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FOCUS ON EXCEPTIONAL children

Application of the Self-Control Curriculum With Behavior Disordered Students

Linda L. Edwards and Barbara O'Toole

Among the problems that beset the field of educating behavior disordered children, one issue involves the focus of special classroom intervention. For comparison, some consensus has been reached about what happens or what ought to happen in classrooms for learning disabled, mentally retarded, hearing impaired, and gifted students. Though educators in those fields do not always agree with each other or adhere to the same model, curriculum models and specific materials have been developed in each of these areas. A possible reason that a clear curricular approach (or at least clearer than in behavior disorders) has begun to emerge may be that in those categories of special education, children are identified and taught according to their learning characteristics. Or, as Rezmierski and Rubinstein (1982) pointed out, the locus of the problem in these areas is clear and understandable, not confused by its existence within the context of the adult/child interaction, as is so often the case in the educational treatment of behavior disordered students. An unresolved issue in our basic philosophy about education for this population of children has been the "unclear role of the schools vis-a-vis the affective domain. . ." (Morse & Ravlin, 1979).

Behavior disordered students may be performing academically at expected grade level, though most of those identified probably do not. These students are ones whose behaviors interfere with their own learning or that of others, or both. How they learn what they learn has been thought to be so highly individualistic and, therefore, diverse that no common set of learning characteristics has been attempted. Because behavior disordered students have been identified for the most part according to their social/emotional characteristics, emphasis historically has been upon *how* to teach rather than *what* to teach. Therefore, until recently curriculum has been left to vary widely among classrooms and programs within districts and agencies delivering education to this population.

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HISTORICAL OVERVIEW OF CURRICULAR APPROACHES

Haring and Phillips (1962) wrote *Educating Emotionally Disturbed Children*, probably the first organized approach to educational methodology in this field. Within this book a chapter titled "Educational Methods and Materials" comprises 15 pages of a total of 322. This chapter did not mention specific materials; rather, it gave a general statement to the effect that curricula similar to traditional subject matter should be taught. The emphasis was on method, with primary focus on directives such as reduction of group participation, reduction of stimuli, immediate scoring, and consistency.

This approach is consistent with what existed in the field for some time, with the significant and almost immediate addition of behavior modification principles, and their refinement, to educational methodology. Contingency contracting, modeling, point systems, and parent-school reporting systems all arose as specific procedures for helping behavior disordered children learn traditional subject matter. Under this approach, children's learning was individualized, consistent consequences were applied, and academic learning was emphasized. Social/behav-

ioral adjustment was the goal, to be accomplished by increasing the probability of academic success.

In the early 1970s this emphasis began to shift slightly. In an article entitled "Current Behavior Modification in the Classroom: Be Still, Be Docile, Be Quiet," Winnett and Winkler (1972) challenged the preoccupation of both special and regular educators with external locus of control. Others began to analyze whether focusing on the stimulus variable (i.e., curriculum) might not be just as important as focusing on the response/consequence dimension (Edwards, 1980). Again, however, the emphasis was upon adapting material and changing the stimulus so that standard, traditional curricula could be taught more effectively. As a result of successful learning, it was postulated, problematic behavior would decrease as students began to feel better about themselves.

Another shift occurred toward the end of the 1970s. This time, materials themselves were the focus as educators began to direct their attention toward specific, direct teaching of affective and social skills to behavior disordered youngsters who all along had been so deficient in these areas. Materials aimed toward social learning continue to proliferate. That special educators seized them so readily is perhaps symptomatic of their eagerness to match at least some teaching content with the presenting characteristics of the children they taught.

Now the field is confronted with challenges related to teaching social/affective skills: how to choose from and evaluate the wealth of materials available, how to integrate affective teaching into an already full course of study with children who are sometimes severely academically deficient, how to measure the program's success (i.e., how to ensure that skills learned in the classroom transfer to real life situations), and how to convince others of the value of affective curricula. This article concerns application of a specific affective material, the Self-Control Curriculum (Fagen, Long, & Stevens, 1975), with behavior disordered students, in an attempt to address some of these concerns.

THE SELF-CONTROL CURRICULUM: A BRIEF DESCRIPTION

Teaching Children Self-Control (Fagen et al., 1975) evolved from the psychoeducational approach to teaching behavior disordered children. To a large extent, the developers have combined and integrated affective and cognitive tasks in this curriculum. Self-control, defined by these authors as the child's capacity to "direct and regulate personal action flexibly and realistically in a given situation," however, is derived from teaching a number of *skill clusters* that are arranged in a hierarchical, skill developmental manner. Thus, some authors

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consider the curriculum as belonging to a developmental approach (Swanson & Reinert, 1984).

Table 1 presents an overview of the eight curricular areas (skills) and corresponding teaching units within each area. The text discusses each area in detail and gives a variety of suggested activities for each unit within an area. The first four skills — Selection, Storage, Sequencing and Ordering, and Anticipating Consequences — are cognitive in orientation. The last four — Appreciating Feelings, Managing Frustration, Inhibition and Delay, and Relaxation — are considered affective.

Although *Teaching Children Self-Control* was designed primarily as a preventive curriculum for use in regular elementary grades, it can be readily adapted for use in special classrooms for behavior disordered children and for use with secondary students as well. A placement instrument, the Self-Control Behavior Inventory (SCBI) (Long, Fagen, & Stevens, 1971), is included in the material to aid the teacher in an individualized, prescriptive approach. The eight items correspond to the eight skill areas composing the curriculum. Fagen et al. (1975) have formulated 10 guidelines to assist the user in implementing the Self-Control Curriculum; these include starting at or below the child's functioning level, placing

the tasks in a developmental sequence, maintaining enjoyment, preparing for real life transfer of training, and emphasizing short, frequent, regular teaching sessions.

USE OF THE SELF-CONTROL CURRICULUM

Teachers of children with behavior disorders have a unique instructional responsibility: to combine remediation of the child's primary behavioral problems while continuing to provide basic academic instruction. Acting out or withdrawn behaviors such as temper tantrums or self-imposed isolation make instruction of any kind problematic. Educators have become increasingly convinced, however, that these students have not serendipitously learned various kinds of socially valuable skills, such as self-control, through modeling or example, as have most normal learners. Therefore, the need to teach these skills directly has become a primary responsibility of the teacher of behavior disordered children. This is not an easy task, but it can be accomplished when approached in an organized manner and by using a well designed affective curriculum.

Teachers who have used the Self-Control Curriculum have found it to be a practical and organized approach

TABLE 1
The Self-Control Curriculum:
Overview of Curriculum Areas and Units

| Curriculum Area | Curriculum Unit | Number of Learning Tasks |
|---------------------------|--------------------------------------|--------------------------|
| Selection | 1. Focusing and Concentration | 9 |
| | 2. Figure-Ground Discrimination | 4 |
| | 3. Mastering Distractions | 3 |
| | 4. Processing Complex Patterns | 3 |
| | | (19) |
| Storage | 1. Visual Memory | 11 |
| | 2. Auditory Memory | 12 |
| | | (23) |
| Sequencing and Ordering | 1. Time Orientation | 8 |
| | 2. Auditory-Visual Sequencing | 7 |
| | 3. Sequential Planning | 8 |
| | | (23) |
| Anticipating Consequences | 1. Developing Alternatives | 11 |
| | 2. Evaluating Consequences | 7 |
| | | (18) |
| Appreciating Feelings | 1. Identifying Feelings | 4 |
| | 2. Developing Positive Feelings | 8 |
| | 3. Managing Feelings | 10 |
| | 4. Reinterpreting Feeling Events | 4 |
| | | (26) |
| Managing Frustration | 1. Accepting Feelings of Frustration | 2 |
| | 2. Building Coping Resources | 9 |
| | 3. Tolerating Frustration | 22 |
| | | (33) |
| Inhibition and Delay | 1. Controlling Action | 13 |
| | 2. Developing Part-Goals | 5 |
| | | (18) |
| Relaxation | 1. Body Relaxation | 5 |
| | 2. Thought Relaxation | 5 |
| | 3. Movement Relaxation | 3 |
| | | (13) |

because: (a) it provides a theoretical framework for understanding the goals of the curriculum, (b) it provides a wide variety of classroom activities to achieve these goals, (c) its activities are designed to remediate the skill deficits of many behavior disordered students, (d) it provides a measurement instrument for entering the curriculum and for evaluating its success, and (e) it is a relatively inexpensive program to implement. *Teaching Children Self-Control* enables both the experienced and novice teacher to integrate sequentially organized affective content into the ongoing, existing curriculum.

The curriculum consists of the textbook *Teaching Children Self-Control* (the text can be translated in a more easily accessible format, as discussed later in this article), which is composed of three parts. Part One, "Foundations of the Self-Control Curriculum," provides the reader with an understanding of disruptive behavior, the struggle children have to master self-control, and a justification for helping students gain this capacity in an educational setting. An operational definition of self-control is spelled out, as well as the authors' view of the construct as a "centralizing function comprised of discrete, teachable skills" (Fagen et al., 1975, p. 34).

Part Two, the major content of the book, provides a chapter for each of the eight curriculum areas and the units within these areas. Each chapter includes a rationale for teaching, goals and objectives for the area, and detailed teaching activities for reaching the goals. Materials necessary for completing each activity are also listed.

The third portion of the text consists of a brief discussion of issues pertaining to the curriculum, such as transfer of learning, and the research bases for development of self-control. Methods of individualizing the curriculum are outlined.

Implementation

Teaching self-control or other affective skills to behavior disordered children can be accomplished in much the same way that academic skills are taught. A first priority here, too, becomes determining the child's present level of functioning, this time in self-control. Deficits have to be identified and prioritized just as in any academic area. When the self-control program is employed, this can be accomplished through use of the SCBI (Long et al., 1971). This inventory can be completed by the classroom teacher and other personnel who work with the child on a regular basis, such as a teacher's aide or child care worker.

After the SCBI forms (see Figure 1) are completed, the teacher can develop a plan for organizing the curriculum

to best meet identified student needs during the school year. The authors (Fagen et al., 1971) have identified several different time frames for teaching the areas and units. Teachers of behavior disordered students who have had experience using this curriculum seem to prefer presenting all eight areas within either one academic year or one semester since students they teach usually are deficient to some degree in all areas.

The only sequential caution the authors have suggested is that the Appreciating Feelings area precede teaching activities in the Managing Frustration area. Practical experience from teacher use additionally suggests that the exercises in Relaxation be taught early in the curriculum, especially before the Appreciating Feelings area. This has been found to be beneficial since children can use the relaxation techniques during more stressful lessons.

Developing a Management System

When the skills to be taught are identified and prioritized and a sensible sequence has been developed, the teacher then is free to present these skills in any organized fashion compatible with his or her teaching style. Many teachers have found it helpful to implement a management system with everything necessary to facilitate a smooth presentation readily available. This system consists of a file box with 5" x 7" cards divided into the eight curricular areas. Each card might contain: (a) curriculum area, (b) teaching unit, (c) name of the activity or task, (d) a brief description, (e) materials needed, (f) any special problems noted in teaching the activity, (g) methods for facilitating generalization of the activity to a setting other than the classroom, (h) date(s) completed, and (i) a brief evaluative statement. Figure 2 gives one example. Developing a management system has proved to be worth the time it takes since it imposes additional structure on the program and makes it easier to implement.

Methods of Presentation

A major concern with the Self-Control Curriculum is that children have fun while mastering the various activities leading to internal impulse control. Though most of the tasks can be adapted to individualized instruction, the curriculum appears to be intended for small-group presentation. The three basic methods of activity presentation—games, role playing, and lesson/discussion—are obvi-

Name of Pupil _____
 School _____
 Grade _____

Teacher _____
 Date _____
 County _____

| | A | B | C | D |
|--|------------------|---------------------|-------------------|-------------------------|
| | Rarely Does 0 | Sometimes Does 1 | Usually Does 2 | Almost Always Does 3 |
| 1. Pays attention to teacher's directions or instructions. | | | | |
| 2. Remembers teacher's directions or instructions. | | | | |
| 3. Organizes self to perform assignments. | | | | |
| 4. Anticipates the consequences of own behavior. | | | | |
| 5. Manages external frustration while working on assignment. | | | | |
| 6. Can delay actions even when excited. | | | | |
| 7. Expresses feelings through acceptable words and behavior. | | | | |
| 8. Thinks positively about self. | | | | |
| Column Score | X | | | |
| Total SCBI Score - | _____ | | | |

Scoring Values:

Rarely Does - 0 points
 Sometimes Does - 1 point
 Usually Does - 2 points
 Almost Always Does - 3 points

FIGURE 1
Self-Control Behavior Inventory (SCBI)

ously designed to involve the participation of several students. Teachers of behavior disordered students have found that the groups should not be larger than five to eight for maximum effectiveness.

The two most commonly employed methods of implementing affective curriculum within the ongoing classroom structure are: *subject teaching*, or presenting the material during a separate period of instruction, and *theme teaching*, blending the affective curricular instruction with academic basic skill teaching (Fagen, 1983). Theme teaching may require slightly more initial planning and practice, as well as familiarity with the content of the Self-Control (or any affective) Curriculum. This method, however, can be used in conjunction with nearly any academic subject and is preferred by many teachers, especially on grounds of facilitating generalization.

As one example of theme teaching using the Self-Control Curriculum, blending language arts (academic subject) with Appreciating Feelings (affective area) might involve the student writing a story from a point of view of a character other than the main character (e.g., how the wolf felt in *Little Red Riding Hood*). Another example, using mathematics as the academic area and Sequencing

and Ordering (following plans) as the self-control task, would be for the students to prepare a dessert by following a recipe. The task labeled "Bill of Rights and Freedoms" under the area of Appreciating Feelings could be easily incorporated into a social studies lesson. The possibilities for integration and blending are many, but each must be carefully planned.

Subject teaching requires setting aside a separate period during the day to teach or reinforce affective skills. The activities in *Teaching Children Self-Control* are perhaps most easily adapted to this method. "Cool-Off Signals" in the curricular area of Appreciating Feelings is one example of many tasks that might be difficult to infuse into the regular academic tasks utilizing the theme approach. It requires the child to develop an individual cool-off signal to notify the teacher that he or she might lose control. When the teacher acknowledges the signal, the child is able to follow a prearranged plan that defuses the child's frustration and anger, thereby allowing resumption of the original activity. Ease of teaching the Self-Control Curriculum through the separate subject method is further enhanced in that most of the activities require only a short time, 5 to 15 minutes, to complete.

Curriculum Area: Selection

Teaching Unit: #1 — Focusing and Concentrating

Task: #1 — Slow Motion Tasks

Description: Start with a simple task (e.g., walking), and progress to a more complicated task (e.g., slow motion baseball game).

Materials Needed: None

Special Problems: Can be a difficult activity for children who have fantasies.

Generalization: Encourage children to use the slow motion technique when they are getting angry in other settings (e.g., on the playground). Parents can use these skills to defuse angry outbursts at home.

Date(s) Completed: 10/20/84 **Evaluation:** Excellent

FIGURE 2
Card File Management System

Additionally, the activities can be dispersed throughout the school day.

Each of these two approaches has its own set of advantages and disadvantages. Most teachers who employ an affective curriculum seem to use a combination of the two methods (Fagen, 1983). A thorough knowledge of the components of one or several curricula of that nature is beneficial in all cases. A systematic approach, regularly offered to students, is the most important ingredient in successful affective teaching.

Difficulties in Implementation

Several obstacles that might hinder successful integration of the Self-Control Curriculum—or any other affective curriculum—are: teacher/administrator resistance, time restrictions, and a lack of comfort or feeling of inadequacy in presenting affective materials. Many educators believe that their major responsibility lies in teaching basic skill or other academic subject content and that effective education is not part of the job description.

* * *

A secondary public school teacher of behavior disordered students related an incident in which a student

arrived in his fifth hour class displaying an array of objects she had shoplifted that morning from a local discount store. The girl showed them to the teacher and other students and bragged about having stolen only "color coordinated" items. The teacher discarded a prepared science lesson for the time being and began a discussion of shoplifting about the time an administrator stopped by his classroom. Later in the day the teacher was called upon to explain why he wasn't teaching the scheduled academic material.

* * *

Many concerned educators assume that students will or should learn values and other affective curricular objectives in the home or in other nonacademic settings. One of the tasks of the special educator of behavior disordered children is to present convincing evidence that with these students other settings have failed to accomplish important affective tasks and, for this reason, these students have been labeled as having this particular handicapping condition. An analogy to denying affective curricula to a behavior disordered student might be to deny large print books to a visually impaired student.

An assumption made in the preceding paragraphs is that teachers themselves believe in the value of affective curricula for behavior disordered students, and most probably do. Teacher resistance usually stems from lack of knowledge about, access to, and practice with using affective materials. Such discomfort can be significantly reduced through effective inservice or preservice training, enhanced by providing hands-on use of many materials, and including practice with matching materials to student characteristics and long- and short-term behavioral goals and objectives.

Scheduling time for yet another lesson in an already crowded curriculum is a concern that should not be minimized and is one that may also contribute to teacher resistance. In the case of the Self-Control Curriculum, this difficulty is at least partly overcome through the combination of the theme teaching method and short, direct subject (affective) lessons.

Although the authors of the Self-Control Curriculum consistently discuss the importance of generalizing skills mastered to settings other than the classroom, they offer no concrete suggestions about how this can be accomplished. The task of developing appropriate activities is left up to the teacher's ingenuity. One approach might be to incorporate at least one generalization strategy on each activity card (as illustrated in Figure 2.) The importance of attention to generalization methods cannot be overemphasized.

Evaluation

As in all other content areas that are taught, the teacher must develop a plan to measure the effectiveness of teaching children self-control or any other affective curriculum. The process of evaluation is most readily structured through the student's individualized education program (IEP) by using the goals and objectives of the curriculum as measured by the Self-Control Behavior Inventory (SCBI). For example, a student's present level of performance might be described on the IEP as: difficulty staying in seat; problems with completing assignments and listening to teacher directions. Administration of the SCBI provides further support of these descriptors as the student rates low on following directions (Item #1) and organizing self to perform tasks (Item #3).

Using this information the teacher can develop long-term goal to increase the student's attention span and behavioral objectives to reach the goal. Methods and materials to accomplish the goal and corresponding short-term objectives are found in the Selection skill area of the Self-Control Curriculum. This approach allows the teacher to treat the student's behavior or emotional problems in a systematic way and to be accountable for the results of the intervention method. Additionally, measurement procedures should be developed to be completed by individuals who see the students in other than classroom settings, to assess the effects of generalization attempts.

RESEARCH CONCERNING EFFECTIVENESS OF THE SELF-CONTROL CURRICULUM

The Vaden Study

Fagen, Long, and Stevens (1975) have described an initial research effort at evaluating the impact of the Self-Control Curriculum among regular classroom, inner city second-graders carried out by Vaden (1972). This study found that "self-control program was significantly related to general school adjustment (based on teacher ratings of learning progress, self-control skills, and self-concept as a learner) at the .01 level of confidence" (Fagen et al., 1975, p. 250). although a trend toward improved classroom behavior was evident, however, no significant differences occurred between the experimental and control groups in academic achievement. The authors suggested that further research is greatly needed in a number of areas including: the extent to which changes in pupil behavior are temporary or enduring, the most effective mode of instruction for the curriculum, and whether various skills comprising the self-control

program contribute equally or differentially to changes in pupil adjustment.

Edwards' and O'Toole's Studies

The present writers have conducted two studies attempting to assess the effects of application of the self-control program with groups of elementary and secondary behavior disordered, residentially placed students. The first study, done with 22 elementary-aged students, employed a simple pre-post treatment measurement strategy. The four teachers of these students rated their pupils on the SCBI in September, prior to using the Self-Control Curriculum, and again in May, after the curriculum had been employed for the 9-month academic year. Teachers were free to develop their own strategies for implementing the curriculum; however, all four chose the subject matter teaching approach. Gains in self-control as measured by the SCBI were significant at the .05 level of confidence. These gains may or may not be related to use of the Self-Control Curriculum, as no control group was available for comparison and many other interventions were going on simultaneously in the treatment milieu. Nevertheless, gains of two or more rating scale points on individual SCBI items were made by over half (12) of the 22 students participating in the program.

Edwards' and Watson's Research

The second study involved a more complicated design and attempted to assess effects on academic achievement as well as self-control behavior across several settings in a residential treatment environment (Edwards & Watson, 1982). It also entails adapting the Self-Control Curriculum for use with a high school aged population (Watson, 1981). In this study, boys were given instruction in groups of eight for 30 minutes per day each week day of a 10-week summer session. These 64 adolescents received instruction in the subject matter format also. Prior to instruction using the self-control program, several measures were obtained for students: The SCBI was completed for each pupil by his usual classroom teacher (in all cases this involved a special class teacher other than the one teaching the self-control instruction), by his dorm staff member, by his therapist, and finally, by the student himself. Achievement measures in the form of the Peabody Individual Achievement Test (PIAT) (Dunn & Markwardt, 1970) scores were available for 11 of the students for three different time periods—September, March, and the end of August. The curriculum was implemented by one teacher during June, July, and the first two weeks of August.

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Achievement results from September to March (prior to the self-control intervention) showed an average (non-significant) gain of 3 months during a 6-month time span for these 11 students. The mean achievement gain from March to August (times corresponding roughly to pre- and post-treatment) was 9 months during a 5-month period. These gains were significant at the .05 level of confidence. As students were administered the PIAT on a rotating schedule, data corresponding to the time periods needed were unavailable for the other 53 students.

Three of the four groups measuring behaviors using the SCBI showed significant differences in a positive direction at the .05 level of confidence. In descending order of magnitude of difference, the dorm staff, teachers, and boys themselves rated student behavior as significantly improved after instruction in the Self-Control Curriculum. The therapists noted no significant differences pre- and post-treatment. Having the various groups rate pre- and post-behaviors was an attempt to assess generalization of skills across settings. It seems apparent that learning transferred from the classroom into the student's living environment. Individuals encountering the boys in one-to-one situations (therapists), however, might have been unable to perceive changes as measured by the SCBI.

After the study was conducted, an attempt was made to investigate gains on the SCBI made by students with various types of presenting problems or diagnostic labels. A consistent finding was that the highest gains were made by students labeled "adjustment reaction to adolescence" — in this institution a term used for undersocialized, passive, rejected students. Moderate gains were made by students with hyperactive tendencies — impulsivity, short attention span, and low frustration tolerance. Small or no gains were made by students labeled sociopathic or character disordered and by students who were substance abusers.

SUMMARY

A characteristic common to most behavior disordered students is lack of effective social and affective skills. This very deficit in fact promotes their identification as handicapped and interferes with successful school achievement and life adjustment. Carefully implemented classroom

intervention in this area, therefore, appears to be not only justifiable but mandatory.

This article discusses one curricular approach to intervention by the special classroom teacher in the area of increasing self-control. Its purpose has been to illustrate, by using the self-control program as an example, how affective teaching might be applied in classroom settings and how the effectiveness of this teaching might be evaluated. Vigorous research efforts to obtain immediate and long-term effects of this and other affective curricular approaches should be continued.

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