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The Heritage of Psychoeducation with Troubled Students

Mary Margaret Wood

A narrow focus on academic success ignores the critical needs of children with emotional and behavioral problems, bringing drastic consequences to our schools and communities. The author develops a vision for classrooms of the future, tapping the rich knowledge base of developmental teaching and therapy to build strengths in all students.

Fifty years ago, there was widespread conflict in the classroom when Fritz Redl, William Morse, Nicholas Long, and their colleagues began major game-changing contributions to improve mental health services for children and youth. I was privileged to do post-doctoral study with Nicholas Long at Hillcrest Children's Center in Washington, D.C. From then until now, he continues to be a mentor, collaborator, colleague, and life-long friend. His personal mark is still shaping the way mental health and special education come together in the classroom for children and youth. Blending the best in clinical psychology and education, these pioneers laid the foundation for *psychoeducation* — a unique movement joining educators and clinicians to bring mental health into the classroom. Now, in this century, we must reclaim that heritage.

Schools in Crisis

Mass murders at Sandy Hook Elementary School and the rash of school shootings that followed have created a national urgency. Every day, spiraling incidents of student anger and raw violence continue. Classroom chaos and bullying are rampant. Equally potent are the grim effects of "silent," internalized emotions on students' learning and behavior. Add alienation of students caught in the maelstrom of racial conflict plus those at risk for emotional disabilities from abuse and neglect. It is evident that the elephant in each classroom is *mental health* — or its absence. The 2014 State of Connecticut

analysis and report on the Sandy Hook shooting raises a cogent question: *Is there a reluctance to serve youths' social-emotional learning needs in schools?*

> There is great variance in the ability and activity of schools in evaluating, identifying, and addressing the social-emotional and developmental needs of children with disabilities. Social, emotional, developmental, and behavioral health needs are sometimes considered parenthetical to the learning process. It is not uncommon for schools not to have a social worker or other therapeutic support staff in the building. It is also not uncommon for an Individual Education Plan to refer to social-emotional or mental health needs and indicate that *those needs are being met in the community by an outpatient provider* (State of Connecticut, 2014, p. 81).

Recently, an administrator of a large community based program in Connecticut voiced similar conclusions.

> We cannot focus our attention on academic performance alone. Determining special education needs solely from the adverse impact on academic performance seems to have been a clear oversight in educational policy and practice. For troubled students, mental health needs are clearly the major priority (Personal communication, T. Maida, November, 2014).

To address this new crisis, Nicholas Long and colleagues re-introduce fundamental psychoeducational truths about school mental health and education. In the 2014 edition of *Conflict in the Classroom*, the authors remind us that every interaction between teachers and students—every moment of every day—is a vortex for successful teaching/learning or for failed opportunity. Psychological forces drive academic achievement and classroom behavior—both positive and negative. Emotions orchestrate guilt, conflict, attitudes, values, and self-concepts. They shape identity, group interactions, bullying, cruelty, addictions, violence, social roles, and social power.

Emotions also are foundations for empathy, compassion, integrity, conscience, joy, motivation, friendships, and personal responsibility. These forces exist in every classroom—every day (Long, Fecser, Morse, Newman, & Long, 2014).

The Emergence of Developmental Therapy-Teaching (DTT) [1]

During the past fifty years, an enormous amount of research and clinical writing became available to teachers from behavioral psychology, neuropsychology, developmental psychology, social psychology, and learning theory. Yet there was still a missing ingredient for teachers. *How is this mountain of information translated into daily classroom practices that address individual mental health needs of students in group settings, all with different ages, stages of development, and emotional needs?*

This was the challenge for the Developmental Therapy Institute as part of the original psychoeducational movement in the 1970s. The Institute was funded for research, development, and dissemination of DTT practices over four decades through the University of Georgia, the U.S. Department of Education, and the Georgia Department of Education. Its task was to add another dimension to the psychoeducational model — a focus on the therapeutic potential in building on healthy sequences of social-emotional development. The first priority was to establish demonstration programs that combined mental health and special education in a developmental framework. To accomplish this, we reached out again to Nicholas Long and the many leaders in the field advocating for a blend of clinical and educational practices in school Intervention programs.

In the 1980s, we continued to identify, field test, evaluate, and expand psychoeducational constructs within a developmental hierarchy. The idea was to sequentially teach competencies that integrate behavior (doing), communication (saying), socialization (relating), and cognition (thinking). With new, successful competencies, positive emotional memories and greater self-esteem are established. This is achieved by carefully matching adult roles, instructional strategies, classroom activities, and materials to a student's emotional needs and developmental needs—and

then changing these practices as the student gains new competencies and different needs.

Building on Long's 17 psychoeducational principles for a therapeutic classroom, DTT added four guidelines to emphasize the dynamic, interpersonal, and evolving nature of social-emotional development and mental health in group settings (Wood, Quirk, & Swindle, 2007).

> *Follow development*. Be prepared to change as students change. Typical processes of social, emotional, and behavioral development follow a predictable sequence. Neurobiological foundations and past experiences also contribute to the uniqueness of each individual's journey on this developmental path. A program can be truly effective by being sensitive to the individuality and life history of each student within a trajectory of typical development.
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> *Focus on strengths.* Promote students' identification with what is positive in themselves. A strength-based view of behavior in the classroom fosters self-esteem and encourages willingness to try new ways of responding. With confidence, students extend themselves into new territory where they can achieve new developmental milestones toward emotional maturity.
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> *Provide satisfaction.* Guarantee a "satisfactory" result from students' efforts. Gratifying experiences strengthen a young person's self-identity as one who can succeed. This happens when there is confident expectation that the outcome is worth the effort. With confidence lasting changes will occur in behavior and relationships.
>
> *Make experiences relevant.* Relate lessons to each student's world outside the classroom. Lessons with emotional and cultural meaning result in learning that is retained. These skills then spread to other areas of a young person's life.

In the 1990s, new field-based teacher training institutes were formed to expand professionals' psychoeducational proficiencies for working with troubled children and youth. The Life Space Crisis Intervention Institute was established by Nicholas Long and Frank Fecser.[2] The Developmental Therapy Institute had its international debut in Europe, Institut fuer Entwicklingstherapie/ Entwicklungspaedagogik.[3] Larry Brendtro and his team formed Reclaiming Youth International with the Black Hills Seminars and its *Circle of Courage*.[4] From these multi-state and international expansions a new generation of skilled school practitioners emerged—demonstrating standards of effective psychoeducational and developmental practices.

Ever-broadening applications emerged with significant classroom relevance. We identified developmental stresses associated with each age and stage of growth. We observed that most typical students overcame developmental anxieties through positive experiences with significant others. In contrast, for troubled students, an unresolved developmental anxiety at one stage is carried into the next stage and compounds emotional burdens. By the teen years, some are struggling with multiple layers of anxieties imbedded in their life experiences. A therapeutic classroom may be the only milieu where debilitating emotions can gradually dissolve into a positive, forward-looking personality.

Another new insight was the *existential phases* of students' views of adult authority and their beliefs about who solves problems. In the *pre-existential* phase, (typically up to 8 years of age), most children seek security by relying on adults. For them, teacher-centered instruction is reassuring. (*Adults have power*.) As students mature, peers become a greater source of influence. (*Adults don't know.)* During this *post-existential* phase, peer-centered instruction is effective. This transition creates an *existential crisis* as students vacillate between accepting and rejecting adult authority. (*Maybe I will—Maybe I wont.)* Teachers who are out of synch with a student's phase of development will have big management problems. Happily, there are now developmental indicators that teachers use to flag those existential phases and adapt their management strategies and behavioral supports accordingly (Wood, Quirk, & Swindle, 2007).

Emerging practices for students with Autism Spectrum Disorders have further broadened the reach of a therapeutic developmental approach. The SCERTS model for social communication, emotional regulation, and transactional supports is now being used with DTT for classroom practices to focus on emotional competence. For these teachers *thinking developmentally* has become a framework for higher-level thinking and goal-directed behavior to prevail over impulsive and reactive behavior (Prizant & Mullen, 2012). These methods of teaching emotional regulation add a new focus for psychoeducation.

Be prepared to change as students change.

One of the hardest question we faced was, *Can students' social-emotional achievements be documented while implementing basic psychoeducational principles*? By definition, special education is both diverse and individualized; by definition, we needed to develop an assessment/accountability system that embraces this diversity and still provides content validity specifically for troubled children and youth. We were determined to develop classroom-based metrics for enriching therapeutic instruction while documenting student outcomes. After decades of field development, revisions, statistical analyses, and extended use with many thousand teachers and students, we developed a reliable assessment instrument with content validity for developmental and psychoeducational constructs—the *Developmental Teaching Objectives and Rating Form-Revised (DTORF-R,* 2007). [5]

The DTORF-R is used with children and teens ages 2 to 16 to identify significant social-emotional milestones achieved and also missing skills in four sequentially structured subscale domains: *Behavior, Communication, Socialization,* and *Cognition*. Individual teachers and school systems now have the capability to identify students' developmental stages, target missing competencies for IEP instructional objectives, and document student progress in achieving those competencies with valid metrics.
This is perhaps the most important contribution of the developmental approach. Instead of deficit reduction, the emphasis is on mastery of milestone competencies for healthy

personality development, guiding positive teaching and learning of these competencies.

Tomorrow's Classrooms

In many respects, classrooms are now as they were fifty years ago, a complex and dynamically charged mini-world of feelings and relationships—incubators for mental health (or lack thereof). The Life Space Crisis Intervention Institute and the Developmental Therapy Institute have trained and certified many thousands of teachers and students in the U.S. and internationally. With translations in multiple languages, over 12,000 educators have received DTT certification in Europe, and LSCI has reached more than 30,000 individuals worldwide (Bergsson, 2014).

Going forward, there is a need to introduce a therapeutic orientation to the broader field of general education and mental health. The Connecticut report on the background of the Sandy Hook shooting summarizes this challenge.

> It is worth noting that teachers may have limited training or expertise to identify or respond to a student who may be progressing academically but who is also exhibiting difficulties in social emotional development. Teachers may not have a blueprint that tells them how to identify "red flags," when to ask for assessments, or consider further evaluations of children experiencing difficulty with socialization. With today's increased focus on academic achievement and concerns over availability of resources, schools may feel hampered in their efforts to attend to children's overall cognitive and emotional development, despite how necessary this may be for children's ability to learn. Training for teachers, para-educators and administrators—both regular and special education — is essential (State of Connecticut, 2014, p. 33).

Recognizing this, staff development must become a priority. The future lies with a work force of therapeutically trained teachers. This involves, expanding teachers' skills and documenting student outcomes with content-valid metrics. With technical assistance,

we can design new staff training materials, and prepare more self-directed independent learning options. The Georgia Network of Educational and Therapeutic Supports (GNETS) is blending educational and therapeutic services for severely troubled children and teens in the public school systems. Current priorities are Increasing staff skills, teaching social-emotional competencies, and documenting student outcomes. Our next generation of teachers, practitioners, and college professors needs to look closely at GNETS successes (Developmental Therapy Professional Advisory Council, 2014).[6]

Finally, special education for troubled students has to be redefined at the national level. *What is our mission? What is it we are addressing? Should we have a multi-professional system for school mental health? How do we build a skilled workforce for mental health in schools? What do they need to know? What skills do they need?* Revisiting the vast knowledge base available through psychoeducation and thinking developmentally are essentials when addressing these issues.

Changes must be made in the way we prepare undergraduate teachers for special education. One option would be to offer a degree at the Master's level in Emotional and Behavioral Disorders (EBD) requiring a specific amount of clinical hours and clinical skills prior to graduation, with a set of therapeutic skills for direct service certification. Clearly, technical assistance and training worldwide also are essential to increase opportunities in self-directed and distance learning for educators and parents of troubled children and youth.

The future lies with a workforce of therapeutically trained teachers.

Changes also are needed at the University faculty level. Those who prepare teachers for students with EBD need to have experience in mental health treatment facilities to understand the continuum of strategies needed. A doctoral internship in a mental health facility and an internship in a special education program with a master teacher are both essential preparations for teaching others. Of course, learning to think developmentally and use developmental methodology in any intervention program is an asset for professionals, paraprofessionals, and parents alike. Teagarden, Kaff, & Zabel, 2013).

Now, during the 21st century, the work begun by Nicholas Long, the DTT team, and our psychoeducation colleagues is being carried forward. In the best of worlds, the next generation of special educators and administrators will be prepared with educational and therapeutic methods to address the emotional well being of students. Therapeutic and teaching practices must re-unite in a developmental framework to build a school-based bridge connecting mental health and education. It would be a national and international tragedy to default on mental health in tomorrow's classrooms.

Mary Margaret Wood, Ed.D., is Professor Emerita of Special Education at The University of Georgia, and senior advisor, Developmental Therapy Institute, Athens, Georgia. She may be reached by email at marymwood@bellsouth.net

References

Bergsson, M. (2014). Current developments of ETEP (DT/DT) in Germany. Manuscript to the Developmental Therapy Institute, 1-5. Article available upon request from dti@developmentaltherapyinstitute,org.

Developmental Therapy Institute Professional Advisory Council (Oct. 7, 2014), News release. Georgia Center for Continuing Education, Athens, GA.

Long. N., Fecser, F., Morse, W., Newman, R., & Long, J. (2014). *Conflict in the Classroom* (7th ed.). Austin, TX: Pro-Ed.

Prizant, B. M., & Mullen, E. (2012). Straight talk about autism: Thinking developmentally (Part 2). *Autism Spectrum Quarterly*, Fall, 28-31.Retrieved from http://www.barryprizant.com/files/asq19_thinking-developmentally_part-2_fall_2012.pdf *Autism Spectrum Quarterly*, 28-31.

State of Connecticut Report of the Office of the Child Advocate. *Shooting at Sandy Hook Elementary School* (November 21, 2014), 81. Hartford, CT: Author.

Teagarden, J., Kaff, M., & Zabel, R. (2013). Rediscovering the art of developmental therapy: An interview with Mary M. Wood, *Intervention in School and Clinic*, 48 (4), 254-261.

Wood, M. M., Quirk, C. A., & Swindle, F. L. (2007). *Teaching responsible behavior: Developmental therapy-developmental teaching for troubled children and adolescents* (4th ed.), Austin, TX: Pro-Ed.

Endnotes

1. The Developmental Therapy Institute was founded in 1978 as a nonprofit organization for research, teaching, and outreach to expand educators' understanding and use of Developmental Therapy-Teaching (DTT) practices with troubled children and teens. (www.developmentaltherapyinstitute.org)

2. LSCI (www.lsci.com/About Us/History)

3. ETEP Europe (www.etep.org)

4. Reclaiming Youth International (www.reclaiming.com)

5. Online E-dtorf (www.dtorf.com).