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The On Campus Program: A Systemic/Behavioral Approach to Behavior Disorders in High School

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Public schools began providing programs for behaviorally disordered students nearly 25 years ago. And Public Law 94-142 clearly mandates appropriate programming for all handicapped students. Yet, seriously disturbed children—especially adolescents—are unlikely to be served or are served by agencies outside the public schools. Grosenick (1981) has reported a heavy reliance by school districts upon private schools and other out-of-district placements. Although some public school programs, such as the Madison School Program (Braaten, 1979), exist at the secondary level, few published research reports are available on successful or effective educational programs for the behaviorally disordered adolescent. The paucity of research on the effectiveness of educational interventions does not give sufficient guidance to school systems . . . which methods may be effective in working with these adolescents.

In response to the needs of behaviorally disordered adolescents in the Oak Park-River Forest, Illinois, communities, a public school program within the local high school has been established. Attempting to integrate significant contributions from education and psychology, an in-house continuum of services is provided to meet the varying needs of students. In the absence of well-documented models for the behaviorally disordered population, the On Campus (OC) Program was developed by trial and error, by careful evaluation of student progress, and by assessing progress toward total mainstreaming and/or attaining a high school diploma. The program has completed its second year and is beginning to demonstrate success in accomplishing the difficult and often exasperating task of helping behaviorally disordered students develop the behavioral, social, emotional, and academic skills necessary for a satisfactory readjustment to mainstream education and, eventually, society.

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TARGET POPULATION

The On Campus Program currently serves 74 students—54 males and 20 females. Of these, 75% is Caucasian, 19% Black, 5% Hispanic, and 1% American Indian. Approximately 50% has been involved in the juvenile court system for charges other than truancy, and over 50% has been psychiatrically hospitalized. Entrance into the program occurs after a comprehensive case study has been completed and the results of a multidisciplinary staffing recommend placement.

The term "behavior disordered" is commonly defined and redefined by each school district. To be considered eligible for placement into the OC Program, a student exhibits one or more of the following characteristics to such a marked degree that educational performance is adversely affected (generally the characteristics are present for at least one year and the behavior is more chronic than reactive):

- (1) Students demonstrating severe acting-out behavior and disruptive behavior not calling for physical restraint in two or more classes.
- (2) Students who have been hospitalized for emotional problems and are in need of extraordinary support before returning to the regular high school program.
- (3) Severely depressed students who chronically exhibit social withdrawal, excessive anxiety, and/or physical symptoms or fears associated with personal and school problems.
- (4) Students who have been diagnosed as psychotic or borderline in personality functioning.
- (5) Students who are displaying serious suicidal potential. (PL 94-142, 1975)

From a family systems perspective, the majority of our families would be described as being at either extreme of family cohesion: disengaged or overly enmeshed. Their problem-solving strategies tend to be chaotic or rigid (Minuchin, 1974; Olson, Sprenkle, & Russell, 1979). Tired of negative reports, many parents feel like giving up on their child's education. In reference to the American Psychiatric Association (1980) DSMIII categories, the majority of our students would be diagnosed as Conduct Disordered, Oppositional Disordered, Attention Deficit Disordered, or suffering from Major Depression. Many students have experienced suicide ideations; some have made serious attempts. Some students have experienced schizophrenic episodes, bouts of bulimia, and functional encopresis.

PHILOSOPHY

As its name suggests, the On Campus Program is designed with the premise that most behavior disordered students are served most effectively in facilities that are located within the local high school campus. The goal of any self-contained program is to re-integrate students into the mainstream of the curriculum as soon as possible. Although individual needs must be taken into account, the ideal plan is for a student to spend one semester (a half year) within the self-contained program, the second semester partially mainstreamed, and the third semester fully mainstreamed with continued eligibility for support services. This progression enables the student with social, emotional, or behavioral problems to benefit from as normalized an educational experience as possible. A short-term placement maintains the focus and expectation

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for behavioral change.

The OC Program is built on the premise that *both* structure *and* support are essential to assist the severely behavior disordered adolescent. A firm, consistent structure is necessary to provide an adequate framework for educational success. Structure provides external control and guidelines for students who do not possess adequate internal controls. Maximum supervision is necessary to ensure that students are responsible and accountable for their actions. A logical system of consequences is employed to enhance understanding of the effects of behaviors on oneself and others.

A wholistic approach integrates psychological and educational interventions. BD programs are not designed merely to control impulsive students. A nurturing milieu and a sophisticated system of support services are essential to facilitate growth in the emotional and cognitive correlates of behavior problems. Successful programming must emphasize positive reinforcement of adaptive behaviors and provide specific interventions to help students manage their feelings and learn how to problem-solve conflicts. The support team not only offers these counseling services, but the thrust of team activity also must be to work with teachers and students together involving problems and issues that develop within the classroom. Disruptive students are not sent to the office for solutions but are challenged to negotiate solutions to problems, accept responsibility for their actions, and communicate feelings verbally in conferences in which both teachers and counselors actively participate.

The OC Program staff also believes that working closely with families is imperative in order to achieve behavior change for adolescents. Program staff can provide parents with needed support and professional guidance while continually challenging them to "take charge" and set limits when appropriate. School personnel seldom can work effectively without healthy alliances with parents.

STAFF AND PROGRAM ORGANIZATION

Because of the extraordinary demands and pressures placed on teachers of students with social, emotional, and behavior problems, the BD staff must be composed of certified individuals who have the experience and demonstrated skills necessary to provide as optimal a learning experience as possible.

The OC Staff

The OC coordinator is certified in behavior disorders, learning disabilities, guidance and counseling, and administration. She has the responsibility for the total Behavior Disorders Program and directs the activities of 24 staff members. Eight teachers certified in the area of behavior disorders are responsible for curriculum development and individualized instruction. (Several of these teachers also team-teach with regular school staff in various curriculum areas.) Two additional teachers share the responsibilities of the behavior disorders resource component of the program. They provide diagnosis, tutoring, monitoring of student progress, and consultation to mainstream teachers. Another teacher serves as the mainstream facilitator, coordinating the programming and scheduling of mainstream classes and monitoring student progress in the regular school. This teacher serves as an academic liaison between the OC program and the regular school to ensure ongoing communication. Finally, a vocational coordinator is employed full time for the behaviorally disordered students, serving as the liaison between the program and community businesses.

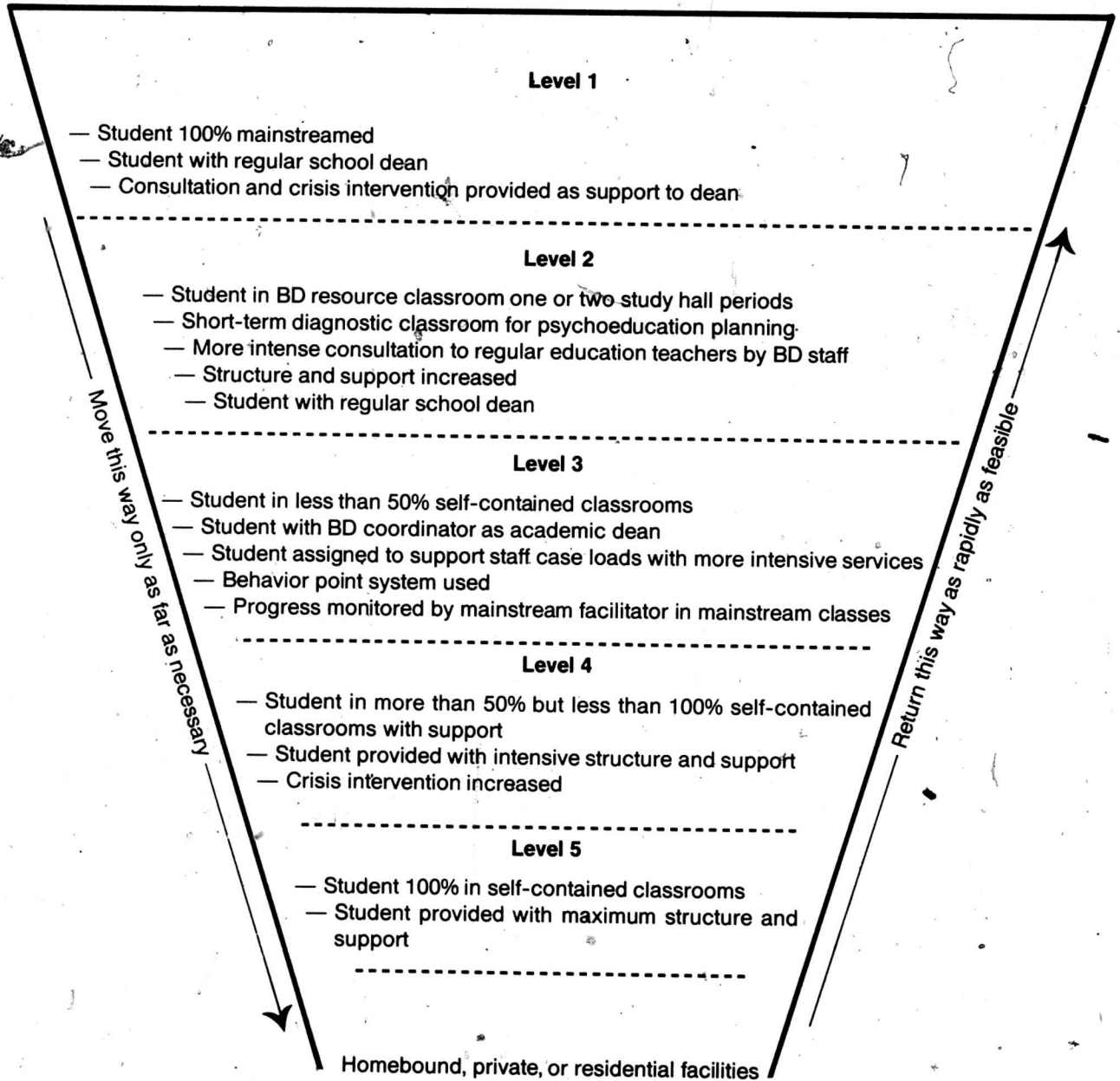
The OC support staff consists of two state licensed social workers, a clinical psychologist, and two part-time school psychologists. The support staff provides case management, individual and short-term family counseling, diagnostic evaluation, teacher consultation, and crisis intervention, along with coordinating the use of community resources. The support staff also provides in-service workshops for the OC staff, the Special Education Department, and the regular school staff.

A full-time secretary and two program aides assist the coordinator and the OC staff in office details, attendance phone calls to parents, and management of the behavior point system. Five instructional aides help classroom teachers with individualized teaching, grading, and monitoring classroom behavior.

The Behavior Disorder Continuum

The behavior disorder continuum, based on Deno's (1970) cascade model of services for exceptional children, is a resource that enables the school to meet its obligation to provide an appropriate education for all behaviorally disordered students. At multidisciplinary staffings, students can be placed on the behavior disorders continuum based on social, emotional, or behavioral needs (see Figure 1).

FIGURE 1
Behavior Disorders Continuum
Based On Social, Emotional, Behavioral Needs



Approximately 120 students in the Behavior Disorders Program are involved in four levels of the continuum. Movement along the continuum exemplifies the concept of least restrictive alternative and is adhered to in all aspects of a student's program. Inversely, as one moves down the inverted triangle, structure and support services increase while the number of students decreases. Regular evaluation of goals and objectives for the student through periodic and annual reviews enables a student with social, emotional, or behavioral problems to benefit from an educational program based on individual needs.

CURRICULUM

The programs for disturbed adolescents tried in the past have included approaches such as mainstreaming the youngster and providing an academic remediation lab; putting the youth into a vocational track that ignored the student's academic and vocational problems (and often the realities of the world of work, as well); and placing the student in a self-contained "emotionally disturbed" class that still focused on academics and offered little or no vocational planning. The OC staff is convinced that most adolescents with severe behavior problems have capacities that can be developed toward productive participation in a regular high school setting with its academic expectations. Implementation of career and vocational training is a priority.

The prognosis for severely disturbed youth to complete academic work leading to a traditional high school diploma is poor. Yet, in the OC Program 91% of the seniors in the past two years have completed the necessary requirements and credits for a high school diploma. Each student receives instruction in the basic skill areas of English, math, social studies, science, health, consumer education, and physical education. Classes are small and tailored to each individual's level of achievement and learning style, yet simulate the content of the curriculum provided in the high school. A wide range of materials and audiovisual equipment is available to accommodate individual as well as group instruction. A variety of elective courses is taught throughout the year, covering content in industrial arts, music, business, art, and parenting. As many as 20 different electives may be offered during one school year.

MAINSTREAMING

Mainstreaming is viewed as a positive change for both

the school and the adolescent. It provides a beneficial experience for the majority of OC students in both the educational and the psychological spheres. Mainstreaming offers behaviorally disordered students a large number of college preparatory and vocational courses to augment the special education curriculum. It helps prepare students for a college experience by increasing student-teacher ratios, by providing greater amounts of academic expertise and resources in specialized curricular areas, and by increasing competition and levels of difficulty. Upon graduation, 40% of the students who graduate from the On Campus Program are college-bound. Vocational courses help prepare students for future employment and/or training. Perhaps of greatest importance are the psychological benefits of mainstreaming—an opportunity for a positive change in self-perception, self-esteem, and how the parents perceive their child.

Turnbull (1977) believes that mainstreaming has the potential for radically transforming schools as we presently know them. At present, schools often require the child to fit the system. Mainstreaming, if the principle is realized, provides the means for making the system fit the child. Placing the Behavior Disorders Program within the building increases the opportunities for ongoing behavior management consultation for regular faculty. Team approaches for structuring educational interventions shift the focus for planning discussions from *where to* best serve a student to *how to* best meet his or her needs.

Mainstreaming is initiated when parents, staff, and students feel the student is ready. The student is assessed and selectively placed in the appropriate mainstream class. This means that curriculum content, interest level of the course, management approaches, teaching techniques, time of the day, and so on are evaluated in the process. The mainstream facilitator supervises this procedure by consulting with teachers of mainstreamed students, monitoring the student and his or her progress, and assisting mainstreamed students with homework and study skills. Group counseling is provided to assist students who are mainstreamed for the first time. Approximately 50% of the BD students have been mainstreamed each semester, with a 78% success rate in terms of passing grades and attendance.

PSYCHOTHERAPEUTIC INTERVENTIONS

The On Campus Program utilizes a systemic/behav-

ioral orientation as a framework for implementing psychotherapeutic interventions. Strategies for change are designed to influence the students and the structure of their interactions within the context of five critical social systems: family, teacher-student relationships, peer culture, BD program-regular program coordination, and student-community interactions.

Family Conferences

As Klein, Altman, Dreizen, Friedman, and Powers (1981) have pointed out, educational remediation for students cannot be separated from the restructuring of parental attitudes that interfere with the learning process. Adolescents simply have to receive a clear message from their parents that they must be activated, motivated, and responsible participants in their education if any degree of academic success is desired. Minuchin's (1974) structural family concepts are helpful in understanding family interactions affecting school.

The OC support team frequently engages families in conferences revolving around school issues. Family conflicts and issues that impact on school behavior are discussed. Coordinated efforts at providing support and setting limits are structured. When the psychologist or social worker can join with the family system in clarifying educational/home responsibilities that both the adolescent and parents agree upon, dysfunctional cycles of family behavior can change and, in turn, school behavior can improve.

Problem Solving Conferences

Another practical form of systemic intervention with behavior disordered adolescents is the problem solving conference (Johnston, Simon, & Zemitzsch, 1983). Problem solving conferences (PSCs) are requested by students or teachers with the goal of mutual problem solving of a conflict between or among participants. Verbal solutions are worked out in a nonjudgmental setting with a counselor or mediator helping each participant express his or her feelings and thoughts.

A PSC request involves filling out a brief form stating the problem and naming desired participants. Though the participants frequently involve a student, a teacher, and a counselor or administrator, sometimes all members of a given classroom are included. The counselor or mediator arranges for a mutually acceptable conference time among participants. Conferences are fairly brief (10

to 15 minutes). Figure 2 outlines the *SCAN* problem solving model employed.

FIGURE 2
SCAN Problem Solving

-
- State the problem; tell what happened in your own words.
 - Clarify the part you played and the behavior of the other person(s); begin to understand each other's position.
 - Ask for alternatives to the problem behavior; specify the behavior change(s) you want to see in the other person(s).
 - Negotiate a plan of action; specify what each person is to do.
-

Although the PSC is a good tool in crisis intervention, it is probably most effective when used in the early stages of a conflict situation. Preventing serious behavioral difficulties, as well as teaching adolescents how to be responsible for generating various alternatives in their school conflicts, is a goal of the PSC.

Systems Contracts

A specific system intervention employed in both family- and school-focused conferences is contracting (Johnston, in press). Negotiating contracts in a school setting is based upon a method of problem solving commonly used in the working world. A negotiator helps participants—the student(s), teacher, and parent(s)—re-label behavior in terms of work responsibilities, privileges, and consequences. The contract language of “labor” (for students) and “management” (for teachers and parents) emphasizes the importance of the hierarchy of roles evident in any work environment. Contract terms are agreed upon by all parties so that externally imposed school control is removed as a coercive force.

As Alschuler (1980) suggested, more than one person is involved in classroom or family situations; contracts magnify this systemic view of discipline. Contracts may be negotiated among students, teachers, and parents.

Behavior Point System

Research consistently has documented that positive reinforcement is more effective than punishment in bringing about lasting behavior change (Kazdin, 1980).

With this in mind, the OC Program utilizes a modified token economy (Rimm & Masters, 1979; Kazdin, 1980). Students can earn up to five points during each class period for the following positive behaviors: (1) on time, (2) in seat for entire period, (3) work entire period, (4) appropriate language (no swearing or put-downs), (5) appropriate behavior. Students accumulate points to earn both short- and long-term reinforcers.

The behavior point system focuses the attention of teachers on positive behaviors and ensures their immediate recognition. It clearly states the minimum expectations of the program, benefits accrued through responsible behavior, and consequences for inappropriate actions. Further, the simplicity of the point system serves to reduce power struggles and thus foster positive teacher-student interactions. Teachers have a readily available framework for implementing consequences for noncompliant or disruptive behaviors. This set-up minimizes the necessity of prolonged discussion or the repeated creation of new punishers. Finally, ease of statistical record-keeping within this format facilitates monitoring of student progress.

Group Counseling

A critical adolescent developmental task is to successfully integrate into a healthy peer group (Gazda, 1971; Kapp & Simon, 1977). The OC group counseling program focuses on three goals: (1) personal problem solving, (2) peer feedback concerning interpersonal style, and (3) an exploration of the affective and cognitive underpinnings of behavior.

Focusing on concrete problems of students is a response to these adolescents' need for immediate, personalized attention and gratification, and thus fosters motivation. Emphasizing the sharing of problems is a method of confronting the strong denial-based defenses that are frequently characteristic of behaviorally disordered students. Peer sharing, however, simultaneously provides the critical support that comes from the realization that others, too, have problems—one's problems are not totally unique.

At this developmental stage, adolescents are strongly susceptible to peer pressure, whether positive or negative. The deep adolescent concern for a social image is an important aspect of the growth of personal identity. Structuring the group process to foster constructive feedback to peers regarding interpersonal style addresses

this critical developmental issue.

Behaviorally disordered adolescents frequently engage in impulsive behavior without sufficient awareness of the internal affective and cognitive turmoil that may be the precipitant. The final goal of our group process focuses on developing a practical self-awareness of the dynamic interrelationships among experiences, feelings, thoughts, and behavior. An integrated understanding of these aspects of human functioning can increase self-control and reduce self-destructive impulsivity.

Crisis Intervention

Crisis intervention theory originated with Lindemann (1944) and became a popular treatment technique after Caplan (1964) outlined his prevention model of mental health intervention. The key to crisis intervention in the school is a calm, supportive therapist who can encourage the adolescent to talk about the immediate events precipitating the crisis. Asking "what happened . . . and then what happened" questions helps the individual recall and restructure issues involved in the current problem. Treatment goals are formulated quickly and may be limited in scope.

In most students' crises, permission to involve the parents is obtained as soon as possible. Asking the student to make the initial phone call to the parents and describing the critical incident can be beneficial. The therapist's role in talking with the parent after the student has described the conflict in his or her own words is to reframe or re-label what has happened and to invite the parents for a family conference. In resistant families, escalating the importance of an adolescent's immediate conflict may be advantageous to achieve the goal of a family conference. Frequently, the family needs must be addressed if any changes are to occur in the adolescent's immediate situation.

Ideally, crisis intervention can avoid the necessity for more extensive treatment at another time. Some seriously disturbed or suicidal students, however, may require brief hospitalization or residential placement.

Crisis treatment, by its very nature, is intensive and demanding work. Since rapid assessment and decision making are crucial, therapists handling crises "back to back" often feel drained and distressed. The team support of crisis intervention workers is invaluable. In some serious instances team members may be wise to share in a crisis intervention, in which one member stays

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with the adolescent while another calls the family or other social agencies involved.

PROGRAM RESULTS AND EVALUATION

Evaluation of the On Campus Program has been an ongoing effort. From the outset, an attempt was made to keep all components of the program both accountable and observable. This internal incentive to document program growth and outcomes has produced a concise picture of where intervention has been successful and what factors appear to be most critical for success. To measure the discrepancy between program goals and program performance, a variety of evaluation processes was initiated, including longitudinal data regarding school attendance, learning performance, and classroom behavior.

Pupil attendance rose markedly among adolescents in the OC Program. Before entering the program, the average daily attendance per quarter was 47%. During participation in the program, the average daily attendance rose to 93%. Interestingly, the greatest gains in attendance were made by students who evidenced the lowest attendance prior to entrance.

Effective programs for adolescents with behavior problems are best evaluated by student responses to the program reflected in academic grades. The percentage of courses passed was computed before and during the students' participation in the program. The average number of classes passed climbed from 1.6 of five classes in the semester prior to entrance in the program to 4.8 of six classes in the first two semesters of participation in the OC Program.

CONCLUSION

The On Campus Program is a multifaceted programming effort for behaviorally disordered adolescents. It has proven to be a viable intervention for adolescents at the senior high school level. The cost of the program is small compared to the much greater cost of alternative programming outside of the schools. It also serves to prevent the expensive cost to society of unemployment, incarceration, or institutionalization frequently associated with behavior disordered drop-outs. It represents the potential that exists within public schools in terms of preventive programs.

Crucial components in this program have been the cooperation of the school and school personnel, the inclusion of parents in counseling and support, the focus on problem-solving, the integration of psychological and educational services, and the location of the program within the local high school, where normalization has the highest possibility for success. The OC Program indeed provides a viable educational and therapeutic process for behavior disordered adolescents.

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