Current trends and educational practices in educating emotionally disturbed children in the classroom

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CURRENT TRENDS AND EDUCATIONAL PRACTICES
IN EDUCATING EMOTIONALLY DISTURBED CHILDREN
IN THE CLASSROOM

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CHAPTER I

THE PROBLEM

Introduction

During the past decade an increasing volume of literature has reflected the widespread interest of educators, physicians, and social workers in the field of the emotionally disturbed. There are many existing resources for emotionally disturbed children; but few of them stress education, and fewer of them attempt to weld together the educational and social-emotional considerations. Child guidance clinics, residential treatment centers, and the treatment of children with psychotherapy in the offices of psychologists, psychiatrists, and social workers do not supply the needed help to educational problems. The guidance services in the public schools act as a screening and limited help program, but do not offer sustained help in the manner needed.

If the school is to achieve its educational objectives, it must not only be responsible for teaching of academics; but also for the individual's personal, social and emotional adjustment. As Pope Paul VI so eloquently states in his Declaration on Christian Education:

Children and young adults must be helped with the aid of the latest advances in psychology and the art and science of teaching to develop harmoniously their
physically, mentally and intellectually endowed so that they may gradually acquire a mature sense of responsibility in striving endlessly to form their own lives properly and in pursuing true freedom with courage and constancy.  

Professionals may find their work more effective if they are aware of the concepts and techniques that the clinical sciences have developed to try to grasp the phenomenon of "children in conflict".

Statement of the Problem
According to Eli Bowen, whose point of view will be discussed more thoroughly in a later context:

...the emotionally handicapped child is defined as having moderate to marked reduction in behavioral freedom, which in turn reduces his ability to function effectively in learning or working with others. In the classroom this loss of freedom affects the child's academic and social experiences.  

As educators, we have a practical interest in the way in which the needs of such children are met. The importance of meeting these needs must not be underestimated, for if they are ignored in the classroom, the children will not be emotionally free to learn what is taught. A number of different ways of helping the emotionally disturbed child have been provided. It is the writer's intention to survey the current trends and practices in dealing with the emotionally disturbed child in the classroom.

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2Nicholas Long, William Horse, and Ruth Hovem, Conflicts in the Classroom. (Southworth Publishing Co., Inc.) Belmont, 1967, p. 218
Justification of the Problem

A recent national survey conducted by Eli Bowen, Consultant of the National Institute of Mental Health, revealed that only ten thousand of our nation's half-million severely disturbed children are receiving psychotherapeutic treatment. If we add to this figure the number of children who are beset with affectional, physical, social and adult-model deprivations, children who are victims of unrealistic standards and expectations, it becomes easier, though still abhorrent, to accept the interpretation that one out of every five children in the public schools has an emotional disability.¹

It is estimated that the incidence of emotional disturbances or maladaptive behavior with which the teacher must be concerned would far exceed the ten percent figure if a broader definition of the term were employed.

The importance of helping to understand the emotionally disturbed has prompted the writer to seek the answers to the following questions:

1. What is meant by emotional disturbance?

2. How have emotionally disturbed children been looked upon in society?

3. Which strategy would be most useful to teachers of emotionally disturbed children?

The writer feels that the above questions are important to investigate and this study attempts to examine what is being accomplished in this growing field.

The three major strategies which have been utilized by teachers of

¹Cited by Nicholas Long, Conflicts in the Classroom, p. 7.
emotionally disturbed children will also be investigated. The psycho-
dynamic-interpersonal strategy focuses on the meaning and origin of
the child's behavior. Another concerned with possible underlying or-
ganic causal factors related to behavior will be referred to as the
sensory-neurological strategy. The final approach which views the child's
behavior in terms of its adaptive function will be called the behavior
modification strategy.

Summary

Although it is of importance to know why emotionally disturbed
children function as they do, it is of more importance to learn what
educators can do to help alleviate their problems, and to assist them
in experiencing normal educative and social development. The dedicated
teacher who helps promote the highest achievement of a child strengthens
that child's feeling of adequacy, well-being and self esteem. Can any
other procedure of human effort be more therapeutic than this?
CHAPTER II

REVIEW OF RELATED LITERATURE

The term "emotionally disturbed child" is a recent import in psychological and psychiatric literature. It crept in as a slight variation of "maladjusted children", a term previously used.

Historical Background of the Emotionally Disturbed

In 1921 a paper appeared which brought out that the emotionally maladjusted of all groups of children had received the least attention, so far as can be ascertained it was not until 1923 that the term "emotionally disturbed" was given its present definition, curiously enough in connection with skin diseases.¹

However, from material available it appears that it was not applied specifically to children until 1922. As applied to the child the concept of emotional disturbance does not go back over a quarter of a century. This term does not stand for new forms of mental illness, and new symptoms have not cropped up under its wing. It represents an evolution of our attitudes towards the mentally ill. Through many centuries exceptional children have had the attention of the society in which they lived.

During the pre-Christian era, these children were persecuted, neglected and mistreated. Survival of the fittest was the code. With the

beginning of the Christian era certain societies became interested in
the custodial care of handicapped children. There was emphasis upon the
brotherhood of man and upon the responsibility of the strong to protect
the weak.

In attempts to trace the history of emotional illness as it concerns
the child, or at least what would correspond to emotional illness in
terms of present knowledge, one is baffled to find that records begin
so far back as the twentieth century. Indeed Kenner could write:

When the twentieth century made its first appearances there was not—and there could
not be—anything that might in any sense
be regarded as child psychiatry. 1

As one looks into history, one encounters additional hindrances.
In order to reconstruct the historical incidence of emotional illness in
children, one must plunge into the chronicles of the times—writings on
education, philosophy and history—only to come up with very little
knowledge of the child's emotional status. It is evident that radical
changes have taken place in the status of the child in the family and
society today.

The mental-hygienic movement really began with the publication of
"A Mind That Found Itself", a true story in which Clifford Beers told
of his own mental illness and of his recovery. It started or stimulated
many a movement for the rehabilitation of the mentally ill. 2

1Lee Kenner, The Origin and Growth of Child Psychiatry, American

2Clifford Beers, A Mind That Found Itself, (New York: Doubleday
& Co.), 1948, p. 255.
The child guidance movement began in this country shortly after the turn of the century. In the five decades since their origin, hundreds of these clinics have developed throughout the United States. Almost every city or county of an appreciable size has some kind of mental health or child clinic. Also, there are adult mental hygiene clinics and family service organizations which administer help to parents and family members—help that may often lessen the plight of the emotionally disturbed child.

The research that has been written on the emotional problems of children has shown great concern and interest for these children, but little has been reported on particular methods of educating the emotionally disturbed. Most of the discussion concerns itself with descriptions of emotional disturbances, the origin of the disease, the symptoms, and the needs of these children.

**Definitions and Origin**

Although scientists disagree over the causes of emotional disturbances and the relative importance of genetic, constitutional and environmental factors, everyone agrees that its form in some degree is dependent on the cultural and social values of the times. In order to understand what type of children may be encountered in teaching experiences, it may be advantageous to discuss briefly what terms psychologists, psychiatrists and social workers use for describing emotional disturbances.

Mary Cover Jones and behaviorist John Watson\(^1\) believe that fears (and by inference emotional difficulties) are a result of conditioning.

Their demonstrations of conditioning were meant to pave the way toward better relearning and re-education techniques, as well as to contribute to basic psychological theory and practice. They did not introduce intervening variables or historical factors to explain the child's behavior.

On the other hand, Melanie Klein and Anna Freud saw childhood fears and emotional problems in characteristic "Freudian terms" that is, in terms of early rejection, trauma, and as a product of instinct frustration.1

"Socialization failure"2 is the term Hewett employs when defining the emotionally disturbed child. The term is used to refer to the process by which these expectations are learned and act by members of a society during the course of their development from infancy to adulthood.

Deal, Streecher and Buhm say, "anxiety attacks and phobias are related to intense libidinal or aggressive drives inside the person, when the fact of the drive with its aim and object is repressed".3

Psychological and clinical writers such as Suttles, Hadi, and Vinacm, tend to think of the educational problems of emotionally disturbed children as stemming from an inner fear of learning about the world. Those authors, however, have not submitted their ideas to independent educational research, but offer them primarily on the basis of clinical observation and clinical theory.

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Psychological problems are at times the source of a reading problem. Eisenberg notes:

It must be recognized that the reading difficulty is in itself a potent source of emotional distress. Embarrassed by fumbling recitations before his peers, cajoled, implored or bullied by his parents and his teachers to do what he cannot, the retarded reader is first disturbed and finally dependent about himself.

Ephron, in her study of emotional interference with reading, has found among 11 cases, grades one to six inclusive, that emotional problems curtail reading effectiveness.

Holmes points out that in discussing reading and personality differences with children and their parents phrases such as "reading diagnosis and treatment" are often more accepted than "personality maladjustment and therapy". He maintains that in dealing with the severely emotionally disturbed pupil who is also a reading disability case, therapy and remedial reading must often be combined. The greater the intensity of the emotional problems, the greater tends to be the need for both therapy and individual instruction.

Carl Fanichs, Director of League School in New York states that he has found too many immediate reasons for the overwhelming problem.

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and deviant behavior of children without having to dig and search for
them in deeply buried conflicts arising from repression of the libido;
an uncontrolled Oedipal drive or parental deprivation. He strongly be-
lieves that the pathology of children—their disorganization, withdrawal,
dysorganization and confusion is more closely related to learning dis-
orders and language handicap than to the repression of traumatic child-
hood memories or unresolved intrapsychic conflicts.

Since this paper centers on the disturbed child in the classroom
situation, this discussion will be based on the definition by Eli Bower:

Specifically, the emotionally handicapped
child is defined as having moderate to marked
reduction in behavioral freedom, which in
turn reduces his ability to function effec-
tively in learning or working with others.
In the classroom, this loss of freedom af-
fects the child’s educative and social ex-
periences and results in a noticeable
susceptibility to one or more of these five
patterns of behavior:

1. An inability to learn which cannot
be adequately explained by intel-
lectual, sensory neurophysiologi-
cal, or general health factors.

2. An inability to build or maintain
satisfactory interpersonal rela-
tionships with peers and teachers.

3. Inappropriate or immature types
of behavior or feelings under
normal conditions.

4. A general pervasive mood of un-
happiness or depression.

1Carl Penicka, "Psycho-Educational Approaches for Seriously Dis-
turbed Children in the Classroom", as cited in Educational Therapy,
Vol. 1, Jerome Pollatni, (Seattle, Wash., 1964, Special Child Publish-
ing Co.), p. 220.
5. A tendency to develop physical symptoms, such as speech problems, pains or fears, associated with personal or school problems.¹

Summary

The writer agrees with Cari Panichal, that even if a child's learning or behavioral difficulties had their origin in early childhood conflicts, e.g. maternal rejection, incestuous desires, hostility toward father, etc., the present difficulties and deviant behavior are not only far removed and disassociated from these original causes but are creating new problems which must be met now.

No matter what the primary cause of a child's disturbed behavior, it is believed that the teacher cannot afford to wait until first causes are discovered and resolved. Something must be done now to correct the confusion, impulsiveness, anxiety and other secondary symptoms that disrupt and overwhelm him today.

The primary aim is to lessen the anxiety, withdrawal and confusion of the child and to stimulate maturation by helping him cope more effectively with inner needs and tensions and with life situations. This is done by presenting new learning situations and experiences aimed at correcting and gradually replacing inadequate habits and patterns of behavior with more appropriate and effective ones.

¹All Bower and Nadine Lambert, "In School Screening of Children With Emotional Handicap", Long, 314, 315, p. 126.
CHAPTER III

APPROACH STRATEGIES

All academic work must be highly personalized and timed to fit the
interests, needs, preoccupations and life experiences of each child.
The very pathology of a child can often be used very successfully as
the basis for beginning an academic program.

**Psychodynamic-Interpersonal Strategy**

The selection of an educational methodology for use with the emo-
tionally disturbed will depend in large measure on how such children are
viewed.

One such approach focuses on the psychodynamic inter-personal
strategy. This is concerned with the psychic origin and meaning of
maladaptive behavior.¹

The work of August Alcborn in his book, *Hayward Youth*, represents
an early attempt to apply psychosocial principles to education. He
is credited with "warm sympathy and intuitive understanding". Alcborn's
motto was, "as far as possible, let the boys alone".²

¹ Hewett, EP. *ALB*, p. 9.

² August Alcborn, "Hayward Youth", (New York: Viking Press, 1965),
as cited in Hewett, EP. *ALB*, p. 13.
Call, a psychoanalyst interested in developmental psychology, summarizes the relationship between psychoanalytic theory and education as follows:

Psychoanalysts, most notably Anna Freud, have had a continuing interest in the relationship between the data derived from psychoanalytic treatment and the developmental aspects of psychoanalytic theory to education. Despite all the talk on both sides, the two fields have not really begun to grapple with the realities of the educational process as it is practiced with groups of children in the classroom with one teacher. The explanatory aspects of psychoanalytic theory may reduce or increase the anxiety and guilt in a teacher, but they have little to say at the practical level of how the teacher, as a teacher, should approach the child with educational disturbances. Psychoanalytic theory has in fact been better at defining the nature of problems than it has been in offering solutions. This does not mean that psychoanalysis and education cannot constructively meet in the classroom.\(^1\)

Call also suggests that psychoanalysis had done three things for education. First, it has offered criticism of existing educational methods; second, it has extended the teacher’s knowledge of human beings; and third, as a method of treatment it has attempted to repair the injuries which are inflicted upon the child during the process of education.

Bettelheim, Director of the University of Chicago’s Orthogenic School, comments about the important role the teacher plays in the therapeutic program as an object for relationship and identification:

The satisfaction of a child's wants must become the means which will induce him to form a positive relation to the adults who provide for his well being. Then to the satisfaction of a child's needs is added the unique gratifying experience that only a genuine human relationship can offer. The relationship to this person eventually challenges the child to change his personality at least in part in the image of the person or persons who are now so important to him. He identifies with them, as we say, and this identification is often the starting point for the organisation of his personality. These aspects of the adult's personality with which the child identifies form the nucleus around which he organises his talents, his desires and his temperament, all of which have until now been chaotic and undeveloped.

During the course of its development the relationship of psychoanalytic theory as a general psychology to child development rather than rigid adherence to earlier doctrines of psychic energy and activity and psychosocial milestones has been emphasized. The emphasis relates the concept of age development and socialisation more closely. The child is viewed as an ever adapting organism in an ever changing environment, and the environmental events associated with his personality development assume added significance.

Recently, there has been a growing interest in a psychoeducational approach to the education of disturbed children and the establishment of an effective mental health program in the public schools. Morse\(^2\) advocates organisation of a psychoeducational team in a local region of

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\(^2\) William Morse, \textit{\textquoteright\textquoteright The Crisis Teacher\textquoteright\textquoteright}, Long, \textit{\textquoteright\textquoteright Am\textquoteright\textquoteright., pp. 251-254.
the school system consisting of special education teachers, a psychomotor, social worker, speech personnel, and psychiatric and psychological consultants.

Rudi has also described the use of a "crisis teacher" in the school to assist regular teachers when a given child's behavior can no longer be tolerated in the classroom. The crisis teacher might work individually with the child until such time as he could be returned to his regular room.

One of the management techniques suggested by Rudi is life-space interviewing. The life-space interview is a form of instant therapeutic first aid in which the child is helped with problems in the immediate context in which they have occurred by individuals normally associated with such events. It is designed to deal with "new" events rather than past events in the child's life related to the problem such as might be brought up by a professional psychotherapist, and it relies on the direction of individuals such as teachers and group leaders who are not trained therapists.¹

Rudi contends that life-space interview assumes a mediating role between the child and what life holds for him; which becomes just as important as the interviewing that goes on within the pressurized cabin.

Project Re-Ed is another educational program designed for emotionally disturbed children which provides brief residential treatment and which primarily uses educational procedures and personnel. Project Re-Ed does not utilize a single educational strategy but focuses on the

child's adaptation to his total environment. It has been developed over
da several year period at George Peabody College in Tennessee.¹

Neman, Bloomberg, and Emerson have investigated the effectiveness
of providing "technical assistance", a form of psychosynthetically ori-
ented consultation offered by professionals in the mental health field.²

Elmer Ulman and Margaret Naumberg, both art therapists, agree that
children are an active group. They communicate in a variety of ways,
often less with words than in play, games, body movement, pictures, and
all the things they make from music to place models. Games, activities
and toys are used along with speech of a supportive, probing, or inter-
pretive nature.

Art therapy is perhaps the most commonly known adjunctive treat-
ment whereby the child may be helped to express his problems, conflicts,
and manner of operating by ways other than direct verbal communica-
tion and that through these means he may gain insight and be able to alter
his perceptions and modes of behavior in ways that will be more satis-
ifying to himself and others.

Elmer Ulman maintains that:

- art therapy can be an independent as well
- as auxiliary technique in psychotherapy--
- a claim made, as far as I know, for no
- other activity therapy.³

¹W. V. Lewis, "Project Re-Sk Educational Intervention in Emotional
Disturbances", as cited in Educational Therapy, Vol. 1, Jerome Hellmuth,

²Ruth Neman, "The Acting Out Boys", Exceptional Children, Vol. 22,

The healing quality inherent in the creative process explains, in Kramer's view, the usefulness of art therapy.

"Art", is a means of widening the range of human experiences by creating equivalents for such experiences. It is an area wherein experiences can be chosen, varied, repeated at will. The arts throughout history have helped men to reconcile the eternal conflict between the individuals' instinctual urges and the demands of society.

Music therapy is clearly related to many other therapies. If body movement and body rhythm are understood to be projections, as are painting, clay work, games, and use of toys, then clearly the making of music is also a projection.

Dreikurs believes that disturbed children respond well to music, probably because of the absence of verbal expression. He believes that even though music therapy is relatively young, many approaches and techniques will probably evolve in the process of explorations, experimentation and scientific evaluation of the results.

Dreikurs, in applying his techniques, believes that pleasant experiences with music, often merely in the background, stimulate participation, permit an increase in the child's attention span, and raise his frustration level. External and internal tensions disappear, as reality becomes more pleasant and less threatening. The demands for participation are so subtle that they are not resented edified.

Dance therapy has also been used successfully with disturbed children. The body is involved in all emotional experiences and psychosomatic tensions reveal both feelings of security and insecurity. As the child attains better coordination, posture and rhythm in his movements, he often develops a feeling of greater security and confidence in himself.

Maria Chase, a dance therapist, believes that movements are an expression of a child’s inner self rather than a response to the world around him.¹

The adjunctive therapies employed are winning clinical respect and undoubtedly will attract increasing interest from the educational and research fields as more school programs are developed.

The work of these men has been presented as illustrations of the application and development of a psychodynamic-interpersonal educational strategy. Their approaches, while covering a wide range of specific emphases, share in common a concern for understanding the antecedent psychological problems associated with the child’s behavior and reliance on building a positive, trusting relationship between teacher and child as a prelude to training and academic learning.

**Neurological Strategy**

Another type of child who often manifests maladaptive behavior or emotional disturbances is the child with suspected neurological impairment. His difficulties have been referred to as the brain damage behavior syndrome, hyperkinetic-impulsive disorder, or Straus syndrome. He may also be described as a victim of minimal cerebral cerebral dysfunction or a learning disability. Among the maladaptive behaviors

¹Maria Chase, "Dance in Growth or Treatment Settings", *Music Therapy*, 1959, Part VII, Vol. 8, pp. 119-122.
often seen in these children are specific learning deficits, perceptual-motor deficits, general coordination deficits, and short attention span and/or distractibility. Since all of these may also be seen in children called emotionally disturbed, a question often asked at the present time is whether such behaviors are organic or functional in origin.

The sensory-neurological strategy predates the psychodynamic-interpersonal strategy. One of the most significant landmarks occurred with the work of Itard.¹

In his training program Itard not only established methods of sensory training used today with exceptional children and gave support to the premise that all children regardless of their apparent degree of nonadaptable are ready to learn something, but he also demonstrated aspects of behavior modification and operant conditioning methods which will be discussed later.

During the nineteenth century Sequin, a student of Itard, continued exploration of sensory-motor training with handicapped children. His work strongly influenced Montessori whose scientific approach to pedagogy includes development of unique sensorial materials for visual, auditory, tactile and olfactory training. This approach has been applied to the education of children labeled emotionally disturbed because of continuing interest in explaining maladaptive behavior on an organic basis.

The most recent contributors to the sensory-neurological strategy

are Fernald, Strauss, Eaphart, Frostig, Cruickshank, and Gallagher.

The Fernald method of kinesthetic word training is a multi-sensory approach to learning that has proven useful in teaching reading and spelling to children with learning and behavior problems. The child traces with his fingers over words written in large form in crayola on a slip of paper. He looks at the word and says it aloud as he engages in the kinesthetic training procedure.

As Fernald observed:

when a child fails to learn to read, his world can become a disturbed one.

In contrast, Strauss's work has been with children termed "brain-damaged" but who often manifest problems of emotional disturbances as well. With Werner he contributed to a broader psychological adjustment among exceptional children.2

In collaboration with Lehtman, Strauss conceived of training procedures that have relevance for many types of exceptional children.

Control of stimulation in the classroom, separation of children to lessen distractions and heightening the stimulus value of teaching materials are environmental planning considerations recommended by Strauss to counteract organic disturbances of behavior and attention.

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2H. Werner and A. Strauss, Pathology of Figure-Background Relationship in the Child, Journal of Abnormal and Social Psychology, 1941, Vol. 36, pp. 230-240.
Cruikshank\(^1\) has recognized the considerable degree of overlap which exists between brain injured and emotionally disturbed children. He has developed a sensory-neurological strategy with implications for both. As a result of an experimental study with these children he concluded that the following conditions for teaching were desirable:

1. reduced environmental stimuli.
2. reduced space.
3. a structured school program and life open.
4. an increase in the stimulus value of the teaching materials, which are constructed to cope with the specific characteristic of the psychopathology considerations.

Cruikshank states the objectives of the teacher as follows:

the teacher works with the children in terms of enlisting the support of the age, in acquiring mastery of the learning skills. The existence and resolution of psychopathological aspects of the personality is secondary to the instructional goal and the success of the teaching situation is gauged in relation to the degree to which children achieve academic progress.\(^2\)

Unlike Cruikshank, Epphart's approach emphasizes establishing perceptual motor skills before undertaking formal academic training. Epphart suggests that:

the teacher already spends a great deal of time with the slow learning child. Much of this could be more profitably spent by concentrating on pre-academic skills, rather than by continued drilling on the academic activities, from


\(^2\)Ibid., p. 424.
which the child has already demonstrated that he is not ready to profit. If readiness can be achieved by giving him such special training early, many slow learners will fall in with the rest of their fellows and continue learning through the customary activities of the group.  

Kephart has formulated a developmental framework stressing the importance of perceptual motor functioning underlying complex learning and behavior. The Achievement Center for Children at Purdue University under Kephart's influence offers diagnosis and training for children with perceptual-motor deficits.

Freitag 2 (Leftover and Whittlesey) has developed an assessment device for measuring the level of visual perceptual functioning in children and has produced specific materials for remediating difficulties in hand-eye motor coordination, figure-ground perception, recognition of constancy of shape, determination of position in space, and spatial relationships.

Freitag believes that what is possibly the most frequent cause of learning difficulties is perhaps the least widely recognized of all. This is a disturbance of the child's perceptual abilities—either his visual perception, his auditory perception, or his kinesthetic perception. Perception means the recognition and organization of sensory impressions of the world around us. Freitag holds that:

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what we perceive by means of our senses in all we have to connect us with the other human beings and with the inanimate objects in our daily lives. Without adequate perception, a child is isolated from his environment.  

Capobianco commented that the one irrefutable characteristic attributed to children with learning disabilities is their wide variability of behavior.

He stated that:

efforts to group these children into categories variously termed neurologically impaired, inadequate, cerebral dysfunction and the like, have complicated the interpretation of research findings rather than providing a basis for operational definitions.  

He firmly believes that as far as the teacher is concerned, the disturbing behavior demonstrated by these children, brain injured or not, must be eliminated or modified. The teacher will find no difficulty in recognizing that all is not well with a child who:

1. Follows no logical pattern in his behavior.
2. Never sticks with anything over a long period of time.
3. Wanders aimlessly about the room apparently concerned with everyone else's business.
4. Never sits still for a minute; always runs, never walks.
5. Acts before thinking—seldom considering the consequences of his behavior.
6. Repeats, excessively, a task or movement.

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1

2

7. Seems at times to be out of contact—
does not hear you.

These behaviors do not comprise a total list of indications of poten-
tual organicity; however, they serve as specific examples of the
many factors comprising the learning difficulty syndrome. It is not
within the province of the school teacher's responsibility to make the
diagnosis but rather it is his duty to utilize techniques and method-
ologies which prove to alleviate the condition responsible for the in-
adequacy of the child's functioning. When the techniques at the tea-
cher's disposal do not improve the situation, then it is time to request
a diagnostic evaluation by the school psychologist.

Kirk and McCarthy¹ have devised a quantitative test of psycho-
linguistic abilities for children between the ages of two and one-half and
nine. Their Illinois Test of Psycholinguistic Abilities consists of a
battery of nine sub-tests designed to assess the linguistic assets and
deficits of children.

Utilizing the ITA the teacher can identify the relative abilities
and disabilities of children with learning problems and develop remedial
instructional procedures accordingly.

The ITA does not make any assumption with respect to neurological
or neurophysiological correlates of behavior. Its emphasis is on assess-
ing behavior manifestations in the psycholinguistic field, in relating
the assets and deficits to a behavior (not a neurological) model, and

¹Samuel Kirk and James J. McCarthy, "The Illinois Test of Psycho-
linguistic Abilities—An Approach to Differential Diagnosis", American
extending this type of behavior diagnosis to a remedial teaching situation.

Similarly, Vellel1 has recently suggested a clinical profile to be used in showing patterns of cognitive strengths and weaknesses as revealed by items passed and failed on the Stanford-Binet L-M.

Another approach to training is that of Kirk and Betzmann.2 These scientists believe that each individual child has his own unique profile of abilities and disabilities. They are systematically moving ahead to finding ways of teaching to the weaknesses of children so as to remedy them.

A thorough reading of the major references associated with each of these authors will clarify their similarities and differences in points of view and training procedures.

The sensory-neurological strategy provides the role of diagnostician for the teacher of the emotionally disturbed.

This role establishes a liaison between education, medicine and neurology, which like the liaison between education, psychology and psychiatry inherent in the psychodynamic-interpersonal strategy, is often particularly attractive to teachers of disturbed children.

In general, there is little concern with inferred psychological meaning of the child's behavior although the authors cited admittedly vary in this regard.


In Hewett’s experience many highly respected neurologists have mentioned anxieties with regard to uncritically assuming that word reversals, hyperactivity and perceptual-motor problems are organic in origin. They honestly admit their limited ability to relate problems of learning and behavior to specific functions of the brain.\(^1\)

Certainly, not all emotionally disturbed children demonstrate sensory or neurological problems in school, but as long as maladaptive behaviors such as inattentiveness, distractibility, hyperactivity, poor coordination and perceptual-motor deficits are commonly found among them an attempt to establish a link between organic contributing factors will undoubtedly continue. As definitive evidence is obtained it may greatly aid the physician and neurologist in treating such children, but perhaps assist the teachers confronted with the problem of teaching them to a far lesser extent.

On the basis of evidence gathered, it is apparent that the worth of the program will rest upon the adequacy with which specific methods tend to alleviate identifiable learning impairments without respect to causation. But who is to say that all children with learning disabilities need to be exposed to the intensive program to insure learning? Certainly there would be less expenditure of time and effort and fewer demands for extensive professional training on the part of teachers if some of these children could learn without recourse to vigorous programs of education by some professional specialists.

\(^1\)Hewett, Ed. M.D., p. 27.
The Behavior Modification Strategy

As educational programs for emotionally disturbed children receive increased federal, state, and local public school support and become more widespread, several models for establishing these programs are available to teachers. Each model has influenced school programs for emotionally disturbed children, and depending on the intuitive, diagnostic, and curricular skill of the teacher, has been useful to some degree. The need still exists, however, for a more generally applicable model to handle the ever-increasing number of inattentive, failure prone, and resistant children who are being separated from their more readily educable peers. Such a model must be understandable to the teacher, translated to the classroom, and hold promise for more effectively educating the emotionally disturbed child.

Recently, a model called behavior modification has demonstrated usefulness with exceptional children.

Originally formulated by Skinner, the operant procedures provide teachers with a scientific, reliable method for analyzing behavior. Rather than view the emotionally disturbed child as a victim of psychic conflicts, cerebral dysfunctions, or merely academic deficits, this approach concentrated on bringing the overt behavior of the child into line with standards required for learning. Such standards may include development of an adequate attention span, orderly responses in the classroom; the ability to follow directions; tolerance for limits of time,

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space, and activity; accurate exploration of the environment, and appreciation for social approval and avoidance of disapproval.

Newell\(^1\) states that instead of asking "why" an emotionally disturbed child behaves as he does or attempting to relate his problems to "how" the central nervous system is functioning, the teacher may simply ask "what" behavior modification does the child exhibit which interferes with learning. The behavior modification strategy to which we now turn is primarily concerned with asking "what" rather than "why" or "how".

When environmental events or consequences of behavior increase the frequency of the behavior, these consequences are called reinforcing. Reinforcing events or stimuli in relation to a specific behavior are classified as either positive or negative, demonstrating their additive or subtractive function. Positive reinforcers are those stimuli which increase the frequency of a response by their presentation; they are added to a situation. Negative reinforcers may also increase the frequency of a response, but by their removal or subtraction from the situation.

According to Ulman and Kremer\(^2\) the behavior modifier has three main concerns: (a) defining maladaptive behavior, (b) determining the environmental events which support this behavior, and (c) manipulating the environment in order to alter maladaptive behavior.

In the case of the emotionally disturbed child, his maladaptive

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\(^1\)Newell, op. cit., p. 28.

behavior is readily distinguished in the classroom by poor concentration, acting out, hyperactivity, defiance, and other manifestations that make him a poor candidate for learning.

Levitt\textsuperscript{1} maintains that the main reason teachers balk at applying operant procedures in the classroom is that often those who have sought to translate procedures for classroom use have used too many terms that are meaningless to the teachers. Another reason for resistance to this technique may be that much of the evidence on its effectiveness relates only to severe behavior problems studied in laboratory settings. Studies, for example, demonstrating the control of violent temper tantrums, thumb sucking, or the severely retarded to attend to their sanitary needs do not seem immediately applicable in a public school setting. There are only a few studies referring to the modification of academic behaviors in such areas as reading or arithmetic, and even fewer citing the use of operant procedures in modifying complex social and verbal behaviors.

Whalen\textsuperscript{2} has written a knowledgeable and comprehensive account of the relevance of the behavior modification strategy to the education of emotionally disturbed children. He states that behavior normally occurring at a low rate may increase in frequency when it is followed by activities which are highly desirable to the child. He also reports the usefulness of a negative reinforcement-removal of the child from the


classroom for inappropriate behavior for a specified period in a "time out" room, which had far fewer rewarding properties than the actual classroom.

Quay has utilized behavior modification techniques within a classroom program with "conduct disorder" children who manifested uncontrolled and aggressive behavior in school. In an illustration of building pre-academic before academic skills, Quay rewarded his students by periodically flashing a light on their desks if they were paying attention to the teacher during a group listening period. The light flash later was rewarded with a piece of candy, and attending behavior of the students increased dramatically during the time of the study.

Keller provides a striking example of the classical conditioning of reflexive behavior:

Suppose that, in a warm room, your right hand is immersed in a pitcher of ice water. Immediately the temperature of the hand will be lowered, due to a shrinking or constriction of its blood vessels. This is an instance of respondent behavior. It will be accompanied by a similar, and more easily measured, change in the temperature of the left hand, whose bloodvessel constriction will also be induced. Now suppose that your right hand is dipped into the ice water a number of times, say at intervals of three or four minutes; and suppose further that an electric buzzer is heard briefly just before each dip. By the 20th pairing of the buzzer sound with the cold water, the temperature change can be elicited by the sound alone—that is,

without the molesting of either hand. 1

Application of behavior modification principles to education does constitute good teaching, but unfortunately the valuable contribution which such principles can make to the education of disturbed children is often overlooked because of the discomfort some educators experience in relating a theoretical framework which has largely emerged from the animal laboratory to the human classroom.

One goal in education is to enable children to work and learn independently in the classroom. The teacher's task is to arrange the environment in such a way that when children interact with it, learning is maximized. When a child has acquired a behavior, and that behavior is being maintained, the teacher can devote more time and skills to other children who need to acquire specific behavior.

When behavior needs to be maintained, then it is no longer necessary to provide accelerating consequences to each behavioral response. Maintaining behavior requires that the teacher reduce considerably the number of accelerating consequences provided; indeed, it is a necessity if a child is to develop independent learning skills and self-control. It is during this maintenance process that appropriate behavior is accelerated by consequences which are intrinsic to completion of tasks, social approval, feelings of self-worth, and the satisfaction of assuming self-responsibility.

Application of the behavior modification strategy in the field of education is seen in the development of teaching machines and programmed

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Teaching machines and behavior modification devices in a pure form, and programs presented on them adhere closely to basic learning theory principles; clearly defined stimuli and expectations, active responses required for the learner, immediate reinforcement through knowledge of results, use of prompts when necessary to guarantee success, and gradual increase in complexity of the material.

An operant conditioning educational program teaching word-picture association, alphabet recognition, and handwriting instruction was successfully undertaken by Hewett with a twelve year old nonverbal autistic boy who had never responded to intellectual skill training before. Proceeding from color and form discrimination training to word-picture matching and alphabet recognition and writing, this boy was taught to communicate his basic wants through writing on a pad of paper which he carried with him. A later training program with a nonverbal autistic boy of four and a half established beginning speech skills through application of operant conditioning procedures.

Haring and Phillips found the use of a structured classroom with clear-cut expectations and rewarding consequences for academic accomplishments resulted in a sizable achievement gain for emotionally disturbed children, in contrast to that obtained for similar children in


a more traditional educational setting.

Zimmerman and Zimmerman\(^1\) demonstrated that the spelling disability of a student who continually misspelled every word and received constant teacher attention as a result improved markedly when the teacher withheld attention until the correct spelling of the word was produced.

In the laboratory preschool at the University of Washington, a group of teachers and psychologists has been concerned with the effects of adult social reinforcement on specific maladaptive childhood behaviors. This group, operating within the confines of the classroom, has systematically defined and quantified deviant behavior, arranged environmental contingencies for behavioral change, and finally, assessed the reliability of the social consequences by reversing the contingencies.

Harris et al.,\(^2\) investigated the effects of adult social reinforcement on the crawling behavior of a three year old child when baseline observations revealed that the child crawled 80 percent of the time when she was in school. The modification hypothesis employed social interaction in the form of adult smiles or proximity, contingent upon the child's walking and running. If the girl crawled, social consequences were withdrawn. The authors reported normal walking on the part of the girl after one week of contingent social interaction. To determine the validity of the consequence effects, the experimental contingencies were


reversal, making adult social interactions contingent upon crawling.
This procedural reversal resulted in excessive crawling in 2 days, at the
end of which time the initial contingency was reinstated, and in only 4
days the child was once again walking a normal amount of time.

In a recent study by Hart, Allen & Busb, equally successful results
were obtained when crying, emitted or maintained, depending upon its
effects on the environment, was brought under control of social conse-
quences. Teachers ignored children's crying and gave social attention
and approval for non-crying behavior. To provide that the crying was a
function of adult social consequences, the teachers reversed procedures
and gave added attention to crying episodes. The results indicated that
when adult attention was given to crying, crying increased in frequency.
When such crying was ignored, episodes decreased from ten times a morn-
ing to zero or one. It was further noted that the children, when their
crying did not receive attention, became absorbed in constructive
activity.

Hart, 2 used movie cartoons to bring thumb-sucking under the control
of environmental consequences. When the child put his thumb in his
mouth, the cartoon was turned off; withdrawal of thumb from mouth re-
sulted in continued presentation of the cartoon. During initial learn-
ing sessions thumb-sucking decreased in frequency, but it recovered

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1. Hart, E. Allen, J. Busb, P. Harris, & H. Wolf, "Effects of
Social Reinforcement on Operant Crying", Journal of Experimental Child

2. Hart, "Laboratory Control of Thumb-sucking by Withdrawal and
Reinforcement of Reinforcement", Journal of the Experimental Analysis
quickly upon termination of experimenter controlled consequences. After further sessions, thumbucking decreased in areas other than the experimental room. This study readily demonstrates one application of behavioral modification techniques to the alteration of specific behaviors.

Not only socialization but also a lack of vigorous play behavior was the problem studied by Johnston et al.¹ in an attempt to strengthen active play for a younger hampered by deficient motor skills. The acceleration of the child's involvement with a wooden climbing frame was selected as the target activity for which baseline data showed only 10 percent expenditure of the child's time. When adult attention was made contingent on successive approaches to the apparatus, the climbing activity involved 50 percent of the child's play periods.

Praise, teacher attention, stars, and grades provide adequate incentive for most pupils to behave in a socially approved way. However, for some students, notably school dropouts, aggressive children, and some retarded and emotionally disturbed children these methods are relatively ineffective. Where the usual methods of social approval have failed, token reinforcement systems have proven effective. Token reinforcements are tangible objects or symbols which attain reinforcing power by being exchanged for a variety of other objects such as candy and trinkets which are back up reinforcers. Tokens acquire generalized reinforcing properties when they are paired with many different reinforcers. The generalized reinforcer is especially useful since it is effective regardless of the momentary condition of the organism.

Although classroom token reinforcement programs have proved effective in modifying behavior, the pupil teacher ratio has usually been small. Quay\(^1\) had one teacher in a behavior modification classroom of five children. One purpose of this project was to devise a token reinforcement program which could be used by one teacher in an average classroom; a second purpose was to determine whether a token system could be withdrawn gradually without an increase in disruptive behavior by transferring control to teacher attention, praise, and grades, with less frequent exchange of back up reinforcers.

Records indicate that after the token procedure was put into effect, the children behaved better during the morning sessions, music and library periods. These reports suggest that a transfer to normal classroom control using social reinforcement and grades would not be very difficult.

There are advantages inherent in using behavioral modification techniques in classroom situations. Teachers have traditionally been assigned to change or modify the behavior of children entrusted to them for several hours a day. Causes of deviant behavior, while important for some disciplines, are not of primary concern for educators. Educators must work with exhibited, overt behavior, and not with general, dynamic causes of that behavior. Behavioral responses can be measured and analyzed quantitatively. Precise, observable measurements are directly related to the application of appropriate behavioral modification techniques. Behavior can be observed; postulating unobservable causes that attempt to explain behavior leaves educators with anachronistic...

\(^{1}\) Quay, op. cit., pp. 306-315.
concepts which cannot be arranged or manipulated in classrooms designed to modify behavior.

There is present also within the limits of behavior modification an element of child-teacher "feedback". This factor serves to define to the teacher the relative success of the technique by means of a teacher response to child stimulated transference with regards to the method itself. Consequently, the emotionally disturbed student provides a reflection for the value of the technique; the teacher can then act accordingly.

Information presented in this paper reviews behavioral modification techniques which have been practically and efficiently applied with individuals and groups of children; the results of such application have been reported. Whether these techniques achieve satisfactory results when compared to behavioral systems that have different orientations can only be known by observing and recording behavioral changes in children. The proof of which system is the most efficient for solving behavioral problems will be discerned only when such problems are solved.

Summary

Three strategies for educating emotionally disturbed children have been reviewed in this chapter. The psychodynamic interpersonal strategy asks, "why" the child behaves as he does and focuses on the underlying psychological causal factors related to problems presented in the classroom. The sensory-neurological strategy is most concerned with "how" the child's behavior might be linked to organic deficits. The behavior modification strategy focuses on "what" the child presents in the classroom and attempts to shape deviant behavior so that it falls in line with
All three strategies have produced positive results for some emotionally disturbed children. Each also has certain limitations.

The psychodynamic-interpersonal strategy has contributed goals to the field of education of emotionally disturbed children. Communicating acceptance, building positive relationships, allowing self-expression, attempting to understand the meaning of the child's behavior and remediating ego defects are goals directed toward helping the child get ready for learning. However, they are so global and difficult to define operationally that teachers of the disturbed may not clearly understand them.

The psychodynamic-interpersonal strategy, then, is viewed as being primarily relevant to education in terms of goals, even though they are difficult to define operationally, but seriously limited in terms of the methodology it offers average teachers in the public schools.

According to B. F. Skinner, "Education is the establishing of behavior which will be of advantage to the individual and to others at some future time." The behavior modification strategy offers a powerful methodology as well as specific educational goals.

The sensori-neurological strategy is strong in both goals and methodology. The educational goals of this strategy can be defined as observable acts, (e.g., hand-eye coordination), rather than inferred psychological states, (e.g., ego-functioning), and as such are more readily communicated to the teacher.

In addition, there are specific methodologies available to the teachers for assessing progress. The child who has not established a left-right orientation can be identified fairly quickly, assigned a...
goal of laterality training, and provided with a series of exercises and work sheets to assist him. His daily performance will give a ready indication of the progress he is making.

Despite such specificity of both goals and methodology the sensory neurological strategy is limited because of the narrowness of its focus. Rigid sensory motor training procedures may minimize or overlook broader socialization goals for emotionally disturbed children.

It is evident that both goals and methodology must receive strong emphasis if the field of education of emotionally disturbed children is to develop and provide adequate programs in the public schools. Despite the many hours the emotionally disturbed children must spend outside the school each day, often in deplorable surroundings and malignant family relationships, the positive hours in the classroom can make a significant difference in their lives.
CHAPTER IV

SPECIAL CLASS VS. REGULAR CLASS

At present there are two major settings for providing education for emotionally disturbed children: the special class and the regular class. The special class is differentiated from the regular class in that it deals exclusively with the emotionally maladjusted child and consequently is totally devoted to this type of individual. Conversely, the regular class affords a socially and emotionally normal setting not concurrent with the psychological makeup of the disturbed child. Indeed, it may be the reinforcing factor for such deviant behavior. A number of studies have been conducted to investigate which of these two settings will deal more effectively with the individual needs of the emotionally disturbed child.

The special classroom setting is a response to the need for educating the whole child so that he may return to a proper emotional, psychological and educational balance. What symptoms does such a child display within an educational atmosphere to warrant such a decision? It has been shown that basic to almost all children in the classroom are (a) hyperactivity in the classroom; (b) great oral hunger; (c) low level of frustration tolerance; (d) some degree of acting out, deviant, nonconforming behavior and anti-adult attitudes; (e) some resistance to learning; and
(f) some disturbance of self-image and sense of identity. Specifically, these children are either hyperactive, compulsive achieving, withdrawn or over-dependent, although many show an overlapping of these symptoms and these four are not inclusive of all children.

In considering which of the two settings is more advantageous to the child, a study was conducted to measure achievement and overt behavior of emotionally disturbed children in special and regular classes in Chautauqua County, New York. The social position of emotionally disturbed and normal children in regular classes was also assessed. A comparative description was made and the following conclusions were derived within the stated limitations of the study. The emotionally disturbed children in the regular classes achieved less well on the Wide Range Achievement Test and the Behavior Rating Scale than did the emotionally disturbed children in special classes.2

An intensive investigation was conducted by the Arlington County Public School System in Arlington, Virginia (1958) involving nine of the public schools. Three different methods of teaching and three grouping situations were utilised; children from grade levels 2-5 participated, with 15 children in each group.

Group II was termed "structured" and they were placed in two special classes, primary and intermediate. The setting was highly structured, stimuli-reduced and the children were given a daily prepared sequence of

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academic tasks to be completed. The structure was gradually relaxed to permit development of individual initiative, but generally a firm and nonpermissive atmosphere prevailed. Children often displayed attitudes characterized by refusal to work, to communicate, and to participate. Isolation proved to be the most effective technique when a child's behavioral disturbance adversely affected others.

The teachers of Group II used methods of educating emotionally disturbed children generally employed in a regular class setting. Many techniques were used from time to time in this situation. The children were given the regular curriculum used in grades 1 to 5; school work was modified to suit interests. The children were given opportunities for success, and recognition and responsibility, but punitive responses were avoided by teachers when aggressive or rebellious behavior was displayed.

The fifteen children in Group III were placed in a special class; the teacher here had some experience and training for instructing children with such disorders. In this group, the curriculum was modified to suit the interests of the class. The teacher displayed a permissive attitude and children's feelings were freely displayed and recognized; emotional needs were considered all-important here.

Results of the study showed that the children in Group I showed an increase in academic achievement and behavior adjustment superior to the other group.

This group became more goal-oriented with less random, meaningless behavior.1

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1M. Herrings, Larkin Phillips, op. cit., pp. 64-80.
A similar program is now being conducted in the Elgin, Illinois Public School System. The objectives of this program are to (1) recondition emotionally disturbed children through structured social and academic experiences and through parental guidance, and (2) to assist these children in achieving an academic level which is more nearly commensurate with their abilities. Maximum class size was limited to 6 pupils. The size of a class in such a study proved to be of paramount importance; classes ideally should contain from 6 to 12 students. A larger class would prevent teachers from giving the individual attention necessary and a smaller one would not be practical for such a program.

The success of this program was a result of discriminating planning by the administration, faculty and psychological consultants, indeed, but cardinal elements were present which are indicative of equally successful programs paralleling this one. Specifically, these were a structurally stimulated classroom, well defined class routine and selected stimuli placement within the class to promote students to respond appropriately to the situation at hand. Camp and Latham describe it:

The children seem very aware of time devoted to each subject. With each day tightly structured into time units, they seem to feel more secure and less threatened than when they cannot predict the progression of activities and teacher expectations.

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2Ibid., p. 34

3Ibid., p. 36
A tangible result of this program was that students participating achieved academically in 9 months what they had previously accomplished in 3 years in the traditional classroom setting. In conjunction with this result is the factor that as they achieved success in the classroom, they were learning to internalize controls which form the foundation for future success both in traditional classroom and life experiences in general.¹

In light of the special needs of such children, other aspects of the physical environment in the classroom are subject to evaluation. The first of these is size and shape allotment for such a room is 55 to 65 square feet minimum per child, with a minimum of 450 square feet for even the smallest group. A non-rectangular shape should be avoided; l-shaped rooms or rooms equipped with individual cubicles are considered valuable in limiting or preventing eye contact between pupils. Students frequently respond to stimulation from other students, producing a "ripple" effect in the group.²

A second physical characteristic to consider is sound control. Children with varying emotional imbalances will react differently to sound stimuli. Consequently, hyperactive and loud children require an opportunity to experience an environment devoid of audio-stimulation. On the other hand, children displaying introverted tendencies require occasions for even vociferous expressions of internal frustrations and aggressions. The classroom situation must be balanced by use of

¹Abbey, p. 38
²Cohen, op. cit., pp. 23-28
aggregated sections in a room, including areas which intensify sound by sound reflection and also reduce it with absorbing tile on the ceiling and hardwood on the walls.

Role of the Teacher

An immediate controlling factor in the classroom situation is of course the teacher. It is the role of the teacher of the emotionally disturbed child to allow the many distinct irregularities which reinforce undesirable behavior; thus, such a person controlling a situation must possess attributes vital to classroom management.

Holl\(^2\) reported an interesting study, not on emotionally disturbed children, but on dealing with different types of children and teachers. As to types of teachers, they delineated three: turbulent, self-controlling, and fearful. The self-controlling teacher seemed to be the most effective, from an educational standpoint and in controlling the social climate of the classroom, with all types of children. The types of children studied were: conformers, opposers, waivers, and strippers. The terms are used essentially in a common sense way. The former, more self-controlling teacher showed more effectiveness with even the oppositional children, presumably because the nature of structure and limits were well defined and the children respected this definitiveness. This study lends confidence to the hypothesis that firmness and structure on the part of the teacher can measurably improve

\(^1\)Holl, p. 301.

not only the achievement but also the mental health status of children, both disturbed and normal.

Berkowitz and Rothman define the teacher's role in the classroom for disturbed children as follows:

The role of teacher—educational concern with skill and discipline has given way to a new concept of teaching concerned with education of the emotions. In order to accomplish this goal the teacher has to accept the behavior of the child from his first moment in the classroom, no matter how unacceptable that behavior may be. The disturbed child who is aggressive is permitted to express his aggression without harming himself or others, while the withdrawn child is not pressured into socializing but is treated with intelligent neglect. Every child is made to feel that the teacher accepts him as an individual and that his behavior will be met with understanding.

Frank M. Hewett suggest that a teacher should be "tender without being sentimental, tough but not callous, sensitive but not irritable, possessed by conviction, profoundly aware without loss of spontaneity... and self actualized".

It is of special importance for a special education teacher to be characterized by these points, as the sensitivities of emotionally disturbed children make the impact of human personality and emotion greater, as either a therapeutic or destructive force.

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3Cohen, op. cit., p. 25.
The antithesis of the traditional Freudian school of psychology is the more recent behavioral school. This method of altering undesirable behavior can effectively be applied to a class of emotionally disturbed children. Why should teachers focus primarily on behavior rather than its cause? Clarizio and Yelon state:

teachers by virtue of their orientation are not trained to probe the causes of behavior that even mental hygiene specialists often consider obscure and uncertain. Hence, is it really helpful to ask the teacher to understand the causes underlying children’s disturbed behavior?  

Acting upon the behavioral school of thought has frequently proved effective. A logical point to raise is that of symptom substitution in this form of education. In fact, there is little in the way of evidence to indicate that if a teacher assists a child in behavior modification, symptom substitution will occur.

Aside from techniques employed by the teacher in relation to the group, concentration must be given to teacher mobility within the classroom. Consider both sides. A mobile teacher stimulates distractibility in a variety of ways. The individual student must seek her out for attention, a situation which produces uncertainty. Also, a teacher moving about induces opposite expectations from the group: (1) will the teacher offer assistance, or is she concerned with someone else? (2) will she punish or reprimand, rather than assist? On the other hand, a stationary teacher easily found offers security and provides an opportunity for the

child to take it on his own initiative to obtain answers for his problems or alleviations to his anxieties. Hence, the position a teacher assumes within the classroom can play a vital part in accommodating the needs of the emotionally disturbed child.

**Summary**

In conclusion, a class of emotionally disturbed children benefits greatly when the academic environment is properly structured, free from extraneous stimulation and conducive to rehabilitation. The eventual goal of any such classroom is to return the child to a normal setting, both in school and society.

A teacher must be sensitive to the needs of such a child and yet possess a character which is itself based on a foundation of firmness and self-assurance. It is in this atmosphere that the child will mature.

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CHAPTER V

SUMMARY AND CONCLUSION

The foregoing study has been undertaken to place the difficulties of the emotionally disturbed child in a total environmental perspective. The writer has endeavored to assess the value and significance and limitations of three strategies employed by educators today: the psychodynamic-interpersonal strategy which focuses on the meaning and origin of the child’s behavior, the sensory-neurological strategy which is most concerned with “how” the child’s behavior might be linked to organic deficits, the approach which viewed the child’s behavior in terms of its adaptive function. The behavior modification strategy focuses on “what” the child presents in the classroom and attempts to shape deviant behavior so that it falls in line with standards required for learning. All three strategies have produced positive results for some emotionally disturbed children.

SUMMARY

Through learning, each child is helped to order his own world and cope with the universe better and thereby increase his feeling of adequacy and enhance his self respect. The development of an effective curriculum for emotionally disturbed children would appear to be the current pressing obligation of those professions related to special
education. In this presentation an attempt has been made to present an
approach to therapeutic selections of curriculum for emotionally disturbed
children, based on clinical understanding of the nature and classroom
manifestations of childhood emotional disorder. While individualization
of educational methods for each child remains the key to successful im-
plementation of therapeutic programs for emotionally disturbed children,
it is hoped that some guidelines for further thinking and research in
this important area have been suggested.
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