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ABSTRACT
                This study was designed to improve teachers' abilities to
respond effectively to 8 students with emotional and behavior disorders (EBD)
in a self-contained class in a public middle school through the
implementation of individualized treatment plans (ITPs), a form of
individualized behavior plans. ITPs are intended to stimulate staff to think
analytically and critically about therapeutic intervention as well as
providing guidance in intervention implementation, thus creating an
environment where students can decrease problematic behaviors and earn
entrance into the mainstream student population. The Individualized Education
Programs of all the students were reviewed and updated, and were used to
create ITPs for students. Two ITP in-service training workshops were
conducted and the ITPS were reviewed with a service-providing team for an
8-week period. Student weekly point sheet averages during the final weeks of
implementation were collected and pre- and post-practicum staff surveys were
conducted. Analysis of the data demonstrated an increase in knowledge of the
students' programming among the treatment providing team. Findings indicated
that ITPs facilitated an interdisciplinary team-based approach to working
with the students with EBD and increased the knowledge base of the staff,
giving them more tools to help the students become successful. (CR)

Improving the Consistency of Interventions in a Public

Middle School Therapeutic Program for Students With

Severe Emotional/Behavioral Disorders

by

Robert P. Pelton

Cluster 83

A Practicum I Report Presented to the Ed.D. Program

in Child and Youth Studies in Partial Fulfillment

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Abstract

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Program In Child and Youth Studies.

This practicum was designed to improve teachers' abilities to
respond effectively to emotionally disturbed/behaviorally
disordered (EBD) students in a self contained (Intensity V)
class in a public middle school through the implementation of
individualized treatment plans (ITPs), a form of
individualized behavior plan. ITPs can stimulate staff to
think analytically and critically about therapeutic
interventions as well as providing guidance in intervention
implementation, thus creating an environment where students
can decrease problematic behaviors and earn entrance into the
mainstream student population.

The writer reviewed and updated all Intensity V students'
Individual Education Programs (IEPs) and used these to create
ITPs for students; conducted two ITP in-service trainings;
reviewed ITPs with a service-providing team for an 8 week
period, making changes based on input from the entire service
providing team; collected student weekly point sheet averages
during the final eight weeks of implementation; and conducted
pre- and post-practicum staff surveys.

Analysis of the data demonstrated among the treatment-
providing team a marked increase in knowledge of Intensity V
students' programming. These findings suggest that ITPs,
when used as an adjunct to IEPs, facilitate an
interdisciplinary team based approach to working with
Intensity V students and increase the knowledge base of
staff, giving them more tools to help EBD children be
successful.

Chapter I: Introduction

Description of Community

The community where the practicum took place is located
in a suburb of a large city in the Mid-Atlantic region of the
United States. Approximately forty thousand people reside
there. The community is ethnically mixed, with approximately
fifty-five percent Caucasian, forty percent African American,
three percent Hispanic, and two percent other ethnicities.
The climate is generally mild, and leisure time activities in
the region include boating and fishing.

Compared to the surrounding areas, the economic status
of the community is low, with a substantial number of people
residing at or below the poverty level. According to the
Department of Education statistics researched at the time of
the practicum, this community had the highest percentage of
families receiving public assistance in the county (9.7%),
the highest percentage of families headed by a single female
living in poverty (49.8%), the highest unemployment rate
(7.2%), and the lowest median household income ($27,486)
(Mid-Atlantic Equity Consortium, 1997). Although this
community is located on a peninsula of a large
bay, the waterfront is largely developed by high income
housing and children who live in these areas mostly attend
private schools. The children who attend public schools in
this community live largely in apartments and urban row
homes.

Perhaps not surprisingly, a significant defining
characteristic of this community is the relatively high rate
of violent crimes in comparison to neighboring townships.
According to the County Police Crimes Index (Baltimore County
Police Department, 1997), the crime rate in the community is
average, compared to the remainder of the county, with the
exception of violent crimes. "Violent crimes" are defined as
including homicide, aggravated assault, rape, and robbery,
and are distinguished from property crimes, motor vehicle and
other theft, burglary, and arson. Total violent crime in
this community was reported at nine hundred thirty two cases
in 1996, accounting for sixteen percent of the county's total
criminal cases. This was four percent higher than the mean
number in the county's twelve precincts, and most of the
violent crimes were localized in the low-income housing areas
mentioned above. Property crimes, by contrast, were actually
one percent below the county mean. Aggravated assault and
rape were particularly prevalent, accounting for eighteen
percent of the total county cases, with four hundred
seventeen and twenty cases of these crimes respectively,
figures six percent higher than the county means for those
crimes.

Such a high incidence of violent assault has had an
undeniably negative impact on the students who have grown up
in this community. These students have been subjected to
modeling of resolving conflicts through violence. This has
impacted the way students have learned to resolve their own

conflicts. Thus, the problems related to violence has become part of the culture of the community. This has created behavioral problems both in and out of school

Writer's Work Setting

The writer's work setting was a public middle school, one of three which serve the community. The students who attend this middle school come from one of four elementary feeder schools.

The stated mission of this school is to develop "lifelong learners," who will acquire the knowledge, skills and attitudes that will enable them to become good communicators and critical and creative thinkers.

The school aims to give students resources to draw upon in their future lives as they become contributing participants in their immediate, extended and world communities, and responsible and caring human beings with strong value systems. Of course, lofty goals such as these were difficult to fulfill for students who didn't attend, who didn't get enough sleep and came to school dazed and groggy, who were depressed and angry and thus had little interest in their education, or who acted out by "banging" (hitting) other students for any perceived offense, real or imagined.

There are one hundred one employees at this school: fifty four regular education teachers, four administrative support staff, eight guidance counselors/mental health professionals, four academic resource specialists, two nurses, twelve regular education assistant teachers, one

time-out room monitor, eight special education teachers, two
special education assistant teachers, three assistant
principals, and the principal. While attempts had been made
to address school needs through the hiring of a more diverse
staff, the ethnic composition of the staff in no way
resembles that of the community at large. Only ten of the
one hundred one employees are non-Caucasian. Eight staff
members -- less than ten percent -- are African-American,
compared to a student population which is more than one third
African-American. These statistics, unfortunately,
exacerbated the problem of a lack of positive role models.

Approximately one thousand students attend this middle
school, roughly one hundred eighty of whom receive special
education services. One hundred sixty one of the special
education students are in the Inclusion program and
participate in mainstream classes with special education
services. Ten of the special education students are in a
self-contained Intensity IV program, which was set up to
provide them with at least twenty hours per week of direct
special education services. Nine special education students
receive Intensity V service in a self-contained setting.

Writer's Role

The writer's role is to manage the therapeutic behavior
modification programming for the Intensity V self-contained
classroom. This includes providing crisis intervention to
Intensity V students who have difficulty managing their
anger, and/or whose emotional state interferes with their

ability to remain on-task. Crisis intervention under this definition also includes de-escalating students who were exhibiting aggressive behaviors, occasionally restraining students who are physically out of control, and providing post-intervention counseling to students who go through crisis situations.

Behavior modification programming is central to this practitioner's function in the school. Behavior modification includes the development and management of individual and group programs for both the special education and mainstream students. This form of programming involves behavioral assessment consultation to students as well as implementation consultation with staff.

In addition to providing behavior modification programming, this practitioner facilitates staff development workshops. Workshop topics include examination of current methods used to address crisis situations and behavioral problems. These workshops are provided to staff involved with both the Intensity V program and those who work with the mainstream population.

Chapter II: Study of the Problem

Problem Statement

The problem was that Intensity V students were displaying problematic and inappropriate behaviors.

Problem Description

The Intensity V program was designed for students labeled as emotionally disturbed, but also served students with a variety of emotional/behavioral disorders who did not necessarily have this label. The Intensity V class includes students who are diagnosed as having schizophrenia, depression, impulse control disorder, anti-social personality disorder, severe attention deficit hyperactivity disorder, severe oppositional defiant disorder or other forms of severe social maladjustments.

The Intensity V students remained in a self-contained setting and move together as a group to their special area classes which include art, music, physical education, technology education, and family studies. One full-time teacher and instructional assistant serve this program. Intensity V students also received psychological and crisis intervention support services.

When students in the Intensity V class behave inappropriately, they are not able to participate with success and work their way through their program and into the inclusion program. Inappropriate behaviors presented by Intensity V students included a lack of verbal control by making physical threats of harm to other students, cursing at

students and staff, yelling in the classroom and otherwise
disrupting the learning environment. These behaviors
interfered with the teacher's efforts to maintain a learning
environment.

Problem Documentation

There was much evidence of the aforementioned problem.
Data was collected from records in the school office to
compare the number of suspensions for Intensity V students
and the mainstream population from September, 1996 to May,
1997 (see Table 1). Collecting this data elucidated a marked
difference in the rate of suspensions between Intensity V
students and the rest of the student body.

Table 1
A Comparison of Suspensions for Intensity V Students
September 1996 – May, 1997

	Mainstream Population	Intensity V Population
Number of Students	950	13
Percent of Population	98.14	1.36
Number of Suspensions	566	56
Percent of Suspensions	89.9	10.1

Although Intensity V students made up only 1.36 percent of
the school's population, they accounted for more than 10
percent of the suspensions.

In addition, student point sheets were collected over a
two month period to chart student progress on the point and
level behavior modification system. In this system, each
student earned points throughout the day in behavior-specific

categories. Students used this system to work their way out of the Intensity V program and into the inclusion program. Student success was measured by students earning their way to higher program levels. Students accomplished this by earning eighty percent of their total weekly points. Each time a student earned eighty percent of his points for four consecutive weeks, he graduated to a higher program level. There are five program levels. Once a student reached the fifth level, he became eligible to be in the Inclusion program where he could be mainstreamed with the regular education population. Collected student point sheet totals over a two month period clearly illustrate a lack of student progress (see Table 2).

Table 2
Weekly Point Totals
February 21 - April 24, 1997

Student	wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8
A	74%	89%	73%	79%	86%	87%	80%	74%
B	90%	91%	85%	87%	84%	81%	81%	84%
C	100%	93%	100%	97%	100%	59%	100%	97%
D	64%	71%	38%	52%	76%	57%	26%	80%
E	40%	84%	83%	52%	85%	55%	41%	41%
F	42%	60%	54%	84%	82%	84%	94%	78%
G	54%	74%	44%	74%	78%	60%	83%	00%

Note. The values represent weekly averages.
$\underline{M}$.= 72.41%

Only one (student B) of seven students advanced through two program levels and only two others (students C & F) completed one program level.

Causative Analysis

A possible cause for the high rate of suspensions in the Intensity V self-contained program was that teachers did not know what protocols (procedures) to follow when working with students who had mental health needs. Research shows that understanding such protocols serves a useful function to orient and guide staff (Kiser, Heston, Millsap, & Pruitt, 1991). A cursory look at results from a staff survey (see appendix A) revealed that many teachers lacked an understanding of how to implement the therapeutic behavior modification program for the Intensity V students. Vanderven pointed out that when teachers are unaware of how to implement a behavior modification program, they often find themselves using the system in an entirely punitive manner(1995), resulting in an overemphasis on punishment. Such actions often lead to mistrust and adversarial relationships between students and staff (Vanderven). A closer look at of the aforementioned survey revealed six out of nine teachers working with Intensity V students are not knowledgeable about behavior modification interventions. Subsequent interviews, an additional survey (see appendix B), and an investigation of Intensity V students' Individualized Education Programs(IEPs) further elucidated that (A) teachers did not feel their training prepared them to work with emotionally/behaviorally disordered students; (B) special area teachers were not making accommodations for, and not aware of, students' handicapping conditions; and (C) IEP

The anecdotal record log and comment section of student point sheets were reviewed to determine the frequency of occurrences for removing Intensity V students from special area classes including art, music, physical education, technology, and family studies. The data collected suggested that special area teachers removed Intensity V students from their special area classes for an entire period more often than the Intensity V self-contained classroom teacher. A comparison of the number of times a student was removed from the Intensity V classroom during the same month showed a much higher incidence of removal from special area classes. As an example, one student was removed from twenty-five percent of his special area classes in one month, whereas he was removed from the Intensity V classroom only ten percent of the time during the same month (see Table 3). This indicates that Intensity V students exhibited an even higher percentage of inappropriate behavior with teachers other than their regular academic instructor.

Table 3
Occurrences of Class Removal for an Intensity V Student
During a Four Week Period

Setting	Total # Classes	Times Removed	Percentage
Special Area Class	36	9	25%
Intensity V Class	80	8	10%

This Intensity V student was removed from special area classes two and a half times more often then from the Intensity V setting.

social/emotional goals, which focused on behavior, were not clearly written in operational terms for five out of eight student and were missing assessment procedures for three out of these five. These factors apparently contributed to the problem of teachers not responding appropriately to the behaviors Intensity V students present.

Relationship of the Problem to the Literature

The literature reveals many treatment options for children who exhibit inappropriate classroom behaviors. Differences among students' disorders and their manifesting behaviors, as well as how a staff programs for and respond to behaviors, effects the success rate of an intervention.

Emotionally/behaviorally disordered students often display behaviors which include yelling out, threatening, posturing, and sometimes aggressive physical contact with other students or staff. This occurs primarily because these students often lack internal control which leads to impulsivity (Neef, Mace, & Shade, 1993). Additionally, off-task behavior and inattentiveness of school age children is often a negative effect of Attention Deficit Hyper Activity Disorder (Evans, Ferre, Ford, & Green, 1995; O'Brien & Obrzut 1986), which is a common diagnosis for many of the Intensity V students.

Programming for students who have emotional/behavioral disorders is difficult because very few schools have teachers experienced in working with children who have serious mental health needs. More specifically, schools are not prepared to

develop treatment interventions, determine which treatments to use with which disorders, and how to implement treatment interventions as part of a regular education program (Duchnowski, 1994; Kiresuk, Smith, & Cardillo, 1994). As a result, many emotional/behavioral disordered students may be ineptly reinforced in programs not specifically designed to change such behaviors (Johnson & Reichle, 1993; Minner, 1990; Kendall & Wilcox, 1980).

Historically, the Individualized Education Program (IEP) has been used to plan for the disabled student's educational needs. IEP development, a management tool designed to assure that special needs children receive special education services appropriate to the child's learning needs, has been an integral part of the Individuals with Disabilities Education Act (First & Curcio, 1993; Smith & Luckasson, 1992). The Individuals with Disabilities Education Act, referred to commonly as IDEA, affords handicapped children and their families certain rights. Rights under IDEA include a free appropriate public education, individualized programming, related services be provided for all children with disabilities, availability of due process procedures, and that students be educated in the least restrictive environment (Alexander & Alexander, 1992). States must comply with IDEA guidelines to receive federal funding.

The content of current IEPs should include the child's present levels of educational performance, annual goals, short-term instructional objectives, the specific educational

services to be provided, the extent to which the child will participate in regular education, a projected date for initiation of services, the expected duration of those services and objective criteria and evaluation procedures (Smith & Luckasson, 1992). IEP's tend to work well for meeting academic goals, however, it is unclear as to their effectiveness in serving the social/emotional needs of students. This is because "although standard assessment and diagnostic measures are the mainstay of descriptive classification (and may be included in a child's IEP), they do not readily convert into treatment plans or outcome expectations" (Kiresuk, Smith, & Cardillo, 1994, p.1). Without specific, clearly defined, measurable social/emotional goals and objectives, teaching strategies cannot be focused, and various staff may use contradicting interventions, making it impossible to determine which strategies are effective or ineffective (Pope, 1997; Kiresuk, Smith, & Cardillo, 1994).

Many schools working with emotional/behavioral disordered students have attempted various types of behavior modification programs. Token economies and point systems, the most popular of all, often have few positive results because when not used properly they have led to mistrust by students, resulting in misbehavior and repression of students' feelings (Vanderven, 1995).

Behavior modification often deteriorate at the application level because the intervention could be used as

punishment rather than motivation. Vanderven (1995) pointed out that punishment, when used solely to control, often has lead to resentment and frustration among students. It is further problematic when reinforcement programs do not motivate students or promote long term positive behavior (Shull & Fuqua, 1993). For these reasons there is great concern for how reinforcement programs are developed and carried out.

The degree to which practitioners have implemented programs and interventions, also known as treatment integrity, also impacts the outcome of proposed interventions. Poorly defined treatment, ineffective implementation, the skill level of the practitioner, and lack of treatment assessment all play large roles in the ineffectiveness of programs (Gresham, 1989; Gresham & Cohen, 1993; Northrup, Wacker, Berg, Kelly, Sasso & DeRaad, 1994; Reimers, Waker and Koeppi, 1987; Salend 1984).

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

It was expected that teachers would improve their abilities to respond effectively to the Intensity V students' needs, thus creating an environment whereby these students improved their behaviors and earned entrance into the mainstream student population.

Expected Outcomes

The following outcomes were projected for this practicum:

1. Teachers will demonstrate an increased knowledge of how to work with emotionally/behaviorally disordered students in the Intensity V self-contained program. This outcome will be measured by teachers completing a post-practicum survey (see Appendix C). Acceptable standard of performance would be reached by the surveyed group showing a mean increase of one scaled point (twenty percent) over their performance on five identical questions administered through surveys given prior to this practicum (see Appendices A and B).

2. Students in the Intensity V self-contained class will earn advancement in the program's point and level system. Students will do this by earning points on point sheets reflective of their behavioral goals. Acceptable demonstration of performance will be that five out of eight students will earn their way through one or more behavior modification program levels over an eight week period.

3. Intensity V students will have treatment plans in place, to be reviewed bi-weekly. This outcome would be measured by using a dated class roster.

4. The Social/Emotional section of students' IEPs will be written according to county guidelines. This outcome will be measured by reviewing, with a checklist of county guidelines, all IEPs of students in the Intensity V class. The acceptable standard of performance will be fulfilled when all IEPs include students' goals and objectives, evaluation criteria, evaluation procedures, evaluation schedules, and dates indicating when or if each goal has been met.

Measurement of Outcomes

Teachers were expected to demonstrate a measurable increased knowledge of how to work with emotionally/behaviorally disordered students by means of a post-practicum Likert scale survey (see Appendix C). This survey consisted of seven questions requiring responses focused on knowledge and theory relating to working with Intensity V students and contained five questions repeated verbatim from two pre-practicum surveys (see Appendices A and B). Each teacher would take this survey privately and would be asked not to share information about it with their peers. Teachers would be asked to return the survey within a twenty-four hour period.

Students' progress in earning program level advancement was to be monitored by tallying daily point sheet totals on a point sheet log over an eight week period. This log includes

the date for each recorded entry, each student's program level, daily point sheet totals and students' weekly point sheet averages. Student point sheets serve as a practical tool for data collection because they allow for the recording of behaviors in specific pre-determined categories.

The development of student treatment plans would be measured using a dated class roster. This roster includes the dates each student's treatment plan is completed and reviewed by the treatment team.

The fourth outcome would be measured by reviewing, with a checklist of county guidelines, all IEPs of students in the Intensity V class. The checklist will provide a clear indication that each IEP meets the county's guidelines.

Chapter IV: Solution Strategies

Discussion and Evaluation of Solutions

The problem to be solved was that Intensity V students were displaying problematic and inappropriate behaviors. Current literature suggested that there were a variety of approaches attempted to address problematic behaviors among students with emotional/behavioral disorders.   These strategies included the use of point and level systems or token economies, automated classroom reinforcement devices, the use of medication and the implementation of treatment plans.

Point and level systems and token economies represent the backbone of many programs which address the needs of emotionally/behaviorally disordered students.   What makes these systems particularly effective are the use of meaningful types of reinforcement (Downing, Moran, Myles & Ormsbee, 1991; Myles, Moran, Ormsbee & Downing, 1992).

With technology on the forefront of all educational programs, practitioners who work with emotional/behavioral disordered students are following suit.   Evans, Ferre, Ford & Green (1995) found that the symptoms of Attention Deficit Hyperactivity Disorder, such as off-task behavior, can be reduced using an automated classroom reinforcement system. In addition, the positive impact of fixed-interval reinforcement schedules afforded through automated reinforcement devices is becoming clearer because students,

not unlike much of the general public, enjoy the many applications computers offer.

Wiley and Heitzman (1985) discussed the validation of the computer as reinforcement in their application of the Premack Principle. The Premack Principle states that the student should have to complete a less desired activity -- the targeted behavior -- before and contingent upon doing the more enjoyable activity -- the reinforcer (Slavin, 1994). Wiley and Heitzman (1985) further explain, "if we make being on task, completing school work, and complying with the teacher contingent on access to the record player or computer we could effect a desired change" (p. 463). This is what they refer to as "Premacking" with computers. In this light, most researchers accept the use of computers in the classroom as an appropriate reinforcement device.

Another intervention discussed in the literature concerns the use of medication. Although behavior modification, cognitive behavioral therapy techniques, metacognition approaches, family counseling, and psychotherapy as well as multiple treatments have been used to address behavioral disorders, medication (specifically stimulant drugs for Attention Deficit Hyperactivity Disorders) is the most common treatment choice in the United States (O'Brien and Obrzut, 1986). Thus, it can be said that medication is a popular treatment for students with emotional/behavioral disorders.

Many of the strategies and interventions discussed thus far have proven effective with students who have emotional/behavioral disorders. However, the success for special needs children also relies heavily on accurate identification, defining of placement characteristics, and ensuring the education or "treatment" is appropriate to the symptoms presented (Dore & Eisner, 1993; Gresham & Cohen, 1993; Kiser, Heston, Millsap, & Pruitt, 1991). This is particularly important when mental health services are provided in an educational setting, as is the case for children in public schools who have emotional/behavioral disorders.

Treatment plans, not often associated with educational programs, outline interventions to be used which will address a student's social, emotional, and behavioral issues. Treatment plans are effective because they define procedures, which are necessary for the implementation of consistent and reproducible treatments. Without well-defined procedures in place, practitioners often deviate from intervention conditions (Salend, 1984), inhibiting the connection between the agency or school's stated goals and the actual services provided to the child (Gaffley, 1997). Additionally, when treatment plans are carefully followed, they enhance the success of special needs children (Kiser, Heston, Millsap, & Pruitt, 1991; Kline, 1986).

Treatment should also be regularly assessed (Gresham, 1989; Gresham and Cohen, 1993), because regularly structured

assessment of a student's program can reveal if an intervention or treatment has been successful, which is important when focusing on the effects of increasing or decreasing certain student behaviors. When students are no longer demonstrating problems listed in a treatment protocol, use of that protocol can be reviewed (Kiser, Heston, Millsap, & Pruitt 1991), and a decision can be made as to what changes should occur in the student's program to continue meeting her or his needs.

The process of using and reviewing treatment plans with school-based team members can also have a significant impact on the skill development of practitioners. Gresham (1989) and Reimer, Wacker, and Koeppi (1987) have suggested that practitioners who are skilled and have an understanding of acceptable interventions may offer their students a more effective program. In addition, when these plans are collaboratively developed by all members of a treatment team, their effectiveness continues to be enhanced (Gresham, 1989).

Treatment plans can significantly impact the degree to which interventions are carried out as planned, often referred to as treatment integrity, which directly impacts the success of a student's program (Gresham 1989; Gresham & Cohen 1993; Northrop, Wacker, Berg, Kelly, Sasso & DeRadd 1994; Reimers, Wacker & Koeppi 1987). Gaffley (1997) explains that when clients are treated inconsistently, the results can be increased damage "of the very type for which they require treatment" (p. 49).

Treatment plans have shown a great deal of promise when delivering mental health services, but they are not without flaws. Kiresuk, Smith & Cardillo (1994) and Pope (1997) point out that practitioners may not agree on the goals for clients and training is required in the development of treatment plans. These issues may effect whether treatment plans are accepted in all programs.

The Intensity V program with which this practicum focused on, implemented a well-structured point and level system which categorically focused on the development of positive behaviors. Myles, Moran, Ormsbee, & Downing (1992) and Vanderven (1995) pointed out that focusing on the development of positive behavior is more effective than trying to extinguish negative behavior.

The literature is very clear on the fact that reinforcement is a powerful tool in promoting behavioral change. As mentioned, with technology on the forefront of education, there is a strong case to be made for the use of automated classroom reinforcement to reduce inappropriate behavior (Evans, Ferre, Ford & Green, 1995). That said, this strategy was not used in the Intensity V program due to its cost and impracticability in this public school setting. Even though systems of this nature may have benefited students in Intensity V classrooms, due to the cost, school administrators would not support the purchase of the necessary equipment to make a program of this nature effective.

Medication and medication compliance issues have become
a controversial topic among school personnel. Although the
school in which the Intensity V program operated had no
specific policy regarding medication, most practitioners
would agree with O'Brien and Obrzut (1986), who suggest that
children who have Attention Deficit Hyperactivity Disorder --
a diagnosis which fit many of the Intensity V students -- and
who demonstrate inappropriate behavior, often benefit from
medication. But in spite of the fact that many students in
the Intensity V self-contained class often behaved better
when properly medicated, medication is a discussion between
physician and parent and no recommendations regarding this
intervention for students was made by the program staff.

As one can see, much of the current literature supports
the type of programming used in the Intensity V program.
However, the program had not yet attempted to make use of
treatment plans. The literature reviewed indicates that
treatment plans have a positive impact on service providers
when used in a formalized way to stimulate staff to think
analytically and critically about therapeutic interventions
and provide them guidance in a clients' treatment (Jongsma,
Peterson, & McInnis, 1997). Although IEPs are already
designed to individualize a student's educational program to
meet his/her handicapping needs, they do not necessarily
address the mental health issues of students in an Intensity
V classroom setting. In these settings, where goals are
developed in order to provide a mental health service,

treatment plans specifically describe the relationship
between the students' presenting problems, goals, protocols
for change, and orchestrate how the services will be provided
and by whom. This facilitates multi-disciplinary
collaboration and communication among the students' team of
service providers, making treatment more integrated and
comprehensive, improving the integrity of the treatment
intervention. Treatment integrity is the degree to which a
treatment is implemented as planned; where there is a lack of
treatment integrity, practitioners may falsely assume that
behavior change that did not occur was a result of
ineffective or inappropriate interventions (Gresham & Cohen,
1993).

Treatment plans can be useful in school settings because
currently, IEPs are not constructed to include a detailed
systematic plan to address the needs of students who have
social/emotional goals. In addition, IEPs do not describe
which interventions to implement when dealing with the
manifestations of a student's emotional/behavioral
handicapping condition. This is what makes IEPs alone less
than adequate to drive a student's educational program in the
social/emotional domain. Although IEPs are developed to
create an individualized educational program for children, it
remains unclear as to their benefits for students with
emotional disturbances and behavioral disorders. Perhaps,
treatment plans can offer the type of supplement needed to
make the Intensity V program more effective.

As one can see, treatment plans can have a positive impact on service providers when used as a formalized plan to stimulate staff to think analytically and critically about therapeutic interventions as well as provide guidance in intervention implementation. Treatment plans may further prove useful when used to increase staff effectiveness when working with children who have emotional/behavioral disorders, resulting in a decrease in problem behaviors.

Description of Selected Solutions

The planned solution was to implement the use of treatment plans to guide staff in meeting the needs of Intensity V students. Treatment plans described the student's handicapping condition, stated the student's presenting problem, created clear objectives, included a plan for appropriate interventions, stated indicators of progress, and determined what role each staff member would play in the implementation of interventions.

Treatment plans addressed many of the issues already discussed: teachers inability to implement programs effectively, a lack of training in working with Intensity V students, and limited understanding of the program's behavior modification interventions.

Treatment plans provided protocols, that is, stating what interventions would be used with each child, and when and how interventions would be implemented, thereby giving teachers new and relevant strategies.

The improved communication that occurred among the team members, as a result of bi-weekly treatment plan reviews where interventions were explained, gave all team members an opportunity to understand how to implement the therapeutic behavior modification program interventions, as well as providing a forum for discussion and clarification as was needed. The issue of special area teachers not making accommodations for the handicapping conditions of the Intensity V students was also addressed because the treatment plans reviewed specifically stated the child's handicap, as well as interventions used to address the handicap.

Deficient IEP development was also addressed by incorporating treatment plans. As treatment plans were written, each student's IEP was reviewed and updated with a checklist of county guidelines.

Treatment plans, when used as an adjunct to IEPs, resulted in an overall improvement in program effectiveness, because as the staff reviewed treatment plans they were able to learn more about how to implement interventions, they increased their knowledge of how to work with the emotional/behavioral disordered students in the Intensity V program. Long term implementation of this approach may enable more students to be served in the Inclusion/Mainstream program.

Report of Action Taken

The following actions were taken over a twelve week period to address the problematic and inappropriate behaviors of students in the Intensity V program.

This practitioner reviewed all Intensity V students' IEPs to determine if they met the county standards. Deficient IEPs were re-written and updated.

Treatment plans were created for all Intensity V students. This was done in collaboration with the school's psychologist, after reviewing each student's social/emotional goals as indicated on their newly updated IEPs.

As part of an in-service training for all staff who worked with Intensity V students, this practitioner explained what treatment plans were and how they would be used. Each staff member received a treatment plan for each student. Treatment plans were reviewed and explanations of interventions were given. All treatment plans have subsequently been reviewed bi-weekly.

A second in-service training was held during the eighth week of the twelve week implementation period. An open forum was held in which special area teachers gave input for the adjustment of student treatment plans. Changes were made to five out of eight treatment plans and interventions were clarified.

Weekly student point sheet averages were collected during the final eight weeks of implementation.

During the final week of implementation, post-practicum surveys were distributed to all staff who work with Intensity V students.

Chapter V: Results

<u>Results</u>

Intensity V students were displaying problematic and inappropriate behaviors. The planned solution was to implement the use of treatment plans to guide staff in meeting the needs of Intensity V students. Through the implementation of treatment plans, teachers improved their ability to respond effectively to the Intensity V students, creating an environment whereby these students could improve their behavior and earn entrance into the mainstream program.

Toward the goal of decreasing problematic and inappropriate behaviors by Intensity V students, the following outcomes were projected:

1. Teachers would demonstrate an increased knowledge of how to work with emotionally/behaviorally disordered students in the Intensity V self-contained program

This outcome was met.

2. Students in the Intensity V self-contained class would earn advancement in the program's point and level system.

This outcome was not met.

3. Intensity V students would have treatment plans in place, which would be reviewed bi-weekly.

This outcome was met.

4. The Social/Emotional section of students' IEPs would be written according to county guidelines.

This outcome was met.

Discussion

The first outcome, that teacher's knowledge of how to work with emotional/behavioral disordered students would increase, was determined through a comparison of pre- (see Table 4) and post-intervention (see Table 5) surveys. Five questions, focusing on programming for Intensity V students, were taken from the pre-survey and administered in a post survey.

Table 4
Responses by Staff to Pre-Intervention Surveys

Subscale Responses	1 (Not at all)	2 (Not very much)	3 (Somewhat)	4 (Often)	5 (All the time)
Questions					
1.	1	2	0	3	1
2.	0	2	2	2	1
3.	2	1	1	1	2
4.	1	3	1	1	1
5.	2	1	2	0	2

Note. n = 7
Participants' responses of "not at all" and "not very much" accounted for over forty-two percent of the total responses to questions focusing on knowledge of programming for intensity V students.

Table 5
Responses by Staff to Post-Intervention Survey

Subscale Responses	1 (Not at all)	2 (Not very much)	3 (Somewhat)	4 (Often)	5 (All the time)
Questions					
1.	0	2	1	3	1
2.	0	0	0	6	1
3.	0	1	1	3	2
4.	1	0	2	3	1
5.	1	0	2	3	1

Note. n = 7

Participants' responses of "often" and "all" accounted for
over sixty eight percent of the total responses to questions
focusing on knowledge of programming for intensity V
students.

As illustrated in Tables 4 and 5, there was a marked
tendency for participants' responses to be more indicative of
having an increased knowledge of programming for Intensity V
students following the implementation of treatment plans.
Over forty eight percent more answers of "often" and "all the
time" appeared on the "post-" survey than had appeared on the
"pre-" survey.

The same point can be illustrated by analyzing the
tendency of participants responding "not at all" and "not
always" to questions focusing on knowledge of programming for
Intensity V students. Participants showed a decrease in
responses from over forty two percent to just over fourteen
percent from the "pre-" to the "post-" survey.

The aforementioned findings suggest that treatment
plans, when used to facilitate an interdisciplinary approach
to working with Intensity V students, have increased the
knowledge base of staff, giving them more tools to help
emotional/behavioral disordered children to be successful.
Garner (1994) believes that a major obstacle to the success
of the internal process of teams is a general lack of
knowledge and understanding regarding roles and
responsibilities and skills of team members. A tool such as
a treatment plan, which helps organize the team approach to
working with children, may ensure that an integrated program

will be delivered to students in a coordinated and consistent manner. This consistency in programming may help a team of practitioners better meet the needs of students, resulting in a reduction of problematic behaviors.

The second outcome, that students in the Intensity V self-contained class earned advancement toward the Inclusion program, was not met. Acceptable demonstration of performance for this outcome was set at five students earning their way through one or more behavior modification program levels over an eight week period. Results are seen by analyzing eight weeks of student point sheet results (see Table 6).

Table 6
Weekly Point Totals
February 21 - April 24, 1998

Student	wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8
A	82%	90%	87%	90%	85%	90%	76%	87%
B	42%	29%	81%	28%	60%	40%	59%	66%
C	81%	54%	75%	76%	57%	68%	54%	47%
D	80%	85%	91%	86%	90%	85%	95%	87%
E	71%	85%	50%	65%	86%	62%	56%	62%
F	72%	95%	91%	90%	89%	91%	72%	68%
G	98%	98%	101%	94%	94%	101%	96%	101%
H			92%	96%	99%	39%	63%	95%

Note. M = 77.12%
Only one (student D) of eight students advanced through two program levels and three others (students D, F, and G) made it through one program level.

Although this outcome was not met, the students in this class have shown improvement in terms of an increase in the number of students earning their way through the program levels. A comparison of students' pre-intervention (see

Table 2) and post-intervention (see Table 6) weekly point totals indicate that only three students achieved the goal of earning eighty percent of their points per week for eight consecutive weeks. Table 6 (post implementation) indicated that four students attained this goal. Additionally, the mean class average rose from just over seventy-two percent to over seventy-seven percent from pre- to post- intervention surveys (Tables 2 and 6).

Although this outcome was not met, improvement was noted by comparison of the mean class percentile scores. This indicates that the interventions occurring during the implementation period had a positive, albeit small, impact. Perhaps a longer implementation period, with continued treatment and collaboration among staff via treatment plans, may have resulted in greater student success, enabling them to earn their way through more program levels and into the mainstream program.

The third outcome, that Intensity V students would have treatment plans in place, reviewed bi-weekly, was measured using a dated class roster. The completion of this roster indicates that this outcome has been met.

IEPs were reviewed to determine that the fourth outcome was met. The completion of a checklist of county guidelines verifies this outcome.

Recommendations

As one can recognize, there is no one remedy for reducing problematic and inappropriate behaviors of students

with emotionally/behaviorally disorders. However, following recommendations may serve the purpose of future practitioners working with students and teachers such as those in the Intensity V program.

1. All educators must be trained in working with students with disabilities.

2. It is necessary to have a systematic approach to describing a student's handicapping condition, indicating the student's presenting problem, creating clear social/emotional goals and objectives, developing a plan for appropriate interventions, reviewing student's progress and determining what role each staff member will play in the implementation of interventions.

3. Other approaches, such as social skills development and parent involvement and training should be used with emotional/behavioral disordered students and their families.

4. The limited success rate of these students indicates the need for continued research in the area of remediating problematic and inappropriate behaviors of students with emotional/behavioral disorders.

Dissemination

The practicum plans for dissemination include a local presentation at a conference on safe schools, submission to the National Adolescent Conference sponsored by the Behavioral Institute for Children and Adolescents, and submission to the Best Practices Guide for working with

students with behavioral problems in the Baltimore County
Public Schools.

Additionally, this practicum report will be re-written
for publication and submitted to various journals whose
audience is practitioners who work with students with
emotional/behavioral disorders.

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APPENDIX A

TEACHER SURVEY

Please fill out the survey to the best of your ability. Indicate your answer to by circling the number on the rating scale which most closely represents your response to each of the following questions.

1. Not at all (Never)	2. Not often (not very much)	3. Somewhat (a little)	4. Often (very much)	5. All the time (absolutely)

I feel comfortable interacting with emotionally disturbed
students.   1   2   3   4   5

I feel comfortable as a member of my team.   1   2   3   4   5

I understand how Social Learning Treatment
impacts emotionally disturbed students.   1   2   3   4   5

I understand how emotional disturbance
is manifested in adolescents   1   2   3   4   5.

I Feel comfortable using Operant Treatment techniques
with emotionally disturbed students.   1   2   3   4   5

I am aware of current interventions used with
emotionally disturbed students.   1   2   3   4   5

I fear the first day of school.   1   2   3   4   5

I understand how Multi-Component Treatment
is used with emotionally disturbed students.   1   2   3   4   5

My educational training has prepared me for
working with emotionally disturbed students.   1   2   3   4   5

I understand how IEP Goals impact the educational/
behavioral programming for emotionally disturbed students. 1   2   3   4   5

I understand how Cognitive Behavioral Treatment impacts
emotionally disturbed students.   1   2   3   4   5

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APPENDIX B

SPECIAL AREA TEACHER SURVEY

300000

Please fill out the survey to the best of your ability. Indicate your answer to by circling the number on the rating scale which most closely represents your response to each of the following questions.

1. Not at all   2. Not always   3. Somewhat   4. Often   5. All the time
   (Never)   (not very much)   (a little)   (very much)   (absolutely)

Do you work with Intensity V Students?   1 2 3 4 5

Are you aware of how time-out and other forms of social
isolation are used with the intensity V program?   1 2 3 4 5

Are you aware of how to use the behavior modification
point sheets with the Intensity V students?   1 2 3 4 5

Are you aware of how to use differential reinforcement
with the Intensity V students?   1 2 3 4 5

Are you aware of how to use the Intensity V program's
Courtesy Point system?   1 2 3 4 5

Are you aware of the intensity V students' IEP
academic goals and objectives?   1 2 3 4 5

Are you aware of the intensity V students' IEP
academic assessment strategies?   1 2 3 4 5

Are you aware of the intensity V students' IEP
social/emotional goals and objectives?   1 2 3 4 5

Are you aware of the intensity V students' IEP
social/emotional assessment strategies?   1 2 3 4 5

Are you aware of protocols used for de-escalating
crisis situations for Intensity V students?   1 2 3 4 5

Are you aware of behavior modification techniques
used with Intensity V students?   1 2 3 4 5

Do you use the same behavior modification techniques
with Intensity V students as you would use with
general education students?   1 2 3 4 5

Are you comfortable working with Intensity V students?   1 2 3 4 5

Has your educational training prepared you for working
with Intensity V students?   1 2 3 4 5

Do you like working with the Intensity V students?   1 2 3 4 5

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APPENDIX C

POST PRACTICUM SURVEY

Please fill out the survey to the best of your ability. Indicate your answer to by circling the number on the rating scale which most closely represents your response to each of the following questions.

1. Not at all   2. Not always   3. Somewhat   4. Often   5. All the time
   (Never)   (not very much)   (a little)   (very much)   (absolutely)

Are you aware of how time-out and other forms of social isolation are used with the intensity V program?	1	2	3	4	5
Are you aware of how to use the behavior modification point sheets with the Intensity V students?	1	2	3	4	5
Are you aware of how to use differential reinforcement with the Intensity V students?	1	2	3	4	5
Are you aware of how to use the Intensity V program's Courtesy Point system?	1	2	3	4	5
Are you aware of protocols used for de-escalating crisis situations for Intensity V students?	1	2	3	4	5
Are you aware of behavior modification techniques used with Intensity V students?	1	2	3	4	5
Are you comfortable working with Intensity V students?	1	2	3	4	5

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