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FOCUS ON EXCEPTIONAL CHILDREN

INTEGRATION OF EXCEPTIONAL CHILDREN INTO REGULAR CLASSES

INTEGRATION OF EXCEPTIONAL CHILDREN INTO REGULAR CLASSES: RESEARCH AND PROCEDURE

Judith K. Grosenick[1]

During the past decade, increasing emphasis has been placed on that segment of the school age population referred to as emotionally disturbed. As a result, schools, agencies, clinics and hospitals have sought to establish some form of educational experience for these children. In some instances, the provision of such services has been made mandatory by legislation. Consequently, public schools are forced, or at least encouraged, to provide some manner of education for the emotionally disturbed child. Following the procedure of educating children of other exceptionalities such as the mentally retarded or the sensory impaired, public schools have in most instances established special classes, either within the setting of the regular school or in an isolated segregated setting.

One of the most important objectives of a special education program for emotionally disturbed children is to return its pupils to the regular education program as soon as possible. In other words, special class placement is only a temporary intervention. In a sense, children in such classes are being prepared for integration into the regular education program from the very moment of their entry into the special classroom. To accomplish this, the special class must re-educate the child away from his effectual behavior and toward acceptable, satisfying behavior patterns necessary for functioning in society, i.e., the regular classroom (Richmond, 1964). If one accepts the position that behavior is learned, then one may expect that many emotionally disturbed children will be able to return to a normal setting when they have acquired and maintained acceptable behavior patterns.

Although return to the regular classroom appears to be of prime importance, meager information exists with regard to the process, procedure, or techniques for such integration. What little mention is made in the literature regarding the follow-up of disturbed children treats the generalities of the process rather than delineating specific steps. For example, Haring and Phillips (1962) advance the suggestion that ideally the process should be a gradual one.

Translated into procedure, this means that initially the child to be returned spends only part of the school day in the regular classroom. The time so spent would be

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determined by the child's ability to function adequately and appropriately in the regular class. Meanwhile, during those times in which special direction, structure or programming is needed, he stays with the special class. Such a process begins on a limited basis and expands until the child functions the entire school day in the regular class. Integration is then complete. This procedure is most easily employed in settings where the special class is located within a regular public school building. In instances where the disturbed children are housed away from the regular building, alternate methods may need to be used.

Elsewhere (Haan, 1957) it has been emphasized that the integration procedure needs to involve a variety of professionals. Cooperation among teachers, principals, psychologists, and parents appears basic to successful integration.

Since the creation of special classes for emotionally disturbed children is of recent origin, the problem of delineating specific steps for integration is also new. The lack of information regarding integration may in reality be an accurate reflection of the actual use of such practices and procedures. Morse, Cutler, and Fink (1964) suggest that two reasons for this lack of information are (a) follow-up procedures are left solely to the special class teacher to be performed on the basis of his own interest and initiative and (b) in a greater percentage of cases continued special education placement occurs. This second explanation suggests that many teachers of emotionally disturbed children consider special classes as a "dead end" for these children.

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CLASSROOM PRACTICES INFLUENCING INTEGRATION

There are, of course, a multitude of variables affecting the successful placement of exceptional children into regular classes. Two bear particular attention—since they may serve to actually deter integration. Moreover, they have been observed operating in other fields of rehabilitation.

One of these variables is the length of stay in the special class. Rehabilitation personnel refer to this problem as the syndrome of *institutionalism*. In practice this means that the longer a person remains in the special setting, the less possibility exists of his wanting to leave or for realistic planning for a future outside of the special placement (Wing, 1963). Translated into special education, this suggests that integration into the regular setting may become more difficult with increasing length of stay within the special setting. This is of particular significance when viewed in conjunction with the previously mentioned fact regarding the large percentage of teachers who consider special class placement as the last resort for emotionally disturbed children. Such a belief is contrary to the goals of a special class. If the child is to be returned to adequate functioning in the regular class setting, such integration must occur as soon as it is legitimately possible.

A second problem closely allied to re-education and reintegration is one of providing experiences that are an integral part of everyday functioning in the "outside world." Although this difficulty is perhaps more characteristically encountered in a segregated special education placement, it certainly cannot be overlooked by the special class teacher located within the regular school. If the child is to be successfully re-settled, a set of experiences commonly practiced in a regular school setting must be provided. Such a list of experiences may include practice fire drills and storm weather warnings, independent use of free time, and appropriate behavior in the cafeteria, library, etc. In other words, for subsequent adjustment to be successful, the special class teacher must be acutely aware of the behaviors expected and experiences encountered in the specific regular class environment receiving the child. The child must be given the opportunity to learn these behavior patterns so they become a part of his functional repertoire. If the special class provides experiences approximating those required in the regular class, *hopefully* the probability of the child's performance generalizing to and maintaining itself

in the regular setting will increase.

METHODS FOR ASSESSING INTEGRATION

If one assumes that the previous variables have been taken into consideration, the next question that arises focuses on the assessment of the integration. How does one evaluate the success of emotionally disturbed children's integration and the degree of maintenance of the new behaviors? Until recently this had been an overwhelming problem. As a result, integrations that have occurred may have been noted anecdotally in global terms, i.e., the child made it or he didn't. Changes in performance between the two different environments (special and regular class) often have not been readily identified. Sometimes subtle changes have proceeded undetected until becoming so disruptive that the regular class teacher has asked to have the child returned to the special class permanently.

One method of assessment that appears to offer a fruitful avenue of approach involves the direct observation of classroom behaviors. In other words, the teacher observes a child's adjustment and performance in the regular class and compares it to the child's pre-integration behavior. In such a procedure the child becomes his own control. His performance in the regular class is evaluated in terms of what is educationally and behaviorally acceptable in that specific classroom rather than an ideal standard.

Following this idea, researchers such as Becker, Madsen, Arnold and Thomas (1968) and Werry and Quay (1969) have employed a method involving direct frequency counts of numerous classroom behaviors. Their studies support the contention that this technique is applicable to the assessment of progress and rehabilitation both in special and regular classes. Other studies (Hall, Lund and Jackson, 1968; Hall, Panyon, Rabon and Broden, 1968) have substantiated that such behavorial procedures can be utilized within the structure of a public school classroom.

Most recently, Lovitt (1970) reinforces the use of behavioral measurement. He points out that one way measurement of behavior can aid in rehabilitation is by establishing behavioral norms. He explains that "unless the extent to which an individual's performance veers from normal standards is known, the rehabilitation process could be too long or too short."

In addition, Lovitt suggests that continuous measurement of behavior can help the teacher "detect minor deviations from the norm and quickly arrange the slight remediation tactic called for." This appears more realistic, efficient and less costly than allowing the behavorial deviation to become greater in magnitude and intensity.

EVALUATION OF INTEGRATION: A SAMPLE STUDY

Based on this growing body of behavioral methodology and research within the regular and special classrooms, a study was conducted utilizing observations and recordings of academic and social behavior. These techniques were used to evaluate the process of integration of a group of emotionally disturbed children into a regular class. In addition, the sequential procedures used in placing each child were delineated.

Subjects

The subjects selected for this investigation ranged in chronological age from seven to eleven years. All were enrolled in second or third grade. The children were divided into three groups.

The first group consisted of five boys previously enrolled in a special class for emotionally disturbed, learning disabled children. These children had been evaluated by the special class teacher and school psychologist as ready to resume attendance in the regular classroom. This determination was based on the fact that the subjects were performing on or near grade level in the academic areas and demonstrated appropriate social behaviors necessary for functioning adequately in the regular education program. The average length of enrollment in the special class for these boys was 16 months. The length of time the boys spent in the regular classroom after integration ranged from three weeks to two months.

The second group of children were the pupils enrolled in the five regular public school classrooms into which the five special class children were to be integrated.

The third group involved in this study consisted of twenty children, four from each of the five regular classrooms comprising group two. Each classroom teacher selected two students exhibiting what she considered very good study habits and two children lacking good study habits. The rationale supporting the selection of this subgroup was that there was a high probability that each regular class teacher would evaluate the study habits of the special class students being integrated into her class in relation to the standards she established for the rest of the class.

Procedures

Two major categories of behavior were recorded: social and academic. In addition, three specific sociometric measures (Class Play, Incentive Orientation and Locus of Control) were also administered. All behaviors

were observed and recorded pre- and post-integration.

The academic behaviors included arithmetic, study time and oral reading performance. The first two behaviors were recorded for each of the special class boys and the teacher selected students. Oral reading performance was measured only for the special class boys.

Specifically, arithmetic performance was defined as rate correct per minute. This information was gathered by the teacher on daily arithmetic work as well as on a series of weekly five-minute timed tests.

Because of the difficulty encountered in quantifying written reading responses, correctness in oral reading was selected as an indication of reading performance. This data was obtained by a frequency count of words missed (omitted or mispronounced) in comparison to the total number of words read in an oral reading situation. The teachers gathered this information at least twice a week.

Study behavior was observed during those times designated by the teacher as independent academic study time. Usually the information was collected during arithmetic study time. Study behavior was defined as the child's being oriented toward his paper and moving his pencil across the paper. This data was collected by an independent observer using a 15-second interval time check to compare the proportion of time spent studying to the total time observed.

Four social behaviors were also considered.

1. Talking out: observable verbal interaction, audible or nonaudible between students or by an individual student. Examples: whispering between students, unsolicited remarks, whistling, shouting, crying, laughing.
2. Out of seat: buttocks off the chair and both feet on floor—without direct teacher permission. This included walking, running, skipping, or simply standing up.
3. Hand raising: having one's hand off his desk and in the air beside or above his head (not stretching).
4. Teacher response to 1, 2, or 3: any response verbal or nonverbal, positive or negative.

All of these behaviors were recorded by an independent observer on the basis of a direct frequency count. The data was collected while the class was engaged in independent activities. These behaviors were recorded for each entire class as well as the special education child.

The specific academic and social behaviors were chosen because they represent the types of problems the boys had demonstrated when they were originally referred to the special class. Because these behaviors had been cited as critical to the original decision to place these boys in special classes, it was felt these problems might be the first to recur when the boys were integrated into regular classes.

Results

Conclusions and results obtained from an analysis of the academic and social data showed scattered occurrences of significant changes.

When comparing the special class boys and teacher selected students on arithmetic performance, no significant differences were noted as a result of the move. However, it was observed that all special class boys either maintained or improved their arithmetic performance after integration. This was also true of the oral reading performance. On the other hand, after integration all the special class boys began to spend a significantly greater percentage of their independent activity time in study behavior. Three of the twenty teacher selected students also increased their study behavior significantly.

The second major set of comparisons was made between the special class boys and the regular class students regarding the social behaviors. No differences on any of the four behaviors were noted in the regular class students when pre- and post-integration scores were compared. This also held true with the special class boys with one exception. The rate of hand raising by special class boys decreased significantly after integration into the regular public school class. Both before and after integration the special class students demonstrated significantly lower scores on all the social behaviors.

Little significant statistical information was gained from the sociometric measures. It was felt that this was due in part to the short period of time over which the study extended.

Conclusions

In general this study supported the previous belief that measurement of observable performance and behavior is an effective means of assessing the effects of movement from one environment to another. According to the behavioral standards set for this study, the five special class boys were integrated successfully into the regular class. Using the same standards, the integration of special students did not produce any significant effects on the performance of the regular class students. Any changes that did occur were in a positive direction.

SEQUENTIAL INTEGRATION PROCEDURES

In the course of conducting this study an outline of in-

tegration procedures was formulated, delineating the actual step by step process and personnel involved in the integration. Although developed as a result of a specific investigation, the outline could be used as a guideline by any school system or teacher who wishes to integrate special class students into a regular program. It should be noted that the initial guidelines were based on the integration of children located in a segregated special setting. Thus the actual integration occurred on a specified day and each child completed total integration on that day. For those special class teachers housed within a regular public school building, the integration could be implemented gradually as previously described. Some of the preparations to be described would need to be adjusted accordingly if gradual integration were to be used. However, many of the steps and personnel contacted would be similar regardless of the setting of the special class.

Pre-Integration: Determining Readiness

Each special class child was individually tested to determine his readiness to return to the regular classroom. A psychological and an educational evaluation were conducted. Sociometric measures were also administered. Observation and recording of arithmetic performance, oral reading performance, study time behaviors, and social behaviors were initiated. The behaviors chosen by a teacher to be recorded will, of course, depend on each individual case. The important point to note is that if the teacher has not already been continuously recording the target behaviors she should begin such recording prior to integration. Such information then provides a reference point against which to compare post-integration performance. The comparison of the pre- and post-integration data will allow evaluation of the success of behavior maintenance in the new setting. In addition, this pre-integration information may be of value to the receiving teacher.

Once a child's readiness to integrate was ascertained, the special class teacher then notified all appropriate personnel. In this investigation the people with whom she communicated included the director of the special school in which the child was enrolled, the director of special education services for the public school district, and the special school's social worker who served as liaison between the school and the child's family. The special education teacher suggested the order in which each child was to be integrated. If a teacher was pursuing gradual integration, a list of preferred subjects or activities into which the child could be integrated would need to be recommended.

The special education director gave the teacher a list of possible classes into which each child might be integrated. The special teacher visited each of the proposed classes and discussed possible integration with the principal. The teacher then met with the special school's personnel and the investigator to discuss the results of the visits, evaluate the alternatives, and select the classroom most appropriate for the child.

Pre-Integration: Preparing for the Change

The special class teacher worked to prepare each child for the integration. Each boy was told about the move. Experience charts conveying information about the new school were prepared. Names of some of the students and personnel (music teacher, physical education teacher, etc.) in the regular school program with whom the child would come in contact were woven into such charts. Mention was also made of some of the activities in the regular class which the special child might anticipate.

After the appropriate class was chosen, a meeting with the regular school personnel was held. The special class teacher, a representative of the special school unit, the regular class teacher, the school principal, and any other persons whose services might be utilized in integrating the child, e.g., the school psychologist, speech therapist, etc., attended the meeting. The purpose of this meeting was to acquaint the school personnel with the child's background and to enlist their cooperation in continuing the collection of data as a means of determining successful integration. Actual date of placement was also established. The regular class teacher was asked to select the four students from her class whom she thought had the best and worst study skills.

In each of the regular classes, pre-integration tests (sociometric, timed arithmetic and social behaviors) were administered to all the students. Observations and recordings of the teacher selected students' arithmetic performance and study time behavior were initiated.

The investigator served as liaison between the regular class and special class. Current regular class activities were relayed to the special class teacher, and any necessary implementation or adjustment was made in the special class program to better prepare the child for integration. For example, in one regular classroom the daily schedule included an arithmetic computation competition at the chalkboard by opposing teams of class members. Such an activity was not part of the special class environment. It was necessary to adjust the special program to allow for such a game, thus providing the child with an

opportunity to learn the appropriate behavior for such an occasion. Obviously, not every program difference could be anticipated and handled in the aforementioned manner. However, any major deviation which might upset the child was presented in the special class prior to integration.

In the meantime, the regular class teacher prepared her class for the new arrival, following procedures normally employed for the enrollment of a new student. The parents and the child registered at the school, met the receiving teacher, and saw the classroom into which the child would move on integration day.

Integration: Managing Initial Placement

An attempt was made to have the investigator in the regular classroom on the day of integration. If this was not possible, she communicated with the regular class teacher at the end of the integration day to learn the teacher's assessment of the actual integration. In this study, the integration of all five males was not made at the same time. Transfers were spread approximately two weeks apart to allow adequate intensive pre-integration and post-integration observation.

Post-Integration: Assessing Behavior Maintenance

Ongoing recording of arithmetic performance, oral reading performance, study time behavior, and social behavior continued. These results were communicated regularly to the receiving teacher. The investigator maintained a communication link between the regular class and the special class with regard to each child's progress. In addition, the parents were kept informed of the child's progress through the efforts of the special class teacher, the regular class teacher and the special school's social worker.

The frequency of observation and contact with the special class gradually decreased as the data indicated each child was maintaining himself. After continuous observation of the child had ceased, the investigator maintained periodic communication with the regular class teacher. Occasional observations to spot check the child's behavior were also made. At the end of the academic year post-tests were administered in each class.

A final staffing at the special school was held to evaluate the success of each integration. Involved in this meeting were the investigator, the special class teacher, social worker and other personnel. The investigator also met with each regular class teacher to discuss recommended placement for the next school year.

CONCLUSIONS

From this sample investigation of integration, several findings resulted. In general these focused upon (1) the use of behavior measurement techniques and (2) the actual integration procedures.

Several practical applications of the measurement techniques occurred. In some instances these were not necessarily an expected or anticipated result of the initial research but happened more as a side effect.

One aspect of the measurement data that appeared of high interest to the regular class teachers was the rate correct of the daily arithmetic performance. Initially, it was anticipated that the collection of this information could prove to be bothersome and cumbersome to the teachers. Consequently, much encouragement and aid was given to the regular teachers prior to and during the initial collection of this data. It was decided to have the children record their own beginning and ending times for the daily arithmetic assignments. In all but one class, the teachers announced the time at which the arithmetic assignment was started; class members recorded this information on their papers. Each student was responsible for recording the time which he completed his work. These directions were given to the entire class so as not to call attention to the children actually involved in the study.

The teachers regarded the opportunity for their children to practice needed time-telling skills very positively. Several ambitious students independently calculated their own performance rates. The teachers viewed this as valuable because it not only provided additional arithmetic practice but also involved the child with measuring and evaluating his own performance. Students not directly involved in the study approached the teacher regularly with evaluative statements like "I did much better today because I got more right in less time than I did yesterday."

In one classroom, however, many of the children were unable to tell time. In this class each child was provided with a small pad of paper, each sheet of which was stamped with a blank clock face and the date. The children were instructed to draw in the hands of the clock on the first sheet to designate the time they began the arithmetic assignment. The same procedure was followed on the next sheet upon completion. Once again all children were involved in the data recording. The regular teacher in this classroom was very enthusiastic about the motivation this approach provided for initiating telling time. The children became attentive to details such as the numbering on the face of the clock and the difference

in size and the relative speed of movement of the clock hands.

A second behavioral observation instrument which provided a valuable source of feedback to the teachers was one utilized for recording the social behaviors. On a chart showing the classroom seating arrangement, the investigator recorded the frequency of the four behaviors under consideration (Figure 1). Such graphic pictures were shown to each teacher regularly. The data from these charts served to guide the teachers to rearrange seating, to be aware of active areas in the classroom, and to be cognizant of their own patterns of responding to the children. Several of the teachers became interested enough to do recording of other behaviors. Additional

FIGURE 1
Classroom Seating Chart Recording Form

Teacher: _____
Date: _____
Time: _____

Code
H = Handraising
T = Talking Out
O = Out of Seat
R = Teacher Response

Classroom Seating						
HT	OR				HHR	
H	OOHR				THR	
	TTT	HR				TO
OR			OOT			HR
	O		HR		TOO	

uses of this particular recording form and behavioral measurement in general have been suggested elsewhere (Grosenick, 1970).

As described previously, one of the early steps vital to the success of the integration process is the selection of a regular classroom. Ideally one might hypothesize that, if each regular classroom had its own set of behavioral norms recorded and established, the special teacher could match the special child's performance to these norms. Thus integration would become a matter of locating a regular classroom with behavioral norms which coincide with the behavioral functioning of the special child. Presently, however, regular classrooms are chosen on a more subjective, intuitive basis which suggests that it is necessary for the special class teacher to have the opportunity to observe the regular classroom and to talk to the potential receiving teacher.

In this investigation, three prime considerations in the selection of a regular classroom included:

1. the cooperativeness of the regular classroom teacher; that is, was she willing to accept a special class child. Many teachers expressed reluctance to assume this responsibility partly because they had little knowledge about the particular child, his problems and needs, and the amount of work involved. Some teachers, though quick to express their hesitance, were willing to accept the child as long as communication and supportive help from the special teacher was assured.
2. the personality of the receiving teacher as compared to the special child and his needs. This is one factor that involved a great deal of subjectivity on the part of the special class teacher. Apparently the special class teacher attempted to evaluate each child's needs for factors such as structure, limitations, affection, etc., and then proceeded to select a receiving teacher who outwardly seemed to meet these needs.
3. special academic needs of the child. For example, by utilizing a school with an ungraded primary plan it was possible to integrate a child who needed reading instructions at the second grade level yet functioned at a third grade level in other subject areas. Readers or tutors were used to help with science and social studies which the child could comprehend at a third grade level but did not have the reading skills to attack. Such programming flexibility permitted the successful integration of a child sooner than if it had been necessary to wait until his reading advanced commensurate with his other skills. If the special class had been located in the regular building, it might have been possible to program the child into the regular class for all the subject areas except reading which could have been handled by the special class teacher. In general, however, successful integration will be influenced by the range of flexibility available in the academic programming.

The order in which the above factors were discussed by no means infers order of importance. The factor given chief consideration was different from case to case, although certainly the cooperativeness of the regular tea-

cher was paramount in each instance.

Closely allied to, if not underlying, the need for cooperation from the regular class teacher was the entire aspect of public relations. Much preliminary preparation time was spent meeting with the regular school personnel in an attempt to *sell* the idea of integration. The reluctance to accept an exceptional child was not a feeling confined solely to the regular class teacher. Other public school personnel expressed similar hesitancy. A great deal of time and effort was expended explaining the child, his needs, and the role of the regular public school program. Frequent reassurances of intensive contact with the investigator and the special teacher during integration were necessary.

Apparently patience and tact are prime prerequisites if integration is to succeed. In addition, the person responsible for initiating integration (usually the special education teacher) must strongly believe that integration is necessary. If special education personnel believe, as inferred by some research, that special classes are the final placement for emotionally disturbed children, integration procedures will probably not be initiated. If such personnel are uncertain as to the efficacy of integration, they may not be able to penetrate the reluctance shown by the regular school personnel. Hence, integration is not a process to be undertaken halfheartedly.

Numerous minor findings also proved valuable. For example, the day chosen for actual integration was an important variable. At first glance, Monday seemed the most obvious choice to the professional personnel involved. It was not, however, the day preferred by the child and his parents. Placement in the regular class on Monday was preceeded by a weekend of worry and nervous anticipation of the "big day" by the child. Similarly, integration on the first day following vacation was preceeded by anxiety. In these instances, parents did not hesitate to recommend change. Integrating the child into the regular class nearer the end of the school week enabled the child to familiarize himself with the school routine and begin the next week with greater confidence while the special school personnel, parents and regular school personnel utilized the extra time to confer and make program or procedural adjustments.

In addition to the value of releasing the special class teacher during school time to observe the potential regular class, it was found that freeing the regular class teacher to make a similar observation in the special classroom prior to integration proved equally beneficial. In this study, the investigator substituted for the regular teacher allowing her to make the observation at no expense to the school. Observation of the child in the special class also contributed to a better understanding of the child, his problems and his performance and reduced the regular teacher's anxiety and reluctance. Ideally, it is suggested that such an exchange of observations by all teachers regardless of whether they will receive a special child would serve to reduce reluctance to accept a special child and to improve communication between special and regular education.

In conclusion, special education class placement must not be viewed as a dead end for all exceptional children. Since the responsibility for integrating children from special classes into regular classes falls primarily on the shoulders of the teachers, it is imperative that teachers use tools, techniques and procedures which provide effective means of assessing the acquisition and maintenance of desirable behavior patterns as well as implementing the integration itself, thereby reducing the haphazardness previously associated with transferring children from one environment to another.

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RUTLAND CENTER: A Community Psychoeducational Center for Emotionally Disturbed Children

Mary Margaret Wood and Amy Lee Fendley[1]

Rutland Center is a community-based facility in Athens, Georgia, which combines professional mental health and special education personnel in a cooperative program of psychoeducational service to seriously emotionally disturbed or behaviorally disordered children.

OBJECTIVES

Rutland Center's major goal is to decrease severe emotional and behavioral disorders of children through community-based comprehensive mental health service and a psychoeducational process known as Development Therapy. At present, Rutland Center has programs designed to fulfill six specific objectives. A brief description of these objectives and the programs designed to meet them gives an overview of the Center.

Psychoeducational Services

The Center provides psychoeducational services to fifty emotionally disturbed children, ages 2 to 14 years, from a six county rural/urban area. They are referred to the Center primarily by the school systems of the counties served, but can also be referred by parents, physicians, psychiatrists, social workers, psychologists, speech therapists, and the Department of Family and Children Services. Each of the children attends class in his local school for part of the day, whenever possible, and attends class at Rutland Center for two hours, four days a week.

Upon admission to the Center, each child and his family are assigned to a psychoeducational team. Each of these teams consists of a trained special education teacher who has credentials to teach emotionally disturbed children, a social worker, and a trained paraprofessional or volunteer aide. The teacher and aide are responsible for the child's classroom program of Developmental Therapy; the social worker is familiar with the classroom program and interprets it to parents or other adults responsible for a child's care, helps the responsible adults to follow through in home, day care, or school with some of the techniques used at the Center, and provides parent counseling as needed. Each team is responsible for approximately ten children daily. The teacher and aide see one group of children in the morning and another in the afternoon. The social worker contacts each parent approximately once a week and also meets daily with the teacher and aide.

One day a week each Center teacher works in one of the six participating county school systems, providing school follow-through, consultation, program development, crisis management, or other mental health activities as desired by the county school superintendent. This arrangement provides continuity between Center services and those in the local community.

The Therapeutic Curriculum

The therapeutic technique being used at Rutland Center is known as Developmental Therapy.[2] It is a group approach designed to be used in a variety of child treatment settings with special education teachers and mental health workers. Developmental Therapy is a treatment process which (1) by keeping a child in a normal school placement during the treatment process does not isolate the disturbed child from the mainstream of normal experiences, (2) by selected, simulated experiences in the therapeutic classroom uses normal sequential changes in development both to guide and to expedite the therapeutic process, and (3) through conceptualizing both clinical influence, teacher judgment, and behavioral measurement in the same model has an evaluation system as part of the thereapeutic process.

The Developmental Therapy curriculum contains four curriculum areas as pedagogical translations designed to encompass the many possible problems of disturbed children. These curriculum areas and the messages to be conveyed to children in each of them are:

Behavior: "Appropriate behavior is important."
Communication: "It helps to talk about things."
Socialization: "The group is important."
Remediation or School Readiness: "This is School work you can handle."

Within each curriculum area in Developmental Therapy, maturational sequences and measurable objectives are outlined. The objectives are specific to each curriculum area, while the maturational sequences cut across

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2. An operating manual for Developmental Therapy will be available late in 1971. For information write to Project Director, Rutland Center, 698 North Pope Street, Athens, Georgia 30601.

all four areas. These sequences are:

Phase I: Mobilization and Trusting
Phase II: Organization and Testing
Phase III: Application and Assimilating
Phase IV: Generalization and Valuing

A curriculum guide for Developmental Therapy procedures is being prepared describing specific techniques, activities, and materials used in the classroom. In general, materials used in the classrooms are tailored to the individual needs of the children. They may be either teacher-made or purchased. Frequently, they are self-correcting. At the earlier phases, materials are as concrete as possible, with the use of symbolic representations increasing at later phases as the child is ready. A variety of toys which lend themselves to manipulative, imaginative, and creative play, and to group play, is available. Especially in Phases I and II, materials which are sensory-arousing and which command attention are used. Materials or equipment which encourage individual activity are avoided in favor of activities which stimulate group interaction.

Program Development

Rutland Center serves as a model and resource for development of similar psychoeducational centers in other areas of the state. Each year, one Center staff member serves as field representative to a selected location in the state. The field representative is responsible for program stimulation, in-service consultation, coordination of area mental health resources for services to disturbed children, and preparation of a proposal for operational support of a Center in that area. The field representative has access to the facilities, staff and materials at Rutland Center for in-service education, demonstration and program development. Plans are being developed for a network of such centers which will put psychoeducational services within access of every area of the state.

Professional Manpower Training

Rutland Center provides in-service education for mental health and school personnel throughout the state and a practicum site for University of Georgia graduate students. Plans are being made for a short noncredit course for education and mental health professionals focusing on psychoeducational services to severely disturbed children. Consultation about a specific child or situation is always available at the Center for any education or mental health professional.

Graduate students from eight departments of the University of Georgia have done or are doing practicum work at the Center. These students work with children in positions which gradually increase in responsibility and independence; however, they always have a faculty supervisor from the University department and at all times work closely with Center staff members.

Paraprofessional and Volunteer Training

The Center is developing a program to help meet mental health manpower shortages by training volunteers and paraprofessionals to use Developmental Therapy management techniques. A social worker concerned with neighborhood follow-through is responsible for identifying paraprofessional resources who can implement portions of the therapeutic process in the community. Paraprofessionals and volunteers also work in the Center as members of the psychoeducational teams. Their supervising teacher, the Coordinator of Training, and the Coordinator of Educational Services are primarily responsible for their training.

Early Identification - The Infant Program

Rutland Center is concerned with constructing a system for early identification of infants and preschool children with developmental or emotional problems. Such a system is being developed through the Infant Program at the Public Health Department, Well Baby Clinic. Babies three months to two years in age are evaluated according to the Gesell Developmental schedules. Their mothers are included in the evaluation procedure and, if it seems appropriate, are given suggestions as to how to provide stimulation to aide the infant's healthy development. All babies who attend the Well Baby Clinic at the Public Health Department are eligible for developmental evaluation in the Infant Program.

In addition, four classes, each with five to six emotionally disturbed or behaviorally disordered preschool children, are conducted at Rutland Center. It is in these classes that Developmental Therapy is being refined, tested and described.

STAFF

Several central staff members have overall responsibility for the treatment programs and are available to all parents and children in treatment. These central staff members include (1) a Director, with responsibility for the overall treatment program, administration, community contacts and support, and public and professional dissemination of information concerning the facility; (2) a Coordinator of Educational Services, a master's level per-

son with training and experience in teaching emotionally disturbed children, who works closely with each treatment team and coordinates the work of all the teams in evaluating a child's needs, assigning him to a group, and planning a psychoeducational program for him; (3) a Coordinator of Social Work, a senior social worker, who assists the treatment teams in making contact with each child's family, helping the family adjust as the child improves, teaching family members to use some of the management techniques used at the Center, and providing family therapy or parent counseling when appropriate; (4) a child psychologist who provides evaluation of children, consultation for the treatment teams and therapy for children who needs individual or extended help; (5) a part-time child psychiatrist who evaluates children and acts as a consultant to the treatment teams.

Because Rutland Center not only provides treatment but also is a training and demonstration center, there are several additional staff members. Included are a Coordinator of Training, a reading specialist, an educational field instructor responsible for liaison work and curriculum development, two University of Georgia field instructors, an infant evaluator, and a team of program monitors who have developed systems for quantifying the changes seen in children who attend Rutland Center and for documenting the process of change. Several University of Georgia faculty members serve as program consultants and professional advisors.

COMMUNITY SUPPORT

Parental and community support are important to the success of any center of this sort. Rutland Center's Parent Auxiliary is increasingly active. The Auxiliary planned the dedication ceremony for the new building, assembled brochures describing Rutland Center, sponsored an art show of the children's work, and provides transportation for several children. A number of community organizations and private citizens have given additional aid or support to Rutland Center.

Each community organization with present or future working relationships with the Well Baby Clinic is represented on a Community Advisory Council. This group operates in two ways: (a) a small working committee provides a continuing advisory function to the project director in relation to state program development, and (b) all participating community persons and agencies function as a "committee of the whole" to serve on working committees as needed and to serve as active contact persons for ongoing dissemination and communication to the community and to its service agencies.

BENEFITS

The benefits of the Rutland Center model are seen as: (1) reducing the need for residential treatment for seriously disturbed children, (2) combining the resources of mental health fields and professional education for more effective utilization of professional manpower, (3) combining educational and treatment responsibilities for more effective community programs of rehabilitation for these children, (4) providing centrally located, comprehensive, professional resources for service and consultation to school systems and communities developing similar educational programs, (5) utilizing paraprofessional neighborhood people and parents to implement major portions of the therapeutic process.

RESOURCE MATERIALS

Avaril Wedemeyer and Joyce Cejka

EARLY CHILDHOOD ENRICHMENT UNITS

A series of Early Childhood Enrichments Units have been developed for the Milton Bradley Company, Springfield, Massachusetts with the help of Dr. Merle Karnes, Professor of Special Education at the University of Illinois. Each unit includes a teacher's guide with detailed instructions on how components may be used for both individual and small group instruction. Multiple uses for each component are explained in this four-unit series; there are over 275 lesson plans and 44 different learning aids, and each unit is packaged in a compact, color-keyed storage chest.

Unit 1 - Toys to Develop Perceptual Skills - emphasizes visual discrimination skills and is appropriate for children with mental ages of 3 to 5. $40.

Unit 2 - Learning to Develop Language Skills - stresses development of sequential, associative, and expressive language skills for ages 3 to 6. $37.50.

Unit 3 - Development of Number Readiness - includes manipulative materials for matching, sorting, and grouping activities as well as patterning and one-to-one relationships, best for ages 4 to 6. $45.

Unit 4 - Development of Readiness to Read - suggests activities for developing listening skills and the ability to follow directions as well as precise auditory and visual discrimination, for ages 4 to 6. $35.

CLASSROOM FORUM

Edited by Austin J. Connolly, University of Missouri

Problem 11

I have twelve children in my upper primary class. One child isn't reading and this frustrates him. He is both disturbed and disturbing. What are your suggestions?

There are a variety of approaches to reading instruction, and each has its proponents. In responding to your problem, it would appear that a modified "sight-word" approach might be effective if the child has no visual perception problems that would impair learning. The use of this approach would involve the following steps:

Step I - Organize your classroom to provide the child with an area of relative privacy from which you can give individualized instruction and concurrently monitor the behavior of the class. You should examine your daily classroom schedule and identify three or four times during each day when you can routinely provide short, five-minute periods of intensive instruction.

Step II - Your description of the child's behavior strongly suggests that he has a negative set for reading and perhaps other areas of instruction. Beginning reading must be made easy and fun for him. Develop a set of flash cards containing single pictures of common objects, such as apple, chair, tree, etc. As you present each card, the child should say the object's name.

Step III - As the above process becomes easy, slowly integrate additional flash cards bearing simple common nouns, such as car, ball, hat, dog, etc. These are *word* symbols for the child to learn. Initially, include one word flash card (i.e., car) with the picture cards as you present them one at a time for the child to "read." If he does not know the word on the flash card, tell it to him, but make certain that he sees and perceives the symbol. Then present the corresponding picture card for him to "read"; follow this with the word card again (car). Repeat this performance until he can read the word (car) with ease and confidence. At this time, integrate the next word card (ball) and repeat the previous process. Soon the child's stack of reading cards will grow; and if you express pride and enthusiasm for his accomplishments, so will he.

Step IV - When the child has achieved a visual recognition vocabulary of about 20-30 words, slowly integrate cards with verbs, such as run, walk, go, jump, etc. Later add some of these words: the, a, an, I, can.

Step V - At this point make a few flash cards containing phrases of two, three, or four words the child has *already learned*, such as, the boy, I can run, etc. The use of a pocket chart will also help in presenting phrases of varied content.

Step VI - When you are certain the child can read all of his words with no hesitation, construct a first reader composed of about 20 loose-leaf pages. This reader is based on known words, and it can be expanded as the child's reading vocabulary increases. An experience chart can be used to provide a variety in the presentation.

Step VII - Now that the child is reading with confidence, simple phonics and word attack skills may be introduced. It is suggested that you use stem words which are familiar to the child.

Step VIII - At this point, the child should be ready to tackle his first basal reader with confidence.

Our appreciation and a year's subscription to *Focus on Exceptional Children* go to Mr. Luma L. Kolburne, Norwalk, Connecticut.

PROBLEM 13

I teach in the intermediate grades. My youngsters can do computation problems, but seem totally unable to handle word problems. What are your suggestions?

All readers are invited to send their solutions to Problem 13. The December 1971 issue will summarize contributions by readers. Complimentary subscriptions will be awarded each month for the best solutions. Send your response to the Editorial Offices, *FOCUS ON EXCEPTIONAL CHILDREN*, 6635 East Villanova Place, Denver, Colorado 80222.