# A SURVEY OF THE AMOUNT AND TYPES OF RELATED SERVICES PROVIDED TO EMOTIONALLY DISTURBED STUDENTS IN OKLAHOMA'S PUBLIC SCHOOLS

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Norman, Oklahoma

1973

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
July, 1986

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ACKNOWLEDGMENTS

I wish to express my thanks to the members of my faculty committee, Dr. Wilkinson, Dr. Perry, and special thanks to Dr. Davis.

I am also thankful to my wife, Susan, who has made sacrifices to allow me to pursue this degree and research project.

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# CHAPTER I

# INTRODUCTION

## Background of the Problem

The definition of mental health conjures controversy. Some have thought the concept of mental health to be analogous to the medical concept of physical health. In medicine, health is seen as the absence of identified pathology. This concept is supported by the identification of specific diseases entities that have known causes, symptoms, and cures.

Mental health, however, does not have a consensus of definitions. There is considerable disagreement over what constitutes a mentally healthy individual. Criteria for categorizing behaviors as pathological have been based upon clinical judgement, and are not validated in an empirical sense. Ross and Pelham (1981) point out that research done with the traditional medically defined diagnostic categories has not produced converging and clearly interpretable results about mental and emotional dysfunction.

Jahoda (1950) described the mentally healthy person as one who actively masters his or her environment, demonstrates a considerable unity or consistency of personality, and is able to perceive self and the world realistically as

well as function effectively without making undue demands upon others.

Shoben (1957) added another aspect to this definition by stating that the healthy person is one who extends his or her functioning beyond self-control and personal responsibility into the area of social responsibility and commitment to some set of external values.

These views are focused entirely upon the individual. Caplan and Nelson (1973) criticize the person-centered orientation to mental health and mental illness as being a person-blame philosophy that focuses attention away from real sources of difficulty in the environment.

Some writers, such as Szasz (1961), Halleck (1971), and Sharma (1970), describe mental illness as a myth. This due to the fact that the concept is based on value judgements (Smith, 1961). Others such as Robert White (1973) argue that the concept should be discarded in favor of more precise and meaningful descriptive terms.

Some of these descriptive terms have emerged, such as self-actualization (Maslow, 1968), the mature personality (Allport, 1963), and the fully-functioning person (Rogers, 1962). The models that include these terms do provide greater specificity and elaboration than the mental health view, but like the mental health model, hold an intrapsychic view of human functioning.

During the past twenty years, psychological theory and research have added new approaches to viewing human

functioning and human effectiveness. Personality theories that view human functioning as totally controlled within the organism have been supplemented or supplanted by theories that view behavior as the product of interaction between the individual and the environment (Mischel, 1973).

This revolution has been sparked by major developments in three areas. First is the growth of the theoretical orientation called behaviorism. It focuses upon the interaction between the individual and the reinforcing or nonreinforcing contingencies in the environment. Crucial events are perceived to be the immediate transactions between the individual and the environment.

A second major development in the mental health field is an experimental social psychology assumption that behavior is learned in social settings through modeling and the power of social role expectations. Child-rearing patterns, early socialization experiences in the school and home, and expectations of social groups are considered the most powerful determinants of behavior (Bandura, 1978).

A third powerful influence has been the so-called cognitive revolution. This view emphasizes the basic interdependence of three aspects of human functioning: thinking, feeling, and acting (Dember, 1974).

These new approaches with their emphasis upon the interaction between people and their environments have helped to foster the growth of the community mental health model. This model focuses upon helping people solve practical

problems of everyday living. It views psychopathology not as a result of a maladaptive personality style or deep-seated intrapsychic conflicts, but as a series of immediate situational problems demanding practical solution (Lehmann, 1971).

The community mental health model's approaches to treatment are organized to deal with a variety of factors affecting the performance or functioning of an individual. These can include the person's skills and competencies, family interaction patterns, and other relevant environmental variables.

Bronfenbrenner, (1979) described the ecological model of human development as the logical extension of the community mental health perspective. This approach views behavior as understandable primarily within and as part of the natural context within which it occurs. The appropriate unit for analysis of behavior is the ecosystem, the system within which person-environment interaction occurs (Warren, 1977). From this perspective, observation of and treatment for behavior disorders or mental illness is most appropriately accomplished within the natural environments in which the disorders occur.

The emergence of the ecological model has brought about a decline of the traditional clinical model. As a result, the role of schools in mental health has changed also.

The clinical model views abnormality as being rooted in the individual. Diagnosis and treatment are the two

distinct aspects of this model. Treatment is medical, not educational in orientation. Treatment is located outside the school, in the psychological clinic, or in severe cases outside the community, in mental hospitals (Levine & Levine, 1970). The role of the school's teachers and psychological workers is primarily to identify abnormality and refer (Meyers, Parsons, & Martin, 1979).

The ecological reorientation views dysfunctional behavior as a product of the transactions between the individual and the environment. Psychopathology can be learned in social settings (Brickman, 1970). The school as a major part of a child's ecosystem, and as a system that labels individuals as abnormal, can be seen as part of the problem rather than part of the solution (Hobbs, 1966). This raises questions about the nurturing and socializing nature of the school. These questions have redirected attention to the school. Efforts at prevention of psychopathology and treatment through the school are creating new roles and expectations for teachers and psychological workers (Alderson, 1971).

In the ecological model of mental health, educators join with other community members, both mental health professionals and lay persons who are members of a targeted ecosystem, to prevent mental illness and solve problems. In this type of inclusive and coordinated community mental health approach, the local schools can become the primary vehicle for intervention.

Kellam, Branch, Agrawal & Ensminger, (1975) give just such an example: the Woodlawn program of assessment, intervention, and evaluation. The program stressed both social adaptation and individual psychological well-being. The total community with all its members and social institutions was seen as the setting for intervention. Targets of intervention included both individuals and significant others in the family, the neighborhood, and classroom situations. Goals of the program were to strengthen children, improve their social and educational functioning in the classroom, and enhance relevant aspects of the classroom, school, and family environments.

Three modes of intervention were employed: 1) weekly consultations between mental health professionals and teachers and/or school administrators; 2) weekly classroom meetings with children, teachers and mental health professionals; and 3) sessions with parents conducted by mental health professionals.

A major finding of this six-year study was that one of the most important factors in the mental health of the child is the degree to which the child masters basic educational tasks and earns the approval of the classroom teacher. The implications seem to be that a primary mental health function of schools is to insure that all children master basic educational and social tasks and are given warm and personal recognition for doing so.

The Woodlawn program is an example of a community mental health approach that involves close cooperation among mental health professionals, educators and parents.

Special education programs designed to serve the needs of children defined as emotionally disturbed would undoubtedly benefit from a community mental health approach such as that used in the Woodlawn program.

## Significance of the Problem

The provision of mental health services to children in our public schools has become a matter of significance since passage of P.L. 94-142, The Education of All Handicapped Children Act, in 1975. Seriously emotionally disturbed children are included among those termed handicapped.

This law mandates provision of free, appropriate education to handicapped children which emphasizes special education designed to meet the individual child's unique needs. P.L. 94-142 also orders provision of related services as may be required to assist a handicapped child to benefit from special education.

Related services that apply most frequently to seriously emotionally disturbed children include psychological services, counseling services, parent assistance and training, and social work services in the schools. This does not mean to infer that the other related services mentioned in P.L. 94-142 are not at times needed by seriously emotionally

disturbed children, but only that they are not within the scope of this study.

## Statement of the Problem

The purpose of this study is to determine the amounts and type of related services received by children defined emotionally disturbed in Oklahoma's public schools.

## Objectives

The problem is operationalized through attention to the following research questions:

1) Are the children placed in classes for the emotionally disturbed in Oklahoma's public schools receiving the related psychological, counseling, parent assistance, and social work services as mandated by P.L. 94-142?
2) What are the amounts and types of related psychological, counseling, parent assistance, and social work services currently programmed?
3) Is there a need for additional related psychological, counseling, parent assistance, and social work services?
4) What are those needs?

## Limitations

The following limitations will in part define the boundaries of this study.

1) This study is limited to only those emotionally disturbed children served by public LEA's in Oklahoma and not attending school in an institutional setting supervised under the jurisdiction of a public LEA.
2) Related services are limited to those as prescribed by P.L. 94-142 and further limited to those listed in the definition of terms as being included within the scope of this study.
3) It is understood that the generalizability of the study may be limited in two ways:
   a) To the specific sampling frame which constitutes the survey population for this study.
   b) To public special education programs for emotionally disturbed children in the state of Oklahoma due to the differential availability of public funds with which to support provision of related services.
4) The counseling and consultative interventions and strategies described in the review of the literature are not meant to represent an inclusive list of methods useful for helping emotionally disturbed children. They are simply examples that have proven successful with the characteristics of the emotionally disturbed child.

## Definition of Terms

Specific related services will include the following as defined by The Code of Federal Regulations, (1977): psychological services, counseling services, parent assistance and training services, social work in the school services.

### Psychological Services

Psychological services may include any or all of the following activies:

1) Administering psychological and educational tests and other assessment procedures.
2) Interpreting assessment results.
3) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning.
4) Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psyhological tests, interviews, and behavioral evaluations.
5) Planning and managing a program of psychological services, including psychological counseling for children and parents.

### Parent Counseling and Training

Assisting parents in understanding the special needs of their child and providing parents with information about child development.

## Social Work Services in Schools

Social work services in the schools may include any or all of the following activities:

1) Preparing a social or developmental history on a handicapped child.
2) Group and individual counseling with the child and family.
3) Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school.
4) Mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational program.

## Counseling Services

Counseling services will be construed to mean any services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel. Other qualified personnel listed as appropriate to provide counseling services will be interpreted to include certified school psychologists, psychiatrists, and teachers certified to teach emotionally disturbed children.

There is considerable difficulty in defining counseling services. A continuum of activities can be proposed that is anchored at one end by psychotherapy and at the other end by guidance. Counseling is conceived to be in the middle of that continuum.

Guidance has been defined as a series of services that include appraisal, counseling, placement, and follow-up. These services are most often requested as help with career decision problems and will not be included in this study.

Hansen, Stevic, and Warner, (1977), describe psychotherapy as a set of services for which the clientele is unspecified. In contrast, counseling often defines services in reference to the group served, such as family counseling. Traditionally, psychotherapy is perceived as focusing more on serious disorders, personality change, and individual interventions, whereas counseling presumably deals more with normal developmental problems and normal ranges of behavior.

For the purposes of this study, counseling will include services designed to treat both serious disorders and more normal problems and will include activities conceived as counseling and/or psychotherapy. Both of these terms are applicable because, for the majority of those children who are not institutionalized and who are still attending a public school setting, problem behaviors will most often be closer to the normal range anyway. Also, researchers and practitioners in recent years have developed short-term psychotherapy methods that are much more suitable for use with children in the school setting.

## Emotionally Disturbed

Emotionally disturbed students will be defined by the Category Definitions, State Regulations, and Class Size

section of the Policies and Procedures Manual for Special Education in Oklahoma (1985). The definition is as follows:

1) The term means a condition exhibiting one or more of the acts 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.
   e) A tendency to develop physical symptoms or fears associated with personal or school problems.
2) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

## Basic Assumptions

This study will adopt the following basic assumptions.

1) Public school programs in Oklahoma for emotionally disturbed students are typical of those nationwide.

2) Respondents to the questionnaire answered honestly with assurance of confidentiality.

3) Teachers certified to teach emotionally disturbed children have received training to enable them to provide counseling related services in the classroom.

4) Respondents to the questionnaire understood the purpose and structure of the survey instrument including terminology used and intent of specific questions.

5) Personnel qualified to provide the related services researched by this study were available to the special programs surveyed by this study.

# CHAPTER II

# REVIEW OF THE LITERATURE

## Related Counseling Approaches

### Introduction

A special education program designed to remediate and/or ameliorate a handicapping condition should address the characteristics of that condition. Counseling addresses many of the characteristics included in the definition of emotionally disturbed.

### Inability to Learn

Of prime importance in the educational setting is the effect the handicapping condition has upon educational performance and the implication that the condition is preventing the child from achieving at a rate commensurate with ability.

Byrne (1963) states that a goal of counseling can be to help the individual maintain an adequate level of development, become and remain constructive, and develop his or her potential. In the school setting, academic development is of great importance. The findings of the Woodlawn project are in agreement that counseling helps in this area of development.

If counseling can be said to have a single goal, it is to help each individual take charge of his or her own life (Krumboltz & Thoresen, 1976). Educators often state that poor academic performance is linked to motivation, the inner urge that prompts a person to action. For a child in the school setting, positive action is the successful completion of academic tasks. In the case of the child that is not prompted to positive action, counseling may provide the impetus.

Affective education is often a focus of counseling intent and the provision of affective education can be realized in both the individual and group setting. A program of affective education can, among other potential benefits, significantly improve the reading skills of targeted underachievers (Kilmann, Henry Scarbro, & Laughlin, 1979).

## Unsatisfactory Interpersonal Relationships

Building and maintaining satisfactory interpersonal relationships is another goal of counseling. Promotion and development of feelings of being alike, sharing with, and getting and giving interactive rewards from other human beings is a legitimate counseling objective (Kell & Mueller, 1966). If the counseling goal of positive mental health is reached, the individual achieves positive identification with others (Shertzer & Stone, 1980).

Gumaer (1984) describes a small group counseling approach called developmental play, designed to increase self-

concept, develop positive, loving interactions and attachments with important adults who then serve as models for children in learning how to relate to others. The group counseling, led by a counselor, is followed by consultation with the teacher who is an active participant in the counseling sessions. Research has found that with minimal training and supervision, teachers can become effective leaders of counseling groups using developmental play techniques. This approach has something to offer for professionals searching for methods to help children build satisfactory interpersonal relationships.

## Inappropriate Types of Behavior

The inappropriate types of behavior exhibited by children defined as emotionally disturbed are listed on the Individual Education Plan. These behaviors are targeted for positive change. Patterson (1964), lists criteria for judging counseling goals as follows: 1) The goals of counseling should be capable of being stated differently for each individual. 2) The degree to which the goals of counseling are attained by each individual should be observable. These criteria match current special education practice and law which utilize the IEP. Counseling can be made accountable in terms of behavior change.

While little direct evidence exists to substantiate it, the major impression is that teachers expect counseling to

reduce or eliminate pupil behavior that causes classroom friction and disturbance (Shertzer & Stone, 1980).

Behavior change is indeed a goal of counseling. Inappropriate behavior is often viewed as a problem for the individual and the environment. Shertzer & Stone (1980), include as a goal of counseling the resolution of whatever problems were brought to the counseling relationship. If inappropriate behavior is a problem, counseling activities may include learning adaptive habits or unlearning unadaptive habits.

Classroom meetings, an informal group counseling approach used in the school setting, have proven to decrease inappropriate behavior during the meetings and there is carryover to the larger classrooms setting (Sorsdahl & Sanche, 1985).

Patton (1985), describes a model of rational behavior therapy utilizing didactic presentation, transparencies, role playing, and group discussions. Participants received positive reinforcement for rational thinking and behaving. Rational behavior therapy training using these techniques produced positive changes in learning and personality variables. The approach was especially effective in influencing learning of rational concepts of behavior and generalizing the concepts into personality structures.

Carl Rogers (1951) stated that therapy produces a change in personality organization and structure and a change in behavior, both of which are relatively permanent.

The essential outcome is a more broadly based structure of self, an inclusion of experience as a part of self, and a more comfortable and realistic adjustment to life.

Fortune (1975), showed with a school-based study that counseling does have a positive effect on classroom behavior, especially in responses to the controlling efforts in a school. This positive behavior change was manifested as reduced classroom disturbance, less disrespect-defiance, and less external blame for inappropriate behavior.

Some inappropriate behavior can be attributed to irresponsibility. This in turn may be related to a very real deficit in the area of self-awareness. Gestalt therapy is based on the premise that individuals must find their own way in life and accept personal responsibility if they hope to achieve maturity (Pearls, 1973). Gestalt approaches can enhance self-awareness and responsibility as well as promote self-understanding (Passons, 1975).

Remer & Schrader (1981) have developed Gestalt approaches for use with children. A group counseling technique is used with program activities aimed at increasing awareness of the external environment, increasing awareness of internal experiences, and increasing awareness of own and other's emotions and the ability to express more effectively these emotions. After the group sessions, the counselor consults with the teacher to design follow-up activities.

Unhappiness or Depression

Counseling is also a tool that has been used to combat more specific behavioral symptoms such as depression that are included in the definition of emotionally disturbed. There is limited knowledge about intervention for childhood depression due to the recency of interest and the imprecise definition of the condition. Presently, treatment models resemble those used to treat adult depression. Most treatment models are based on either a behavioral or a cognitive orientation.

The use of behavioral techniques such as instruction, modeling, role playing and feedback make immediate, marked, and durable changes in depressive symptoms of lack of eye contact, poor speech quality, bland affect and inappropriate body position (Frame, Matson, Sonis, Fialkor, & Kazdin, 1982).

Cognitive approaches to treatment of childhood depression, fashioned after approaches used with adults, have been used for over thirty years (Ellis, 1983). This individual counseling treatment restructures the distorted thinking of the depressed child who is perceived as holding negative views of himself, the world, and the future. This technique has had some success with disturbed children.

From the social-learning view a psychoeducational technique has been used that is successful in improving symptoms of depression (Brown & Lewinsohn, 1983). The therapist(s), in a group setting, presents instruction of a

course entitled "Coping with Depression." The course provides training in self-change methods, social skills, thinking, pleasant activities, and relaxation.

Physical Symptoms or Fears

Counseling is also effective with those children who display irrational fear, intense anxiety or somatic distress associated with personal or school problems. Treatment methods vary according to theoretical orientation with approaches from several orientations showing promising results.

Messer (1964) reports success, in terms of the child increasing length of stay at school, utilizing a psychodynamic approach that focuses on intensive individual and group therapy for the whole family. Coolidge, Brodie, & Feeny (1964) also report success with a psychodynamic approach stressing individual and group therapy focusing on separation anxiety, insight, building-up of ego strength, and family equilibrium.

A non-directive group counseling approach focusing on discussion of school topics has also proven successful (Contessa & Paccione-Dyszelewski, 1981). Positive results included requests from the adolescent pupils for increased length of their school days and improved peer relationships.

The use of several techniques from behavior therapy such as desensitization have produced positive change in terms of the fears and physical symptoms of the school

phobic child (Garvey & Hergrenes, 1966). This individual approach is effective when instituted by the therapist or by the parents after consultation with the therapist. Smith & Sharpe (1970), have demonstrated a successful individual counseling treatment using another behavioral method based on classical conditioning principles related to the extinction of anxiety responses.

Kennedy (1965) boasts a 100% success rate with a program containing the following facets: a) avoidance of emphasis on somatic complaints; b) forced school attendance; c) structured interview with parents to enable them to follow the therapeutic program in the face of considerable resistance from the child; d) brief interviews with the child providing encouragement to carry on in the face of fear; and e) follow-up for further support of parents.

## Schizophrenia

Childhood schizophrenia can be confusing because so many profoundly abnormal behaviors may be lumped together under this term. Characteristic features of this condition may include extreme difficulty in relating to other people; difficulty in establishing and maintaining a clear personal identity; extreme preoccupation with particular objects; sustained resistance to change in the environment; abnormal perceptual experiences despite normal sensory acuity; extreme anxiety and emotional instability; severe difficulty in speech and language; and poor coordination and motor

behavior (Goldfarb, 1970). Occasionally childhood schizophrenia is even further expanded to include self-mutilating behaviors and endless repetition of behaviors.

Classifying schizophrenic behavior as an emotional disturbance and making an educational placement in a special program becomes even more confusing when the issues of mental retardation and organic brain damage are included. Both mental retardation and organic brain damage would exclude a child from placement in a special class for emotionally disturbed children. However, both of these characteristics are sometimes found with the child who is labeled schizophrenic. Even when these two factors are not present, there is still strong evidence of central nervous system impairment (Hingtgen & Bryson, 1972).

Treatment of this condition has been mainly centered in behavior therapy. Behavior modification approaches emphasizing educational methods have been directed toward the areas of sensory and language deficits. Behavior modification has been a particularly useful method with speech problems. These techniques have been shown to be effective in developing at least a low level of communication skills in many children who didn't speak at all and in improving the speech of many children whose speech was very limited or strange (Lovaas, 1977). The extinction of echolalia has also been accomplished through the use of behavior modification techniques (Schreibman & Carr, 1978).

Behavior therapy techniques have also been used to analyze behavioral repertoire, systematically punish maladaptive behavior such as head banging, reward adaptive behavior such as social play, and train parents to be continuing behavior modifiers in the home (Lovaas & Newsom, 1976).

There is very little research about effective therapy for childhood schizophrenia from the other theoretical approaches. There is some research concerning the effect schizophrenic parents have upon their children. Watt (1982) reported that the adolescent children of schizophrenics showed greater personal disharmony, less scholastic motivation, more emotional instability, and lower intelligence as rated by teachers compared to a group of children with non-psychotic parents. The implications seem to be that improved mental health of the parents would improve the mental health of the children.

## Consultation

Consultation is another mode of intervention that has shown success with mental health problems. Consultation differs from counseling in that it does not itself deal with a primary population, but rather with prevention and treatment of problems through an intermediary.

The definition of consultation is often ambiguous but, in the provision of mental health services in the school setting, typically refers to services provided by a profes-

sional to some other person who is in direct contact with a child. The school counselor, school psychologist, psychiatrist, school social worker, or a psychologist may serve as consultant to a consultee who is a teacher or parent. The focus of the activity is on the behavior of a child who may be referred to as the client. Activities that do not have this indirect characteristic will not be classified as consultation by this study.

Consultation in the school setting generally involves either the mental health or the behavioral approach (Reschly, 1976). Mental health consultation (Caplan, 1970) generally involves helping the consultee gain more insight into normal and abnormal emotional development and personality dynamics. The increased affective understanding pursued through mental health consultation is assumed to lead to better emotional adjustment on the part of consultees and, in turn, to a healthier climate for children. In contrast, the behavioral consultation approach provides a more direct focus on specific learning and/or adjustment problems of children (Bergan, 1977). This method uses a problem-solving strategy involving identification of problem(s), intervention formulation and implementation, and evaluation.

A survey (Medway, 1979) to determine the effectiveness of school consultation found that mental health consultation and behavioral consultation were both highly valued by respondents but that behavioral consultation appeared to be

more effective at least in terms of direct effect on students.

Palmo (1972) discovered in a comparative study that parent and teacher consultation with a mental health professional was more effective than group counseling with the children involved in reducing the adjustment problems of elementary school children as perceived by the classroom teachers involved and as perceived by independent observers.

Success with both academic problems and classroom behavior problems can result from the behavioral and medical models of consultation, especially when the topic of consultation is teacher expectancies and resultant instruction strategies (Bergan, Byrnes & Kratochwill, 1980).

Familiarity with the use of mental health and behavioral consultation services has a positive effect on teacher perceptions of these services (Hammonds, 1984). Teachers who use mental health center services which include consultation, individual student evaluation, classroom observations, individual or group therapy with students, and participation in multi-disciplinary team meetings tend to rate the value of these services higher than teachers with fewer or no contacts.

The consultation role can be hypothetically expanded to include family-focused treatments. Actually, the models of family-focused treatment include a combination of consultation and individual and group counseling. From the family-systems perspective, no member of the family is viewed

without reference to the people with whom he or she is physically and emotionally linked. This is an especially significant concept in relation to children whose personal reality is strongly shaped by the lives and experiences of their parents (Christian, Henderson, Morse & Wilson, 1983).

Family-focused treatment is often practiced by social workers and other counseling practitioners. Many school related problems are the result of pathologies contained within the family system. Handicapped children often become the focus of emotional intensity in the family, or a source of inordinate anxiety, or they may be transmitting unresolved emotional issues from previous generations of the family (Christian et al., 1983). Resolution of problems in the family often frees the child from pressures that directly affect school performance and social adaptation.

There needs to be more consultation by counselors with special education teachers and more consultation with parents (Davis, Nutter & Lovett, 1982). This consultation will allow the counselor to disseminate information, teach decision making skills and allow teachers and parents to talk about problem and issues.

## Teacher as Counselor

The most potentially powerful consequence in the classroom is the teacher (Anderson, Hodson, Jones, Todd & Walters, 1972). The teacher is a high-level reinforcer for the child. Verbal praise, physical contact, attention,

allowing special privileges are some of the many reinforcements that teachers can dispense.

The teacher also has a high level of involvement with the children in his or her classroom. The teacher and his or her students spend many hours together. Involvement is not only the cornerstone of therapeutic intervention but of good teaching as well (Reinert, 1980). Since the teacher is in a position to disburse highly prized reinforcement and has a high level of involvement with the child, it is no surprise that many of the techniques of counseling have been adapted and applied in the school setting by the teachers who work with children labeled emotionally disturbed. Neither do these techniques come from only one theoretical orientation.

Milieu therapy, a practice associated with the psychodynamic approach, as adapted for use in the school setting has much to offer to help the handicapped child. Activities related to this concept and which the teacher might be involved in are: manipulation of schedules (bus, restroom, lunchroom, classroom) for the benefit of the child; organization of staff (teachers, bus drivers, aides, school nurse, etc.) to recognize or avoid reinforcement of certain behaviors; and involvement of significant persons in the child's life (teachers, parents, relatives, peers) to support positive feelings that the child emits (Reinhert, 1980).

The life space interview, another psychodynamic technique, is suitable for teacher use during a crisis or potential crisis situation. The technique is essentially cathartic, a typical procedure of the psychodynamic approach. Redl (1959) lists two major components of this crisis intervention: emotional first aid and clinical exploitation of life events.

Behavioral theory and the therapies based on this construct also offer much that is usable for the teacher. Behavior modification is a term often associated with school programs and rightly so because there is wide application of many components of behavioral theory in the schools. A basic premise underlying much of behavior modification is the belief that behavior can be changed through the appropriate use of reinforcement (Gagne, 1965; Ullman & Krasner, 1965; Haring & Phillips 1962).

Three distinct methodological approaches have demonstrated practicality and success as applied by teachers in classroom settings. Operant conditioning involves reinforcing desired behaviors in ways that will cause the child to repeat the desired behavior. Children can be helped to change deviant behavior through the use of operant conditioning, and appropriate behaviors can also be increased (MacMillan, 1973).

Contingency management is another form of behavior modification with proven success for the teacher. This technique involves the use of a contractual agreement be-

tween the teacher and the child. The contract establishes behavior goals and rewards for meeting those goals.

Bandura (1965) called behavior modeling a social learning theory based on the concept that many behaviors are learned most effectively through modeling, or imitation. Behavior modeling is often found as a component of other behavior modification systems and rarely as an isolated change agent. The teacher can and should model many of the appropriate behaviors that are the targets of change in a behavior modification plan. Peers can also be utilized as models of appropriate behavior.

Glasser (1965) offers teachers another simple counseling technique with applicability to the classroom, reality therapy. Reality therapy is designed to increase responsible behavior. Responsible behavior is defined as the ability of individuals to fulfill their needs in a way that will not deprive others of the ability to fulfill their own needs. The teacher's task is to teach the child to become more responsible. This can be achieved through a didactic approach in which the teacher rejects the irresponsible behavior and teaches the child more appropriate ways to fulfill his or her needs.

Bibliotherapy is another technique quite usable by teachers. The technique involves guided reading that is designed to help individuals gain understanding of the self and the environment, to learn from others, and to find solutions to problems. Interaction with the provided liter-

ature may produce identification with characters in the literature that results in catharsis and insight about self or personal problems. The teacher selects literature in light of the developmental level of the child and the emotional or psychological status of the child (Schrank, 1982).

Bibliotherapy has proven to be successful in improving self-concept (Kanaan, 1976), decreasing the depressive symptoms of the withdrawn child (Lundstein, 1972), improving reading achievement in vocabulary and comprehension (King, 1972), and improving mental health as measured by personality tests (Appleberry, 1970).

The use of paradoxical techniques also has demonstrated success because it requires limited verbal ability, produces rapid results, and is particularly suitable for oppositional children. Paradoxical techniques are used by counselors but are well suited for use by the teacher of emotionally disturbed students. Often, the technique is successful with children who are angry, frustrated, or having difficulty relating to peers or adults. Three methods of this nonlinear approach are: reframing a symptom positively; prescribing a symptom through symptom scheduling; and the winner's bet. The winner's bet deserves additional explanation. It involves describing the child's inappropriate behavior and making a bet that the behavior will continue since the child cannot control it. The child who does not misbehave wins the bet. The idea behind the winner's bet is

that the child will give up the problem behavior to resist or oppose the adult (Williams & Weeks, 1984).

Project Re-Ed, a very popular ecological approach to intervention with emotionally disturbed children, highly values the teacher (Hobbs, 1966). The center of the Re-Ed intervention system is the teacher counselor. The teacher counselor is assisted in program development by consultants from social work and mental health. However, the teacher counselor interacts directly and more frequently with the child than any other adult in the school setting. What better reasons than these could be supplied for arming teachers with as many intervention tactics as possible.

## Summary

The review of the literature listed intervention strategies that have been successfully used to change characteristics that define the emotionally disturbed child. Those strategies included: counseling activities; consultation activities; and activities that teachers have used in the classroom.

All of the successful intervention strategies listed are activities that can be provided as related services for a special education program designed to remediate and/or ameliorate the handicapping condition of the emotionally disturbed child.

# CHAPTER III

# METHOD AND PROCEDURES

## Population

The population for this study consisted of all the children placed in classes for the emotionally disturbed, ages 0-21, in Oklahoma's public schools. There were 1,103 children placed in special education programs for the emotionally disturbed by a total of 102 independent public school districts as reported by the child count of December 1, 1985.

Total child count for that date for all children enrolled in Oklahoma's public schools, K-12, was 601,817. Those children designated as handicapped and requiring special education amounted to 64,097 of the total school population. Percentages computed for these figures are as follows: children needing special education comprise 10.65 percent of the total school population in Oklahoma's public schools; and children identified as emotionally disturbed comprise 1.72 percent of the special education population and 0.18 percent of the total school population.

It is significant that only about one-fifth of one percent of the school population in Oklahoma, K-12, was identified as emotionally disturbed at the time of the most

recent child count. The U.S. Office of Education, Bureau for the Education of the Handicapped, offers a conservative estimate that 2% of school-age children are emotionally disturbed. Recent studies by the Joint Commission on the Mental Health of Children have found that estimates of the amount of school maladjustment range from a low of 3 and 4 percent to highs of 12 and 22 percent of the pupils.

## Sample

From the population of all children placed in public school classes for emotionally disturbed children, a stratified-random sample was selected. Krijcie & Morgan (1970) provided the table used to determine sample size. From that table it was determined that a sample size of 285 was a sufficient minimum for a population of 1,103.

Size of school was the identified strata to be proportionally represented by the sample. Size of school strata contained two categories: rural and urban. There are many conflicting delineations of rural and urban. Both the federal legislative body and state legislatures have definitions for rural and urban so as to be able to allocate monies for programs that are designated either rural or urban education. The federal definition seems most appropriate for a study involving Oklahoma since Oklahoma has a large number of small independent school districts. This study, using the federal definition, will define a rural school as one having less than 2,500 students enrolled in K-

12. An urban school will have more than 2,500 students enrolled in K-12.

Percentage representation as indicated by the child count of December 1, 1985, showed that 15 percent of the population was enrolled in a rural school system and 85 percent was enrolled in an urban school system. The sample reflected those proportional distributions with 244 children in the sample attending urban schools and 43 children in the sample attending rural schools.

School districts were grouped either urban or rural. A random selection of the sample was accomplished with use of a random number table (Jaccard, 1983) until proportional representation was met.

## Instrumentation

A questionnaire to survey provision of related services to children placed in special public school programs for the emotionally disturbed was developed as a consequence of reviewing the literature related to the following topics: counseling and psychological services for emotionally disturbed children, behavioral and mental health consultative services for teachers and parents, social work services for the child and family, the community mental health model, and P.L. 94-142.

The principle objective in the design of questionnaire items was to produce an instrument which would yield information with which to answer the research questions of the

study. A mail questionnaire was selected as both a practical and economical method of reaching this goal in a relatively short period of time.

To construct an instrument which could be completed in a short time, approximately ten minutes, and thereby possibly increase percentage of respondents as well as to insure the confidentiality of the respondent, the following criteria for the instrument were established: 1) There would be only one question requiring a descriptive answer. All other questions would be answerable by checking blanks or providing simple numerical responses. 2) There would be no request for personal information from the respondent.

The questionnaire consisted of 28 questions. Questions one and two requested demographic information about the age and gender of the students in the emotionally disturbed classes and the size of the school system in which the special class was located. Both of these questions required a check or numerical response in the appropriate blank. Questions three through twenty-six requested information concerning the amount and type of related services being received. All of these questions could be answered by supplying a check in the appropriate blank. Question 27 requested a yes-no answer relating to whether the respondent believed the children in his or her class needed additional related services. Question 28 was an open-ended request for descriptions of needed additional related services if the respondent answered yes to question 27.

The validity of the instrument was established by the following procedure: composition of a panel of five experts from among college professors in related disciplines; supplying those professionals with a copy of the first draft of the questionnaire, a cover letter containing an explanation of the purpose of the study, a declaration of the statement of the problem, and a request asking them to evaluate the questionnaire according to the purpose of the study, and a response form to make any recommendations for necessary changes to make the questionnaire more precise and complete; supplying the panel members with a self-addressed stamped envelope with which to return the response sheet. Panel members were urged to return their evaluations within ten days (see Appendix A).

Revisions were made in the instrument as a result of the recommendations of the panel. A second copy of the questionnaire was drafted including the revisions (see Appendix C for a copy of the final form of the questionnaire).

## Data Collection

It was decided that the special education directors in the randomly selected school districts were the most logical choice to receive the mailed questionnaire. However, it was decided that the emotionally disturbed teacher(s) was the most logical choice as respondent because in most cases only the teachers of those classes knew how much time they were spending supplying counseling related services in the class-

room. In addition, the teachers were aware of the amount and type of other related services being provided to the students in their class.

A copy of the questionnaire, a self-addressed stamped envelope for the return of the questionnaire, and a cover letter explaining the purpose of the study (see Appendix B) and assuring confidentiality was mailed to the directors who were asked to dispense the instrument to the teachers and encourage them to respond. They were urged to return the questionnaires as quickly as possible.

Questionnaires were mailed to 28 separate school districts representing 56 separate classrooms and 56 questionnaires. Twenty-seven percent of the surveys were returned within 10 days. Two questionnaires were returned within this period stating that there was no longer a classroom in that district for emotionally disturbed children.

A follow-up postcard was mailed after 10 days to the special education directors in the districts which had not responded during the first 10 days. The postcard contained a message to remind the directors that the surveys had not been returned. An additional 11 percent of the original questionnaires were returned as a result of the postcard reminder.

Ten days after mailing the postcard reminder, a second copy of the questionnaire was mailed to those districts still not responding. No attempts at communication were

made after supplying the second questionnaire. An additional seven percent of the original questionnaires were returned as a reply to the second mailing. Three questionnaires were returned after the second mailing uncompleted. These responses contained a message that the emotionally disturbed children in that district attended classes at a co-op setting located elsewhere or the questionnaire was subjectively evaluated as not appropriate for the type of special program offered to the emotionally disturbed children in that district.

From the total of 56 questionnaires that were mailed to the randomly selected school districts, 37 were mailed to urban districts and 19 were mailed to rural districts. Responses from the urban districts totaled 22 questionnaires representing a 60 percent response rate. Responses from the rural districts totaled four questionnaires representing a 21 percent response rate. The combined responses for rural and urban totaled 26 questionnaires representing a 46 percet response rate.

The urban responses represented information about the provision of related services for 22 classrooms. Those 22 classrooms contained 158 students. In the urban classrooms, 89 percent of the students were male and 11 percent female. Fifty-four percent of the males were in the age range of 3-11 and 46 percent were in the age range of 12-21. Forty-four percent of the females were in the age range of 3-11 and 56 percent were in the age range of 12-21.

The rural responses represented information about the provision of related services in four classrooms. Those four classrooms contained 25 students. In the rural classrooms, 84 percent of the students were male and 16 percent were female. Ninety percent of the males were in the age range of 3-11 and 10 percent were in the age range of 12-21. One hundred percent of the females were in the age range of 12-21.

## Data Treatment

Survey data was audited and tabulated. Responses to each question were categorized as either rural or urban in source. Each question of the survey represents information related to one of the following categories:

- Demographic Information (Questions 1 & 2)
- Counseling Services (Questions 3-8, 19)
- Psychological Services (Questions 14-17)
- Parent Assistance and Training Services (Questions 9-13)
- Social Work in the Schools Services (Questions 18-20)
- Teacher Counseling Related Services (Questions 21-26)
- Teacher Perceptions of Provision and Related Services (Question 27)
- Teacher Recommendations for Additional Related Services (Question 28)

(See Appendix D for comprehensive item analyses.)

# CHAPTER IV

# RESULTS AND DISCUSSION

## Introduction

P.L. 94-142 has declared that in order to protect the rights of handicapped children, special education must be provided to those children identified as needing such.

Severely emotionally disturbed has been included as one of the handicapping conditions that may require special class placement and provision of special education services unique to the needs of that learner.

Some of the related services as suggested by P.L. 94-142 are indispensable to remediation and/or amelioration of a handicapping condition. Such is the case with emotional disturbance. Related services may be instrumental in helping the emotionally disturbed child benefit from special education placement.

This study presents the findings of a survey of teachers of emotionally disturbed children in Oklahoma's public schools to determine the amount and types of related services that are being provided to students identified as emotionally disturbed.

Also, the survey assesses teacher perceptions of provision of related services, requesting recommendations for additional related services if the teacher thought they were needed.

Data analysis was based upon a questionnaire completed by E.D. teachers representing a random sampling of two categories of school systems: rural and urban. Questionnaires were returned by 21 percent of the rural sample and 60 percent of the urban sample. It is expected that results of the data analysis will provide information that can be used to make program development and modification decisions.

## Data Organization

### Research Questions

Specific research questions were selected to be answered by the questionnaire. All items on the questionnaire, except the demographic requests of Questions 1 and 2, are related to a research question. Those relationships are as follows:

Research Question 1: Are the children placed in classes for the emotionally disturbed in Oklahoma's public schools receiving the related psychological, counseling, parent assistance, and social work services as mandated by P.L. 94-142? (Questions 3-26)

Research Question 2: What are the amount and types of related psychological, counseling, parent assistance, and social work services currently programmed? (Questions 3-26)

Research Question 3: Is there a need for additional related psychological, counseling, parent assistance, and social work services? (Question 27)

Research Question 4: What are those needs? (Question 28)

## Findings

A major thrust of this study was to create a picture of the current provision of related services to children placed in classes for the emotionally disturbed in Oklahoma's public schools. Gathered data was used to answer the four research questions:

RESEARCH QUESTION 1: Are the children placed in classes for the emotionally distrubed in Oklahoma's public schools receiving the related psychological, counseling, parent assistance, and social work services as mandated by P.L. 94-142?

In the urban classrooms surveyed by this study, only two types of related services were not being provided to at least some of the classes. No urban class for the emotionally disturbed was receiving group counseling by a school

psychologist or group and individual counseling with the child and family provided by a social worker.

In the rural classrooms surveyed by this study, no class was receiving the following kinds of related services: individual or group counseling from a school psychologist; individual or group counseling from a school counselor; parent assistance and training from a school psychologist, psychiatrist, licensed psychologist, school counselor, or social worker; consultation time for the teacher with a school psychologist, school counselor, or social worker; or social work services of any kind.

RESEARCH QUESTION 2: What are the amount and types of related psychological, counseling, parent assistance, and social work services currently programmed?

Data from the survey instrument provided information about the current programming of 24 specific related services (see Appendix D).

RESEARCH QUESTION 3: Is there a need for additional related psychological, counseling, parent assistance, and social work services?

Survey data indicated that 82 percent of the urban teachers perceived the need for additional related services. One hundred percent of the rural teachers thought additional services were needed.

RESEARCH QUESTION 4: What are those needs?

Respondents offered 25 suggestions for needed additional related services. These, however, did not represent 25 different types of services as several suggestions were repeated (see Table I).

TABLE I

TEACHER SUGGESTIONS FOR ADDITIONAL SERVICES NEEDED BY STUDENTS

| Type of Suggestion | Number of Suggestions | |
|---|---|---|
| | Rural | Urban |
| Individual Counseling | 3 | 13 |
| Group Counseling | 1 | 9 |
| Social Work Services | 2 | 2 |
| Parent Counseling | 1 | 4 |
| School Counselor Services | 0 | 2 |
| Family Therapy | 0 | 1 |
| Teacher Consultation Time | 0 | 4 |
| Pediatric Services | 1 | 0 |
| Work-Study Program | 0 | 2 |
| Affective Training Modules | 0 | 1 |
| Recreational Therapy | 1 | 0 |
| Computer Science Courses | 0 | 1 |

# CHAPTER V

# SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

## Summary

The purpose of this descriptive study was to survey the provision of specific related services to children placed in classes for the emotionally disturbed in Oklahoma's public schools. With the collection, tabulation, and categorization of the data supplied by the survey instrument, the purpose of this study was fulfilled.

The population for this study was the children placed in classes for the emotionally disturbed by public LEA's in Oklahoma. The population consisted of 1,103 students as of the child count of December 1, 1985. From this population, a random sample was selected to represent the two strata of urban and rural.

Fifty-six questionnaires were mailed to 28 school districts. Of those 56 questionnaires, 37 were mailed to 10 urban school districts. Twenty-two of the urban surveys were returned to establish a 60 percent response rate. Nineteen surveys were mailed to 18 rural school districts. Four of the rural surveys were returned for a 21 percent response rate. The combined rural and urban response rate was 46 percent.

The instrument used by this study was a questionnaire composed of 28 items. The questionnaire was mailed to the special education directors of the randomly selected school districts. The directors were asked to forward the surveys to the teachers of the classes for emotionally disturbed children in that district. Those teachers were the designated respondents.

Data analysis consisted of auditing and tabulating the responses to each item of the questionnaire. Responses were grouped into two categories: rural or urban. Frequencies of response and equivalent percentages were computed for each item.

Demographic information for this study revealed that only one-fifth of one percent of all school-age children in Oklahoma's public schools were identified as emotionally disturbed.

Data analysis of survey items demonstrated a considerable difference in the provision of related services between rural and urban schools, with urban schools providing a wider array of related services.

## Conclusions

There is a lack of consistency of definition and process of identifying emotionally disturbed children. However, even the conservative estimate of the U.S. Office of Education fixes the emotionally disturbed population nationwide at a level ten times greater than the number identified

in Oklahoma's public schools. This must mean there is a large number of children in Oklahoma who are not receivng the specialized services they need during their years in school.

For those children in Oklahoma's public schools who are identified as emotionally disturbed and placed in special classes for the emotionally disturbed, the provision of certain related services is quite limited. This fact seems to question the value of a special class placement that does not provide the mandated services needed to remediate and/or ameliorate the handicapping condition.

## Recommendations

In consideration of the foregoing summary and conclusions, the following recommendations were made:

- Increased efforts by local education agencies in the area of child identification/awareness of the emotionally disturbed child.
- Increased parental involvement in the child identification/awareness programs for emotionally disturbed children.
- Increased parental involvement in the total plan designed to meet the emotionally disturbed child's special needs.
- Organization of a program to provide school psychology services to rural school districts.

- Increased involvement by school counselors with the children placed in classes for the emotionally disturbed.
- Increased social work in the schools services.
- Increased opportunity for consultation time for the teacher with a mental health professional.
- Increased group and individual counseling for emotionally disturbed children.
- Implementation of effective parenting classes at schools.
- Provision of family therapy as needed.
- Provision of recreational therapy, vocational counseling, a work-study program or any other specialized service as needed.
- A survey of rural programs for the emotionally disturbed with a much larger sample.
- A comparative study of the programs for emotionally disturbed children in different areas of the country.
- A study to determine the effectiveness of programs for emotionally disturbed children in terms of improved educational performance and school adjustment.
- A study to compare the effectiveness of differing combinations of provision of related services.

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# APPENDIX A

## COVER LETTER TO PANEL OF EXPERTS

# APPENDIX A

## COVER LETTER TO PANEL OF EXPERTS

April 1, 1986

Dennis A. Tomlinson
Route 4 Box 164
Norman, Oklahoma 73071

Dear :

As you are a person with considerable knowledge of special education, this letter, questionnaire and response sheet were mailed to you. I am requesting your assistance in evaluating the face validity of the questionnaire.

The instrument is going to be used to collect data for my thesis project at OSU. The purpose of which is to determine whether the children placed in classes for the emotionally disturbed in Oklahoma's public schools are receiving the related services as needed to benefit from special education. It is hoped that the data from the instrument will answer the following research questions:

1) Are the children placed in classes for the emotionally distrubed in Oklahoma's public schools receiving the related services as needed to benefit from special education?
2) What are the amount and type of related services presently programmed in special education classes for emotionally disturbed children in Oklahoma's public schools?
3) Is there a need for additional related services?
4) What are those needs?

Please evaluate the questionnaire in relation to the stated purpose of the study and then make recommendations on the response sheet for any necessary changes to make the questionnaire more precise and/or complete.

Also enclosed, you will find a stamped, self-addressed envelope with which you may return the response sheet. Thanks for your cooperation. I will remember to share the results of the survey with you.

Sincerely,

Dennis A. Tomlinson

# APPENDIX B

## COVER LETTER TO SPECIAL EDUCATION DIRECTORS

# APPENDIX B

## COVER LETTER TO SPECIAL EDUCATION DIRECTORS

April 10, 1986

Dennis A. Tomlinson
Route 4 Box 164
Norman, Oklahoma 73071

Dear Special Education Director:

The questionnaire you have received is a survey instrument that has been developed to obtain information about the amount and type of related services being offered to children in classes for the emotionally disturbed in Oklahoma's public schools. The survey will provide information to answer the following questions:

1) Are the children placed in classes for the emotionally disturbed in Oklahoma's public schools receiving the related services needed to benefit from special education?

2) What are the amount and type of related services presently programmed in special education classes for emotionally disturbed children in Oklahoma's public schools?

3) Is there a need for additional related services?

4) What are those needs?

I have been an E.D. teacher in an Oklahoma public school and I'm aware of how difficult that job role is. I can remember welcoming any help I received in any form of related services. This questionnaire, to be completed by the E.D. teacher(s), will not only survey provision of services but also teacher perceptions of additional needed services.

This research is being done with the cooperation of instructors from the Applied Behavioral Studies in the Education department at OSU.

I would greatly appreciate your cooperation by requesting that you forward this questionnaire(s) to the E.D. teach-

er(s) in your department for completion. Please be assured that the responses will be kept in the strictest of confidence. The questionnaire may be returned in the enclosed self-addressed stamped envelope. I would appreciate your completion and return of the questionnaire within ten days. Thanks.

Sincerely,

Dennis A. Tomlinson

# APPENDIX C

# QUESTIONNAIRE CONCERNING RELATED SERVICES

# APPENDIX C

## QUESTIONNAIRE CONCERNING RELATED SERVICES

For item 1, please fill in the requested information.

1) Number of children in the E.D. class?

| | | |
|---|---|---|
| Male | 3-11 ( ) | 12-21 ( ) |
| Female | 3-11 ( ) | 12-21 ( ) |

For items 2-27, please check the appropriate response.

2) Size of school system?*
Rural ( ) Urban ( )

* Rural = school district size, K-12, less than 2,500
Urban = school district size, K-12, more than 2,500

3) What is the amount of individual counseling received at school per child in your class during an average week as provided by a psychiatrist or licensed psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

4) What is the amount of group counseling received at school per child in your class during an average week as provided by a psychiatrist or licensed psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

5) What is the amount of individual counseling received at school per child in your class during an average week as provided by a school psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

6) What is the amount of group counseling received at school per child in your class during an average week as provided by a school psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

7) What is the amount of individual counseling received at school per child in your class during an average week as provided by a school counselor?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

8) What is the amount of group counseling received at school per child in your class during an average week as provided by a school counselor?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

9) What is the amount of parent counseling and assistance received at the school by the parents of your students during an average week to help them understand the special needs of their child and furnish them with information about child development as provided by a school psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

10) What is the amount of parent counseling and assistance received at school by the parents of your students during an average week as provided by a psychiatrist or licensed psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

11) What is the amount of parent counseling and assistance received at school by the parents of your students during an average week as provided by a school counselor?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

12) What is the amount of parent counseling and assitance received at school by the parents of your students during an average week as provided by a social worker?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

13) What is the amount of parent counseling and assistance received at school by the parents of your students during an average week as provided by the E.D. teacher?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

14) What is the amount of consultation time received by the E.D. teacher during an average week to plan programs for children in the E.D. class as provided by a school psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

15) What is the amount of consultation time received by the E.D. teacher during an average week to plan programs as provided by a school counselor?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

16) What is the amount of consultation time received by the E.D. Teacher during an average week to plan programs as provided by a social worker?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

17) What is the amount of consultation time received by the E.D. teacher during an average week to plan programs as provided by a psychiatrist or licensed psychologist?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

18) What is the amount of social work services received at school per child in your class during an average week in the form of preparation of a social or developmental history as provided by a licensed social worker?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

19) What is the amount of social work services received at school per child in your class during an average week in the form of group and individual counseling with the child and family as provided by a licensed social worker?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

20) What is the amount of social work services received at school per child in your class during an average week in the form of efforts to resolve problems in a child's living situation that affect the child's adjustment in school, or efforts to mobilize school or community resources to enable the child to receive maximum benefit from special education as provided by a licensed social worker?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

21) What is the amount of counseling related services received per child during an average week in your class in the form of behavior modification as provided by the E.D. teacher?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

22) What is the amount of counseling related services received per child in your class during an average week in the form of affective education as provided by the E.D. teacher?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

23) What is the amount of counseling related services received per child in your class during an average week in the form of reality therapy as provided by the E.D. teacher?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

24) What is the amount of counseling related services received per child in you class during an average week in the form of milieu therapy or life-space interviewing as provided by the E.D. teacher?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

25) What is the amount of counseling related services received per child in your class during an average week in the form of paradoxical intervention techniques as provided by the E.D. teacher?
None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

26) What is the amount of counseling related services received per child in your class during an average week in the form of bibliotherapy as provided by the E.D. teacher?

None ( )
Less than 1 hour ( )
1-2 hours ( )
More than 2 hours ( )

27) Is there a need for additional related services to assist your students to benefit from special education?

Yes ( ) No ( )

28) What additional related services are needed?

# APPENDIX D

# ITEM ANALYSES

# APPENDIX D

## ITEM ANALYSES*

For item 1, please fill in the requested information.

1) Number of children in the E.D. class?

| | | |
|---|---|---|
| Male | 3-11 ( ) | 12-21 ( ) |
| Female | 3-11 ( ) | 12-21 ( ) |

For items 2-27, please check the appropriate response.

2) Size of school system?*
Rural ( ) Urban ( )

* Rural = school district size, K-12, less than 2,500
Urban = school district size, K-12, more than 2,500

3) What is the amount of individual counseling received at school per child in your class during an average week as provided by a psychiatrist or licensed psychologist?

| | | |
|---|---|---|
| None | (59%) | (75%) |
| Less than 1 hour | (18%) | (25%) |
| 1-2 hours | ( 9%) | ( 0%) |
| More than 2 hours | (14%) | ( 0%) |
| | URBAN | RURAL |

4) What is the amount of group counseling received at school per child in your class during an average week as provided by a psychiatrist or licensed psychologist?

| | | |
|---|---|---|
| None | (86%) | (75%) |
| Less than 1 hour | ( 9%) | (25%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 5%) | ( 0%) |
| | URBAN | RURAL |

5) What is the amount of individual counseling received at school per child in your class during an average week as provided by a school psychologist?

| | | |
|---|---|---|
| None | (95%) | (100%) |
| Less than 1 hour | ( 0%) | ( 0%) |
| 1-2 hours | ( 5%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |
| | URBAN | RURAL |

*Analyses are based on percentages of respondents that selected each item category.

6) What is the amount of group counseling received at school per child in your class during an average week as provided by a school psychologist?

| | URBAN | RURAL |
|---|---|---|
| None | (100%) | (100%) |
| Less than 1 hour | ( 0%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

7) What is the amount of individual counseling received at school per child in your class during an average week as provided by a school counselor?

| | URBAN | RURAL |
|---|---|---|
| None | (45%) | (100%) |
| Less than 1 hour | (50%) | ( 0%) |
| 1-2 hours | ( 5%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

8) What is the amount of group counseling received at school per child in your class during an average week as provided by a school counselor?

| | URBAN | RURAL |
|---|---|---|
| None | (73%) | (100%) |
| Less than 1 hour | (27%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

9) What is the amount of parent counseling and assistance received at the school by the parents of your students during an average week to help them understand the special needs of their child and furnish them with information about child development as provided by a school psychologist?

| | URBAN | RURAL |
|---|---|---|
| None | (86%) | (100%) |
| Less than 1 hour | (14%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

10) What is the amount of parent counseling and assistance received at school by the parents of your students during an average week as provided by a psychiatrist or licensed psychologist?

| | URBAN | RURAL |
|---|---|---|
| None | (77%) | (100%) |
| Less than 1 hour | ( 5%) | ( 0%) |
| 1-2 hours | ( 9%) | ( 0%) |
| More than 2 hours | ( 9%) | ( 0%) |

11) What is the amount of parent counseling and assistance received at school by the parents of your students during an average week as provided by a school counselor?

| | URBAN | RURAL |
|---|---|---|
| None | (77%) | (100%) |
| Less than 1 hour | (23%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

12) What is the amount of parent counseling and assitance received at school by the parents of your students during an average week as provided by a social worker?

| | URBAN | RURAL |
|---|---|---|
| None | (95%) | (100%) |
| Less than 1 hour | ( 0%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 5%) | ( 0%) |

13) What is the amount of parent counseling and assistance received at school by the parents of your students during an average week as provided by the E.D. teacher?

| | URBAN | RURAL |
|---|---|---|
| None | (14%) | (50%) |
| Less than 1 hour | (63%) | (25%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | (23%) | (25%) |

14) What is the amount of consultation time received by the E.D. teacher during an average week to plan programs for children in the E.D. class as provided by a school psychologist?

| | URBAN | RURAL |
|---|---|---|
| None | (86%) | (100%) |
| Less than 1 hour | (14%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

15) What is the amount of consultation time received by the E.D. teacher during an average week to plan programs as provided by a school counselor?

| | URBAN | RURAL |
|---|---|---|
| None | (63%) | (100%) |
| Less than 1 hour | (27%) | ( 0%) |
| 1-2 hours | ( 5%) | ( 0%) |
| More than 2 hours | ( 5%) | ( 0%) |

16) What is the amount of consultation time received by the E.D. Teacher during an average week to plan programs as provided by a social worker?

| | URBAN | RURAL |
|---|---|---|
| None | (95%) | (100%) |
| Less than 1 hour | ( 5%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

17) What is the amount of consultation time received by the E.D. teacher during an average week to plan programs as provided by a psychiatrist or licensed psychologist?

| | URBAN | RURAL |
|---|---|---|
| None | (59%) | (75%) |
| Less than 1 hour | (18%) | (25%) |
| 1-2 hours | (18%) | ( 0%) |
| More than 2 hours | ( 5%) | ( 0%) |

18) What is the amount of social work services received at school per child in your class during an average week in the form of preparation of a social or developmental history as provided by a licensed social worker?

| | URBAN | RURAL |
|---|---|---|
| None | (95%) | (100%) |
| Less than 1 hour | ( 5%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

19) What is the amount of social work services received at school per child in your class during an average week in the form of group and individual counseling with the child and family as provided by a licensed social worker?

| | URBAN | RURAL |
|---|---|---|
| None | (100%) | (100%) |
| Less than 1 hour | ( 0%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

20) What is the amount of social work services received at school per child in your class during an average week in the form of efforts to resolve problems in a child's living situation that affect the child's adjustment in school, or efforts to mobilize school or community resources to enable the child to receive maximum benefit from special education as provided by a licensed social worker?

| | URBAN | RURAL |
|---|---|---|
| None | (90%) | (100%) |
| Less than 1 hour | (10%) | ( 0%) |
| 1-2 hours | ( 0%) | ( 0%) |
| More than 2 hours | ( 0%) | ( 0%) |

21. What is the amount of counseling related services received per child during an average week in your class in the form of behavior modification as provided by the E.D. teacher?

| | URBAN | RURAL |
|---|---|---|
| None | ( 5%) | ( 0%) |
| Less than 1 hour | ( 5%) | ( 0%) |
| 1-2 hours | (27%) | ( 0%) |
| More than 2 hours | (63%) | (100%) |

22) What is the amount of counseling related services received per child in your class during an average week in the form of affective education as provided by the E.D. teacher?

| | URBAN | RURAL |
|---|---|---|
| None | ( 5%) | ( 0%) |
| Less than 1 hour | ( 0%) | (50%) |
| 1-2 hours | (41%) | ( 0%) |
| More than 2 hours | (54%) | (50%) |

23) What is the amount of counseling related services received per child in your class during an average week in the form of reality therapy as provided by the E.D. teacher?

| | URBAN | RURAL |
|---|---|---|
| None | (14%) | ( 0%) |
| Less than 1 hour | (14%) | (25%) |
| 1-2 hours | (36%) | (50%) |
| More than 2 hours | (36%) | (25%) |

24) What is the amount of counseling related services received per child in you class during an average week in the form of milieu therapy or life-space interviewing as provided by the E.D. teacher?

| | URBAN | RURAL |
|---|---|---|
| None | (46%) | (50%) |
| Less than 1 hour | (18%) | ( 0%) |
| 1-2 hours | (18%) | (25%) |
| More than 2 hours | (18%) | (25%) |

25) What is the amount of counseling related services received per child in your class during an average week in the form of paradoxical intervention techniques as provided by the E.D. teacher?

| | URBAN | RURAL |
|---|---|---|
| None | (30%) | (50%) |
| Less than 1 hour | (25%) | (25%) |
| 1-2 hours | (30%) | ( 0%) |
| More than 2 hours | (15%) | ( 0%) |

26) What is the amount of counseling related services received per child in your class during an average week in the form of bibliotherapy as provided by the E.D. teacher?

| | URBAN | RURAL |
|---|---|---|
| None | (67%) | (50%) |
| Less than 1 hour | (11%) | ( 0%) |
| 1-2 hours | (11%) | (50%) |
| More than 2 hours | (11%) | ( 0%) |

27) Is there a need for additional related services to assist your students to benefit from special education?

| | URBAN | RURAL |
|---|---|---|
| Yes | (82%) | (100%) |
| No | (18%) | ( 0%) |

28) What additional related services are needed?

VITA

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Candidate for the Degree of

Master of Science

Thesis: A SURVEY OF THE AMOUNT AND TYPES OF RELATED SERVICES PROVIDED TO EMOTIONALLY DISTURBED STUDENTS IN OKLAHOMA'S PUBLIC SCHOOLS

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Education: Graduated from Holdenville High School, Holdenville, Oklahoma, in May 1969; received Bachelor of Science Degree in Education from the University of Oklahoma in May, 1973; attended Langston University in Tulsa, 1979; attended Central State University, 1982-1983; completed requirements for the Master of Science degree at Oklahoma State University in July, 1986.

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