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Rediscovering the Art of *Developmental Therapy*: An Interview with Mary M. Wood

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Dr. Mary Margaret Wood is best known for developing psycho-educational programs that integrate mental health and special education interventions for children with emotional and behavioral disorders (EBD). *Developmental Therapy* (*DT*) includes comprehensive assessment of student behavior, communication, social, and cognitive development, individualized interventions to facilitate healthy personality growth across the developmental frameworks, and on-going monitoring of student development. *Developmental Therapy Teaching* (*DTT*) offers educational approaches for educators and other interveners and places developmentally-matched objectives and instructional strategies at the center of the intervention process. Over the past 40 years, *DT* and *DTT* and elements of these models have been adopted both nationally and internationally. In this interview, Dr. Wood reflects on her career, influences on the development and contributions of *Developmental Therapy*, the current status of the field, and the future of educating children with EBD. The interview was conducted on August 16, 2011 in Athens, Georgia, where Dr. Wood is Professor Emeritus of Special Education at the University of Georgia.

Intervention: We would like to start by thanking you for participating in the Janus Oral History Project. Could you tell us how you got into the field of education of students with EBD?

Wood: Well, it was accidental. Like most things in life, we never quite chart our pathways. I did my student teaching in the inner city in Baltimore with children who had the toughest lives that you could imagine, as in any big city. It was a third grade group,

and the children were third graders going on 25. They were so worldly. I had a wonderful master teacher so I felt quite comfortable with that experience. Then I became a teacher, and I went through several first, second, and third grades, and then I came to Athens, GA where I had 30 first graders with no support teacher. I had children with IQ's of 50 to 150 in one room, children reading not at all to children reading at the third and fourth grade levels. I was just worn out after that year. I went to the superintendent and said, "I've just got to have a break and what I'd really like to do is be an art teacher," because that's my personal love. He said, "No, we have an art teacher, we can't offer you that job, but hey, I've got this great class where you'd only have eight students." I said, "I'll take it!"

It was in middle school. So, here I am: an ex-first grade teacher having luckily taught third grade, and I end up in a brand new middle school. When they built the school, the teachers selected the students they wanted and I got the 8 that nobody wanted. They were 14, 15, and 16 year olds who were severely emotionally disturbed and behaviorally challenged. It was wild. I think my experience in Baltimore prepared me for that. The first day, I closed the door, and I said, "We handle all of our problems here in the classroom and we don't ever go to the principal's office. We deal with it right here." One of my six-foot, 16 year olds pulled out a knife and he said, "I'm out of here." And I said, "No, you're not. Put it away and sit down." And he took the knife, and I thought, "Oh my goodness, this is a moment of truth," and he jammed it into the top of his desk about two inches. This was before there were things like "Don't bring weapons to school," and there was no security. And so, the knife stuck in the desk and I said, "Well, we'll just have to leave that for the custodian to take out after school. We have to get back to work." All of the sudden there was calm in the classroom. I said to myself, "Ya know, this is gonna

work." These were great kids and we had a very productive year. That was the rest of my life, professionally, starting with that group.

Intervention: What lessons did you learn from that group that you were able to take forward with you?

Wood: I learned that in every child there are wonderful attributes and wonderful skills and no matter what you see on the outside you have to enhance and lift up each person. I think that's really what took me away from a strictly behavioral approach towards a developmental approach to find out what that person's skills really are and build on them. And then I began to see practical applications from a huge body of developmental psychology theory and research that shows how typical personalities develop, and there are universal milestones for social-emotional-behavioral competence.

Those milestones are cross-cultural with the same kind of attributes worldwide in children as they develop. Of course, they're always developed in a cultural context, so you have the cultural overlay, but underneath is this core of competencies that all students have to learn. They have to learn to attend, they have to learn to respond, they have to learn to communicate for simplicity and then in complexities, they have to learn how to reach inside themselves as they grow older and pull out their ideas and words. Those are universal attributes, but how they are manifested is cultural. If you as an interventionist or therapist or teacher can get beyond the cultural and get into the core of the person, then you become a facilitator of their growth. That's what I learned from that first year.

Intervention: That's a very powerful first set of lessons. You described your early years in the field, but where did it go from there?

Wood: After this episode, I decided Special Education was my field, so I became a demonstration teacher for the University of Georgia, which then had a program in developmental disabilities in the early ‘60’s. I did demonstration teaching for teachers beginning in Special Ed. There was no EBD or BD even nationally at that point. Bill Morse had one of the first programs at the University of Michigan that had a teacher-training program specifically in EBD, and that was kind of the nucleus of what was happening.

The University of Georgia wanted to start the first teacher-training program in Georgia for students with EBD/SEBD. They asked me to develop a program, so I wrote the grants and designed the program at the master’s level. It was really interesting because having had wonderful practicum experiences myself and having been in the field, I realized that we had to have a practicum and internships where our students could see best practices. Well, guess what? There was none. In our state at that point there were no child psychiatrists. I’m not even sure there was a child psychologist.

The state of Georgia had the largest mental hospital in the world under one roof, Milledgeville State Hospital, where all the children that are now SEBD were sent. But they had no children’s unit; they had no school. The boys were on the wards with men, and the girls were on the wards with women. When we arranged practica and internships for our grad students, every week we went to the hospital to work with the boys on the men’s wards and then went over to work with the girls on the women’s wards. Suffice it to say, it was less than ideal. It really opened the eyes of the grad students. I think it made believers of them...that we had to do something. At that point, all we were doing was academic tutoring, because that’s all there was.

Right after that we had the national movement to deinstitutionalize. If you can remember way back in the early ‘60s, there was the Community Mental Health Act, and all the institutions had to send their institutionalized clients back home. So they came home, and I set up a diagnostic/intervention clinic at the University, and we had children from all over Georgia, driving here every week to our clinics. I had mothers who would call from south Georgia and say, “My child has locked herself in the bathroom and she says she’s gonna kill herself. What should we do?” That was when I decided that we had to go into a mental health mode in order to provide a comprehensive mental health team, social work. We needed psychiatric consult. We needed clinical psych. We needed all of those professionals.

It was 1969, and I wrote two grants - one to the state legislature and one to the feds - and, would you believe, they were both funded? We had gone off campus in the meantime and the public health department had given us a waiting room. So with five doctoral students, we had about a dozen and a half children who were severely and emotionally disturbed - most of them either schizophrenic or paranoid schizophrenic or autistic and we saw them every week. We had a psychiatric nurse that the health department provided, and that was it. We had a forensic psychiatrist who had never worked with children. He was the only one in the state, and he contributed ~~t~~two hours a week. I was still on the University payroll, and the University sent me over there to direct this clinic, so we now had a practicum. The dean saw this as a good investment in the training program. So, we got this grant and, all of a sudden, we left this little tiny clinic and moved into a program serving early childhood through age 12 in a big house loaned by a church.

That raised the question of what do you really do to make a difference with children? I had visited Bill Morse's program in Michigan where they were wrestling with the same question. One day Dr. Bill Morse called me and said, "One of the best child psychiatrists that we ever trained at the University of Michigan is coming to Georgia." And sure enough, he was asked by the state to set up the first children's unit in Atlanta. I talked him into coming once a week to our program and that's how we started getting the psychiatry piece into the mix. Then we got the School of Social Work to put a wonderful clinical social worker in our program.

We were pulling resources together and were able to hire grad students who had worked for free for the past two years. They stepped into these jobs and we addressed the issues of "what is the curriculum for children and what should the grad students be learning?" This is where *Developmental Therapy* and then *Developmental Therapy Teaching* began to evolve. Over the three years of those grants, we pilot tested and reviewed all of the treatment objectives that we had written. We called them *treatment plans* and *specific objectives,* which we take for granted now. At that time, no one had ever heard of IEPs.

Then we realized we had to have an assessment instrument. The first year we looked at the children coming in. We had done diagnostics, so they had DSM labels, but we did not know what a child needed in terms of an intervention. "What do you do?" I asked our demonstration teachers, "Jot down every problem that you're trying to address in your interventions." Over Christmas break I looked at our results and knew we were going down the wrong road. We were looking at every behavior problem and trying to match our intervention to the behavior problem. It was absolutely futile because there are

as many behavior problems as there are minutes in the day, and each one is unique. We can't possibly create a curriculum based on this.

So, over that first Christmas break, we turned the focus around and looked at the children's profiles as healthy development profiles. We asked, "What are the skills they need to be successful? What do they have and what's the next skill?" We forgot all about the behavior problems that had been the referral characteristics every child that came in must have had 10-12 behavior problems. So you see, addressing the behavior problems was absolutely wrong. We did a 180-degree turn, and that's the beginning of the heart of *Developmental Therapy*. The entire program was built on milestones of healthy personality development.

Intervention: Tell us more about those four developmental areas.

Wood: We looked at the published research on these healthy characteristics according to age groups. There was a huge amount of research. Communication and language probably had the most substantial body of knowledge at that point, because we're still in the 60's. Researchers had defined how language develops very nicely. We had a good amount of knowledge from Piaget on how cognition develops. I corresponded with Anna Freud in London about her work during the Second World War from the Hampstead Clinic, where they had taken children from London during the blitz and had moved them to the country. They had documented developmental strands. I had read her work and I called her, and we corresponded a good bit about her views on developmental strands. From that I began to identify developmental milestones in behavior, language and communication, and cognition - those pieces were in place.

Then I started looking at the socialization field and found the Harvard group was going great guns. Lawrence Kohlberg had begun to look at moral development. Social learning theory was coming on and you had the whole sequence developing. We took all of that and grafted it onto a giant chart by age groups and asked, “What are the major milestones that all these theorists have recognized and identified?”

Jane Loevinger had done a major piece on ego development, and that opened the door to the heart. We’ve been dealing with the head, and now we were looking at the heart. I went back into the very early work of Sigmund Freud, where he talks about the unconscious, and we realized that emotional memory was the heart - the fuel – for children behaving and reacting the way they do. It’s the stored memory, and that became the decoding piece. Over this 5-year period, we were moving into a developmental framework. We were going deeper and deeper into the complexities of EBD when Nick Long’s *Life Space Intervention* (*LSI*) and *Life Space Crisis Intervention* (*LSCI*) fit right in.

We realized that our next step was to identify the teacher skills that were appropriate to the developmental stages of the children. We had assessed the children developmentally in the areas of behavior, communication, socialization, and cognition and we knew the sequence. Now, we asked, “What are the skills that you, as an adult, need?” We talked about *LSCI* and how it may not always work if the student is at what we call Stage 2 of development, but at Stage 3 an individual *LSCI* beautifully works, and at Stage 4 a group LSCI is a must. And then at Stage 5, when children are exiting an intensive intervention program for a general education program, it becomes an individual counseling session, and the student is taking the initiative rather than the adult.

What we were trying to do was delineate teaching strategies that work. We went back to the current practices in behavior management. We saw that some were very effective earlier in a child's development, and some were very effective later. We developed three groups of management strategies to help teachers easily recall the type of support needed at any given moment. We found that when teachers are in the classroom and experience a crisis, they don't think, they call up their instincts. We took the 12 most commonly cited behavior management strategies and put them in categories, which we called *cheerleader*, *coach*, and *referee*. If you are the *cheerleader* all of your strategies have to do with lifting up, supporting, praising and recognition. If you are a *coach*, you're a teacher in the sense that you're going to teach a skill, such as behavior management, redirection, or modeling. Then there's the *referee* when you have to step in and say, "I'm in charge and we're not going to do that. Here are the rules you have to follow." Practically every behavior management strategy will fall under one of those categories.

Those became the 12 to 14 commonly taught strategies in *Developmental Therapy Teaching*. Teachers began to see themselves as changing roles. We were defining adult roles not only in behavior management, but also as persons who solve problems for students or facilitate the way students solve problems themselves. I'm a great fan of Maria Montessori who defined ways to help children take on increasing independence and personal responsibility. But there's a point with children with severe emotional problems and behavioral disorders that you can't always be Montessori-like.

I directed this demonstration program for over five years. At that time, the dean said, "You have to come back or you have to go with the public school," because the program was a public school, funded by the state and the local school district. It was a

hard decision because I really loved the program, but I realized that if I could help other people to become academic faculty, then they could teach teachers. So, I went back to teach grad students.

Intervention: So you became that facilitator of other teachers' knowledge to build that capacity?

Wood: That's exactly what happened. What we found was that teachers with training in *Developmental Therapy* were successful. In the '70s, in the '80s, and again in the '90s we did major research projects and submitted the effectiveness data to the U.S. Department of Education. Each time we were revalidated through the National Diffusion Network as a program that works. I was on the research faculty then, and that became my role in all of this. It's not nearly as much fun as working with the children and the teachers, but it was what I needed to do.

We were validated in three different decades and during that time *Developmental Therapy* was being taken to school systems all over the country. Our state funded a technical assistance office to help establish this network in Georgia, beyond our one demonstration center. Jimmy Carter was then the governor, and he was preparing to run for president. His wife, Roselyn Carter, was chairperson of the Georgia Mental Health Association. He assigned one of his staffers to work with me to build a network in Georgia. We took the public health districts and looked at the population of children in each district to determine where we should have the programs. Then we planned a network of services across disciplines. Each center had to have a consulting psychiatrist, social workers, a clinical psychologist, and special ed teachers who were certified. Gov. Carter's office helped facilitate the network.

At this time, residential hospitals were being deinstitutionalized and new services for children in their communities became the focus. I was asked to work on a task force to build a mental health network. We took our plan to the legislature and sold it person-to-person. We told them that their district could have one of these service centers for children who were severely troubled. Sure enough, they bought it. In 1975 the state set up our technical assistance office (Georgia Network of Psychological Services) to build these centers sequentially in all the population areas in the state with services within 30 minutes of every child in Georgia.

At this point in the field, psycho-education was attempting to bring mental health and special education together. It was a major contribution because this approach said, "This is not education's responsibility alone. Collaborative psychological services and mental health services are necessary." Since that time, the name has been changed to Georgia Network for Educational and Therapeutic Services (GNESTS) and it's a line item in the state budget to this day in the Department of Education. It prescribes what they have to do, and they annually serve between 6,000 and 7,000 SEBD children all over the state. We do not send very many children in Georgia into institutional care. This is a really, really important point because many school districts in other states farm their kids out to private treatment centers at astronomical costs and questionable long-term results.

That's an issue as we speak today and the same issue that we had in 1970 and 1975. We are going through a new strategic plan, and I'm on that state planning committee to look at how we can go back and continue to reinforce the program because *No Child Left Behind* has drawn resources away from this collaborative model in mental

health, a system in community care which the whole mental health field has tried to promote.

Intervention: You've talked about a number of people that influenced you theoretically. Could you tell us what policies and people have had the most influence on your career?

Wood: It's almost hard to begin to pick them out. There have been so many people. I'd say the group that had the most influence day-to-day was our team of talented educators and psychologists. Professionally among my colleagues, Dr. Nicholas Long, has made a huge difference. I did post-doctoral work with Nick at a children's psychiatric hospital in Washington, and it was there that I really understood Fritz Redl's original *LSCI*. Nick was a master at that. Their model for treatment meetings every week involved with a consulting psychiatrist and teachers, so it's not only solving kids' problems, but also expanding the day-to-day skills of staff. Another mentor was Frank Wood, who has supported me over the years through all of my planning for our graduate program. I'd say those two gentlemen stand at the top of the list. And then there was Dr. William Morse, of course. When I visited his program, he just rolled out the carpet and shared a huge number of insights into program needs. There were also several significant organizations and individuals involved, such as the Midwest Symposium for Leadership in Behavior Disorders, the TECBD group, and the Black Hills Seminars with Larry Brendtro.

As far as policies are concerned, the reason I even went to graduate school was federal funding. We had the *National Defense Education Act* and I was the fellow for three years, which made the difference.-The other piece probably was the *Handicapped Children Early Intervention Program (HCEEP)* funding that gave some attention to early childhood. It's hard for people in this generation to realize that there was a time when,

until a child was six, nobody paid any attention. It's hard to even imagine that now, but that was the beginning of early intervention. One of my good friends in Washington, Jane DeWeerd, was the coordinator of that program for the Bureau of Education for the Handicapped. Jane and I are still friends and colleagues to this day. We built the early childhood piece of our EBD program here in Georgia from that funding. All of the people who were in the Bureau of the Handicapped at that time were practitioners who knew good programs. The next piece of funding that came along was demonstration programs. In addition, the Georgia Department of Education, the University of Georgia, and the feds and their funding have been important influences on my career.

Intervention: You've continued to work on the Georgia Network of Educational and Therapeutic Services. How has that evolved over time and how has your career interacted with it?

Wood: I have been involved with it since our demonstration center. It was then called the Rutland Center, now the Rutland Academy, and that's where we trained teachers, staff, psychologists, and social workers who went out to start other programs. Special Ed coordinators in the local areas took these new practices back their school districts to establish services. We became a technical assistance and outreach office that continues to this day. There are now 24 programs statewide in key areas, and the network serves about 6,000 children every year. This is a resource within the state that brings mental health and special education services together. The only time you would need a residential placement is when you have an older child, there's no housing available, and you need a therapeutic environment. Those are very hard to find good ones, good healthy ones that know what they're doing. We're still operating our technical assistance office

through the University of Georgia. We have the *Developmental Therapy*, *Developmental Teaching* outreach office and an on-line course for people all over the world...in Australia, Hong Kong, Germany, and the Netherlands. It's in-service, non-degree, non-academic, but it gives continuing education credits. Then we have certified trainers who go out and start programs. There are a number of residential programs where we are introducing *Developmental Therapy*, not only to the school part of the residential treatment, but also to the residential staff. When you have residential staff and school staff talking the same developmental language, you have the best of both worlds.

Intervention: What has had the greatest positive impact on the field, in terms of practices, policies, and people?

Wood: I think that the funding has been essential and the people who recognize that something's missing in services for children and can put money behind it. That, and the fact that the state said that *Developmental Therapy* is a program they value enough that they continue to fund it. I think funding is the most positive thing that's happened. We recognized IEPs before they were called IEPs. We recognized that you have to document progress before there was AYP. We had BIPS (Behavior Intervention Plans) before there were BIPs. But, we did it in a developmental context, rather than in terms of negative behaviors.

As far as my professional career, I think three things happened. Probably the most important thing I did was to help a group of people conceptualize and then produce what is now called *DTT* or *Developmental Therapy-Teaching*. What we found was that it wasn't only working with severely troubled children, but it was being spread out, and regular teachers were using it. And when our teachers would burn out in SEBD, they

would go into regular education and take *DTT* with them. They were giving us feedback that *DTT* was for all children. And parents were very responsive to *DTT*. They saw *DTT* as a skill set, and the more you focus on the skills children have, the more you're lifting them up and building them out.

DTT outreach took off in Korea and South America, and we've had quite a remarkable experience in Europe. I received a letter from the director of a treatment program, a school for troubled children in Germany, who wrote that she would like to name their school *The Mary Woods School,* and asked if I would give permission. I had never heard of her, so I thought, "Hmmm, I better check this out." We arranged to go over and visit. I took over one of my close friends, who is native German, so she is very articulate in German. We went into the classrooms and this program director-had taken *Developmental Therapy* textbooks, had transcribed them, and had one of the best demonstration programs that I had ever seen. She knew the theory, she knew of all of the theorists behind it, she knew that body of knowledge, and it was just a magnificent program. She and I became close partners, good friends, and are colleagues to this day. She set up *Developmental Therapy*/*Developmental Teaching* in Europe (Entwicklungstherapie/Entwicklungspaedagogik). Now she trains in Russia, Italy, Norway, Spain, Germany, and Belgium.

Intervention: By taking this developmental approach, you've moved from theory into practice. I think this has had a very positive impact on the field of emotional behavior disorders. What do you see that has had a negative impact on the field?

Wood: I think the greatest frustration that I've had personally or professionally has been that my academic colleagues, not in EBD necessarily, but many of them in EBD, think

that if you can manage behavior, you've solved the problem. Maybe for managing behavior of children with developmental disabilities, that's okay. I don't know. But for troubled children it's not the answer.

Also, I think that probably the most negative thing in higher education is that the academic standard for publish or perish is very alive and well today. "Well" meaning "alive," but not necessarily "good." It's a numbers game. So much in EBD is relational and emotional, and it has to do with the personality structure. You have to get into personality development and you have to work with all of the dimensions of emotions and social relationships - all of that body of knowledge, which comes out of social psychology. Most of this is really difficult to put in a numbers context. We've done it three different times with our attempt to validate the *Developmental Therapy* program. Behavioral strategies and behavioral documentation are easy ways to get numbers. We have a generation of academic people in special education teacher preparation looking at behavior management and forgetting there's a huge dimension that's untapped. I think that's probably the biggest detriment to the field right now. When we go out and talk to certified teachers in EBD about developmental anxieties and defense mechanisms and existential crises and group dynamics and how you modify group dynamics and the roles of people and motivation, all of a sudden their eyes get big. They've never heard any of this. It's appalling to me.

Intervention: So what do we need to do?

Wood: I don't think you've learned enough until you at least go through a master's program and if you can get through a good master's program, a six year doctoral program is desirable because there is a huge amount of knowledge that teachers aren't even aware

of. The more you know, the better you can be. That's the first thing. The more you experience in a good setting with good role models, the better you'll be. That's the second thing. You need supervised clinical internships, and I think there are too few of those. You're sent off, but there's no feedback. If there's no feedback, it's almost wasted time. It's almost like trial and error learning. You have to have master teachers, and you have to have people assigned from the universities who will sit there and provide observational feedback.

I have to tell you a story. In our Rutland Academy program, we had an art therapy program, social work program, a psychology program, and a music therapy program, all based on development; developmental music therapy, developmental art therapy, so on. We had a registered music therapist who was supervising the music therapy interns who came to me and said she was having a terrible time with one music therapist. "She's wonderful, her lesson plans are so good, she's right on target with the students' objectives, but she's having a terrible time with the students. She just simply can't get them to follow her lead or to respond to her positively." She said basically that the class is falling apart. She asked, "Would you come and watch and just tell me what you think about it?" So one day - we have these two-way mirrors, so I didn't go in - I was watching the music therapist intern. She looked like she wanted to bite nails. She had this tense frown. She looked like she hated every child in the room. It wasn't what she was saying; it was her body language. I watched her for a minute and thought, "There's the problem!" The kids look at her and she's glaring at them like "You beasts." It was just set up for trouble. I called her in afterwards and said, "You look like you hate this field. Are you sure you're in the right field?" She was so shocked and she looked at me and said, "I love this field. I

love these kids. I just don't know why I can't get them to participate." I said, "You're sure?" She said, "Oh, yeah, but you've got to tell me. I'm doing something wrong." And I said, "You look like you hate them." She said, "I what?" I said, "You look like you hate them. So I want you, before you come to work in the morning, to look in the mirror. I want you to practice saying, 'Good Morning. I'm so glad to see you.' And smile. I want you to look at your face and the face that comes back should smile at you and say, 'Oh, I'm so glad to see you.' Try it." She did that for ten days and she was like a new person. It was the most amazing thing. It sounds so simple, but it told me that we often don't realize in our own body language what we're communicating to children.

I teach that every person has an aura. They have their own space, and every teacher needs to know what her emotional energy is, what the aura around her is, how to walk in and fill the space, and what to communicate when you walk in without saying a word or doing anything. Frank Wood has that, Nick Long has that, and the people who are successful in this field have that. Anybody can learn it if they're aware of it. So sure enough, this woman turned out to be one of the best music therapists you have ever seen. She had all the skills, she had the knowledge, she had everything, but she didn't have the body language. Isn't that interesting? And it talks about how clinical supervision is such an essential part.

Then there's the whole issue of how you hold a staff together, day in and day out, year in and year out. And burn out is such an issue in this field. It's because you have to build in a staff support system which comes out of daily debriefings, not necessarily debriefing on problems, but debriefing on feelings that need to be ventilated, maybe sorted, maybe rejected, maybe supported. The whole thing is clinical.

Intervention: I hear you say there are some curriculum areas that we're not addressing in our training of these teachers. Could you talk about that?

Wood: I would like to see dual majors or triple majors, because I think teachers of students with EBD need to have a good dose of social theory. One of the interesting areas that many teachers have no knowledge of is group dynamics and how to change roles in groups. Sometimes the kids that are viewed as the worst kids in the room have leadership skills and that's why they're the worst behavior problems. Some teachers think that they have to get rid of all of that bad behavior, but what they really need to do is recognize that they have a potential leader and turn the source of power from aggression to expertise.

We have a model for teaching teachers how to analyze group dynamics. Then you can change the roles if the roles need to be changed, redefine who's a scapegoat, try to teach a child not to be a scapegoat, teach a child not to be aggressive. You redefine all those social power roles. That's social learning theory. The whole area of developmental psychology is so ripe with material that you could spend a lifetime as a developmental psychologist in child and youth development.

Intervention: What do you see as the future of the field of education of children with EBD?

Wood: I'm a positive person, but I see an uphill pull. And I see that our need for numbers is driving us in the wrong direction. I think what's going to happen is that the field will implode around *No Child Left Behind,* and I'm hoping that the feds will let programs begin to exempt out and let them set up their own objectives, standards, and documentation of progress. Progress in the area of social-emotional competence is not a

clearly defined or organized body of knowledge that everyone has to achieve, as in academic work. In our field, it's personal development. There are some parameters, but within them, children will learn at different rates, individual rates, so intervention has to be individualized, even in a group setting. That requires a huge amount of skill and capacity to conceptualize all the forces that come into learning, emotions, motivations, and personality development. So, that is to say that we need some major changes in higher education.

Intervention: Can you tell us what that should be?

Wood: I think everyone who teaches students with EBD needs to have done post doctoral work in treatment centers, in mental health facilities, so that they understand first what emotions are, how intense they are. I would say an internship in a mental health facility and an internship in a special education facility with a master teacher are a must. Of course, I think that the implementation of the developmental structure for an educational intervention program is absolutely the answer.

People who are addressing IEPs are saying that they're frequently *pro forma* and superficial. And the mission of the field has to be redefined. Colleagues in our field need to take a look at it, almost do a task analysis asking, "What is the mission and is it really a multi-professional system of care in education?" I admire the way the Georgia network has gone with educational and therapeutic services together. Our new generation of teachers, practitioners, and college professors needs to look that way. Then, consider the issue of compensating professors and consider other ways of compensation besides publishing numbers.

Intervention: What advice would you offer those entering the field today?

Wood: It's the same thing I used to tell them from 1970 on: If you're in a program where they're doing bad things to children, which includes not providing the best program possible, don't do it. And if you have to lose your job and walk away from it, well, walk away from it. Quit, rather than be a part of the problem. Then go find a place where you can turn things around. As long as we become a part of the problem, go with the flow, things aren't going to change. I know that's hard to say because people need to make a living and teachers have families to support, but I can't tell you how many teachers have told me how horrible the system is. One high school math teacher was telling me last week, "I have special education high school students with EBD and I am teaching them math. What I'm supposed to be doing is teaching quadratic equations. I did an assessment and some of them were having problems with multiplication tables, and I realized some of them couldn't add. My supervisor comes in to see if I'm teaching quadratic equations and here are these students who don't know how to write a check, don't know how to balance a checkbook, can't do addition and subtraction, and so what am I supposed to do?" And I said, "You know what you're supposed to do? You're supposed to teach them where they are and move them forward as rapidly as they can master the skill sets." He said, "I'll be marked down. I got bad marks because I was teaching multiplication instead of quadratic equations." So, what does that say about the system?

Intervention: I think developmental theory may provide some answers. Do you have any other comments you would like to make?

Wood: There are so many things to talk about. It's been an interesting road in a field that continues to change, and, hopefully, become more effective!

Intervention: Thank you for sharing your experiences and insights from a distinguished career educating children with EBD and the professionals who facilitate their development.

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Mary Margaret Wood's career has truly demonstrated the ART (affective, reflective and therapeutic aspects) of working with children whose developmental stages called out for someone to recognize the skills they need to succeed. Her ongoing contribution to the understanding of the importance of behavior, communication, socialization, and cognition not only to children's development but also to the professional development of teachers has had a profound influence on how we work with and impact troubled children.

The authors thank Dr. Wood and her husband, Norman, for their Southern hospitality during this interview.