

ASSESSMENT AND
TREATMENT OF
EMOTIONAL
OR BEHAVIORAL
DISORDERS

*H. A. Chris Ninness
Sigrid S. Glenn
Janet Ellis*

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*To Sharon, Bob, and Ed
and the special teachers
who have made this book possible*

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Preface

The procedures developed in this treatment model and described in these pages represent the culmination of five years of applied research in the area of applied behavior analysis and school psychology within the public school systems. The research was initiated by the first author as part of a post-doctoral program in applied behavior analysis at the University of North Texas. It was performed in conjunction with the efforts of professors at the Center for Behavior Analysis, as well as the interns and practicum students from that program, the interns and practicum students from the school psychology program at the University of North Texas, and the dedicated teachers and administrators of the Denton and Northwest Independent school districts.

The emphasis throughout this book is on the development of the principles and treatment procedures that will allow the reader to apply the strategies necessary to teach behaviorally disordered students to learn to control their own social and academic behavior in the school setting. Treatment in this book is largely based on a self-management and social-skills training model—a model that has gained increasing support and attention in the last decade. Much of what is discussed in the first chapter addresses why the treatment procedures within this model are necessary. Chapter 2 describes the origins of disordered behavior in children. Chapters 3 and 4 discuss how we assess the problem behaviors of

behaviorally disordered students. Chapters 5 and 6 are devoted to developing the framework in which the treatment procedures are actually implemented.

Much of what is discussed in Chapters 5 and 6 focuses on how these procedures are implemented. These chapters provide extensive detail regarding the history and development of social skills and self-management training. They both describe the complexities involved in the instruction, modeling, and role-playing of social skills and detail the necessary conditions for teaching self-instruction, self-assessment, self-recording, and a host of other methods used within the self-management treatment model. Although these chapters describe how such behavioral systems are implemented, this is not, strictly speaking, a "how to" book. It is not a "cookbook" that simply allows the teacher, psychologist, or counselor to read a "script" on social skills and self-management and proceed to confront the complex task of remediating the behaviorally disordered student. Providing social-skills "scripts" without providing the reader with an adequate appreciation of the dynamics of social skills and self-management training may perform more of a disservice to the reader, and ultimately to the handicapped student, than it does provide any real form of treatment.

What we have attempted to do in these pages is to develop a conceptual framework in which the reader can understand the context in which social skills and self-management training might be introduced and maintained. Within the context of instruction, modeling, rehearsal, and reinforcement of the student's gradual approximations of self-control under simulated conditions, we will be able to help the student learn to control his or her behavior in the real world. Social-skills scripts can provide examples of scenarios that a teacher and student actually use in training, but they are usually insufficient for bringing about generalized changes in human behavior.

We have found that self-management and social skills function best when they are gradually and successfully practiced under specifically controlled conditions. Under these conditions, students learn to appreciate their teachers and their teachers' efforts to help them learn to help themselves. They demonstrate not only improved academic proficiency and social competence but also enhanced self-esteem.

Appendix B of this book does contain a few sample scripts to illustrate the actual instruction, modeling, and rehearsal of social

skills and self-management under a variety of controlled conditions. But let it be understood that these social skills and self-management scripts only depict scenarios that illustrate the procedures previously explained in Chapters 5 and 6. These sample scripts do not begin to cover the pervasive territory in social skills and self-management training. They merely provide a few flexible working examples. It is not possible to provide scripts adequately addressing the diversified inappropriate repertoires of behaviorally disordered students. Yet, we have repeatedly found that when teachers, counselors, and psychologists learn the dynamics associated with these treatment procedures, the particular words and actions needed to deal with a given student's special disordered behavior often flow from the teacher's conceptual understanding of principles and procedures. We think that it is infinitely more important for the reader to learn the how and why of social skills and self-management training than it is to learn the specifics of what to say. With this special caveat, we invite the reader to explore and develop his or her own skills in the assessment and treatment of behaviorally disordered students.

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CHAPTER 1

Serious Emotional Disturbance: A Behavioral Approach

If this book were about country music its title could have been, “Why do you do what you do, do, do?” or, perhaps, “If not you, who will do [it]?” If this were part of the popular “how to” literary genre we might have entitled it “How to Succeed by *Really* Trying.” But this book has a more challenging title—*Assessment and Treatment of Emotional or Behavioral Disorders*—and addresses a topic that is not generally considered something to sing about and certainly has not been the subject of many do-it-yourself books: managing the behavior of the adolescent with serious emotional disturbance (SED). Specifically, we address the matter of how to train behaviorally disordered students to manage their own behavior in the school environment.

The behavioral assessment and technological procedures described in these pages may, however, ultimately enable the special education teacher, the school psychologist, the diagnostician, or the counselor to smile (if not sing) *after* he or she has carefully implemented the procedures. To the educators and parents of the SED adolescent we offer the most current, effective, well-researched behavioral procedures for helping them to train SED adolescents to self-manage both their social and their academic behavior.

These chapters will provide guidelines to the teacher-trainer who in turn will be able to arrange classroom contingencies to manage the behavior of the student-trainees. Eventually, these

contrived contingencies will ensure that the student-trainees learn to manage their own academic and social behavior. The social reinforcers that will maintain both the teachers' and the students' behavior will then be occurring because of each student's expanded repertoire—the skills that one has taught and the other has learned. These repertoires will produce long-term as well as short-term reinforcers for the teachers, the students, and society.

Since SED adolescent behavior is the focus of this book, we begin by defining SED according to federal guidelines as delineated in the *Individuals with Disabilities Education Act* (IDEA).

Serious Emotional Disturbance is defined under IDEA, as follows:

- (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.
 - (a) an inability to learn which cannot be explained by intellectual, sensory, or health factor:
 - (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 tendency to develop physical symptoms or fears associated with personal or school problems.
- (ii) 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. (*U.S. Department of Education*, 1991)

Despite psychometric attempts to differentiate SED from social maladjustment, apparently there are no absolute guidelines for making this discrimination. Because this type of behavior also defines social maladjustment, *social maladjustment* is used as an exclusionary term to preclude placement of "juvenile delinquents" in special education programs. But the fact is that adolescents engaging in this type of behavior constitute the largest proportion of SED students (Mattison, Humphrey, Kales, Hernit, & Finkenbinder, 1986; McGinnis, 1984; Forness & Knitzer, 1992). The difference between social maladjustment and SED ultimately lies in the professional (albeit subjective) opinion of the examining psychologist or psychiatrist. Federal legislation is currently in progress that may redefine the criteria and reflect our current

understanding of this problem. The proposed terminology and definition would reference this general classification of behavior problems as *Emotional or Behavior Disorder* (Forness & Knitzer, 1992) (see Appendix A).

Today we face two dilemmas, social and educational—both of which are reflected in the social and academic behavior of our children.

OUR SOCIAL DILEMMA

The 1960s and early 1970s were a time of political and social upheaval; but none of that era's social unrest can compare with the anxieties of the 1980s and 1990s. Compared to thirty years ago, larger numbers of children now are homeless or living in seriously overcrowded conditions. More of them are exposed to dangerous drugs in their neighborhoods and schools, and more are observers and victims of violence (both in their own homes and on TV and movie screens). More children engage in sexual activities and at younger ages, and more suffer from sexually transmitted diseases. And children today face an increasingly uncertain economic future as (and if) they complete high school or college and seek employment.

Another challenge to our society is the disappearance of the nuclear family. This institution, with its once well defined roles, is a living relic. No social institutions have yet emerged to provide the consistent conditions and environments that children need to prepare them for the complex world in which they will live as adults.

Parents often work fifty or more hours weekly, and these efforts are compensated in diminishing real incomes. Rates of suicide, delinquency, murder, and drug addiction rise as parents attempt to maintain the economic well-being of their families while at the same time serving as primary caretakers, inculcators of cultural values, and ad hoc educators when their children have trouble meeting grade requirements.

OUR EDUCATION DILEMMA

Classroom teachers are increasingly confronted with disturbed, disordered, maladjusted students who behave bizarrely in and around the classroom. We also face a new generation of severely behaviorally disordered children—those who were born to drug-

addicted mothers. The oldest of these substance-exposed children, born in the mid-1980s, are reaching school age, and their severely disordered behavior is certain to add strain to an already overburdened public school system. Special educators, as well as regular classroom teachers, may well question whether they will be prepared to (a) effectively manage the behavior of children exhibiting seriously emotionally disturbed behavior and (b) teach them the skills necessary for their academic survival. Heflin suggests, "It remains unknown as to whether or not public education will be able to provide adequate service to this population" (1991, p. 91).

Children born to drug-addicted parents increase the difficulties already faced by teachers who now attempt to educate the current generation of substance-addicted youngsters in our school systems. Few public school administrators or support staff understand the dynamics of this escalating tragedy. For example, three 1990 surveys conducted by the National Institute on Drug Abuse (NIDA) found that 4 percent of high school seniors admitted to daily alcohol use; 3.2 million (15.9%) of persons aged 12–17 years have used an illicit drug within the past year; and over 1.6 million (8.1%) had used illegal drugs within the past month.

Substance-abusing students are not the only problem educators face. Violence in classrooms has arisen to further complicate the teacher's role. Weapons detectors are standard school equipment today in New York City and Detroit; in Dallas high schools, security staff wear bullet-proof vests. A number of classroom teachers have been murdered by their students (Peach, Reddick, & Williams, 1991).

Students are also harming themselves. National teenage suicide rates are increasing in frequency, while the age of suicide victims is decreasing. The National Center for Health Statistics indicates increases in the suicide rate of young adolescents (ages 10–14) from 0.4 per 100,000 in 1955 to 1.4 per 100,000 in 1990. For adolescents ages 15–19 in 1990, the suicide rate is an alarming 11.3 per 100,000 (U.S. Department of Health and Human Services, 1990).

The trends described here suggest a growing crisis in America. Just how far-reaching is the problem? Brandenburg, Friedman, and Silver (1990) reported that recent epidemiological research indicates that 7 percent of our school-age children suffer from some form of emotional or behavioral disorder. But our public schools presently identify and provide services to less than 1 percent of the total school population labeled as SED.

BEHAVIORAL AND CULTURAL PROCESSES

Can these apparently different kinds of behavior problems be understood in terms of a common set of conditions? Are there any underlying natural processes that can explain the violent, substance-abusing, antisocial behavior? Can this socially unproductive behavior be understood in terms of the same principles that account for productive, socially desirable behavior? Are there scientific principles that clarify behavioral and cultural processes and can help explain why such disruptive, self-destructive behavior appears to be increasing in rate throughout the nation? Perhaps, most important, are there ways to *change* the behavior of our children and adolescents who engage in this disordered, maladjusted, maladaptive behavior? Is it possible to teach them new and better skills so they can manage their lives in more socially useful and personally satisfying ways?

A combination of behavioral and cultural processes accounts for why we do what we do, say what we say, think what we think, and feel what we feel. This book is about the ways these behavioral and cultural processes work together to both produce and change human behavior. It explains children and adolescents who have not learned how to or who have not been motivated to behave appropriately. It describes what can be done by parents, school psychologists, administrators, teachers, and other school personnel to help ensure that our children have the opportunity to learn the skills, including those of self-management, necessary for survival in our complex society.

Our book focuses on the teenage years because much adult antisocial behavior is presaged by inappropriate adolescent behavior (Patterson, Reid, & Dishion, 1992). And the conditions that account for much disruptive adult behavior generally include the individual's early social environment (Patterson et al., 1992). If positive change is to come about, it will involve changes in such cultural practices as child-rearing and education. In summary, we shall surely see more young people whose behavior is labelled as SED if active steps are not taken to deal with the conditions that produce this behavior.

THEMES

In trying to explain the underlying social and behavioral processes that account for behavioral disorders, we return again and