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A Descriptive Study of Public School Programs for Students With Serious Emotional Disturbances in the State of Virginia

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Running head: CONCEPTUAL MODELS

Abstract

The purpose of this research study was two fold. First, the researcher wanted to determine from which conceptual model regarding classroom management techniques Virginia's SED teachers predominantly function. Second, the use of physical restraint as a behavior management technique in the public schools was investigated. Both of these issues were addressed by 154 of Virginia's SED teachers in a questionnaire developed by the researcher. The questionnaire consisted of opened ended questions, likert scales and fifteen scenarios designed to determine the predominant conceptual model used by SED teachers. Descriptive statistics were used to analyze the information recorded on the questionnaire. The results of this study provided several important points to be considered. From the responses on the fifteen scenarios the psychoeducational model was reported to be the predominant model used by SED teachers. Lastly, the reported lack of training and established guidelines for the use of physical restraint within the schools must be addressed immediately by school administrators.

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in the State of Virginia

Since the passage of Public Law 94-142, public school programs for students with severe emotional disturbances/behavioral disorders (SED/BD) have grown extensively. The criteria for identifying students as seriously emotionally disturbed/behaviorally disordered in Virginia are consistent with the federal definition. SED refers to a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

a. An inability to learn which cannot be explained by intellectual, sensory, or health factors;

b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

c. Inappropriate types of behavior or feelings under normal circumstances;

d. A general pervasive mood of unhappiness or depression; or

e. A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children who are schizophrenic, but

it does not include children who are socially
maladjusted unless it is determined that they are
seriously emotionally disturbed (VA Department of
Education, 1993). The tenth Annual Report to Congress
(1988, cited in Steinburg & Knitzer, 1992), stated that
the demand for teachers of children identified as
SED/BD is 50% greater than the demand for teachers of
children identified as learning disabled (LD) or
mentally retarded (MR). In 1992, the U.S. Department
of Education's 14th Annual Report to Congress on the
Implementation of Individuals with Disabilities
Education Act (IDEA) examined the growth of programs
for SED students in the state of Virginia. The total
number of SED students served in Virginia's public
schools in 1976-77 was reported to be 3,205 and in
1990-91 the total had grown to 8,398, an increase of
over 161%. Associated with the demands and growth of
this special education category are problems related to
the student's outcomes and the educational programs
provided. Steinburg and Knitzer (1992) highlight the
growing concern among interested groups that the
Education for the Handicapped Act has delivered less

than was expected for the 374,000 children identified by the schools as having emotional and behavioral disorders.

In recent years, researchers and educators have begun to acknowledge and examine the problems associated with teaching students with emotional disturbances. In a national study, (Knitzer, Steinberg and Fleish, 1990) found that children labeled emotionally disturbed face decreasing odds in achieving educational and life success. Steinburg and Knitzer (1992) report that nearly two-thirds of students with emotional disturbances function below grade level and many have a history of repeated failures. Once identified for special education, less than one-half of SED students are placed in mainstream settings (US Department of Education, 1986, cited in steinburg & Knitzer, 1992).

Federal studies suggest that 42% of SED students sixteen or older drop out of public education, in comparison to 26% of students with any handicapping condition (Steinburg & Knitzer, 1992). Ongoing studies reveal that students with emotional disturbances also

perform poorly once they leave school. Approximately one-third are not working nor are they receiving training for employment. Further, 40% of these youth are likely to have a criminal record within the first few years after leaving school programs (US Department of Education, 1986, cited in Steinburg & Knitzer,1992). Steinburg and Knitzer (1992) also found that over one-quarter of a sample of 800 secondary SED students had been involved with the courts within one year of leaving school, and by the end of the second year this percentage had increased to 44%. In a study of adult adjustment of emotionally disturbed individuals, Frank, Sitling, and Carson (1990) found that only one-third of the graduates and one-quarter of the drop outs were judged to have satisfactory adjustment after leaving school.

Lastly, teacher shortages, teacher burnout, and emergency hirings are at higher levels among teachers of SED students than any other category of special education (Epstein, Foley, & Cullinan, 1992). Lauritzen and Friedman (1991) stated that the demand for teachers of children identified as SED/BD was 50%

greater than the demand for teachers of children

identified as learning disabled (LD) or mentally

retarded (MR). Lawrenson and Mckinnon (1982) found SED

special educators' attrition rate to be higher (16.3%)

than general special education (11.3%). This high rate

of attrition surely contributes to the shortage of

teachers for children identified as SED/BD. The

National Association of State Directors of Special

Education conducted a survey of current numbers of

emergency licenses granted to meet these shortages. Of

the 37 states that responded to the survey, 78% of the

SED teachers were functioning under less than full

certification (Lauritizen & Friedman, 1991). Of the

states surveyed the number of total new licenses issued

in 1989-90 was 223. Of those issued 183 were emergency

licenses issued to teachers for children identified as

SED/BD. Clearly special education teachers of students

with SED face a demanding population and a stressful

role.

Several investigators have assessed programs for

students with serious emotional disturbances.

Grosenick, George, and George (1990) concluded, "before

decisions can be made for improving programs, evaluators need detailed information about critical aspects of a program's current functioning" (p.68). Among these critical aspects are the following questions: (a) From which conceptual model are SED teachers operating? (b) What behavioral interventions are predominantly utilized within classrooms? and (c) What policies have been established regarding the use of physical intervention?

Beare (1991) suggested that the problems seen in SED classrooms may be due to the "confused" state of the field. A study by Epstein, Foley, and Cullinan (1992) recognized the evolutionary development of the SED category. Their research found little information available on the specific nature of education programs operated for SED students. Their national survey sought data on key aspects of programs: demographics, teacher characteristics, and program features. A clear need exists for more information about specific program features such as behavior management strategies and interventions that may be commonly used in SED programs. Kauffman (1993) also acknowledges the

evolving nature of SED programs when he suggests that in order to have a complete understanding of emotional and behavioral disorders one needs a complex set of organizing principles.

Conceptual Models

Theorists have proposed several models to explain the basis and causes for behavior that is different from the norm. Conceptual models provide the framework for organizing and understanding the many ideas surrounding interventions adopted in SED classrooms. Each model incorporates a method or philosophy for understanding and managing behaviors, and different conceptual models are associated with quite different ways of dealing with similar behavior problems. Because different management strategies are included in each model, an investigation determining the predominant model used by teachers may shed light on the question raised by Epstein et al. (1992): Are there common behavior management strategies in SED educational programs?

In order to be considered part of the same model, theories, assessment approaches, and treatment programs

need to share key elements. Theories or approaches within the same conceptual model should use similar research methodology, share a common explanation, and agree on basic procedures regarding the treatment of students with behavioral disorders (Cullinan, Epstein,& Lloyd, 1991).

Several researchers have commented on the significance of conceptual models in the study of behavior disorders. Fuller (1974) stated that the most important variable in the diagnoses of a particular behavior disorder and the treatment which is delivered is not the behavior or characteristics of the disturbed individual but rather the conceptual framework from which the caregiver operates. Kauffman (1993) writes that one of the more critical elements which has characterized services for youth with SED has been the development of the various conceptual models. Grosenick et al. (1987) also emphasized the importance of the conceptual model from which the SED teacher functions. In their research, Grosenick et al. (1987) found that teachers were the central figures responsible for developing and implementing programs

for students identified as SED. The interactions between teachers and students were found to be a significant element of a program's success. Therefore, the framework or conceptual model from which the teacher functions is critical for consideration when evaluating SED programs (Grosenick et al., 1987). Lastly, Grosenick (1990) and Kauffman (1985, cited in Grosenick 1990) have both examined the importance of conceptual models for developing philosophy statements and program descriptors for SED programs. Morse, Cutler, and Fink (1964) support the belief that programs with a solid philosophical base are the most likely to be effective.

Conceptual theories are the foundation of a philosophy statement. A philosophy is the program's statement of purpose. Elements of a philosophy deal with concepts such as society, schooling, and the child, and include beliefs about the nature of behavior disorders. Such a belief statement includes etiology, characteristics, prognosis, and assumptions about how best to intervene and assist the child. Grosenick et al. (1990), defined an educational philosophy as, "an

operational statement of the fundamental values and beliefs that justify the unique character and scope of the educational services that are provided" (p. 69).

Grosenick et al. (1990) describe eight components that are needed in order for a program to be effective, in providing "exemplary" educational practices. The first component is the program's written philosophy. The philosophy component is the basis from which the seven other components evolve, and together the components provide program descriptors (Grosenick, et al., 1990). Grosenick et al. concluded by explaining several advantages program descriptors provide to SED programs. First, program descriptors serve as a resource to developers, enabling them to design and replicate effective program models. Second, by explaining staff roles and responsibilities in concise and specific terms, program descriptors serve as a basis for program evaluation. Program descriptors also promote consistency in the overall delivery of special education services (Grosenick, et al. 1990). Lastly, Kauffman et al. (1985, cited in Grosenick, 1990) comment on the significance of program descriptions,

"the lack of exemplary program descriptions is clearly an impediment to the development of quality services for seriously emotionally disturbed schoolage populations" (p.16).

Various researchers have investigated the use of conceptual models within SED classrooms. Kavale and Hirshoren (1980) found the behavioral model to be the predominant theory taught in American colleges and universities. Their study demonstrated the influence of the behavioral perspective within all aspects of public school programming for SED students. Their research found that the primary focus for determining student eligibility for SED services was the student's overt behavioral functioning. This emphasis was also recognized in the identification process, in the curriculum, and in the process for exiting students from special education. Lastly, the assessment practices used in evaluating children and youth who are referred for emotional or behavioral problems have shifted away from academic testing and projective approaches to more behaviorally oriented techniques,

such as direct observation, behavioral checklists, and
rating scales (Kavale & Hirshoren, 1980).

Beare (1990) found the most widely trained
technique was applied behavior analysis, with 97% of
the respondents receiving training and 92% of those
using it finding it effective. Only 75% of the
respondents surveyed, however, use it. The use and
support for the behavioral model may not be as
extensive as Kavale and Hirshoren (1980) portray it to
be. Although their data support the influence of the
behavioral model, Kauffman (1993) states that, "the
educational practices for children and youth with
emotional or behavioral disorders are not governed by a
consistent philosophy or conceptual model" (p.107).
Kauffman concludes by stating that such an absence
suggests lack of a coherent conceptual basis for
teaching practices. Research by Beare (1991)
determined that more than 200 SED teachers showed
evidence of little consistency among their training,
theoretical orientations, and use of intervention
strategies. Beare concluded, "this lack of common goal
and philosophy delays the development of our field and

leads to programs that may not reflect the best current appropriate educational practices. Our field would be advanced by a more integrated, less haphazard conceptual approach" (1990; p.216).

The National Needs Analysis in Behavioral Disorders (Grosenick & Huntze, 1983) verified the wide range of conceptual models utilized in SED programs. Reported in this research was that 54% of programs demonstrate either a "weak or not present" philosophical base for intervention and 63% had either "weak or present" goals for the treatment they delivered (Grosenick & Huntze, 1983). Further investigations by Grosenick et al. (1987) examined the underlying theory or theories of behavior that served as the basis for interventions delivered in "most or all" of the SED classrooms examined. When asked to respond to the question "to what degree is each of the following theoretical orientations used by your program in the area of behavioral disorders/serious emotional disturbances?" over 85% of the survey respondents indicated that they used the behavioral perspective, while 55% characterized their programs as

psychoeducational, 19% as ecological, 6% psychodynamic, and 73% as eclectic. Beare (1991) found the majority (55%) of SED teachers function from an eclectic approach, meaning they combined a number of theories or philosophies in their belief system. The eclectic model has been criticized in that the teacher has undefined goals and does for children whatever they feel will be most effective at the time (Beare, 1991). This model or philosophy contradicts what Morse et al. (1964) suggested to promote effective programs: a solid philosophical framework. Kauffman (1993) states, "that there is a limit to the degree to which one can be eclectic, picking and choosing concepts and strategies from various models, without being simple-minded and self-contradictory. Some conceptual models are not complementary; they suggest extremely different and often incompatible approaches to a problem. Acceptance of one set of assumptions about human behavior sometimes implies rejection of another" (p.108). Supporting Kauffman's notion that an eclectic approach may lead to self-contradiction, Beare's (1991) study found teachers reported using techniques that

they did not find to be effective, or techniques for which they were not trained, or both. Grosenick et al. (1987) further support that within a particular conceptual model there are specific intervention strategies. Teachers having a psychodynamic conceptual approach used counseling at a rate of 87%. Those with a behavioral approach predominantly (97%) used applied behavior analysis.

Thus far, the literature review has documented the increase in services provided for students with emotional/behavioral disorders, as well as the problems surrounding this category. The importance of conceptual models as the "framework" from which programs and teachers function has been established. The literature review will continue by examining the three major conceptual models used in SED classrooms, focusing on the different etiologies and interventions employed within each model. Concluding the discussion will be with an examination of the benefits and criticisms associated with each model.

Psychodynamic Model

<u>Assumptions</u>

The psychodynamic model was derived from the Freudian psychoanalysis. The term "dynamic" stems from the belief that the origin of emotional and behavioral disorders is not the behavior itself, but rather a pathological imbalance among the dynamic part of one's personality: the id, ego, and superego (Kauffman, 1993). The processes were thought to develop from social relations primarily between the child and the parent (Reinert & Huang, 1987). The conflict between the intrapsychic processes is usually attributed to excessive restriction or excessive gratification of the individual's instincts at a critical stage of development or to early traumatic experiences (Kauffman, 1993). Interventions based on a psychodynamic model stress the importance of individual psychotherapy for a child and the necessity of a permissive, accepting environment. Because the disturbances are seen as an internal problem, treatments place little effort on directly changing overt behavior (Cullinan, Epstein & Lloyd, 1983).

Psychodynamic interventions attempt to uncover unconscious instincts, drives, or needs that find expression in cognitive and affective problems. The goal of the model is to create an atmosphere of permissiveness and trust in which unconscious emotions can be freely expressed, helping the student develop and understand solutions to behavioral problems (Kauffman, 1993). Kauffman provides an example of such an intervention, "if a student is allowed to act out aggressive impulses by destroying a picture he or she has drawn, then helped to talk about what they just did, they may gain insight into their unconscious motivations, understanding why they attack their own work, becoming able to control such urges in the future" (p.34).

Within classrooms for students with serious emotional disturbances, the teacher is responsible for creating the suggested supportive environment. Such an atmosphere should be noncompetitive and friendly, permitting individuality and self-expression. In an effort to gain the student's trust, the teacher must make it clear that no matter how the student behaves,

he or she will be accepted as an individual (Kauffman, 1993). Kauffman suggests that teachers may have to allow themselves to be manipulated in an effort to serve the student's emotional needs. Education is oriented toward the student achieving self-awareness and knowledge of the environment and developing relationships with others. Because the feelings and interests of students with serious emotional disabilities change often, their immediate concerns should take preference over any preplanned curriculum (Gallagher, 1988). Curriculum learning activities are encouraged to focus on the student's feelings and encourage investigations of inner thoughts and expressions of feelings (Haring, 1987). The teacher helps the student avoid fixations by identifying repressed feelings and dealing with them in constructive ways (Coleman, 1986).

Kauffman (1993) suggests two ways in which the teacher can assist the student in expressing his or her emotions (e.g. aggression) constructively. First, the teacher must be accepting of the student's behavior and feelings, and second the teacher must provide

opportunities for catharsis or cleansing. Catharsis allows an aggressive student to express his or her aggressive impulses freely under certain conditions (Kauffman, 1993). Within the psychodynamic model, "supportive therapies" provide good opportunities for catharsis. Supportive therapies include play therapy, art therapy, music therapy, and bibliotherapy. Another technique critical to the psychodynamic model is "reflective listening", which is insight oriented dialogue between the teacher and student.

Interventions

Play therapy is a technique used individually or with groups of students who are noncooperative in verbal therapy. These students experience their conscious and unconscious feelings through the interactions of play (Newcomer, 1993). Newcomer states, "play provides a remarkably effective means of entering children's inner world" (p.457). Play as a therapeutic approach has been attributed to several psychoanalytically oriented therapists. One of the most influential, Melanie Klein, viewed symbolic play as a substitute for verbalizations and as a means of

revealing the child's fantasies and unconscious through free association that should be interpreted by a therapist. Another developer, Anna Freud , used play to develop a positive relationship with children. She believed such a relationship would lead to meaningful verbalizations about feelings (Newcomer, 1993). Although classroom teachers are not trained to make clinical interpretations of play, Newcomer suggests the use of play by teachers. Such an intervention may help children learn more adaptive behaviors, such as communication skills, problem-solving ability, and appropriate social behaviors.

Art and music therapies are also nonverbal forms of psychotherapy. These techniques are used to reveal unconscious thoughts, to encourage self-expression, to promote relaxation, and to enhance relationships (Newcomer, 1993). Newcomer refers to Naumburg's (1973) definition of art therapy, " a non-verbal technique for releasing, through symbolic imagery, the unconscious, repressed emotions" (p.516). Art therapy can also be traced back to the work of Freud. He acknowledged the advantage of visual art as an expression of inner

experience (Newcomer, 1993). Margart Naumburg and Edith Kramer are credited with developing art therapy as a therapeutic intervention (Newcomer,1993). The teacher's goal in using art therapy in the classroom differs somewhat from the traditional psychoanalytic principles. The teacher is not expected to reveal their students' unconscious thoughts. Art therapy programs within the classroom are more general. Newcomer (9193) describes three general goals of teachers using art therapy. The first is to foster individual growth. This goal is based on the assumption that children benefit from additional outlets for their emotions. The second goal is to promote interpersonal and group relationships. Group art activities help children learn to understand each other. Lastly, art therapy establishes communication through the creative process.

Music therapy is a recent discipline compared to that of art therapy. It began about thirty years ago with the work of Willem van de Wall, who is credited as the organizer and innovator of music therapy (Clair & Heller, 1989). Music therapy also uses a more general

psychoanalytic approach. Music is used to establish a calm, therapeutic atmosphere which enables students to express their feelings (Newcomer, 1993). Music therapy is used in conjunction with other therapies aimed at establishing a trusting relationship between child and therapist. Specifically, within school populations, music therapy is predominantly used to develop and improve self-help skills, motor skills, and social skills (McQuire, 1985).

Bibliotherapy is defined by Davidson & Muskin (1981) as a, "specifically selected group of guided readings that assist individuals in gaining insight and understanding into themselves and their environments" William Menninger is recognized as a pioneer and promoter of bibliotherapy (Davidson & Muskin, 1981). Bibliotherapy may be used with an individual child, a small group, or an entire class to assist in understanding problems. It is often used to assist students through difficult stages of development, and to understand individual differences (Blake, 1988). Defrances (1982) refers to Moses and Zaccaria's (1968) three stages of bibliotherapy. In the first stage,

identification, the reader identifies himself with a major character in the story. In catharsis, the second stage, following identification there is a release of emotional or psychological tension. Lastly, in the third stage, insight is gained as a result of this emotional release and the individual now can achieve new insight into his or her problems.

Another technique employed within the psychodynamic model, addressed in Gordon's, <u>Teacher Effectiveness Training</u> is the use of "reflective listening". Newcomer (1993) states that this technique is the most important attribute intended to maintain high personal and trusting teacher-student relationships. Reflective or active listening involves permitting the student to discuss what is of interest without providing answers, interpreting what is said, or pushing for further information. Another technique used is the empathetic response. For example, questioning for clarification reflects the teacher's desire to understand the student. A nonjudgemental restatement of the student's remark is used to help clarify the student's feelings or ideas. The teacher

may sparingly use encouraging or reassuring remarks to
help the student recognize that he or she is understood
or supported. A simple nod of the head by the teacher
may be used to acknowledge the student. The student is
never manipulated into providing further information
(Newcomer,1993). The teacher assumes a nondirective
role which communicates that the responsibility for
progress lies with the student. Carl Rogers (1951)
referred to this approach as client-centered therapy,
Wolfgang and Glickman (1986) term it relationship-
listening. Both involve minimal teacher power or
control.

Benefits/Criticisms

Gordon (1974) addresses several strengths provided
by reflective listening within the classroom. Gordon
states, "teachers have found reflective listening to be
a powerful tool, for facilitating learning, for
clarifying, promoting inquiry, creating a climate where
students feel free to think, discuss, question and
explore" (p. 123). Reflective listening "defuses"
strong feelings, allowing the student to return to the
given task of learning. Second, it helps the students

understand that they need not be afraid of their own emotions, helping them understand that feelings are not bad. The technique also facilitates problem solving by assisting the student to "talk it out" or "work it through". Students are encouraged to be responsible and to find solutions to problems. They may become more willing to listen to the teacher. When a teacher listens to them it becomes easier for a student to open his mind to the teacher's ideas and opinions. Lastly, students who are heard by their teachers may experience a sense of greater self-worth and importance (Gordon, 1974).

Newcomer (1993) refers to suggestions by Patterson (1989) that there exists within the literature evidence that a client-centered approach has been used effectively with a wide variety of individuals with emotional disabilities. She concludes by stating that traditional approaches to education, for example, the dominating teacher, have failed to promote learning and contribute to the loss of self-esteem. These problems are viewed as the basis of psychological disturbances.

Over the years, the psychodynamic perspective has
also been strongly criticized on several points.
Newcomer (1993) identifies three criticisms of the
psychodynamic model. First, this model suggests a
pessimistic view of human beings programmed for
unhappiness by either biological drives or early
relationships. Second, this approach has not been
investigated scientifically. Third, the model
emphasizes the examination of the unconscious despite
the fact that such awareness can not be measured and
can only be assumed to be accurate. Newcomer (1993)
continues by explaining that many researchers believe
the passive role that teachers play delays the
student's growth and that the process takes far longer
than would be the case if the teacher were more
directive. Also a nonrepressive environment may be
interpreted by some teachers as a "license" to provide
little structure for classroom behavior, to avoid clear
statements and reinforcement of rules, to stop teaching
academic materials until the child is emotionally
stable, and to reduce expectations for normal
behaviors. Newcomer (1993) comments, "the assumption

that an individual cannot take responsibility for behavior because of illness may deprive that individual of an opportunity to learn responsibility" (p.365). In conclusion, Newcomer criticizes the psychodynamic belief that the students' personality is developed before they arrive in school and their emotional disabilities are a result of faulty family relations. If so, then conflicts and treatments have little to do with school events.

Kauffman (1993) criticizes the psychodynamic approach particularly as an intervention for aggressive behavior. Kauffman states that there is no evidence to support the efficiency of the model for reducing aggression and that other evidence suggests that it is destructive and actually has a detrimental effect. Proponents of catharsis suggest that children's aggression might be lessened by allowing them to observe other's aggressive behavior in motion pictures or on television or by allowing them to repeatedly paint scenes of violence to express their hostility. Kauffman indicates research that is contrary to the catharsis hypothesis. Research has found that viewing,

imagining, and practicing aggression tends to increase
aggressive behavior, particularly in those who are
already more aggressive than most. Researchers have
found that exposure to T.V. violence decreases
children's and adult's emotional sensitivity to acts of
aggression (Kauffman, 1993). Kauffman concludes by
stating that arguments for cathartic activities are
without support and research indicates that students
are likely to become more aggressive as a result of
cathartic activities.

Psychoeducational Model

Assumptions

Like the psychodynamic model, the
psychoeducational model is based on psychoanalysis, ego
psychology, and related psychodynamic theories. The
psychoeducational model addresses concerns for
unconscious motivations and underlying conflicts, yet
also stresses the realistic demands of everyday
functioning in school, home, and community (Kauffman,
1993). This model differs from the psychodynamic model
primarily in two ways: it combines theory and therapy
for everyday use by educational staff; and emphasizes

the development of the student's ego strengths, as a measure to help build self-control of emotions and behavior problems (Cullinan, Epstein, & Lloyd, 1991). The psychoeducational model assumes that academic failure and inappropriate behavior can be dealt with directly and therapeutically without focusing efforts on the resolution of unconscious motivations (Kauffman, 1993).

Interventions

Interventions based on the psychoeducational model focus on faulty cognitive and affective states rather than on unconscious beliefs. Emphasis is on the student gaining insight that will result in behavioral change, not on changing behavior directly. Students who are aware of their feelings and discuss the nature of their behaviors may gain insight into their behavior and thus gain control over their inappropriate actions (Kauffman, 1993). Kauffman (1993) provides an example: "If the student can become aware that he or she has angry feelings when another student teases or hassles, and can learn to think through alternatives to

counteraggression then the student may start using self-control skills and become less aggressive" (p.341).

Gallagher (1988) identifies the need for a "therapeutic milieu", an around the clock planned environment, in which psychoeducational interventions are most effective. The originator of this approach Fritz Redl (1959), believed that insight could come at anytime of the day; therefore, it was necessary for the adults in the troubled child's life to develop the skills necessary to help the child achieve insight, gain confidence in themselves, and develop a sense of trust in others (Gallagher, 1988). The skills necessary for creating a therapeutic environment are accomplished primarily through managing surface behaviors and Life Space Interviewing (LIS).

Long, Morse, and Newman (1976) recommended twelve techniques for handling surface behaviors of children in school. The techniques discussed by Long et al. are planned ignoring, signal interference, proximity control, interest boosting, tension decontamination through humor, hurdle help, restricting the classroom

program, support from routine, direct appeal to value areas, removal of seductive objects, antiseptic bouncing, and physical restraint. The term "life space" was used to imply greater proximity to a student's natural environment than in formal clinical settings (Wood & Long, 1991). This intervention was originally developed by Redl (1959) and then translated to include specific educational techniques for classroom teachers by Long and Newman in 1961 (Wood & Long, 1991). The interviews are verbal strategies designed to assist troubled youth to understand their own feelings and behaviors so that they can better cope with life events. Interviews take place as soon as possible after the occurrence of inappropriate behavior or a crisis situation. The interviews are conducted by adults who are a part of the student's natural environment and who can serve as mediators between the student and life's realities (Gallagher, 1988).

Gallagher (1988) continues by explaining the two major categories of the Life Space Interview. The first, "emotional first aid", is a mini interview designed to help children in conflict. This

intervention occurs on the spot to help the student adjust to the demands of daily living that they may be otherwise unable to manage on their own. The second, "clinical exploitation", is a lengthier interview. These interviews often involve intense interchanges designed to help the student recognize inner feelings. Interviews are selected from one of the two categories, based on the goal of mediation. Within the two categories there are subcategories or stages which the interviewer works through in an attempt to help the student understand his or her feelings. The two interviews, however, are not exclusive of one another. For example, the teacher may select an emotional first aid technique to defuse a crisis situation and then follow up with a clinical exploitation interview when time permits (Gallagher, 1988).

In contrast to the traditional psychotherapy interview techniques that bring up events of the past, LSI is based on immediate events in the student's life. By posing a series of questions the interviewer tries to guide the student to rational thinking. When necessary, the interviewer corrects the student's

perceptual distortions and presents reality.
Throughout the process, the professional maintains a
nonjudgemental but influential position. The interview
process ends when the interviewer and the student reach
an agreement on more appropriate conduct for similar
problems that might occur in the future (Newcomer,
1993).

Another forceful proponent of the
psychoeducational position is William Glasser. Glasser
(Newcomer, 1993) emphasizes the role of cognitions in
determining emotional disturbances. He placed great
importance on the idea that human beings are rational,
choosing agents, capable of controlling their behavior
(Newcomer,1993). His rationale for behavior change
involves the use of discipline to help students develop
feelings of responsibility for their behavior and make
a commitment to behave more appropriately (Newcomer,
1993). Within Glasser's model, "Reality Therapy", the
teacher is responsible for maintaining effective
discipline in the classroom, helping students make good
choices about their behavior. The teacher may offer
alternatives to the student for more appropriate

behavior and the student may choose from the alternatives. However, the teacher never asks, "Why are you doing that?" Glasser believes that this is irrelevant and that the person's motivation for the behavior is of little significance (Newcomer,1993).

Practical innovations under the reality therapy model are the classroom meetings. Classroom meetings provide students with the opportunity to make decisions pertaining to their daily lives (Juul, 1990). There are three types of classroom meetings: the social problem solving meeting, the open ended meeting, and the educational diagnostic meeting. These meetings are used as techniques for altering student's thoughts and helping them assume a degree of control over their destiny. The discussion should be directed toward problem solving; it should not assign blame, allow for complaining, or end in punishment. Meetings are aimed at problem solving and/or discovering alternatives to such problems (Newcomer,1993). Glassers' views and classroom management theories can be found in <u>Reality Therapy</u> (1965), <u>Schools Without Failure</u> (1969), and <u>Control Theory in the Classroom</u> (1985).

Rudolf Dreikurs, a psychiatrist who specialized in family-child counseling, is another proponent of the psychoeducational model. Like Glasser, he supports the pairing of logical consequences with both adaptive and maladaptive behavior as a component of effective discipline (Newcomer, 1993). Dreikurs most significant theoretical principle centers on the notion of mistaken goals. He believed that human beings are capable of thinking and that they choose to behave in certain ways. The choice of the individual to behave in inappropriate ways is a result of incorrect beliefs that their behavior will meet a basic need and gain them social acceptance. These beliefs or mistaken goals include attention getting, power seeking, revenge seeking, and displaying inadequacy (Newcomer, 1993).

According to Dreikurs, interventions involve the teacher determining from which faulty goal the student is functioning. The goal from which the student is functioning can usually be discovered by the teacher reflecting on what feelings arise within the teacher as a result of the student's behavior. The teacher verifies the student's goals by asking a series of

questions and looking for the student's recognition reflex (Wolfgang & Glickman, 1986). Dreikurs views on discipline and classroom management are in three books: <u>Psychology in the Classroom</u> (1968), <u>Discipline Without Tears</u> (1972), and <u>Maintaining Sanity in the Classroom</u> (1982).

<u>Benefits/Criticisms</u>

The research surrounding psychoeducational approaches has been limited because of the minimal scientific evidence that is available. Cullinan, Epstein, & Lloyd's (1991) evaluation of the models scored the psychoeducational model high to medium in replicability (i.e., the degree to which an intervention can be communicated to others) and in breadth (i.e., the variety of behavior disorders that can be approached by interventions based on this model). The study found efficiency, the extent to

which the intervention can be applied within a short period of time, and with groups as well as individuals, to be low.

Of the psychoeducational models having some research support, Life Space Intervention has received the most attention in the literature. For this reason most of the reported benefits and criticisms surrounding the psychoeducational model arise from Gardners' (1990) review of LSI. The first benefit addressed is that LSI enables the professional who is in proximity to the problem to aid the student in a close temporal relationship to the problem. The flexibility of LSI across environments greatly increases the chances of helping the student to generalize positive behaviors. LSI also provides a technique that is available for use in most crisis situations. The interview allows teachers to defuse the student from irrational thoughts and feelings, therefore, allowing students to concentrate on academic tasks. The attitude of the interviewer allows the student to express feelings in a nonjudgemental environment, encouraging students to problem solve when they experience difficulty. Lastly, LSI helps students identify those feelings that "cause" the acting out and

teaches them that they have control over making changes
in their behavior.

Gardner's (1990) article also addresses the
criticisms surrounding Life Space Interviewing
techniques. Many researchers criticize the model's
effectiveness because it can only be supported by
anecdotal documentation. Others claim that by the
contingent attention of a caring adult, questioning may
actually reinforce the negative behavior it is designed
to eliminate. Still others conclude that it is
difficult and often time consuming to train
professionals in the effective use of LSI. In
addition, because of the verbal nature of LSI, there
may be a chronological and mental level below which
this technique may not be effective. Often used as a
classroom intervention technique, some express concern
that the interview may take up too much academic time.
Finally, LSI may condone feelings as excuses for acting
out, making it less likely that the student and the
professional will focus on the appropriate
environmental factors responsible for the behavior.

Reality Therapy is also criticized for providing "limited" intervention techniques. Researchers at the Maine Youth Center evaluated the effectiveness of Reality Therapy as a treatment program (Drummond, 1982). Administrative, teaching, cottage, and treatment personnel evaluated the program over a 2-year period. Results showed that overall, staff evaluations of Reality Therapy were positive and that students showed improvements. The highest degree of success was reported on "not accepting excuses" followed by "being persistent." The hardest dimension to implement successfully was "getting youths to make a commitment to change behavior" (Drummond, 1982 p.32).

Behavioral Model

<u>Assumptions</u>

The principles of behaviorism were developed from the works of Pavlov, Watson, Thorndyke, and other theoretical and experimental psychologists. Watson argued that psychologists should stop trying to philosophize about consciousness and other mental

processes because they are unobservable and difficult to study scientifically (Cullinan, Epstein, Lyoyd, 1983).

In the 1960's followers of B.F. Skinner's operant conditioning paradigm began to apply Skinner's method to the treatment of children with learning and behavior difficulties (Juul, 1990). Heinz Werner, Alfred Strauss, Laura Lehtinen, and Newell Kephart devised methods of teaching brain-injured children at the Wayne County Training School in the 1940's. William Cruickshank also conducted a program for brain-injured and hyperactive children. Another behavioral psychologist interested in special education was Frank Hewett. Hewett is recognized for the development of the engineered classroom which employed a point system for the use of reinforcement techniques with autistic children (Kauffman, 1993).

Kauffman (1993) states that two major assumptions underlie the behavioral model: " the essence of the problem is the behavior itself and the behavior is a function of environmental events" (p.106). Behaviorists are not concerned that the cause of

behavior might be inner unconscious conflict and that the extinction of one symptomatic behavior might result in symptom substitution. Each behavior is evaluated and treated as an independent event (Newcomer, 1993). The behaviorists theoretical goal as denoted by Cullinan (et al., 1987) is the prediction and control of behavior. Newcomer (1993) further explains this goal and the rationale of the behavioral model. The rationale is that all behavior, normal and abnormal, is learned according to the same principles. This emphasis on learning demonstrates the importance of environmental factors in shaping behavior and suggests that alterations in the environment will cause changes in behavior. Thus, the behavioral approach emphasizes the manipulation of environmental events to provide the individual with learning experiences that promote adaptive behavior (Newcomer, 1993).

Interventions

Behavioral interventions, sometimes termed "applied behavioral analysis", "Data-based instruction", or Direct Instruction", attempt to eliminate the reinforcement of disruptive behaviors

while reinforcing various appropriate behaviors
(Cullinan, et al., 1983). Educators must choose target
responses, measure their current level, analyze the
possible controlling environmental events, and change
antecedent or consequent events until reliable changes
are produced in the target behaviors (Kauffman, 1993).
Assessment consists of direct observations and results
in a precise definition of observable behaviors as
opposed to the clinical interpretations of those
behaviors (Haring, 1987). Since the behavioral model
focuses on direct observations, a teacher must be able
to analyze functionally a student's behavior. The four
components of a behavioral act are: 1.) the stimulus,
a preceding event that causes an action; 2.) the
response, an individual's action or behavior following
the stimulus; 3.) a consequence, a subsequent event,
that follows an individual's response and determines
the probability of its future occurrence; and 4.)
contingency, a term referring to the arrangement
between the response and the consequence (Gallagher,
1988). Once an educator has identified and defined the
target behavior, the behavior is recorded during the

entire intervention program. Behavioral recording consists of two major periods: preintervention (i.e., baseline recording) and intervention (i.e., modification recording) (Gallagher, 1988).

There are several intervention strategies educators may employ to modify a student's behavior. Some common strategies used to increase an appropriate or desired behavior are: shaping, reinforcement, tokens, modeling, and contingency contracting. Just as there are strategies for increasing behaviors, there are also those used to decrease behaviors: (e.g., extinction, time-out, and punishment) (Coleman, 1986). Wolfgang and Glickman (1986) state that within this approach the student corrects his or her behavior as a result of commands, explicit teacher modeling, rewards and/or punishment.

Benefits/Criticisms

The behavioral approach has gained considerable recognition for the treatment of emotional disturbances. Whereas the psychoeducational model is limited in research, the behavioral model is discussed more frequently due to the ease of empirical

investigations. There are several reasons for the growth and acceptance of the behavioral model. The foremost is that the governing principles are easy to understand and to implement (Juul, 1990). Cullinan, Epstein & Lloyd's (1991) evaluation of the conceptual models found that the behavioral model rated high on all aspects of intervention: replicability, efficiency, and breadth. In contrast to the other models, the behavioral model requires that intervention methods be described specifically so that others can understand and replicate procedures. Interventions are reported as efficient, in some cases behavior changes have emerged in a matter of days or weeks. Lastly, research has demonstrated behavioral interventions to be successful with a wide variety of student's behaviors and emotional problems.

Ballard (1987) discusses two contributions of the behavioral model. First, the belief in the power of the environment to shape behavior has led to the assertion that everyone can learn; therefore, we have a responsibility to incorporate strategies to teach all children no matter how severe their disability. The

second contribution has been evaluating the effectiveness of instruction for individual learners through commitment to single subject research designs.

Although behavioral interventions have been widely accepted, criticisms and concerns have also been reported surrounding this model. Much of the criticism offered focuses on how the behavioral model is applied. Cullinan, Epstein, & Lloyd, (1991) found the behavioral model to have "low" long-term behavioral improvements and generalization effects. Other researchers have criticized the model's emphasis on controlling the student's environment. Ballard (1987) stated that evidence has shown that effective learning is developed in interactive rather than teacher controlled environments. Nichols (1992) found control to be maintained by point systems and rewards which were often used to maintain silence in the classroom. Nichols questions how a silent classroom can be teaching students to better manage their anger, sadness, and impulses. Edward Deci (1981, cited in Nichols, 1992) found that control rewards actually decrease intrinsic motivation. Jones and Jones (1990,

cited in Nichols, 1992) found power to be effective at intimidating students who need control least and that power is seldom effective with students whose behavior is unproductive. Allen and Greenberger (1980, cited in Nichlos, 1992) reported that the less control a person has over objective events, the more satisfaction he or she gains from destructive acts. Nichols concluded by stating that students who experience failure in school may be more likely to act in destructive ways to temporarily increase their feelings of power and self-determination. Possibly, control curriculums are producing the behaviors that special education placement is designed to decrease (Nichols,1992).

Researchers Shores, Gunter, and Jack (1993) hypothesize that the management strategies of external reinforcement (e.g., token economies) may be setting events to enhance the effects of teacher coercion, rather than setting events to enhance positive interactions. Further, coercive interactions by teachers may lead to interactions of countercontrol by the student. Strain and Ezzell (1978, cited in Shores et al., 1993) explain how countercontrol may lead to

physical confrontations between teachers and students.
When the student does not comply with the teacher's
commands, the teacher increases the intensity of
his/her commands. The student then responds with
countercontrol, by increasing their aversive behaviors
which often leads to physical confrontations between
teachers and students. Edgar (1987, cited in Nichols,
1992) points out that coercive controls are effective
for controlling behavior by increasing escape and
avoidance behaviors.

Ballard (1987) evaluates behavioral techniques
specifically within special education populations.
Ballard states, "that the increasing emphasis on
criterion behaviors and task analysis may imply greater
attention to predetermined goals and task hierarchies
than to the individual characteristics of each child"
(p. 201). The review of special education by Morsink,
Soar, Soar, and Thomas (1986, cited in Ballard, 1987)
found that for more complex problem solving, directed
questions and token contingencies were negatively
related to success. Guess and Siegal-Causey (1985,
cited in Ballard, 1987) suggest that a high level of

structure and external control may affect the human qualities of self-determination, independence, and spontaneity that we should be striving for in work with students who have special needs. Ballard (1987) raises the concern that teachers may be focusing on behavior recording and data sheets and possibly ignoring important self-initiating student behaviors. Lastly, Heshusius (1982, cited in Ballard, 1987) suggests that behaviorism in special education may have made teachers, "compelled to perceive measured effects, the rules, and techniques, as professional and human beings our real concern is with the child" (p.208).

Physical Intervention

As discussed previously, students identified as SED often exhibit aggressive behaviors. Such behaviors pose a threat to the student and others. For example, Ruhl and Hughes (1985) reported that 84% of the teachers in public school programs for students with behavioral disorders encountered extreme forms of physical aggression, and that 64% had been the object of these attacks. In addition, 73% of the teachers reported encounters with students who engage in self-

injurious behaviors, while 94% reported physical aggression directed toward objects.

In the state of Virginia, the 1991-92 school year was the first year for which violence incidence data was collected by the Department of Education. Consequently, there is variability in the local data reported since some school divisions had not collected all the information requested by the Department. From the data collected, the crime and violence incidence counts for the school year included a total of physical batteries of 20,317. The categorical divisions were as follows: physical battery on staff by student, 949; physical battery on student by student, 19,319; and physical battery by non-student, 49. The total incidents of weapons possession is nearly equal the total incidents of alcohol and illicit drug possession combined. The statewide count of possession of weapons for the school year was 2,016 (Virginia Department of Education, 1992). Although the data collected from this survey has limitations, the incidence of violence within the public schools is apparent.

Due to the reported incidence of violence and the increased risk of SED teachers experiencing violent attacks given the aggressive nature of many SED students, an objective of this study is to investigate the use of physical interventions as a behavioral modification technique employed within the schools. Currently, the Virginia Department of Education has no formal document or guidelines for the use of physical intervention by staff within public schools. Provided that independent schools and districts are responsible for establishing policies and guidelines for the use of physical interventions, one must question what policies are being implemented? In a survey conducted by Ruhl and Hughes (1985, cited in Schloss & Smith, 1987), data suggested that physical intervention as a behavior management technique is commonly performed within public school SED programs. In their study physical restraint was defined as direct physical contact between the practitioner and an aggressive student. Data from their study found that among teachers of students with SED, 71% indicated they used physical restraint when students displayed aggression towards

others; 40% used physical restraint when students demonstrated self-abuse; and 34% used physical restraint when students directed aggressive behavior towards objects. This data suggests that physical intervention is used by many teachers in public school programs serving students with behavioral disorders as either a part of a planned behavioral intervention or as a spontaneous reaction to aggressive behavior.

Schloss and Smith (1987) indicate two factors that address the need for "professional discussion" on the use of physical intervention. One concern regarding the use of physical restraint is the potential to cause bodily harm to students as well as teachers. A second concern is that school personnel have been sued for inappropriately administering physical intervention procedures. Moreover, because physical intervention procedures may involve more intrusive measures and have a greater potential for harm than other behavior management techniques, it is important that educational programs monitor the use of physical interventions (Schloss & Smith, 1987).

In conclusion, one can see how the different conceptual models (i.e., psychodynamic, psychoeducational, and behavioral) affect teaching behaviors in the classroom. The literature review has explained the three models and the reported criticisms associated with each approach. In addition, the use of physical intervention in SED classrooms was described. The purpose of this study, then, is to determine the extent to which each conceptual model and physical intervention is used in Virginia's classrooms for students with emotional disabilities. From a questionnaire the researcher will establish the primary conceptual model, if any, used by SED teachers, investigate physical restraint policies, and extract demographic factors that may be associated with the predominant model.

Methodology

Sample

The sample for this study consisted of public school teachers of students with serious emotional disturbances/behavioral disorders in Virginia. Teachers from grade levels K-12 were included. The subjects were identified by their respective school districts and the researcher used the 1993-94 Virginia Educational Directory to identify 135 school districts (V.D.O.E., 1993).

In order to gather data on the types of conceptual models used by Virginia's SED/BD teachers, a two step procedure was implemented. First, a letter requesting permission to conduct research was sent to the appropriate personnel in each of Virginia's 135 identified school districts (e.g., director of special education, director of research and evaluation). The letter stated the purpose of the questionnaire, included a copy of the questionnaire, a self-addressed envelope and a request that the SED/BD teachers school addresses be included with the return letter granting

permission to conduct research. Once permission was granted, Virginia's SED/BD teachers were sent a letter explaining the survey and asking for their voluntary participation. A copy of the questionnaire and a self-addressed envelope was included. Approximately three weeks after the initial permission letter was sent to each of the school districts, a follow-up phone call was made to those districts that had not replied to the request to conduct research. All respondents were guaranteed confidentiality and no information identifying the teachers, school divisions, or students was disclosed.

Instrument

The questionnaire used in this study was developed by the researcher to evaluate Virginia's SED/BD programs (See Appendix A). The questionnaire contains three sections to be completed by the SED/BD teacher. In the first section respondents answered eight questions, both open ended and likert scale, of general demographic and background information including current teaching level, teacher training, and service delivery model (i.e., resource room, self-contained

class). In the second section, each respondent answered nine open ended questions pertaining to the policies and guidelines regarding physical intervention within his/her school program.   In the last section, the SED teacher responded to fifteen scenarios that might occur in classrooms or school buildings. The teacher chose one of three options that most characterized how he/she would respond to the scenario given his/her present teaching position. The conceptual model from which the teacher operates was determined by the predominant management interventions selected from the fifteen scenarios. The results are reported by the percentage of the models used across Virginia's SED/BD classrooms.

In an effort to establish content validity the fifteen scenarios were sent to recognized experts in the field of special education. These experts evaluated the responses to ensure that each was representative of the appropriate conceptual model. The fifteen scenarios were also field tested by fifteen graduate students in special education. The purpose of the field test was two fold. First, the test was

conducted to determine that the directions for this section were presented in a clear and understandable fashion. Second, the researcher wanted to ensure that consistent patterns of responses were definable. In both instances the results of the field test provided support for these issues. All subjects responded to the scenarios as requested in the directions and a consistent pattern of responses was evident. Of the fifteen subjects who volunteered to participate, fourteen were identified as psychoeducational in their conceptual approach and one was eclectic. The operational definition used to classify subjects within a particular conceptual model was eight or more responses (50%) in one of the three models: psychoeducational, behavioral, and psychodynamic. Those subjects whose responses did not place them within one of the conceptual models by at least 50%, were identified as functioning from an eclectic approach. The current study differs from others in its method for gathering the percentages of conceptual models used in SED/BD classrooms. For example, Grosenick et al. (1987) used an instrument titled, The

Program Inventory, to calculate the percentage of conceptual models reported in their study. The Program Inventory contains 125 questions. The focus was to evaluate eight SED program components. Of the 125 questions only one is responsible for the percentages reported in Grosenick et al. (1987) research. Their questionnaire requests program administrators, not the SED teachers, to name the conceptual model that serves as the basis for the interventions delivered in their educational settings. The present research focused on data gathered from the individual SED teachers, since as stated earlier, SED teachers are the primary source of interaction and decision making for SED students.

Data Analysis

The statistical computer program, SPSS 4.0, was used to analyze the data collected from the questionnaire. The data analysis involved calculating and interpreting descriptive statistics.

Results

Of the 135 permission letters sent to Virginia's school districts, 28.14% (n=38) of the districts did not grant permission to survey SED/BD teachers. Twenty five percent (i.e., 25.18%, n=34) did grant permission and 42.96% (n=58) of the school districts did not reply. Five (3.7%) districts reported they did not have an SED/BD population. The total number of SED/BD teachers sent questionnaires was 320. Completed questionnaires were returned by 160 teachers or 50%. Of the 160 that were returned, 6 were completed incorrectly; therefore, the data analysis is based on the responses of 154 questionnaires (48.12%).

Demographic Data

The demographic data for the responses are as follows. The average number of years teaching was reported to be 8.37 years. There was a considerable difference found between the number of SED teachers who have been teaching 1 to 5 years (44.2%) compared to those who have taught 5 to 10 years (23.4%). With respect to instructional level, 32.5% (n=50) were elementary level teachers (i.e., K-5th), 29.9% (n=46)

were middle school teachers, 31.2% (n=48) reported they were high school teachers and 6.5% (n=10) selected "other" as their instructional level.

The three most reported instructional settings were self-contained (i.e., 48.7%, n=75), self-contained/resource (i.e., 16.9%, n=26) and resource (i.e., 13.0%, n=20). A further break down of instructional settings can be seen in Table 1. As a whole, 75.3% (n=116) of the teachers reported some type of self-contained structure as their instructional setting.

The percentage of teachers certified in SED was 75.3% (n=116), leaving 24.6% (n=38) not certified to teach SED/BD students. Several teachers reported having multiple endorsements. These certification results can be found in Table 2.

Using a likert scale, teachers were asked, "What emphasis did each of the following areas receive in your training coursework" (i.e. counseling, social skills training, applied behavior analysis, etc.). The frequencies of responses to this question are reported on Table 3. The areas that were reported to have

received the most emphasis (i.e., strong and very
strong) in teacher training were: reinforcement
techniques (76.6%), structuring the classroom
environment (73.4%), applied behavioral analysis
(61.1%), modeling techniques (57.5%) and time-out
techniques (53.9%). Those areas that received the
least emphasis in teacher training (i.e.,none and
minimal) were: bibliotherapy (79.2%), physical
restraint (72.8%), play therapy (72.1%) and counseling
(59.7%).

When asked if the respondent's school or district
assigned a particular behavior management system, 79.2%
(n=122) of the teachers reported their school or
district did not assign a management system, and 20.8%
(n=32) stated they are assigned a management system.
This question was followed by an open ended question
asking the teachers to describe the behavior management
system implemented within their schools. Of the 32
respondents who are assigned a system, a total of 23
completed the open ended question: 10 teachers
described their system as assertive discipline, 10

reported a point and level system, time-out techniques were recorded twice and the student's name on the board once.

Next, the teachers were asked how satisfied they were with the classroom interventions they used within their current teaching assignment. Forty percent (n=62) answered very satisfied, 43.5% (n=67) were somewhat satisfied, 9.1% (n=14) neutral, 5.8% (n=9) somewhat dissatisfied and 1.3% (n=2) responded very dissatisfied. Teacher satisfaction with classroom interventions was cross tabulated with years of teaching, instructional setting, instructional level and predominant conceptual model. No significant difference or trend was apparent. Similarly, using a likert scale teachers were asked to rate the importance of goals (i.e., mainstream into regular education, improve social skills, transition into adulthood, etc.) in educating their students. The majority of the goals were recorded as "very important" or "somewhat important". Note that these results are not surprising given that the goals listed should all be considered important. Of the goals, transition into

adulthood/vocation, was recorded as the least important. The results of this question may be seen on Table 4.

Physical Restraint Data

In section two of the questionnaire, 48.02% (n=73) of the SED/BD teachers reported that their school permitted the use of physical restraint. Almost 28% (i.e., 27.92%, n=43) are not permitted to use restraint and 24.67% (n=38) stated they did not know if their school permitted the use of physical restraint. Of the 73 respondents permitted to use physical restraint 34 or 22.1% had a policy regarding physical restraint. Nineteen or 12.3% did not have a policy and 20 (13.0%) did not know if their school has a policy for the use of physical restraint.

In an effort to further investigate the policies surrounding the use of physical restraint, SED/BD teachers were asked two open ended questions: (1) "According to school policy what student behaviors may result in physical restraint" and (2) "According to school policy what other measures must be employed before physical restraint is used". The comments from

the teachers who answered the open ended questions may
be found in Tables 5 and 6. When asked if physical
restraint was listed on a student's IEP, as a
management technique, 68.49% (n=50) of those teachers
permitted to use physical restraint did not record
physical restraint on the student's IEP. Almost 32%
(i.e., 31.50%, n=23) did record physical restraint on
the IEP.

Teachers permitted to use physical restraint
(n=73) reported using it an average of 2.04 times a
month. Of the total respondents (n=154), 50% or 77
reported having professional training in physical
restraint techniques and 50% (n=77) reported they did
not have professional training. Of those SED/BD
teachers permitted to use physical restraint (n=73),
41.09% (n=30) did not have training in physical
restraint and 58.90% (n=43) did have training in
restraint. The different types of physical restraint
training models reported by the teachers is represented
in Tables 7 and 8. Table 7 represents the different
training models reported by the 77 respondents who
stated they had professional training in physical

restraint. Table 8 represents the training models of the teachers who reported they had professional training and were permitted to use physical restraint within their school (n=43). In both tables Crisis Prevention Institute was reported as the most frequently used professional training model.

When teachers who are not permitted to use physical restraint were asked whether or not someone else in the school building was permitted to restrain, 26.97% (n=41) stated "yes", 13.63% (n=21) responded "no" and 59.74% (n=92) did not answer the question. Following the previous question, 57 teachers answered an open ended question asking who in the school was permitted to use physical restraint. Twenty six stated administrators, 14 did not know, 11 reported security officers and 6 stated the SED/BD teachers. When the SED/BD teachers were asked their feelings regarding the use of physical restraint, 83.8% (n=129) stated it should be used as a last resort when a child is a danger to self or others, 14.3% (n=22) responded that it is the teacher's professional judgement and 1.9% (n=3) recorded it should never be used. The teacher's

attitude toward physical restraint was cross tabulated
with training in physical restraint, teacher
certification, years of teaching, instructional level,
teaching setting, and predominant model. No
significant differences were apparent to the
researcher.

Conceptual Model Data

Section three of the questionnaire was used to
determine the predominant conceptual model from which
Virginia's SED/BD teachers were functioning. As stated
earlier the definition used to conclude that a teacher
was functioning in one particular model was eight or
more (50%) responses in that model. If a teacher did
not fall within any of the three models by eight
responses the teacher was assigned to an eclectic
model. The results from this section were as follows:
56.7% (n=87) of the respondents were identified as
psychoeducational in their approach, 32.5% (n=50) were
eclectic, 7.1% (n=11) were behavioral and 3.9% (n=6)
were identified as psychodynamic. The four conceptual
models (i.e., psychoeducational, eclectic, behavioral
and psychodynamic) were all cross tabulated with

instructional level, instructional setting and teacher
certification.   The cross tabulation of these models
with instructional setting, level and certification
provided some interesting results.

In Table 9, the respondents within each model were
divided into instructional levels. For example, of the
11 SED teachers who were identified as behavioral,
63.6% were in an elementary (K-5th grade) instructional
level.   At the middle school level (i.e., 6th-8th
grade) the number of individuals within the
psychoeducational, behavioral and eclectic models were
evenly distributed. It should be noted that none of
the middle school SED/BD teachers fell into the
psychodynamic model. Of the individuals reported to be
psychodynamic, 66.7% were at a high school level.

The same type of information can be found in Table
10, except instructional setting was cross tabulated
with each conceptual model. For those individuals
identified as behavioral, 72.7% of them serve in a
self-contained setting. Of those teachers reported to
be functioning from a psychodynamic approach, 33.3% of
them are in a resource setting. Of those identified as

psychoeducational, 20.7% of the teachers were in a self-contained and resource setting.

In Table 11, a surprising figure was the majority of individuals identified as psychodynamic; 66.7% of them had SED certification. Those teachers with LD/SED certification were equally represented in the psychoeducational, behavioral and eclectic models. The majority of teachers identified as eclectic in their approach had multiple certifications, LD/SED/MR. The results of these tabulations may be found in Tables 9-11.

Discussion

The purpose of this research was to gather information pertaining to Virginia's public school programs for students with serious emotional disturbances/behavioral disorders. A three part questionnaire, developed by the researcher, was used to examine: demographics, policies for physical restraint and the predominant conceptual model from which Virginia's SED/BD teachers are basing their classroom interventions.

The data is based on the responses of SED/BD teachers from 34 school districts. Some limitations to consider when examining the data are that 38 of Virginia's 135 school districts did not grant permission to conduct research. Of those, several were urban areas; therefore, the results may not be completely representative of all Virginia school districts or SED/BD teachers. Also teachers were, of course, free to participate or not, which may have led to self-selection biases.

One concern of the researcher when examining the data was the five districts which reported they did not

have an SED/BD population. Considering the growth of
this population it is surprising that 3.7% of those
school districts responding did not have a demand for
SED/BD services. Lastly, throughout the literature,
study upon research study recommends that research
continue in the field of special education and that
more detailed information is needed to design new
programs. Yet, 42.96% of the school districts surveyed
did not respond to the request to conducted research in
their districts.

Demographics

Given the research on the high rate of SED teacher
"burn-out", the calculated average of 8.37 years of
teaching may be an inflated number. Self-selection
bias may have been a factor influencing this average.

Although the current emphasis in special education
is inclusion, a self-contained setting remains the
"least restrictive environment" for many SED students.
These results support the criticisms that a self-
contained setting may become a permanent placement for
SED children.

The current data supports another major concern surrounding the area of SED. Given the demands of this population one may wonder how individuals without training in this area (24.6%) manage the behavioral, social and psychological needs of these students.

Considering the percentage of non-certified SED/BD teachers, the "burn-out" rate and the demanding needs of these students, teacher training is an important issue. From the results, it is evident that the majority of respondent's training was centered around a behavioral approach. Possibly with more training in counseling approaches the SED/BD teacher would be better prepared for the psychological challenge of these students. But given that 20.8% of the SED/BD teachers are not assigned a behavior management system by their school districts, it may be extremely important that a strong emphasis be placed on behavioral techniques during teacher training. This may be one reason why 40.3% of the respondents stated they were "very satisfied" with the classroom interventions which they implemented in their classrooms.

Lastly, teachers rated vocational planning for their SED/BD students as their least important goal. Given the recent emphasis on vocational training and mandatory transition plans to be included in the IEP, however, the goal of transitioning into adulthood/a job will probably become a more "important" educational goal to these teachers in the future.

Physical Restraint

Researchers Ruhl and Hughes (1985) state that physical interventions are used by many teachers in the public schools as either part of a planned behavioral intervention or as a spontaneous reaction to aggressive behaviors. As pointed out by Schloss and Smith (1987) school personnel have been sued for inappropriately administering physical intervention procedures; therefore, one hopes that physical interventions are currently being implemented as part of a well planned behavioral intervention.

The professional organization, Council for Exceptional Children (CEC), provides a policy for the

use of physical restraint for special education students. CEC recommends that a physical restraint plan:

a. be developed by a team including professionals and parents/guardians, as designated by state/provincial and federal law;

b. become part of the written educational plan;

c. describe the intervention to be implemented, the staff to be responsible for the implementation, the process for documentation, the required training of staff and supervision of staff as it relates to the intervention and when the intervention will be replaced.

d. include a comprehensive analysis of the child's environment including variables contributing to the inappropriate behavior. (C.E.C., 1994)

Taking the advice of Schloss and Smith (1987) that a "professional discussion" be developed regarding the issue of physical restraint and the policies adopted by school districts, the second purpose of the questionnaire was to gather information concerning these relevant issues. After reviewing the

recommendations of CEC regarding the policies and use of physical restraint, the results of this section are quite alarming.

Discovering that 25% of the respondents did not know if their school permitted the use of physical restraint brings about two points of concern. One concern is the issue of safety in the classroom, given the nature of SED students. Second, teachers have a professional responsibility to know the policy for such a debated and potentially dangerous intervention.

Even more alarming is that 25.3% of the respondents permitted to use physical restraint either did not have a policy or did not know if their school had a policy for the use of physical restraint. One may question without a policy, what types of physical interventions are being used and who monitors or documents these events. Without school guidelines teachers are left to use physical restraint at their own discretion.

The common response to the open ended questions about behaviors which may result in restraint, measures employed before restraint is used, and those

individuals permitted to use restraint was "do not know". These results demonstrate that there is a need within the public schools for a written plan addressing such issues.

With SED/BD teachers using physical restraint on the average of twenty times a school year (i.e., 2.04 times a month), it is of tremendous concern that 32.5% (n=50) do not record physical restraint on the Individualized Educational Plan (IEP). This brings about questions of legality and suggests that physical restraint is being used as a "spontaneous reaction to aggressive behavior" (Ruhl & Smith, 1985). Many potential lawsuits for inappropriately administering physical restraint could arise from the percentage (19.5%) of teachers who do not have professional training but who are permitted to use physical restraint techniques.

As mentioned in the results, physical restraint was listed by SED teachers as having "no or minimal" emphasis in their teacher training coursework. For this reason school districts may have to take responsibility for training their teachers in physical

restraint techniques. Also because of the demand for such training, teacher training institutions may want to offer physical restraint training as part of their curriculum.

Given the increase of violence and the possible legal actions surrounding the use of physical interventions, public schools must take serious action toward developing a policy for the use of physical restraint. School districts may start by implementing policies and guidelines that meet the recommendations established by CEC for the use of physical restraint.

Conceptual Models

Conceptual models provide the framework for organizing and understanding the many ideas surrounding interventions adopted in SED/BD classrooms. Different conceptual models lead to different ways of dealing with behavior problems. Because the interactions between teachers and students were found to be a significant element of a program's success (Grosenick, et. al., 1987), the last purpose of this study was to determine which conceptual model was predominantly employed by Virginia's SED/BD teachers.

Given that the majority of teachers reported their preservice training coursework focused primarily on behavioral techniques, it is quite interesting that the psychoeducational approach was found to be the predominantly used model. Behavioral techniques were the most common responses for those teachers who reported that they are assigned a behavior management system by their district. Yet, of all the teachers, the majority were either eclectic or psychoeducational in their approach. Perhaps, SED teachers may attempt to use psychoeducational techniques as initial interventions then implement behavioral techniques if behavior change is still needed.

Compared to other studies which found the behavioral approach to be the predominant model, the different results of this study may be due to how the percentages were determined. The current study based its percentages on fifteen scenarios, with the assumption that the option chosen by the teacher for each scenario was important for determining from which conceptual model the teacher is functioning. In comparison, other researchers asked the teachers or

administrators to answer to what degree is each of the
theoretical orientations used in your SED/BD programs?
In this case teachers may not have had enough of a
knowledge base to identify themselves adequately with a
particular approach. Also teachers may identify
themselves within a conceptual model, but in practice
they may be using a different conceptual approach than
that which they have reported. This difference from
previous studies may, of course, also be due to the
instrument itself.

Given that the majority of the individuals
reported to be eclectic could have been placed in
either the psychoeducational or behavioral approach by
only a difference of one or two responses, the division
between the two models may not be as dramatic as one
would believe. Perhaps SED teachers are discovering
that using only behavioral interventions with SED
students is not sufficient and that combining
behavioral interventions with verbal techniques or
interviews (i.e., the psychoeducational model) provides
a strong combination of interventions. Although there
is criticism surrounding the eclectic model, Hallahan

and Kauffamn currently suggest that the difference between these approaches may be one of "more words than deeds" (Hallahan & Kauffman, 1994). Possibly the psychoeducational and behavioral approaches are more complementary than contradicting.

The results from Tables 9-11 may suggest that instructional level, instructional setting and teacher certification may be factors that influence the conceptual model from which teachers are functioning. In addition, Table 9 may suggest that the maturity level of the students also influences the conceptual model from which teachers function. For example, the majority of individuals identified as using the behavioral approach were found to be elementary school teachers. This may be because younger students need a more structured environment (i.e., rewards, reinforcement, punishment) for controlling their behaviors. A possible conclusion for no respondents categorized in the psychodynamic model at the middle school level may be because middle-school-aged students are not mature enough for an accepting or facilitative approach. The reverse was discovered at the high

school level. Of the SED students who remain in public
education, perhaps the majority can adequately handle a
less structured and more accepting environment at the
high school level.

Similarly, Table 10 examines the conceptual models
with instructional setting. As with instructional
level, the conceptual model from which teachers are
functioning seems to be influenced by the instructional
setting or environment. Behavioral respondents were
primarily found to be serving in self-contained
settings. When considering the needs of a typical
student placed in a self-contained classroom, it is not
surprising that a more structured approach would be
implemented. A resource placement was the most
frequently reported instructional setting of those
individuals identified as psychodynamic. One possible
reason for the difference of conceptual models in these
settings may be that a behavioral approach (i.e., token
economies, contracts) often involves time constraints
that are not feasible in a resource setting.

Lastly, Table 11 provides the results from the
cross tabulation of conceptual models with teacher

certification. Of the respondents identified as psychodynamic the majority were solely SED certified. This result may be due to the emphasis that each type of certification training (i.e., LD, MR SED) places on the different conceptual models. Perhaps SED certification provides more of a psychological background than the other types of certification. Also it may be the only type of certification that significantly examines the psychodynamic model. Individuals within the eclectic model primarily had multiple certifications (i.e., LD, MR, SED). Teachers who have training in all of these special education categories may be more likely to "pick and choose concepts and strategies" from their teacher training which they deem effective (Kauffman, 1993).

From these results one may conclude that a teacher's training is not the only factor that influences the conceptual model from which a teacher functions. It seems that the instructional level and setting that a teacher operates from may be two influencing factors associated with the conceptual model upon which teachers base their interventions.

In conclusion, the results of this study adequately met the researcher's objectives. Significant information was gathered regarding the issue of physical restraint in the public school systems. Given the lack of training and well established guidelines for the use of physical restraint, school administrators must make the development of school-wide restraint policies an urgent priority.

Although the data on the conceptual models is not completely consistent with studies done by other researchers in the field, the current data does present several important points to be considered. Even though content validity was established by "experts" in the field of special education it would be beneficial to further validate the instrument. One recommendation would be to conduct observations in the respondents' classrooms to validate the recorded approaches of those teachers. Lastly, additional research is needed on the instrument to ensure reliability.

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Appendix A

Teacher Questionnaire

Teacher Questionnaire

I. Please circle the most appropriate response.

1. For how many years have you been teaching in the public school system? _____ yrs.

2. At what instructional level is your primary teaching assignment?

   A. Elementary (K-5th)   C. High (9th-12th)
   B. Middle (6th-8th)   D. Other: _____

3. In what setting do you teach?

   A. Self-contained   C. Consultant/Collaborating
   B. Resource   D. Other: _____

4. What is your teaching certification or endorsement?
   (Circle as many as apply)

   A. Learning Disabilities
   B. Serious Emotional Disturbance/Behavioral Disorder
   C. Mental Retardation
   D. Other: _____

5. What emphasis did each of the following areas receive in your teacher training coursework?

	None	Minimal	Moderate	Strong	Very Strong
a. counseling	1	2	3	4	5
b. crisis management	1	2	3	4	5
c. reinforcement techniques	1	2	3	4	5
d. physical restraint	1	2	3	4	5
e. social skills training	1	2	3	4	5
f. modeling techniques	1	2	3	4	5
g. time out techniques	1	2	3	4	5
h. structuring the classroom environment	1	2	3	4	5
i. applied behavior analysis	1	2	3	4	5
j. play therapy	1	2	3	4	5
k. bibliotherapy		1	2	3	4	5

6. Does your school or district assign a particular behavior management system that teachers are to implement in their classrooms?

   Yes _____   No _____

   If yes, please describe the system used by your school or district.

   _____

   _____

7. How satisfied are you that the classroom intervention strategies you use in your current assignment are effective?

    A. Very Satisfied
    B. Somewhat Satisfied
    C. Neutral
    D. Somewhat Dissatisfied
    E. Very Dissatisfied

8. How important is each of the following goals in educating your students?

	Not at all Important	Not very Important	Neutral	Somewhat Important	Very Important	
a. mainstream into regular education	1	2	3	4	5	
b. function across environments	1	2	3	4	5	
c. transition into adulthood/vocations	1	2	3	4	5	
d. demonstrate appropriate behaviors	1	2	3	4	5	
e. gain insight or self-confidence	1	2	3	4	5	
f. improve social skills	1	2	3	4	5	
g. improve academic skills	1	2	3	4	5	
h. improve communication skills		1	2	3	4	5

II. **The following questions (1-9) involve physical restraint issues. For the purpose of this study physical restraint is defined as: a safe physical intervention in which the teacher attempts to control a child's out-of-control behavior by properly holding the child. Please complete the following questions as completely as possible according to your current teaching assignment.**

1. Are teachers in your school permitted to use physical restraint?

    Yes _____ No _____ Don't Know _____

2. Does your school have a policy regarding the use of physical restraint?

    Yes _____ No _____ Don't Know _____

    If yes, please explain or attach a copy.

    _____
    _____
    _____

3. According to school policy what student behaviors may result in physical restraint?

    _____
    _____
    _____

4. Is physical restraint a management technique listed on the I.E.P.? Yes _____ No _____

5.   According to school policy what other measures must be employed before physical restraint is used?

_____

_____

_____

6.   Estimate the number of times within the last month you have used physical restraint procedures.

_____ times.

7.   Have you had professional training in the use of physical restraint techniques? Yes _____ No _____ ,If yes, what model was used?

A.   Crisis Prevention Institute
B.   David Mandt and Associates
C.   Aggression Defense and Prevention Training
D.   Protective Intervention Techniques
E.   Other: _____

8.   If teachers are not permitted to use physical restraint is someone in the school building permitted to use physical restraint? Y_____ N_____ , If yes who?

_____

If physical restraint is never permitted what teacher responses are recommended for student behavior that is potentially dangerous to self and others?

_____

_____

_____

_____

9.   What are your feelings regarding the use of physical restraint in schools by trained professionals?

A.   Should be used based on teacher's professional judgement as to when it is necessary.
B.   Should be used as only a last resort when a child is clearly a danger to self or others
C.   Should never be used

III.   The following are fifteen brief scenario's that describe several options teachers may employ in dealing with the problem described. Please indicate the <u>one</u> option that most characterizes how you would respond given your present teaching position (classroom, school division, etc.) Note that more than one option may be appropriate, and that teachers may employ two or all three of the strategies described. Please indicate only the <u>one</u> option that is most like your present teaching approach. Assume each response is consistent with stated classroom rules and expectations.

1. Kim comes to class without her math homework. Frowning she states, "Someone took my math book out of my locker."
    The teacher responds by:

    A. looking at Kim in a supporting manner and saying, "It is frustrating when other people borrow things without asking".

    B. initially listening to her explanation, then accepting   no excuses: the teacher requires Kim to complete the homework in study hall.

    C. not giving Kim a token for homework completion.

2. Ronnie enters the classroom expressing concern and worry over a fire he had seen on his way to school.
    The teacher responds by:

    A. ignoring Ronnie's behavior; he must focus on the weekly vocabulary quiz.

    B. stating, "Ronnie, I understand your concern about the fire. Fires can be frightening. Have you had experiences with fires."

    C. when time permits, taking 5-10 minutes to conduct a classroom meeting to discuss Ronnie's concerns.

3. On the way back to the classroom from P.E., Curt and Suzie are caught "defacing" property in another teacher's room.
    The teacher responds by:

    A. taking some time to share with the class a book concerning the consequences of vandalism.

    B. taking away daily points and not allowing Curt or Suzie to participate in "Freetime Friday."

    C. discussing the inappropriate behavior, have Curt and Suzie take responsibility for their actions by cleaning up their mess.

4. Tim pulls the chair out from Robert, causing him to fall on the floor.
    The teacher responds by:

    A. removing Tim from the activity, placing him in a quiet area for a specified time period in which no reinforcement is given.

    B. asking Tim, "What did you do? Is that behavior against the rules? What are the consequences of your actions?"

    C. using role play to demonstrate the inappropriate behavior and the feelings associated with such behavior.

5. When Julie receives a failing grade she becomes withdrawn and refuses to attempt any assignments. The teacher responds by:

    A. helping Julie prepare for the grade she will receive by asking, "What grade do you think you will receive?" As time permits discuss test preparation and test strategies to help Julie decide on how better to prepare or her next test. Julie will use self-evaluation to monitor her progress.

    B. ignoring Julie's behavior and withholding reinforcement until she completes an assignment or demonstrates other appropriate behavior.

    C. encouraging Julie to write in her journal expressing her feelings and emotions. The teacher then attempts to get Julie interested in the assignment by personally explaining the assignment.

6. Ben is off task, and is drawing on his worksheet. The teacher responds by:

    A. after the work is completed, allowing Ben to draw and looking for feelings and emotions expressed in the drawing.

    B. telling Ben if he completes the ditto by 10:30 he will receive a free homework pass.

    C. asking questions such as, "What should you be doing? What is this behavior helping you accomplish?"

7. During music class Peter is laughed at by a group of his peers. In response to the teasing Peter throws a tantrum, clenching his fists and rocking back and forth in his chair. The teacher responds by:

    A. monitoring but ignoring Peter until the tantrum has ceased and reinforcing him only after 15-20 seconds of sitting quietly.

    B. permitting Peters actions; he must gain insight into his feelings while he is attempting to control his behaviors.

    C. calmly asking Peter, "What are other ways you can deal with your anger or with teasing."

8. After lunch Reed enters the classroom making noise. He slams the door and knocks Todds book off his desk. The teacher responds by:

    A. stating, "Please don't slam the door". Then establishing an art activity in which Reed may work through or express his anger.

    B. approaching Reed and stating, "How did you come into the room? What are some better ways to express or control your anger?"

    C. reminding Reed of the correct way to enter the classroom by modeling the appropriate behavior and requiring him to enter the room over again.

9. For several days now on the way to lunch Keith has kicked the walls and run his hands up and down them ripping some of the art decorations.
    The teacher responds by:

    A. offering him "contracts" through which he could earn free time if he controls his behavior.

    B. asking a series of questions, "What is going on? Is it against the rules? Is it helpful to you or others? What would be more helpful?"

    C. empathically looking at Keith and stating, " You seem to be upset with something."

10. After returning from her mainstreamed English class, Lynn begins to rip up her english notebook and folder.
    The teacher responds by:

    A. placing her hands over Lynn's in an attempt to end the destruction of the notebook and cease Lynn's escalating behaviors. When Lynn calms down the teachers asks Lynn to tell her what happened in English class.

    B. taking away daily points and sending a note home to Lynn's parents.

    C. looking at Lynn and saying, "I see you are upset, tell me about it."

11. During a library visit Misty is told she cannot check out any books because she has two overdue books. Misty becomes belligerent and refuses to leave the library.
    The teacher responds by:

    A. reminding Misty of the library rules, "You know the library rules. What will you do next time so this does not happen?"

    B. gently touching Misty's arm and stating, "I know you were looking forward to checking out some books and you are disappointed that you cannot, but you need to leave the library now."

    C. explaining to Misty that if she leaves the library appropriately she will not lose daily points and she will be allowed to lead the class in a game of Bingo.

12. During a spelling test Aaron begins to get frustrated because he cannot spell the majority of the words. He begins to curse under his breath and he breaks both of his pencils.
    The teacher responds by:

    A. taking away points and giving Aaron a "O" on the spelling test.

    B. having Aaron postpone the spelling test to a definite time period and encourage him to write or verbally express his frustrations.

    C. having a private session, reminding Aaron about the rules for taking a spelling test and have Aaron verbally discuss his frustration and determine alternatives for his behavior.

13. For the past three days Jesse has been tired, sad, and withdrawn. Today he refuses to take off his jacket and begin his morning assignment.
The teacher responds by:

A. having the class complete a "Feelings" ditto in which the students complete open ended questions with different feelings (ex. I feel sad when ...).

B. discussing with Jesse his feelings by asking, "What do you think is happening to cause you such unhappiness? Is your behavior helping?"

C. telling Jesse that if he does not begin the assignment like everyone else in the class he will not be allowed to go outside with the class.

14. During individual seatwork Kerri shouts out," I am tired of this stupid math; I don't understand fractions."
The teacher responds by:

A. ignoring Kerri's outburst and waiting for Kerri to raise her hand before the teacher approaches her; removing points for not working quietly.

B. reminding Kerri of the classroom rules, "There is to be quiet during worktime. What are some things you can do when you don't understand something?"

C. supportively looking at Kerri and stating, "I know fractions are hard for you and that can be frustrating."

15. During P.E. Bobby becomes angry when he is thrown out at first base during a softball game. Bobby vents his anger by pushing the first baseman on the ground scratching the boys knees and hands.
The teacher responds by:

A. conducting an interview with Bobby discussing the inappropriate behavior, guiding Bobby in developing alternatives for his anger, emphasizing that Bobby is responsible for his behavior.

B. conducting a role play, acting through the events that provoked Bobby's anger, allowing him to express and understand his feelings.

C. removing points from Bobby's daily total, sending a note home to Bobby's parents and not letting him participate in the remainder of the class period.

Thank you for your cooperation in this research study.

Appendix B

Teacher Questionnaire Cover Letter

Meyon E. Puent
Longwood College
Box 2324
Farmville, VA 23909
804-395-3118

Dear Special Educator,

As a teacher of students with serious emotional disturbances you are aware of the growth within this special education category. Because SED children display behaviors that are often viewed as offensive by peers and adults, the role of teaching these youth is extremely demanding.

As a graduate student in special education, I am interested in the types of interventions used in SED classrooms as well as the policies established by schools for the use of physical restraint. The enclosed questionnaire is designed to gather information pertaining to these concerns.

Permission was obtained from the Special Eduction Director of your school district to conduct this study. Participation in this study is completely voluntary and may be discontinued at any time. No information identifying you, your school/school division, or students will be used.

Your response is critical for the completion of this study. I would greatly appreciate it if you would return the enclosed questionnaire in the envelope provided within one week, or as soon as possible. To obtain the results from this study you may contact me at the above address.

Thank you for your time, I realize you are extremely busy. Have a safe and successful school year.

Best Regards,

Meyon E. Puent
Longwood College
Graduate Student

Appendix C

Research Permission Letter

Meyon Puent
Longwood College
Box 2324
Farmville, VA 23909
804-395-3118

To Whom It May concern,

I would like to gain permission to survey SED/BD teachers within your school district. I am a graduate student at Longwood College working on my Master's thesis. Information for the research study will be gathered through a questionnaire. Teachers across grade levels, K-12, will be included. Participation in the study is completely voluntary and may be discontinued at any time. Results will be kept confidential, no information identifying the teacher, the school division, or students will be used. Anonymity will be protected above all else.

The questionnaire focuses on the types of interventions employed in Virginia's seriously emotionally disturbed/behavioral disorders classrooms as well as policies established by the schools for the use of physical intervention.

Your permission to sample the SED teachers in your district is needed to begin conducting research. In addition, would you please provide me with a list of the names and school addresses of the SED/BD teachers in your district.

I_____ grant_____/do not grant____
permission to Meyon Puent to conduct research within this school district.

Please return this permission sheet and a list of the addresses of SED/BD teachers in your district using the envelope provided. If you would complete and mail this information within one week it will be greatly appreciated. Thank-you for your time and consideration.

Sincerely:

Meyon E. Puent
Longwood College
Graduate Student

Appendix D

Content Validity

Meyon E. Puent
Longwood College
Box 2324
Farmville, VA 23909
804-395-3118

Dr. Jim Kauffman
University of Virginia
Charlottesville, VA 22906

Dear Dr. Kauffman,

I am a Graduate student at Longwood College working on my
Master's thesis. I am conducting a descriptive study focusing on
the different conceptual models used in Virginia's SED
classrooms: psychodynamic/humanistic, psychoeducational, and
behavioral. Currently I am developing the instrument to obtain
this information. Through a questionnaire, the classroom teacher
will respond to fifteen scenario's that may occur within his or
her classroom or school building. The teacher will choose one of
three options that most characterizes how he or she would respond
to the scenario given his/her present teaching position.

In an effort to establish content validity I am asking you as the
expert to evaluate each response to ensure it is representative
of the appropriate conceptual model. For the purpose of
evaluating the three options, response "A" will be a behavioral
intervention, "B" a psychoeducational intervention, and "C" a
psychodynamic intervention. Please make comments where you
determine necessary and if you have any questions or additional
advice I may be reached at the above telephone number. I greatly
appreciate your time and expertise. Enclosed is a self-addressed
envelope to return the evaluated questionnaire. Once again thank
you for your cooperation.

Best regards,

Meyon E. Puent

Appendix E

Operational Definitions

Operational Definitions of the Three Conceptual Models: Psychodynamic, Psychoeducational, and Behavioral.

Psychodynamic- emotional or behavioral disorders are a result of unconscious conflicts. Interventions involve the student recognizing and understanding these conflicts. The teachers role is to create a supportive environment so that the student can vent and have free expression of their feelings. The teacher is present to accept and empathize with the student in his or her struggle.

Psychoeducational- takes into account unconscious motivation, but focus is on faulty cognitive and emotional states. Intervention methods are concerned with helping the student understand what they are doing is a problem, recognizing their motivations, consequences, and alternative actions for the problem. The role of the teacher is one of constant interaction, helping the student achieve self-control. The teacher sets acceptable boundaries and through interviews and group discussions encourages the student toward appropriate behavior.

Behavioral- emotional and behavioral disorders result from inappropriate learning. Interventions involve teacher control of the childs environment. The teacher selects techniques such as: positive or negative reinforcement, punishment, and modeling to teach appropriate behaviors.

Tables

1-11

TABLE 1

Percent of SED Teachers in Each of the
Instructional Settings, N=154

Instructional Settings	Total Number	Percent
Self-Contained	n=75	48.7
Self-Contained/Resource	n=26	16.9
Resource	n=20	13.0
Self-Contained/Resource/Consultant	n=13	8.4
Other	n=4	2.6
Resource/Consultant	n=7	4.5
Consultant	n=7	4.5
Self-Contained/Consultant	n=2	1.3

TABLE 2

Percentage of SED Teachers with each
Endorsement/Certification, N=154

Endorsement/Certification	Total Number	Percent
LD* & SED**	n=38	24.7
SED	n=35	22.7
LD & SED & MR***	n=33	21.4
Other	n=13	8.4
LD	n=12	7.8
SED & MR	n=10	6.5
LD & MR	n=9	5.8
MR	n=4	2.6

*   (LD) Learning Disabilities
**   (SED) Serious Emotional Disturbances
*** (MR) Mental Retardation

TABLE 3

What Emphasis did each of the Following Areas
Receive in Your Teacher Traning Coursework? N=154

Teacher Training	None	Minimal	Moderate	Strong	Very Strong
Counseling	33/21.4	59/38.3	38/24.7	14/9.1	10/6/5
Crisis Management	18/11.7	28/18.2	52/33.8	39/25.3	17/11.0
Reinforcement Techniques	4/2.6	4/2.6	28/18.2	55/35.7	63/40.9
Physical Restraint	64/41.6	48/31.2	24/15.6	12/7.8	6/3.9
Social Skills	8/5.2	33/21.4	56/36.4	37/24.0	20/13.0
Modeling Techniques	7/4.5	12/7.8	46/29.9	59/38.3	30/19.5
Time-out Techniques	9/5.8	15/9.7	47/30.5	46/29.9	37/24.0
Structuring Class Environment	3/1.9	8/5.2	30/19.5	64/41.6	49/31.8
Applied Behavioral Analysis	6/3.8	12/7.8	42/27.3	50/32.5	44/28.6
Play Therapy	48/31.2	63/40.9	31/20.1	9/5.8	3/1.9
Bibliotherapy	75/48.7	47/30.5	24/15.6	4/2.6	4/2.6

*Frequency/Percent

TABLE 4

How Important is each of the Following Goals
in Educating Your Students? N=154

Teaching Goals	Not At All Import	Not Very Import	Neutral	Some what Import	Very Import
Mainstream into Regular Education	0	2/1.3	8/5.2	48/31.2	96/62.3
Function Across Environments	0	2/1.3	4/2.6	30/19.5	118/76.6
Demonstrate Appropriate Behaviors	0	0	2/1.3	9/5.8	143/92.9
Gain Insight Self-Confidence	0	1/.6	4/2.6	25/16.2	124/80.5
Improve Social Skills	0	0	4/2.6	23/14.9	127/82.5
Improve Academic Skills	0	0	5/3.2	57/37.0	92/59.7
Improve Communication Skills	2/1.3	0	5/3.2	35/22.7	112/72.7
Transition into Adulthood/ Vocation	5/3.2	4/2.6	19/12.3	32/20.8	94/61.0

*Frequency/Percent

TABLE 5

Responses to Open Ended Question, Behaviors
that may Result in Physical Restraint, N=85

Responses to Open ended Question	Total Number	Percent
Danger to Self or Others	n=72	84.7
Do Not Know	n=10	11.8
Seize Weapon/Illegal Drugs	n=3	3.5

TABLE 6

Responses to Open Ended Question, Measures that
must be Employed Before Physical Restraint
is used, N=56

Responses to Open Ended Question	Total Number	Percent
Do Not Know	n=19	33.9
Verbal Requests	n=15	26.8
Time-Out	n=14	25.0
Last Resort	n=5	8.9
Witness	n=3	5.4

TABLE 7

Types of Professional Training Models
for SED Teachers with Training in
Physical Restraint, N=77

Physical Restraint Professional Training Models	Total Number	Percent
Crisis Prevention Institute	n=24	15.6
Other	n=22	14.3
Protective Intervention Techniques	n=13	8.4
Aggression Defense and Prevention Training	n=8	5.2
David Mandt and Associates	n=4	2.6
Crisis Prevention Institute & Protective Intervention Techniques	n=3	2.6
Crisis Prevention Institute & Aggression Defense and Prevention Training	n=2	1.3
Crisis Prevention Institute & David Mandt and Associates	n=1	.6

TABLE 8

Types of Professional Training Models
of those SED Teachers Trained and Permitted to
use Restraint within Schools, N=43

Physical Restraint Professional Training Models	Total Number	Percent
Crisis Prevention Institute	n=15	9.7
Other	n=13	8.4
Aggression Defense and Prevention Training	n=5	3.2
Protective Intervention Techniques	n=5	3.2
David Mandt and Associates	n=2	1.3
Crisis Prevention Institute & Aggression Defense and Prevention Training	n=2	1.3
Crisis Prevention Institute & Protective Intervention Techniques	n=1	.6
Crisis Prevention Institute & David Mandt and Associates	n=1	.6

TABLE 9

For each Conceptual Model the Percentage
of SED Teachers in each of the
Instructional Levels, N=154

Level	Psychoed.	Psychodyn.	Behavioral	Eclectic
K-5	28.7	16.7	63.6	34.0
6-8	31.0	0	27.3	32.0
9-12	34.5	66.7	9.1	26.0
Other	5.7	16.7	0	8.0
	N=87	N=6	N=11	N=50

TABLE 10

For each Conceptual Model the Percentage of
SED teachers in each Instructional
Setting, N=154

Setting	Psychoed.	Psychodyn.	Behavioral	Eclectic
Self-Contained	47.1	33.3	72.7	48.0
Resource	12.6	33.3	0	14.0
Consultant	3.4	0	9.1	6.0
Self-Contained & Consultant	2.3	0	0	0
Self-Contained & Resource & Consultant	8.0	0	0	12.0
Self-Contained & Resource	20.7	16.7	18.2	10,0
Resource & Consultant	3.4	16.7	0	6.0
Other	2.3	0	0	4.0
	N=87	N=6	N=11	N=50

TABLE 11

For each Conceptual Model the Percentage of
SED Teachers with each Certification, N=154

Certification Endorsement	Psychoed.	Psychodyn.	Behavioral	Eclectic
LD	9.2	16.7	0	6.0
SED	24.1	66.7	27.3	14.0
MR	3.4	0	9.1	0
LD/SED	23.0	0	27.3	30.0
LD/MR	8.0	0	9.1	2.0
SED/MR	6.9	0	9.1	6.0
LD/SED/MR	17.2	16.7	9.1	32.0
Other	8.0	0	9.1	10.0
	N=87	N=6	N=11	N=50