously mentioned and ten possible sources of influence which could be rated according to their estimated contribution. The Statistical test which best suited this arrangement was the contingency coefficient.

Table 2 is a model of the contingency table for displaying the data used in the testing of null hypothesis 2. Figure 2 contains the formula which was used to calculate the contingency coefficient. Significance of the level of association of the contingency coefficient was determined by obtaining the statistical significance of the Chi Square ($X^2$) with degrees of freedom (df) equal to columns ($k$) minus one times rows ($r$) minus one or 27. Figure 4 contains the formula which was used to compute the Chi Square. For the purposes of this study, the acceptable level of significance to allow rejection of null hypothesis 2 was set at .05.
### Table 2

Model Table for Data to be Used in the Computation of the Contingency Coefficient for Null Hypothesis 2

<table>
<thead>
<tr>
<th>Approach Influence</th>
<th>Beh</th>
<th>Med</th>
<th>PsD</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>current research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>undergrad. education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>graduate education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>department head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>guidance counselor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>school adjustment counselor (soc. wkr.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>school psychologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>practical needs of group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 3.2

Formula for Determining Contingency Coefficient

\[ C = \sqrt{\frac{2}{X} \left( \frac{N + X}{2} \right)} \]

Figure 3.3

Formula for Calculating Chi Square for Use in Determining Contingency Coefficient and its Statistical Significance

\[ \chi^2 = \sum_{i=1}^{r} \sum_{j=1}^{k} \frac{(O_{ij} - E_{ij})^2}{E_{ij}} \]
The data concerning the approach rated most effective and the one used was also be nominal scale and, therefore, lent itself to the use of the contingency coefficient as well.

In this case, however, the contingency table was four by four. The model table was featured in table three. The same formulas as in figures 2 and 3 applied to the computation of the Chi Square and the contingency coefficient. Degrees of freedom (df) were 9 and the acceptable level of statistical significance for rejection of the null hypothesis were again set at .05.

Table 3
Model Table for Data to be Used in the Computation of the Contingency Coefficient for Null Hypothesis 3

<table>
<thead>
<tr>
<th>Approach used</th>
<th>Beh</th>
<th>Med</th>
<th>PsD</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach indicated most effective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychodynamic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Delimitations of the Investigation

The following was the list of assumptions made in this study:

(1) That alternative education within the public school system can serve a purpose and contribute in a positive manner to the system.

(2) That the results of the survey are in some manner reflective of reality.

(3) That the identification of a dominant approach used in such alternative programs will be of benefit to the educational community and the community at large.

(4) That the identification of factors influencing the choice of approach in such alternative programs will contribute to our understanding of them.

(5) That the program effectiveness rating given by those to be surveyed is more objective than subjective.

The limitations of the study were as follows:

(1) Limitations associated with surveys in general, e.g., response rate, truthfulness, etc.

(2) Survey questionnaires were mailed to Special Needs Directors/Administrators in only two states.
(3) Teachers were not included, therefore, information on which factors influenced the choice of a particular approach was second hand unless the Director/Administrator made the choice or took the time to consult them.
NOTES


4 Siegel, Sidney, Non-parametric Statistics: For the Behavioral Sciences, p. 197.
CHAPTER 4
STATISTICAL ANALYSIS AND RESULTS

As discussed earlier, the data used for analysis in this study was derived from a survey of Special Education Administrators/Directors in Massachusetts and Rhode Island. Directors of regional high schools as well as assistant directors were also included in the survey. Names were obtained from the respective State Departments of Education offices.

In this study, three hypotheses were statistically tested. Based on the type of data available for analysis, the Chi square was used to test the null hypothesis 1 which involved testing for differences. For the same reason, the contingency coefficient was used for testing null hypotheses 2 and 3 which involved testing for possible relationships.

The statistics were chosen because they were the most appropriate format for dealing with these data. The methodology did carry with it its share of restrictions. Despite their shortcomings, however, the methods of analysis chosen had some distinct advantages beyond their appropriateness for the type of data. They were simple, straightforward means by which different categories of data could be directly compared from alternatives in the survey. The survey categories lent
themselves to an easy, clear understanding of results and their interpretation.

Data Analysis for Approach Used

There were a total of 216 respondents, which figured to 72 percent, from those queried in Massachusetts and 30, which was 73 percent, from those in Rhode Island. Data for the three categories tested were determined by the author extracting it and keeping a running tally. The data were then extracted and totals cross verified by an independent party. Where questions of selection of more than one category was indicated both were counted individually. If there was an indication that approaches were used in combination, the approach was counted under other. The exception was medical which never stood alone. It was only incompatible with behavioral, so behavioral was the only one which became other when combined with medical. In other cases, medical and the approach it was listed with were both counted. If different approaches were used at different levels, e.g., elementary, middle, and high in the same system, each was counted separately.

Three survey mailings were conducted in total in obtaining this raw data and generating this good survey response rate. Patterns of responses remained extremely similar irregardless of whether this data came from the first or later mailing.
Before statistically comparing the data regarding approaches selected, it is appropriate to restate for review null hypothesis 1 which was to be tested.

Null Hypothesis 1 - There is no difference in how often one approach of those listed is indicated as used over the others in a survey of Special Needs Director/Administrators in Massachusetts and Rhode Island.

The Chi Square was determined from a four by two table. The Chi Square computed for Massachusetts (see Table 4, p. 82) was 318.47 which was greater than the 7.815 required with 3 degrees of significance at the .05 level. The Chi Square computed for Rhode Island (see Table 5, p. 83) was 27.98 which also was greater than the 7.815 required with 3 degrees of significance at the .05 level. In fact, these figures were greater by far than the 16.268 figure required for significance at the .001 level. This allowed rejection of the null hypothesis as stated. Since by far, the greatest number of participants responded that they used a behavioral approach, it permitted the statement that this difference found in both states was most likely not the result of chance.

Data Analysis for Influence on Approach Selection

The data concerning the dominant influence and approach used utilized information from the same questionnaire as that supplying the figures for hypothesis 1. In this case, however, the relation between
Table 4
Data for Chi Square on Approaches Used in Alternative Programs from Massachusetts Respondents

<table>
<thead>
<tr>
<th>Approaches listed in Survey</th>
<th>Beh</th>
<th>Med</th>
<th>PsD</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>O = Observed approach selected as used by those surveyed</td>
<td>218</td>
<td>19</td>
<td>48</td>
<td>37</td>
</tr>
<tr>
<td>E = Expected distribution of approaches used</td>
<td>80.5</td>
<td>80.5</td>
<td>80.5</td>
<td>80.5</td>
</tr>
</tbody>
</table>

\[
X^2 = \frac{(218 - 80.5)^2}{80.5} + \frac{(19 - 80.5)^2}{80.5} + \frac{(48 - 80.5)^2}{80.5} + \frac{(37 - 80.5)^2}{80.5} = 318.47
\]
Table 5
Data for Chi Square on Approaches Used in Alternative Programs from Rhode Island Respondents

<table>
<thead>
<tr>
<th>Approaches listed in Survey</th>
<th>Beh</th>
<th>Med</th>
<th>PsD</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>( O ) = Observed approach selected as used by those surveyed</td>
<td>31</td>
<td>3</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>( E ) = Expected distribution of approaches used</td>
<td>16.25</td>
<td>16.25</td>
<td>16.25</td>
<td>16.25</td>
</tr>
</tbody>
</table>

\[
x^2 = \frac{(31 - 16.25)^2}{16.25} + \frac{(3 - 16.25)^2}{16.25} + \frac{(10 - 16.25)^2}{16.25} + \frac{(21 - 16.25)^2}{16.25} = 27.98
\]
influence on the teacher's choice and the type of program used, if any, was to be determined. Ten different possible influences were rated according to the degree which it was thought by the administrator that they affected the teachers' choice or type of program.

The categories were rated from most influential receiving number 10 to least influential receiving number 1. Figures were cross verified by two independent data recorders. Numerical ratings were determined by the researcher and an independent recorder with any disagreement being resolved in favor of the independent recorder. Since this research was attempting to look at a relationship, only those responses specifying a single approach and clearly specifying it were used. Before statistically evaluating the data, it is appropriate to restate the null hypothesis to be tested.

**Null Hypothesis 2** - The source of influence on individual teacher's approach selection process as indicated in a survey of Special Needs Directors/Administrators has no relationship to the approach indicated by them as used.

It was determined that the figures were assembled and totaled best lent themselves to interpretation using a contingency coefficient. The filled in 4 by 10 contingency tables are presented in Tables 6 and 7 (see pages 85 & 86). The contingency coefficient was determined from the Chi Square determined off the table, using degrees of freedom 27.
Table 6
Data Used in the Computation of the Contingency Coefficient for Null Hypothesis 2 from Massachusetts Respondents

<table>
<thead>
<tr>
<th>Approach</th>
<th>Influence</th>
<th>Beh</th>
<th>Med</th>
<th>PsD</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>current research</td>
<td></td>
<td>302.5</td>
<td>0</td>
<td>6.5</td>
<td>52</td>
</tr>
<tr>
<td>undergrad. education</td>
<td></td>
<td>376</td>
<td>0</td>
<td>9.5</td>
<td>63</td>
</tr>
<tr>
<td>graduate education</td>
<td></td>
<td>430.5</td>
<td>0</td>
<td>16</td>
<td>92.5</td>
</tr>
<tr>
<td>department head</td>
<td></td>
<td>411.5</td>
<td>0</td>
<td>8</td>
<td>87</td>
</tr>
<tr>
<td>guidance counselor</td>
<td></td>
<td>290</td>
<td>0</td>
<td>6.5</td>
<td>52</td>
</tr>
<tr>
<td>other teachers</td>
<td></td>
<td>271.5</td>
<td>0</td>
<td>13</td>
<td>56</td>
</tr>
<tr>
<td>school adj. counselor (soc. wkr.)</td>
<td></td>
<td>321.5</td>
<td>0</td>
<td>16</td>
<td>56.5</td>
</tr>
<tr>
<td>school psychologist</td>
<td></td>
<td>452</td>
<td>0</td>
<td>11.5</td>
<td>91.5</td>
</tr>
<tr>
<td>practical needs of the group</td>
<td></td>
<td>516</td>
<td>0</td>
<td>15.5</td>
<td>112.5</td>
</tr>
<tr>
<td>other</td>
<td></td>
<td>148.5</td>
<td>0</td>
<td>7.5</td>
<td>52</td>
</tr>
</tbody>
</table>

\[ x^2 = 365.29 \]

\[ C = \sqrt{\frac{365.29}{365.29 + 79}} = .91 \]
Table 7
Data Used in the Computation of the Contingency Coefficient
for Null Hypothesis 2 from Rhode Island Respondents

<table>
<thead>
<tr>
<th>Approach Influence</th>
<th>Beh</th>
<th>Med</th>
<th>PsD</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>current research</td>
<td>50</td>
<td>0</td>
<td>3.5</td>
<td>14</td>
</tr>
<tr>
<td>undergrad. education</td>
<td>64.5</td>
<td>0</td>
<td>4</td>
<td>13.5</td>
</tr>
<tr>
<td>graduate education</td>
<td>71</td>
<td>0</td>
<td>5</td>
<td>19.5</td>
</tr>
<tr>
<td>department head</td>
<td>69.5</td>
<td>0</td>
<td>6.5</td>
<td>20</td>
</tr>
<tr>
<td>guidance counselor</td>
<td>52</td>
<td>0</td>
<td>6</td>
<td>14.5</td>
</tr>
<tr>
<td>other teachers</td>
<td>48</td>
<td>0</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>school adj. counselor (soc. wkr.)</td>
<td>56</td>
<td>0</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>school psychologist</td>
<td>105</td>
<td>0</td>
<td>4</td>
<td>19.5</td>
</tr>
<tr>
<td>practical needs of the group</td>
<td>117.5</td>
<td>0</td>
<td>8.5</td>
<td>22</td>
</tr>
<tr>
<td>other</td>
<td>26.5</td>
<td>0</td>
<td>3.5</td>
<td>13</td>
</tr>
</tbody>
</table>

\[ x^2 = 112.18 \]

\[ C = \sqrt{\frac{112.18}{112.18 + 16}} = .94 \]
The Chi Square for Massachusetts determined off the ten by four contingency table was 365.29. The Chi Square for Rhode Island was 112.18. Both of these figures exceeded the figure of 40.113 required for significance at the .05 level. They also exceeded the 55.476 figure required for significance at the .001 level. The contingency coefficient determined from this data for Massachusetts was .91 and the contingency coefficient determined for Rhode Island was .94.

The above permitted rejection of null hypothesis 2 as stated for both states surveyed. The size of the contingency coefficient as well indicated a strong relationship between influence and program. The three highest rated influences, in decreasing order of rating, were the practical needs of the group, the school psychologist, and graduate education for the behavioral approach. For psychodynamic, highest rated influences were practical needs of group, school adjustment counselor, and graduate education. For other, the order was practical needs of group, graduate education, and school psychologist, which rated about the same (-1) as graduate education.

Analysis of Data on Effectiveness Rating and Approach Used

If all respondents had answered all questions, this sample would have been the same size as that for null hypothesis 2; however, it ended up smaller for the
behavioral group and larger for the psychodynamic and other. Because the question entailed a response which involved selecting the single approach thought to be most effective, the data were simple frequency counts. Eclectic responses were regarded as other, and yielding to the preference of another party was a non-response.

At this point, it is appropriate to restate the null hypothesis to be tested.

Null Hypothesis 3 - There is no relationship between the approaches rated most effective and the one stated to be used in their school system by the Special Education Directors/Administrators surveyed.

The figures used to test null hypothesis 3 were again determined to best lend themselves to analysis by use of the contingency coefficient.

The filled in four by four contingency tables along with the formula with numbers illustrating computation of the contingency coefficient are in Tables 8 and 9 (see pages 89 & 90). As mentioned in the prior chapter with the four by four table, degrees of freedom are nine.

The Chi Square of 140.35 computed for Massachusetts exceeded the 16.919 required for significance at the .05 level with nine degrees of freedom. It was also greater than the 27.877 necessary for significance at the .001 level. The contingency coefficient of .74 indicated a moderately strong relationship. Similarly, the Chi Square of 37.37 computed for Rhode Island exceeded the 27.877 necessary for
Table 8
Data Used in and the Final Computation of the Contingency Coefficient for Null Hypothesis 3 from Massachusetts Respondents

<table>
<thead>
<tr>
<th>Approach used</th>
<th>Beh</th>
<th>Med</th>
<th>Psd</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach indicated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>most effective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>49</td>
<td>0</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Medical</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>0</td>
<td>3</td>
<td>26</td>
</tr>
</tbody>
</table>

\[
x^2 = 140.35
\]

\[
C = \sqrt{\frac{140.35}{140.35 + 117}} = 0.7384
\]
Table 9
Data Used in and the Final Computation of the Contingency Coefficient for Null Hypothesis 3 from Rhode Island Respondents

<table>
<thead>
<tr>
<th>Approach used</th>
<th>Beh</th>
<th>Med</th>
<th>Psd</th>
<th>Oth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach indicated most effective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Medical</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

\[ x^2 = 37.37 \]

\[ C = \sqrt{\frac{37.37}{37.37 + 20}} = 0.80 \]
significance at the .001 level. The contingency coefficient of .80 also indicated a moderately strong relationship. This permitted rejection of null hypothesis 3 and conversely the statement that a relationship does appear to exist between the approach regarded by Directors/Administrators of Special Education as most effective and the approach used in their classrooms.

The final result of the statistical analysis is, therefore, the rejection of all three null hypotheses.
CHAPTER 5
SUMMARY AND CONCLUSIONS

In doing this research, it was not expected that the predominance of those surveyed would claim to use the behavioral approach. The tested hypothesis stated that each approach was deemed equally effective and, hence, there should be no difference in the frequency of indicated use by the survey respondents. Some pre-research verbal contacts indicated a tendency toward the psychodynamic approach. When the data was processed, however, it revealed that the respondents not only indicated the behavioral approach as used significantly more than the others included in the survey but highly so. Because of the statistically high rejection of this null hypothesis and the domination of the behavioral approach, it was decided to do some further checking.

If the behavioral approach had been the most used approach, then one would expect a significant number of courses related to this approach would be provided to students majoring in special education both at the undergraduate and graduate levels. As a first step, a thorough review of course descriptions in catalogs of colleges and universities offering teacher training in Massachusetts and Rhode Island was performed. The majority of these institutions did not offer one, and only a very few more than one, course primarily focusing on behavior.
modification within their special education departments. It appeared that behavior modification got less attention than the other approaches. Courses providing instruction in computer assisted learning were more prevalent than courses touching on behavior modification as listed in catalog course descriptions. So, although a need to utilize these behavior strategies in the classroom was strongly indicated to exist, prospective and practicing teachers would appear to receive little training in their use. The need for such courses, oriented specifically toward the requirements of special education, offered by the special education departments of these institutions of higher learning was obvious.

A lack of knowledge of the utilization of behavioral techniques in the classroom could result in confusion, lack of constistency, and poor application of behavioral strategies causing limited or no improvement in the student being serviced. It could be inferred from this study that the future training of special needs teachers should include a greater focus on the practical applications of this approach in the classroom.

The second null hypothesis to be rejected was that there was no relationship between the influence on the teacher approach selection as seen by Special Education Administrators/Directors and the approach used as stated by them. The findings not only indicated a relationship
between these two categories but the strength of the relationship was extremely high. The three highest rated influences on selection where the behavioral approach was used were the needs of the group, the school psychologist, and graduate education in that order.

In line with what was seen as a lack of training of special education teachers in the behavioral area, one of the reasons for the considerable influence of school psychologists was seen to be their more extensive training in behavior modification. There was no shortage of courses on behavioral approaches offered by the psychology department in the college catalogs reviewed. This would provide a reasonable explanation for the use of school psychologists as consultants to behaviorally oriented special education programs.

Although the school psychologist would be helpful in designing a system based on the behavioral approach, it was still up to the teacher or teachers to apply it on a daily basis to students. The classroom and the relationship with students are unique situations in which the teacher as a professional is the responsible party and expert. A greater familiarity with the application of such principles to the classroom/students among teachers would facilitate program development as well as the use of techniques.

Though there were relatively few programs using a purely psychodynamic approach, rather interestingly, the
The three greatest sources of influence on them were the practical needs of the group, the school adjustment counselor/school social worker, and graduate education in that order. School adjustment counselors or SACs and school social workers are both predominantly trained as in schools of social work. A review of professional publications concerned with social work and college catalogs of schools in the area revealed that as a group, they tend to stress psychodynamic types of approaches. The stress on psychodynamic approaches in their training and professional life would explain this group's affiliation with and influence on such programs.

The final null hypothesis to be tested was concerned with which approach—behavioral, medical, psychodynamic or other—was regarded as the most effective by surveyed Special Education Administrators/Directors as it related to the approach indicated by them as used. The respondents overwhelmingly identified the behavioral approach as the most effective, and the choice was significantly related to the approach used by teachers. This could be illustrative of any number of circumstances:

1. It could merely indicate an attitude of these Administrators/Directors (possibly resulting from their own graduate education) apart from the program used by their system.
2. It could be pointing out the influence of
Special Education Administrators/Directors on the type of program used.

3. It could be indicative of feedback of teachers to these Administrators/Directors.

4. It could be reflective of the direct observation on the part of these Administrators/Directors in their own professional capacities.

5. It could indicate a desire on the part of these Administrators/Directors to make the right choice.

The circumstances of numbers 3 and 4 would be considered to be related to the reality and thus more pertinent to this study.

If the behavioral approach is not only the most frequently used but in fact the most effective, it has some strong implications for special education. Returning to the issue of the education of special needs teachers, lack of knowledge can result in confusion and a lack of consistency which can cause poor application of behavioral strategies and result in limited or no improvement by students being serviced. Future training of special needs teachers should include a greater focus on the practical applications of this approach in the classroom.

If the behavioral approach is to be used with the emotionally disturbed, one would expect the following conditions also to be present in the actual teaching situation:
1. Student behaviors will be observed and baseline data gathered.
2. Specific behaviors will be listed.
3. Strategies will be planned toward achieving these objectives.
4. Progress will be tracked toward achievement of these objectives.

Rules pertaining to classroom operation have to be clear and simple. This is necessary to ensure consistent application of rules to reduce the probability of reinforcing inappropriate behavior. Consequences for inappropriate behavior must be spelled out for all concerned. This prevents any misunderstandings between staff, students, and parents. Communication among staff (teachers and assistants) must be so good that they are indeed working as a team, eliminating things which could develop as counterproductive between them. Be reminded that the subject of the behavioral change being discussed is often "acting out" behaviors by emotionally disturbed students in a self-contained, substantially separate (alternative) special needs setting. This means that consistency is a key, as these students have often lacked that element in their lives.

Another implication of this finding is that classrooms using the behavioral approach have to be equipped with special material, e.g., reinforcers, a set up by design
to allow for easier use of this approach. Often teachers are not aware of the wide variety of material and social reinforcers which are available for use with the various age groups. Also, teachers have to track the response to reinforcers as they may decrease in strength and appeal for individuals and hence lose reinforcing ability.

On the issue of classroom design, they must be laid out to permit easy observation not for the purpose of gathering data and setting up individualized programs but for efficient immediate reinforcement of appropriate behavior. A simple matter of the placement of the teacher's and assistant's desk side-by-side may not properly facilitate student observation. The best situation may be the placement of the teacher's desk in front of the classroom and the assistant's in the back or side of the room to achieve better more efficient coverage. Also, the students' desks should be arranged in a manner to facilitate observation and reduce or eliminate wasted/unnecessary movements.

Although school psychologists can design a system based on the behavior approach, it is still up to teachers to apply it on a daily basis to the students. Behavior modification was considered to be the most effective even though it may be erroneously applied by ill-trained teachers in many situations, e.g., misuse of time out, inconsistent reinforcement, etc. If this were true, when
applied more appropriately, the behavioral system could function better. Follow up research was done due to the predominance of the selection of the behavior approach to discover if this was indeed occurring.

School psychologists were identified in the data from testing null hypothesis 2 as a major source of influence on special needs teachers using this particular approach in their classrooms. As mentioned earlier, it can be surmised that the heavy degree of influence of school psychologists on these teachers is by virtue of their increased knowledge and training in regards to behavior modification. The high ratings received by the needs of the group and graduate education which persisted no matter which approach was selected indicated their importance as well. It was a lacking in the area of graduate education which in part inspired this further investigation.

Analysis of the questionnaires, beside their data indicating a behavioral approach often used in combination with (an)other approach(es) making the approach not so behavioral, also revealed comments which often indicated what was stated to be a purely behavioral approach as eclectic. Due to these contra-indicators, as well as the implication from the rejections of the null hypotheses, it was decided to proceed with an on-site inspection of three "behaviorally-based" programs to see just how much of the "real" thing was apparent in them. One of these programs
was located in a suburban area whereas the other two were urban-based. All were located within the south-east region of Massachusetts.

The first program involved students who were of middle school age. It was a collaborative program servicing neighboring suburban communities. It was housed in a wing of an old, under-utilized elementary school. The students in this collaborative had no real interaction with other students in the building. All students were bussed to this program from the neighboring, serviced communities. The classroom contained the basic materials, e.g., books, desks, etc., needed for operation; but it was somewhat spartan in appearance.

Although this program was described as being behavioral, it did not present itself as truly so. Students were to receive rewards at the end of every forty-five minute period. The teacher or assistant was to write the amount of money on a chart that the student earned for good behavior exhibited during this period. Presumably, inappropriate behavior would result in the amount for the period being either reduced or forfeited. Inappropriate behavior was often overlooked. A student who was just removed from the classroom area for several major violations of classroom rules (fighting with another student, swearing at staff members, and failing to follow the instructions ordering him to leave) was rewarded with the full amount of
money that could be earned for the same period. During the period of observation neither rules nor consequences received consistent follow up by staff.

During the observation, another student was placed in "time-out" by a staff member. The time-out area was a wooden, box-like structure with two openings - a door and an opening on the top to allow in the artificial overhead classroom light. The student was theoretically removed from the reinforcement of his peers for inappropriate behaviors and prevented from further disruptive classroom activity. He was to remain there until able to calm down and regain sufficient self-control. This removal action was considered to be a strong punishment for inappropriate behavior. The student, however, when placed there, proceeded to climb onto the top of the structure and began yelling and jumping up and down, thereby creating an even greater disturbance. When a member of the staff asked this individual to come down, the request was ignored. Eventually, the student came down some time later when he apparently became tired of this activity and felt like it.

Students displaying appropriate classroom behaviors such as working quietly on assigned tasks were often given the same amount of rewards as those who were disruptive and failed to correctly complete assignments. This can be partially attributed to the failure to decide beforehand on which behaviors would be reinforced and the specific
consequences or penalties for inappropriate ones. Lack of proper staff training and communication could also be factors.

Although this program may have originally been based on some behavioral principles, in practice, these principles were not consistently and systematically applied. Appropriate behaviors were often reinforced with the same frequency as inappropriate behaviors due to the inconsistencies mentioned earlier.

The second behavioral program observed should have been described as eclectic or "other" because it utilized strategies from other approaches as well as many of the techniques borrowed from the behavioral approach. The program serviced elementary-aged students and was located in an urban area. The school system rented space in a YMCA-type facility. The four classrooms contained between three and six students each with at least one teacher and one teacher assistant assigned per classroom. The rooms were created by partitioning off larger classrooms. The walls did not extend to the ceilings. Any disruption in one of the four rooms could be heard by all in all of the rooms. At times, an "acting-out" individual triggered a series of disruptions by other students in other rooms beyond theirs.

Each teacher's style had a greater influence on the classroom procedures than the operating principles on which their programs were based. Whenever a teacher stepped out
of the classroom (which happened frequently), the rules for that classroom would change. During teacher absences, certain behaviors would be dealt with more severely and others were overlooked which were normally stressed.

Students earned "diamonds" as reinforcers. These were posted on a chart and could be exchanged at the end of the day for small, inexpensive toys and snacks. It was decided for reason of expedience to use this modified reward system of semi-abstract diamonds displayed on a chart over utilizing a straight token economy.

Behavioral contracts were used to augment their system. In certain cases, the teacher and student would draw up an agreement specifying task and reward, affix their signatures, and proceed with a supposedly binding agreement. These agreements, however, weren't always executed according to their letter.

A time out area (time out from reinforcements) and physical restraints (when deemed necessary by staff) were also occasionally utilized. Physical restraints would be used only when a student posed a danger to himself or other students. These external constraints would be placed on the student only until that student could regain self control. The decision on whether or not to use these restraints, however, depended on staffing at the time.

This program also utilized certain strategies from the psychodynamic approach, e.g., play therapy, art therapy,
and "crisis intervention" techniques. During play therapy, a trained counselor or teacher assistant was involved with one or more children. In this relaxed situation, the therapist would communicate about major areas of concern or matters thought to be presenting personal difficulty to the student(s) involved and allow the child(ren) greater latitude in acting out during their play. Art therapy similarly was an outlet situation in which problems or concerns would be themes found in the child's work and often the main goal was merely self-expression. The concerns and problems as seen in the child's work would be discussed with that individual student either during that art period or shortly thereafter. When it came to crisis intervention, it, of course, depended a lot on the situation which presented itself. Normally, it involved the teacher or counselor trying to communicate with a child during a period of emotional unrest. It was believed by the staff that more honest communication occurred during these periods of internal turmoil when emotions were exposed and personal defenses were lowered, and this would allow more progress to be made with the child(ren) involved. Many times, one of the staff members would create a conflict with a student and thus cause a period of turmoil for this individual in the mistaken belief that he was helping this student achieve real progress.
Some of the students in this program were also on medication such as Ritalin to reduce their hyperactive behavior. The biophysical approach was, therefore, also involved with a number of these children.

The fact that strategies from various approaches were being utilized in one program indicates the difficulty one faces in attempting to label a collection of strategies as belonging to one particular approach. Although certain behavioral strategies were present in this program, strategies from the other approaches were more dominant. Hence, despite what was stated, this program could and should not be labeled as being strictly behavioral.

The third program observed was housed in a building that at one time was an insurance company office. As with the others, the program was described as "behavioral" in its orientation; but, when observed, it appeared to use more psychodynamic strategies in its actual operations (the reasons for this conclusion will be delved into later). Middle school-aged, urban youngsters were serviced by a teacher and two teacher assistants in this program.

Although the classroom day started at 8:10 AM, there were several students who would often stroll in late. A point system was maintained by the staff on a portable chalkboard. The points earned each day along with the cumulative totals for the week were kept posted on this board for each student. Points were earned for appropriate
behaviors and subtracted for inappropriate ones, e.g., tardiness, unexcused absences, etc.

Because of a lack of staff training, poor communication, and personality conflicts between staff members, transitions from one activity to the next and general classroom operations during parts of the day became chaotic. At times, students returned to the classroom when they were supposed to be participating in an activity, e.g., physical education, because a staff member was not properly supervising them or was unsure who was supposed to be there.

As with the program described earlier, certain psychodynamic strategies were employed and, in this case, even more so predominate over any behavioral approach used. As an example, with crisis intervention, during periods of crisis, a school outreach worker would talk with the individual in an attempt to resolve the immediate problem and probe at deeper underlying issues, while trying to maintain a non-threatening demeanor. The success of this approach was questionable to say the least when students returning from such intervention were seen to "explode" behaviorally/emotionally shortly after re-entering the classroom. Success or failure not withstanding, when it came to the counseling session or any other psychodynamic situation, it took precedence over any matters of the behavioral program at hand. Therein, the
conclusion was drawn that behavior was, not only, not the approach of true record, but was not even close.

Some respondents to the questionnaires indicated that behavioral strategies work best with behavior problem students which is kind of like saying a soldier should be trained for combat. Certainly, if students present no problems why have any special programs. People will always engage in a search for what works. In the case of this study, the water were muddied not only by some personal predispositions, but appears to involve ignorance of what the nature of the beast is as well.

It appeared that the observed teachers attempted to employ behavioral strategies with their students; but they lacked the knowledge and ability, not only to establish, but to consistently reinforce them. Since most of the Special Education Administrators/Directors indicated that behavior modification is the most effective tool in this classroom situation, e.g., reducing acting out behaviors of emotionally disturbed students, it is natural for teachers to use the approach which their supervisor feels is best. It would appear, however, from those observed that, though supervisors may believe the teachers under them are using a behavioral approach, many may not be.

In conclusion, this author found that although the survey data strongly suggested that Special Education Administrators/Directors from the two states surveyed
(Massachusetts and Rhode Island) indicated that the behavioral approach was both the predominant and also the most effective approach utilized with students diagnosed as "Emotionally Disturbed" and receiving special needs services, upon limited follow-up research, this may not be truly reflective of reality. A few respondents had indicated in their comments that these students are "behavior problem kids" and hence they use a behavioral approach with them. Strategies from approaches in addition to the behavioral may be currently being employed in these special needs programs. Lack of knowledge regarding strategies and foundations of specific approached, along with a lack of equipment and materials, poor classroom design, and a shortage of trained support staff may be contributing factors bringing about this present situation.

Recommendations

The need for further, hands on, investigation is definitely indicated by this study.

Future training of special needs teachers should include a greater focus on the practical applications of behavior modification in the classroom. Undergraduate and graduate training programs which currently offer little instruction in the strategies of the behavioral approach need to be expanded and offer more courses and training to both prospective and practicing teachers.
Those classrooms using the behavioral approach have to be properly equipped and adequately staffed. Knowledgeable support staff must be made available to them as needed. Rules pertaining to classroom operation must be clear and simple so as to maintain consistency. Communication among staff must be so good that they are indeed working as a team.
APPENDIX A

A SAMPLE COVER LETTER OF THE KIND WHICH ACCOMPANIED EACH OF THE SURVEY QUESTIONNAIRES

(Date)

Dear (Respondent),

The survey questionnaire found in this envelope has been developed to yield information related to the perceptions of Special Education Administrators and Directors of both Massachusetts and Rhode Island regarding the philosophical approaches utilized with emotionally disturbed students. In my dissertation research for the University of Massachusetts at Amherst, I am attempting to determine whether there is, in fact, a predominant philosophical approach being utilized with this population group, what are the perceptions towards the effectiveness of these philosophical approaches, and what factors are perceived as having significant influence as to the final selection by special needs teachers of a particular approach.

For respondents from Rhode Island, Questions #2 and #3 may not be applicable because of state laws regulating the delivery of special education services. Respondents are asked to disregard them if that is the case.

As you are aware with any survey research, it is important to attempt to elicit as high a response rate as possible to provide meaningful valid results. Your response to this questionnaire is voluntary and will be of great assistance in providing valuable data. No names of individual respondents nor names of the individual schools/school districts will be revealed. All results from these questionnaires will be reported in the aggregate.

If you have any further questions or concerns, please call me at (508)-675-4650 (work) or (508)-672-4046 (home).

Sincerely,

Walter Witengier, M.Ed., CAGS, ABD
Special Needs teacher (Fall River Public Schools)
APPENDIX B

A SAMPLE SURVEY QUESTIONNAIRE

PLEASE CHECK ONE OF THE FOLLOWING.

(1) DOES YOUR SCHOOL SYSTEM CURRENTLY HAVE AN ALTERNATIVE SPECIAL NEEDS PROGRAM FOR EMOTIONALLY DISTURBED STUDENTS?

___ YES       ___ NO

IF YOU ANSWERED "YES" TO QUESTION 1, PLEASE ANSWER QUESTIONS 2 THROUGH 6.
IF YOU ANSWERED "NO" TO QUESTION 1, PROCEED DIRECTLY TO QUESTIONS 4 THROUGH 6.

(2) OF THE FOLLOWING INTERVENTION APPROACHES, PLEASE SELECT THE ONE THAT BEST DESCRIBES THE PRIMARY, UNDERLYING PHILOSOPHY OF YOUR ALTERNATIVE PROGRAM AT EACH LEVEL WHERE IT EXISTS. (BRIEF DESCRIPTIONS OF EACH OF THESE PHILOSOPHIES ARE FOUND ON THE LAST PAGE.)

ELEMENTARY LEVEL

___ BEHAVIORAL
___ BIOPHYSICAL (MEDICAL)
___ PSYCHODYNAMIC
___ OTHER (PLEASE DESCRIBE)

MIDDLE SCHOOL / JUNIOR HIGH LEVEL

___ BEHAVIORAL
___ BIOPHYSICAL (MEDICAL)
___ PSYCHODYNAMIC
___ OTHER (PLEASE DESCRIBE)

HIGH SCHOOL LEVEL

___ BEHAVIORAL
___ BIOPHYSICAL (MEDICAL)
___ PSYCHODYNAMIC
___ OTHER (PLEASE DESCRIBE)

(3) IS THE APPROACH UTILIZED IN YOUR ALTERNATIVE PROGRAM(S) DIFFERENT FROM THE INTERVENTION APPROACH TYPICALLY USED IN YOUR FULL-TIME SPECIAL NEEDS CLASSES (MASSACHUSETTS 502.4 PROTOTYPE SETTINGS)?

___ YES       ___ NO
(4) PLEASE RATE EACH OF THE FOLLOWING FACTORS AS TO THEIR INFLUENCE ON THE ULTIMATE SELECTION OF A PARTICULAR APPROACH BY SPECIAL NEEDS TEACHERS.

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(5) PLEASE RATE EACH OF THE FOLLOWING MAJOR INTERVENTION APPROACHES AS TO THEIR EFFECTIVENESS IN REDUCING INAPPROPRIATE, IDENTIFIED "ACTING OUT" CLASSROOM BEHAVIORS, BASED UPON YOUR OWN PERSONAL EXPERIENCE, USING THE FOLLOWING RATING SCALES. (BRIEF DESCRIPTIONS OF EACH OF THESE PHILOSOPHIES ARE FOUND ON THE LAST PAGE.)

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* IF THERE ARE SIGNIFICANT DIFFERENCES IN THESE OTHER APPROACHES BY YOUR SPECIAL NEEDS TEACHERS, PLEASE SPECIFY AND RATE.

COMMENTS (i.e. unique conditions within your system or classes that may influence teachers' choice of approach):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
BEHAVIORAL APPROACH
The major assumption underlying this approach is that all behavior is learned and that maladaptive behavior represents inappropriate learning. Behavior may be changed, molded, or maintained by controlling environmental influences. A variety of social (i.e. praise) and material (i.e. food) reinforcers may be used. Interventions may include one or more of the following: token economies, "point system", modeling, contingency contracting, time out from reinforcement, and physical restraint.

BIOPHYSICAL APPROACH
This approach assumes that all behavior has a physiological substrate and that disordered behavior represents genetic or biochemical disorders. Treatment might include drug therapy (i.e. administration of Dexedrine or Ritalin), dietary control (i.e. Feingold Diet), environmental modifications reducing stimuli in the classroom that might prove distracting, and biofeedback.

PSYCHODYNAMIC APPROACH
This approach assumes that maladaptive behavior is merely symptomatic of the underlying mental disorder and, therefore, it is essential to treat the mental "illness" rather than modify the deviant behavior directly. Methods of intervention might include music therapy, art therapy, play therapy, "crisis intervention", or the "life space interview".
APPENDIX C

UNATTACHED SURVEY RESULTS REQUEST SHEET

Please check one of the following:

___ Yes, please send me a copy of the survey results.

___ No, I do not wish to have a copy of the results sent to me at this time.

NAME & POSITION

ADDRESS


Drisko, James W. "Therapeutic Use of Physical Restraint". Child Care Quarterly, 10, No. 4, pp. 318-328.


