

less than 20 days, placing heavy demands on the program to prepare participants for independent living. In the past few years the program's staff has been cut from 12 to six positions because of budget constraints. However, the program offering continues to be rich because of the instructional materials that have been developed and validated over the

past decade. These materials have proven to be a national resource in the rehabilitation field.

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childhood specialist, a special education teacher, or a child's regular schoolteacher. One team member generally leads group activities while the others provide support and assistance to individual children. Team members have learned characteristic adult roles and appropriate interventions for each developmental stage. For example, with children in the second stage of development—responding to the environment with success—adults learn to act as motivators, redirecting children's old coping behaviors to successful outcomes and reflecting their success. Team members at this stage create a consistent structure and routine and make frequent verbal, supportive contacts with children in the group.

Rutland staff and others have developed training materials for implementing the Developmental Therapy model in other settings. The materials include a training manual, eight textbooks, a series of videotapes, five filmstrips, and a bibliography of more than 100 articles in professional journals. Instruments for ongoing evaluation of children's progress and of staff performance are a central part of the model. Nationally, more than 12,000 educators have participated in training and field applications of the model.

Several studies have confirmed the model's effectiveness in significantly reducing problem behaviors among children and increasing the skills of professional and paraprofessionals. Developmental Therapy has been used in Head Start programs, home-based programs, residential settings, day treatment programs, schools, mental health clinics, and therapeutic camps.

At a time when the emotional health of the nation's children has become a major focus of leaders and policymakers, Rutland's Developmental Therapy Program offers a successful model of treatment for children and training for adults.)

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In 1970 the Rutland Center was established as the pilot site in Georgia for a community-based program to foster social and emotional competence among severely disturbed children. Over the past two decades, the resulting Developmental Therapy Program has created and refined a team-based model of mental health and special education services for children, teachers, and families that has been replicated throughout Georgia and adopted in more than 100 facilities in 26 states.

Funded by the state and by federal grants, the program currently serves 13 counties in northeast Georgia with a child population of 71,000. Annually, about 350 children and their families and teachers receive assistance, either at the center or at one of ten rural outpost locations.

After a child is referred to the program, staff conduct a comprehensive family interview and clinical, developmental, and educational assessments; they also observe the child at school. A psychiatric evaluation is done when the severity of the problem indicates potential psychosis or suggests the usefulness of drug therapy. Based on results, a unique developmental profile is prepared, describing the child's social and emotional status in four areas: sensorimotor-behavioral, social communication, social-affective, and cognitive.

First conceptualized by Mary M. Wood, Ed.D., who is currently professor emerita at the University of Georgia, Developmental Therapy is based on the implementation of an individual treatment plan that describes specific developmental objec-

tives for the child to master and outlines strategies for helping that child. According to the model, the child should progress through five stages of social and emotional development between the ages of 18 months and 16 years: "responding to the environment with pleasure, responding to the environment with success, learning skills for successful group participation, investing in group processes, and applying skills in new situations." Within each developmental stage, the model specifies appropriate roles for adults and describes strategies, interventions, and activities for helping children achieve competence. When trained in Developmental Therapy, mental health professionals, paraprofessionals, and teachers share a conceptual framework and a common language that allow them to coordinate treatment at home and in school.

After assessment by program staff, the child is assigned to a small group of four to ten children at a similar developmental level. A primary therapy team works daily with each group in a group format. Some children also participate in an age-appropriate educational program coordinated with their Developmental Therapy program. A psychologist and a child psychiatrist serve as clinical consultants to the therapy teams, the family, and the child's school as needed. The child's progress is evaluated every ten weeks.

Typically, each team consists of a teacher or mental health therapist, a family therapist or caseworker, and a therapy aide or child care worker. The team teacher may be an early