

**CHANGING THE FOCUS**  
**A Therapy Group to Aid Behavioral Disordered Children With Social Skills**

**JO-ANN MARGARET BUHLER**

B.A., University of Calgary, 1989

A One-Credit Project  
Submitted to the Faculty of Education  
of The University of Lethbridge  
in Partial Fulfillment of the  
Requirements for the Degree

**MASTER OF EDUCATION**

LETHBRIDGE, ALBERTA

April, 1999

## Abstract

Within the classrooms of the schools there is a population of children experiencing varying degrees of behavior disorders, resulting in various forms of aggressive and impulsive behavior. These behaviors put the child at risk of developing problems with perceived competence, coping skills and social skills. Causal factors influencing behavioral disorders are many, personal, family, school, peer group and cultural, produce an intricate web with lasting impact and influence on the children involved. Interventions that have been explored exist within the context of social learning; modifying the environment and teaching appropriate social skills. The recommendations involve understanding the goals behind the behaviors of the disruptive child and examining the communication style of the adults involved. The final section of the paper provides an overview of the goals of therapy groups and detailed session descriptions outlining a 10 week therapy group for children with behavioral disorders.

## TABLE OF CONTENTS

	PAGE
Abstract.....	iii
I. Introduction.....	1
II. Literature Review.....	4
Defining Behavioral Disorders .....	4
Causal Factors of Behavioral Disorders .....	10
Preventions/Interventions.....	15
III. Recommendations.....	24
IV. Therapy Group Proposal.....	30
Goals of Therapy Groups.....	30
Therapy Group Logistics .....	32
10-week sessions.....	35
V. Conclusion .....	55
References.....	58
Appendices.....	62
Appendix A: Causal Factors Model.....	63
Appendix B: Phases of Acting Out Behavior .....	64
Appendix C: Mistaken Goals of Behavior.....	65
Appendix D: The Girl Who Loved Applause .....	66
Appendix E: The Girl And The Rope .....	69

## CHANGING THE FOCUS

### CHAPTER I

#### Introduction

As I sit to compile this project, trying to include twenty years experience of working with children in child care settings, I realize the paper was becoming much more than a final project for a graduate degree. It was becoming an avenue to understanding three boys aged nine, seven and six (and many children like them) who were suspended from their respective schools several times through out the 97/98 school year, because of 'challenging, disruptive' behavior.

The terms 'challenging and disruptive' were given to a mother as an explanation of why her child was suspended from school. The severity of the suspensions the three boys experienced ranged from sitting outside the classroom, sitting outside the principal's office, in-school suspensions, suspensions for three days and (upon returning to the school) being put on probation for disruptive behavior.

The nine year old (diagnosed with ADHD) Attention-Deficit Hyperactivity Disorder was suspended in the 97/98 school year a total of seven times. All the suspensions were for three days. The last two times upon returning to school after the suspensions, the child was put on two, twelve day probations for disruptive behavior.

The seven year old experienced four in-school suspensions where he was removed from the classroom for the day, placed in another class, usually of older children to work on his own. In March of the 97/98 school year this child was diagnosed with ADHD.

The six year old sat outside his classroom and the principal's office numerous times throughout the school year for disrupting the class. At one time it took two hours for the school to notice the child had left school. This child also experienced three, three day suspensions throughout the 97/98 school year for 'disruptive behavior'.

These examples are not given to place blame, nor to be considered in isolation of causal factors such as parenting styles and abilities, socioeconomic conditions, the school environment and cultural considerations. They are provided to make a point that children with disruptive or challenging behavior, face many obstacles in their education. It is my belief that the alternatives of suspensions and classroom removal are not effective means of reaching or teaching these children the appropriate social skills, enabling them to become part of the learning process and environment.

In the National Longitudinal Survey of Children and Youth, Keating and Mustard (1996) state:

There is now substantial evidence that the quality of early childhood experiences has long-term effects on individuals' performance in the education system, their behavior in adult life and their risks for chronic diseases in adult life. We also know that the quality of the social environment in which individuals and families live and work has major effects on all stages of development. Thus, the influences on the development of competence and coping skills in early life - and how they relate to the capacity to learn and to health and well-being in later stages of life - have become an important subject (p.7).

As I researched the subject of Behavioral Disorders of children, it became apparent to me that this population exists in a complex and uncertain world. The purpose of this paper is to examine what preventative measures have been taken for children with behavioral disorders (BD), and to establish guidelines and recommendations for a Therapy Group which will aid them in developing social skills.

The focus of the project will be on the challenging behavior of children in the classroom with varying degrees of behavioral disorders but, have not necessarily been diagnosed by the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association, Fourth Edition) criteria. In the literature reviewed,

emotional and behavioral disorders are discussed interchangeably and so will be for the purpose of this paper.

The project will examine, the hurdles that behavioral disorders present to many children, the impact it has on them and the preventative measures that have been taken with these children. The reader will also be provided with recommendations that can be used by educators to help them deal with behavioral disordered students and detailed session descriptions outlining a 10 week program for children with behavioral disorders will be discussed.

## CHAPTER II

### Literature Review

This chapter will explore the hurdles that behavioral disorders present to many children and the impact it has on them. In order to do this behavioral disorders will be defined. The factors influencing behavioral disorders will be explored. It will also describe the preventative measures that have been taken with these children.

A recent study done by Statistics Canada (1996) found that children with emotional and behavioral problems impose and endure a heavy burden of suffering. "Children with these disorders have troublesome symptoms and behaviors, but the literature indicates that in many instances the onset of the disorders in childhood heralds a lifetime of serious psychosocial disturbances. For example, nearly half of those children with conduct disorder or antisocial behavior have increased rates of problems such as criminality, psychopathy and substance abuse in adolescence and adulthood....Lastly, child psychiatric disorders regularly occur along with other disorders, and they also commonly co-occur with other problems in childhood such as poor school performance and social impairment" (p.119). As a result children with behavioral disorders and challenges exist in a complex world that is very uncertain.

#### Defining Behavioral Disorders:

As they develop, all children challenge guidelines, rules and expectations. It is their way of exploring who they are. Curry and Johnson, 1990 state that:

Children are coming to evaluate themselves according to new standards. In part, these standards are imposed by new demands. Teachers, parents, and peers alike expect and encourage school-age children to be more grown-up autonomous, responsible, task directed, and self controlled. And there are new tasks and measures of competence, particularly academic tasks and grades.

Yet, there are equally powerful changes coming from children's own changing view of themselves. Children typically value their new identity as school children and quickly internalize new standards of maturity. Moreover, children are developing new abilities that enable them to function and evaluate themselves in new ways. Particularly central is the development of the ability to explicitly compare self to others. Children increasingly evaluate themselves in terms of how they measure up, bringing a new risk of inferiority, as Erickson (1950) aptly described it (p.68-69).

Children experiencing Behavioral Disorders (BD) are no different than their peers, they too face the new demands and expectations of the school environment. Thus working through the process of growth through the comparison of skills and abilities against others. With the varying degrees of BD for several of these children, they will be at a disadvantage for growth from what can be seen as a 'normal experience'.

The children this study refers to are children who's behavior is operating outside the normal realm of development. The problem behavior persists for longer durations and increases in severity resulting in a constant struggle with the age-appropriate rules and norms established by society.

In defining Behavioral Disorders, the symptoms of three common problem areas will be examined. The challenging behaviors being; attention deficit hyperactivity disorder, oppositional defiant disorder and conduct disorders. In the literature reviewed, the following characteristics appeared to be prevalent.

#### Attention Deficit Hyperactivity Disorder:

According to the diagnostic criteria for Attention Deficit Hyperactivity Disorder in the DSM IV (1994) 6 or more of the following symptoms of **inattention** have to be present and persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

#### Inattention

a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities

- b) often has difficulty sustaining attention in tasks or play activities
- c) often does not seem to listen when spoken to directly
- d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e) often has difficulty organizing tasks and activities
- f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities

Six or more of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

#### Hyperactivity

- a) often fidgets with hands or feet or squirms in seat
- b) often leaves seat in classroom or in other situations in which remaining seated is expected
- c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d) often has difficulty playing or engaging in leisure activities quietly
- e) is often "on the go" or often acts as if "driven by a motor"
- f) often talks excessively

#### Impulsivity

- g) often blurts out answers before questions have been completed

- h) often has difficulty awaiting turn
- i) often interrupts or intrudes on others (e.g., butts into conversations or games)

The impairments from the above mentioned symptoms is present in two or more settings and there must be clear evidence of impairment in social, academic, or occupational functioning (p.83-84).

#### Oppositional Defiant Disorder:

The DSM IV diagnostic criteria for oppositional defiant disorder states that a pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four or more of the following are present:

- a) often loses temper
- b) often argues with adults
- c) often actively defies or refuses to comply with adults' requests or rules
- d) often deliberately annoys people
- e) blames others for his mistakes or behavior
- f) often touchy or easily annoyed by others
- g) is angry and resentful
- h) often spiteful and vindictive

The behavior can be considered a criterion only if it occurs more frequently than is typically observed in individuals of comparable age and developmental level. Also the disturbance in the behavior needs to cause impairment in social, academic, or occupational functioning (p.93-94).

#### Conduct Disorder:

The DSM IV (1994) diagnostic criteria for conduct disorder states that there must be a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence

of three or more of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

Aggression to people and animals

- a) often bullies, threatens, or intimidates others
- b) often initiates physical fights
- c) has used weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- d) has been physically cruel to people
- e) has been physically cruel to animals
- f) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- g) has forced someone into sexual activity

Destruction of property

- h) has deliberately engaged in firesetting with the intention of causing serious damage
- i) has deliberately destroyed other's property (other than by fire setting)

Deceitfulness or theft

- j) has broken into someone else's house, building, or car
- k) often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
- l) has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules

- m) often stays out at night despite parental prohibitions, beginning before age 13 years
- n) has run away from home overnight at least twice while living in parental or parental surrogate home ( or once without returning for a lengthy period)

o) is often truant from school, beginning before age 13 years

The disturbance in behavior needs to cause significant impairment in social, academic, or occupational functioning (p.90-91).

The DSM IV (1994) uses the terminology of severity specifiers to qualify the varying degrees of conduct disorder. They are as follows:

Mild. Few if any conduct problems in excess of those required to make the diagnosis are present, and conduct problems cause relatively minor harm to others (e.g., lying, truancy, staying out after dark without permission).

Moderate. The number of conduct problems and the effect on others are intermediate between "mild" and "severe" (e.g., stealing without confronting a victim, vandalism).

Severe. Many conduct problems in excess of those required to make the diagnosis are present, or conduct problems cause considerable harm to others (e.g., forced sex, physical cruelty, use of a weapon, stealing while confronting a victim, breaking and entering) (p.87)

Other terminology used to classify conduct disorders are undersocialized or socialized. Undersocialized being overt (open) forms of antisocial conduct such as the ones mentioned above. Socialized conduct disorder involves more covert (secretive) antisocial acts such as negativism, hanging out with 'bad company', running away, truancy, substance abuse, as well as some of the symptoms mentioned earlier, such as stealing and being destructive (Bogdan, Dye, Leitner, Meersman, 1996; Statistics Canada, 1996; Kauffman, 1997).

Conduct disorder is often comorbid with other disorders. It is classified in DSM-IV under the same general heading as attention-deficit/hyperactivity disorder (ADHD), that is, under attention-deficit and disruptive behavior disorders. Oppositional defiant disorder, ADHD, and conduct disorder are known to be closely linked, although having one of these disorders does not necessarily

mean that a youngster will have the other. Conduct disorder often occurs along with a variety of other disorders, including depression and attention-deficit/hyperactivity disorder (Kauffman, 1997, p.335).

In a national longitudinal survey of children and youth done by Statistics Canada (1996) they found "the overall prevalence of individual behavior problems across family types ranged from 3.1% for social impairment to 10.5% for hyperactivity.... approximately one in five (20.8%) children had one or more behavioral problems and more than one in four (26.4%) had one or more problems in either the emotional and behavioral, academic or social areas (p.85).

Estimates of conduct disorders tend to be more prevalent in boys than in girls; "6 to 16 percent of boys and 2 to 9 percent of girls under 18 (American Psychiatric Association, 1994; Institute of Medicine, 1989). The preponderance of boys with conduct disorder may reflect a combination of biological susceptibilities and socialization process involving social roles, models, expectations, and reinforcement" (Kauffman, 1997, p. 336).

The previous mentioned symptoms are used by the DSM IV to clinically assess an individual child. In the average classroom the children who exhibit the challenging or disruptive behavior have not necessarily been diagnosed with a particular disorder. In both cases many factors may predispose a child to the development of behavior disorders. The causal factors of personal, family, school, peer group and culture will be discussed in the next section.

#### Causal Factors Of Behavior Disordered Children:

The factors influencing behavioral disorders are many and produce a intricate web with dramatic impact and influence on the child(ren) involved. Just as the disorders can not be studied in isolation, neither can the factors that influence them.

Research indicates that personal, family, school, peer group and cultural factors strongly influence and contribute to the development of behavioral disorders (Statistics Canada, 1996; Elkind, 1995, 1988, 1984; Katz and Chard, 1994; Kauffman, 1997). See Appendix A For The Causal Factors Model.

Personal factors include the dispositions or temperaments individuals are born with. The difficult temperaments of the infants, coupled with the social interactions of these children with their caregivers, often develops into high rates of noncompliance and oppositional behavior. As a result these infants begin life with personal attributes that set them up for social rejection and negative interaction with caregivers, peers and teachers. Often these children develop low self-esteem, depression, have problems in peer relations and academic achievement. The negative behavior and interactions of the child tend to reinforce each other.

Specific child characteristics also are predictive of conduct disorder. Children with this disorder frequently present a profile of difficult temperament in infancy and early childhood (Bugental, Mantyla, & Lewis, 1989), short attention span (Campbell, 1994), impulsivity and poor self control (Olson & Hoza, 1993), hyperactivity (Achenbach, Edelbrock, & Howell, 1987), and difficulties in language and communication (Cantwell & Baker, 1991; Moffit, 1990; Prizant et al., 1990). These characteristics may represent a cluster of related attentional and processing difficulties that make the child more vulnerable to the social environment (e.g., parent behavior, peer behavior, stressful interactions), impact the child's development of appropriate social cognitions (Dodge & Crick, 1990), and may interact to place the child at high risk for successfully learning appropriate social behavioral skills (Kaiser and Hester, 1997, p.118).

Family factors of behavioral disordered children are often plagued with antisocial or criminal behavior of siblings or parents. Parents usually experience and are characterized by high levels of interpersonal conflict. Parent monitoring skills are lax in

nature or even nonexistent. Children often live in an unpredictable environment, where discipline can be unpredictable and harsh. At times the child may experience multigenerations living together. Often the other adults in the relationship also lack in parenting skills. Situational stress, poverty, parent education level and marital discord are other key factors in families of emotional and behavioral disordered children.

Dysfunctional parenting is a major contributing factor in childhood behavioral disorders (Pettit, Bates, & Dodge, 1993). Both correlational and experimental studies suggest that specific patterns of parent-child interaction lead to poor child behavioral outcomes (Kendziora & O'Leary, 1993). The linkage between dysfunctional parenting and conduct disorder is illustrated most clearly in the longitudinal work of Patterson and his colleagues (cf., Patterson, DeBaryshe, & Ramsey, 1989). Coercive cycles of escalating negative behavior by parents and children appear to promote antisocial behavior in children through reinforcement of oppositional, noncompliant behavior and modeling of [a] hostile and punitive interpersonal style (Kaiser and Hester, 1997, p.117).

Poverty is also an issue. Due to new technology and increased productivity employers in industry and manufacturing have fewer jobs. Permanent employment (once standard) has been pushed aside for part-time, short-term and self-employment. Thus part-time and contract work is on a constant incline while, full-time, full-year jobs are on a decline. "In 1995, one in ten people were in a non-permanent job which was less well paid and had fewer benefits than a permanent position" (Beach, Bertrand, Cleveland, 1998, p. 51). In the past 15 years individual incomes have been squeezed.

"For instance, the average after-tax incomes of Canadian families with children under 18 were approximately \$3,500 lower in 1994 than they had been in 1989. Before taxes, average incomes of families headed by a person aged 20 to 24 were 17.6% worse off in 1991 than similar families in 1980. Families headed by a person aged 25 to 34 were

5.8% worse off. By comparison, the average before-tax real income of all families in Canada, over the same period, rose by 2.6% (Beach, Bertrand, Cleveland, 1998, p.51).

As a result Canada's young families are becoming worse off than their parents. This in turn plays havoc with the stress families face and the decisions they make to combat the impoverished environments they may be experiencing.

School factors can consist of highly negative experiences. These may include rejection by their peers and adults, academic failure, punitive discipline which may be erratic and escalating. Often little attention is paid to the non-aggressive behavior and the attempts and efforts to achieve. Accompanying these factors, the academic work is often not consistent with their intellectual competencies or future employment possibilities resulting in boredom and failure.

Exploring self-understandings of the social relationships of students with BD is important because students face daunting odds in achieving positive educational and positive long-range success. For instance, it is common knowledge that most students with BD function below their grade level and have histories of repeated failures; and once on the special education track, less than 10% return to the general education environment (Kauffman, Cullinan, & Epstein, 1987). Currently, research also paints a bleak picture of postschool vocational and community adjustment for students with BD who exit [in] inclusive school programs (Edgar & Levine, 1987; Wagner & Shaver, 1989). Unemployment of these students runs between 30% to 40%; if employed, the work secured is low paying and menial. Few students with BD enter any type of postsecondary training, and many are arrested at least once in the first 2 years following their exit from school (Nelson, Drummond, Martella and Marchand-Martella, 1997, p.142).

Webbed with the other factors are the influence of peers. Children who are highly disruptive or aggressive in their play or school activities are often rejected by their peers

at an early age. Peers become distrustful of children who display behavior problems in ways that increase the probability of reactive aggression (Kamps and Tankersley, 1996). To gain recognition and a sense of belonging these children often engage in deviant activities.

Research indicates that anti social students may achieve high status among a subgroup of peers, but they are likely to be rejected by most. To achieve some sense of competence and belonging, antisocial children and youths often gravitate toward a deviant peer group. Especially given poor parental monitoring and other family risk factors and academic failure, adolescents are likely to identify with deviant peers and be drawn into delinquency, substance abuse, and antisocial behavior that limits their opportunities for further education, employment, and development of positive and stable social relationships (Kauffman, 1997; Elkind, 1995, 1988, 1984).

Cultural factors also play a part in influencing antisocial patterns of behavior. Brought into the school are prejudices and attitudes of various cultures. Witnessed events of international conflict, racism and interpersonal conflict, all heightened by the media. This results in a push and pull of cultural expectations, putting the child in constant conflict of working through the expectations and rules of schools versus the expectations and rules of their families and cultures.

Schools too, are no longer safe havens. One of the most obvious indicators of violence in schools is the fact that approximately 135,000 students bring guns to school each day (Edelman, 1995). Less obvious is the fact that many schools function as setting events for aggressive, antisocial behavior due to overcrowding; harsh, punitive, and inconsistent disciplinary practices; inexperienced teachers; weak staff support; and few allowances (in teaching strategies, curriculum, and discipline) for individual differences (Mayer, 1995; Walker et al., 1995). Such situations may have little negative effect on the behavior of students with well-developed self-control and social skills and students who are sufficiently

motivated and skillful to overcome such antecedents. However, students with, or at risk of, BD do not have the skills. These students are the ones who react inappropriately to negative setting events, and who then may be severely punished (Webber and Scheuermann, 1997, p.168-169).

After examining the influencing factors children with behavior disorders may experience, it becomes obvious that these children can exist in a perpetual cycle. Often responding with inappropriate behavior, in return eliciting responses from peers, teachers, adults and the community that foster increasing degrees of inappropriate behavior as a means of feeling significant and establishing a sense of belonging.

The next segment of the project explores the prevention/intervention measures that have been taken with these children.

#### Preventative Measures taken with Behavioral Disorder Children:

The preventative measures that have been taken to teach social skills and appropriate social interactions to children experiencing Behavioral Disorders have taken on the form of social learning interventions. Kamps and Tankersley (1996) state that; "prevention means early intervention. Patterns of behavioral/emotional disorders are similar to other incapacitating or disabling conditions and children often exhibit key symptoms of the disorder early in their lives. Thus, the most efficient and effective treatment must begin with young children" (p.42).

Mathur and Rutherford (1996) suggest that social learning interventions can become a form of prevention if, the perpetual cycle of causal factors can be broken and the child can initiate and maintain positive social relationships with adults and peers. This results in the social skills that enable them to identify and define patterns of social responses "that contribute to the establishment of positive relationships and assist one in avoiding negative social consequences, such as rejection and isolation" (p.21).

The remainder of this section will outline some of the social learning interventions that are commonly used with Behavioral Disordered (BD) children. The encompassing idea behind the social learning approaches are to "modify the social environment to reduce aggression primarily by teaching prosocial behavior, including cognitive and affective dispositions as well as directly observable behavior" (Kauffman, 1997, p.352).

### Social Learning Interventions

Expectations - are explicit statements as to what is expected from the teacher and the student. They are stated clearly and positively letting the children know what behavior is accepted and what behavior is prohibited. From my own experience the more input the children have on establishing the rules the more likely they are to accept ownership for their behavior. I have also found that if the rules are stated as guidelines for behavior there tends to be less of a negative focus on what is allowed versus not allowed.

Teacher Praise - can be a positive tool in a program promoting growth. Usually the comments, gestures, positive verbal or physical indicators, state approval. Although praise is used extensively in classrooms as a key component of behavior management there are two principles presented by Kohn (1993) that should be considered when offering praise:

The problem with our praise is not, as some people seem to think, just that we overdo it. The problem is with the nature of the praise, with what we say and how. The solution I propose consists of keeping in mind two general principles.... The first principle is self-determination. With every comment we make - and specifically, every compliment we give - we need to ask whether we are helping that individual to feel a sense of control over his life. Are we encouraging him to make his own judgments about what constitutes a good performance (or a

desirable action)? Or are we attempting to manipulate his behavior by getting him to think about whether he has met our criteria? The other principle is intrinsic motivation. Are our comments creating the conditions for the person we are praising to become more deeply involved in what she is doing? or are they turning the task into something she does to win our approval? (p.106-107).

Positive Reinforcement - here the positive behavior is to be reinforced and the negative behavior ignored and not reinforced. There are seven components to positive reinforcement for it to be effective. Feedback should be given immediately following the appropriate behavior, done frequently, with enthusiasm, with eye contact, with a description of the behavior that won the award, presented in ways that build excitement and enthusiasm for obtaining the feedback and lastly given with variety (Kauffman, 1997; Hammer and Turner, 1996; Winzer, 1996).

Verbal Feedback - provides information to the individual about the appropriateness and inappropriateness of the behavior. The response of the teacher must be congruent, meaning the tone of the voice, body language and words all say the same message. The timing is important as to when the feedback is delivered in influencing how the individuals learn to behave.

Stimulus Change - involves evaluating the environment for antecedents that set the stage for disruptive behavior. At times it can be as simple as clarifying instructions, making assignments shorter, providing choices or presenting tasks or expectations in different ways (Umbreit and Blair, 1997; Winzer, 1996).

An example of knowing where disruptive behavior can be aborted and using stimulus change is explained by James Kauffman (1997) as he examines the phases of acting out behavior (See Appendix B). In this chart there are seven phases a child passes through as they work their way through disruptive behaviors. In the first stage the child is calm and the individual is behaving in ways that are acceptable. The second stage has the child experiencing unresolved problems either at school or outside of school. If the

problems are not resolved the individual moves into a state of agitation, and the overall behavior of the child becomes unfocused and off task. At this point agitation can move into acceleration where the child may try to invoke the teacher into arguments or demand the teacher's attention through disruptive, destructive, abusive behavior. In the peak phase the child's behavior is out of control and it may be necessary to remove the child from the environment. In the de-escalation phases the child starts to disengage from the struggle and is confused. The behavior may range from denial to blaming others for what happened to wanting to make up. In the final phase, the recovery phase there is eagerness for busy work and to be involved in ordinary activities with a reluctance to discuss what happened. The premise of avoiding escalating behavior through the Phases of Acting-Out Behavior is recognizing the triggering events and conditions which may cause the individual to "blow up" and intervening to steer the behavior into an appropriate state of expression.

Contingency Contract - are written behavior agreements between the student and supervising adult. The contracts need to be clear and concise in the specification of roles, expectations and the consequences, fair and positive for appropriate conduct. The effectiveness of the contracts depends on other intervention strategies being used along side of it.

Modeling plus reinforcing imitation - in this form of intervention the child observes the modeling of appropriate responses to situations and events. The child gains reinforcement for matching the responses. The critical factor here is, the child needs to know which adult or peer to observe to glean the knowledge of what the appropriate behavior is.

Aspects of the modeling concept can be found in Cross-Age Tutoring Programs, established to enhance the self-respect of children with emotional and behavioral disorders. " Cross-age tutoring represents an especially powerful intervention for service providers because it can simultaneously address the multiple facets involved in self-

respect, academic and social competence, feelings of belonging and worthiness, a concept of being significant, and power" ( Fitzsimons-Lovett, 1998, p.16).

Modeling, role-playing and feedback are just a few of the training techniques used to equip tutors with effective instructional practices and social communication and interaction skills. Thus modeling and imitation of appropriate behavior then happens from the teacher to the tutors and from the tutors to the tutees. This results in "improved self-respect on the part of the tutors ... as a direct result of the younger students looking up to them as role models and in the feeling of accomplishment tutors get when they successfully teach another student" (Fitzsimons-Lovett, 1998, p.11).

Fitzsimons-Lovett (1998) also mentions several social/affective gains for students with disabilities including:

- Tutees are provided with a psychological and emotional support when they are involved in a cross-age tutoring program.
- They can work at their own pace and not feel pressured, resulting in a growth in self-confidence.
- Their social interaction and communication skills also improve during this process (Coleman, 1989; Gaustad, 1993; Henriques, 1992).
- An improvement occurs in the tutees' attitude toward school and specifically, toward the subject area in which they are being tutored (Cohen et al., 1982; Day, 1993; Greenwood et al., 1988).

As a result cross-age tutoring programs of students with (BD) have increased their academic, social, and affective skills (Fitzsimons-Lovett, 1998).

Shaping - this process begins with behavior the student already exhibits and builds on it through reinforcing small increments of improvement. Positive behavior is encouraged and negative behavior that does not work toward the goal is ignored. Although this sounds easy, the implementation is not. It involves a lot of enthusiasm and observation in noting improvement.

In H. Stephen Glenn's video "Developing Capable People" he refers to a similar aspect of shaping, noted as 'Celebrating' the successes. The inherent belief behind this builder is that children as they receive feedback and acknowledgment for the steps they are taking in the present, will be motivated to improve and do better in the future.

Systematic social skills training - this involves a curriculum (formulated plan) in which children are taught skills to help themselves. In the program I am involved in, we work with children who have witnessed domestic abuse. The skills taught in the group are very similar to the goals of most social skills training programs. The aim is to help the children i) initiate and maintain social interactions, ii) develop (healthy) friendships and social support networks and iii) cope effectively with the social environment (Kauffman, 1997; Winzer, 1996; Fitzsimons-Lovett, 1998; Hummer and Turner, 1996; Johnson, 1993).

Self-monitoring and self-control training - involves consistent tracking, recording and evaluation of one's own behaviors with the intent of changing those behaviors. The teacher discusses the nature of the behavior that is disruptive or off task, explains the procedure, role-plays the procedure, then has the student practice the self-monitoring procedure. This form of intervention involves prompting oneself with verbal or visual cues, applying consequences to oneself for inappropriate behavior, as well as keeping a permanent record of one's behavior (appropriate or inappropriate). Eventually the self-monitoring progresses into self-control training, where the individual is able to discriminate the occurrence of the appropriate behavior. In the research presented by Kamps and Tankersley (1996) they found that "the process of self-monitoring has shown to be a successful therapeutic strategy for changing behaviors including delinquency, job skills, and behaviors associated with academic success" (p.45). Caution should be noted that the individuals using this form of intervention need to have the cognitive awareness and social maturity to carry out the procedures (Kauffman, 1997).

Time-out - is the removal of the individual from the event or situation for a specified period of time. This behavior can be very effective in curbing problem behavior but needs to be used with other means of interventions such as discussing the event with the individual and allowing them the opportunity to express their feelings. Time-out may mean removal from the group or being non responsive by the supervising adult until the issue has been dealt with by the child.

Response cost - is the removal of previously earned rewards or reinforcers for misbehavior and the awarding of rewards and reinforcers for appropriate behaviors (Kauffman, 1997; Winzer, 1996). The awarding or removal of rewards or reinforcers may include access to or from a preferred activity, minutes of recess, free time or points towards earning a reinforcing activity or item. From my experience this form of intervention can harbor emotional side effects or resistance if it is not coupled with positive reinforcements and an environment of unconditional acceptance.

Other preventative/interventions that have been used with children experiencing behavioral disorders, are various forms of therapy. These therapies enable the child to find their own inner strength to deal with situations that may cause the child stress. Anger is one of the feelings that most therapies deal with. "Children have much trouble expressing anger. Antisocial behaviors (behaviors considered to be irritating to our established social order) are not direct expressions of angry feelings but rather the avoidance of true feelings" (Oaklander, 1988, p.205). As discussed earlier anger can be a way of expressing an antecedent in a lot of the situations where challenging or disruptive behavior is exhibited. "Since hurt feelings are so commonly buried under a layer of angry feelings, it is very threatening and difficult for children, and for adults, too, for that matter, to get through the angry surface feelings to allow full expression of the authentic subsurface feelings. It is easier to just dissipate the energy through hitting out, engaging in rebellious acts, or by being sarcastic and indirect in any possible way" (Oaklander, 1988, p.205).

Play Therapy uses various methods of encouraging children to identify where they feel the anger, exploring why they may be feeling anger and then expressing it.

Violet Oaklander (1988) recognizes four phases in working with children's anger:

- 1) Giving children practical methods for expressing their angry feelings
- 2) Helping children move toward the actual feeling of anger they may be holding and encouraging them to give emotional expression to this anger right there in the office.
- 3) Giving children the experience of being verbally direct with their angry feelings: saying what they need to say to the person they need to say it to.
- 4) Talking with them about anger: what it is, what makes them angry, how they show it, what they do when they feel it.

In my own experience once children work out the anger they have been harbouring they are able to move on to other levels of learning.

Art Therapy is another prevention/intervention that can be used with children experiencing challenging, disruptive behavior. For children with ADHD it allows them the opportunity to break away from the structure and limits that are imposed on their activities, enabling them to make their choices and to create their own sense of control.

Violet Oaklander (1988) explains how she places great importance on methods for providing hyperactive children with a means for focusing in on themselves. As their sense of self becomes sharper, they can begin to exert the inner control that so often seems to be missing. In general she uses a progression from simple sensory and tactile activities (sand, water, clay, finger paint) to activities involving more movement. Breathing and relaxation exercises can be a prelude to larger scale body movement (p.228).

The preventions/interventions and therapies mentioned in this section are proactive in nature, working on the premise and knowledge that "less severe behavior

lead to more severe problems without active intervention (e.g., noncompliance leads to aggression, teasing leads to serious intimidation)" (Kamps, Tenkersley, 1996, p. 43).

The following section will explore recommendations that can be used by individuals dealing with the challenge and disruptive behavior of students with behavior disorders.

## CHAPTER III

### Recommendations

With an increase in class size and more children having to deal with behavioral or emotional disorders, the approaches to teach children social skills needs to be collaborative and cohesive in nature. An understanding of the outcomes of interpersonal problems plays a fundamental part of the extent to which individuals can understand themselves and their environment (Nelson, Drummond, Martella, & Marchand-Martella, 1997; Goleman, 1995). It is the intent of this project to leave the reader with recommendations that can be used by educators to help them deal with behavior disorder students.

The first and strongest recommendation I can put forth is to examine one's own beliefs and attitudes towards children who do not conform to the rules and expectations of the classroom. Often the intentions of the adult is to treat all equal but attitudes toward children who 'challenge' create expectations and roles that may not be fair or equal for the child.

A study mentioned by Kamps and Tankersley (1996) found patterns "of negative teacher-student interaction styles [to be] similar to that documented within home environments. These patterns may include frequent harshness in dealing with students, indifference, less attention from teachers for appropriate behavior, and more punishment for negative behavior of children with a history of problem behavior (Walker, Steiber, Ramsey, & O'Neill, 1991)" (p.43).

In the Positive Parenting course I co-facilitate, we help parents look at why the behavior of the child is bothering them. By clueing into how they feel about a situation it enables them to understand more effectively the goal behind the behavior of the child(ren). See Appendix C, Mistaken Goal Chart. The belief behind the 'Mistaken Goals of Behavior' being that a **misbehaving child is a discouraged child**. All children want to

feel they belong and are significant and (BD) children are no different (Gil, 1991; Johnson, 1993; Nelsen, 1996; Oaklander, 1988).

The second recommendation I would like to put forth is to be aware of how we communicate with children who are challenging. Often out of sheer exhaustion, frustration and the lack of time, children with BD experience less than encouraging communication. The next five points are derived from H. Stephen Glenn's video "Developing Capable People".

### **Barriers And Builders**

<b>Barrier</b>	<b>Builders</b>
Assuming	Checking
Rescuing/Explaining	Exploring
Directing	Inviting/Encouraging
Expecting	Celebrating
"Ism"ing	Respecting

#### **Barrier 1: Assuming**

Often we make assumptions for the other person or child on how they are feeling, what they are thinking, what they are able and not able to do and how they are to respond in either situation. Our response to the individuals are according to our assumptions. This prevents us from discovering their unique capabilities.

#### **Builder 1: Checking**

Checking out how people actually think and feel allows us to discover how they are maturing and how capable they are to deal with problems and issues affecting them.

**Barrier 2: Rescuing/Explaining**

Often we think we are being helpful when we do things for somebody, rather than allowing them to learn from their own experience. The same is true for explaining, we think we are being helpful but really, they are being robbed of the chance to discover the explanation for themselves.

**Builder 2: Exploring**

Through exploring individuals are able to learn to make choices, understand situations, themselves and others.

**Barrier 3: Directing**

We do not realize how disrespectful we are to others when we direct them. "Go get paper" "Clean up this room". When we direct we are encouraging dependency and passive-aggressive behavior. At the same time discouraging cooperation and initiative (In my opinion this is one of the most used barriers because it is direct and appears to be time efficient).

**Builder 3: Inviting/Encouraging**

When individuals become involved in activities of planning or problem-solving they are encouraged to become self-directed. Individuals are then motivated to cooperate and get involved in the project.

**Barrier 4: Expecting**

It is important to have high expectations but not if they are going to be used as a standard to measure against. When this happens individuals are often discouraged.

**Builder 4: Celebrating**

Celebrate the steps along the path of reaching a goal, this encourages individuals. As mentioned previously if we demand too much too soon, individuals become discouraged.

### **Barrier 5: "Ism-ing"**

"Adultism" is when we forget that young people are not mature adults with the acquired experience to think and act like adults. "How come you did ...?", "Don't you know better?",

Ism-ing produce guilt and shame rather than support and encouragement. What happens is that judgment is passed "Since you don't see what I see, you're at fault."

### **Builder 5: Respecting**

This builder encourages interactions that enable each party to perceive things differently. An understanding is built that allows for growth and effective communication.

If all teachers, parents and individuals working with children of BD, recognized the barriers of communication they fall into, they could guarantee improvement. To increase the returns in empowerment, add the builders.

The previously mentioned Barriers and Builders builds on the work of (Faber and Mazlish, 1980) in their book How to Talk So Kids Will Listen & Listen So Kids Will Talk. The focus of the book, like the video is to provide and establish open, encouraging lines of communication.

By understanding the 'Mistaken Goals Of Behavior' and then examining one's communication patterns, any individual would be on a healthy start to providing an environment and atmosphere of unconditional acceptance.

The third recommendation of familiarizing oneself with the Phases of Acting Out Behavior (mentioned in the paper previously, refer to Appendix B), builds on the first two recommendations. Like a child dressing for dramatic play, the phases are 'tried on' in succession until the performance has peaked and the disrobing begins, returning the individual back to the point of entry. The phases the child works through are 1) calmness, 2) an event happens to trigger the child's response, 3) the child becomes agitated, 4) acceleration, the child tries to engage the teacher in power struggles by

demanding their attention through arguments or noncompliant, highly disruptive behavior, 5) the child peaks and the behavior is out of control, 6) de-escalation, the child starts to wind down or disengage themselves from the struggle, 7) recovery, they return to the activities of the classroom with an unwillingness to discuss what has happened.

Knowing these phases the individual will go through in acting out behavior, allows the teachers/adults working with the children to avoid further escalation by helping the child work through the problems or triggering events. This would enable individuals to intervene and curb the disruptive behavior of BD children. Enabling the children to be proactive rather than reactive to stimuli and situations, thus providing them with choices to proceed in a respectful manner with the rest of the group. (Kauffman, 1997; Dinkmeyer and McKay, 1982).

The fourth and final recommendation creates an environment where all children are given academic choices for learning. It is a known fact that children who are feeling incompetent often cope by being disruptive (Katz and Chard, 1994). Not all children are coming to the classroom with the same level of competence and/or experiences. The teacher, more than ever, needs to break away from the norm and develop a means of delivering the material to children who challenge the environment and the rules that establish it. Research has found that task length and difficulty, preference and choice can influence the occurrence or nonoccurrence of problem behavior (Umbreit, and Blair, 1997; Kohn, 1993)

As a result, if the environment is one of unconditional acceptance, there are behavior guidelines that are not punitive in nature. Therefore, less of a focus on behavior management and obedience and more on relationship building and open communication, fostering growth. Then, every child would have the opportunity to use the talents they possess to the best of their abilities to be children, real children.

I conclude this section with a passage from my favorite book The Velveteen Rabbit,

"What is REAL?" asked the Rabbit one day, when they were lying side by side near the nursery fender, before Nana came to tidy the room. "Does it mean having things that buzz inside you and a stick-out handle?" "Real isn't how you are made." said the Skin Horse. "It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real." "Does it hurt?" asked the Rabbit. "Sometimes," said the Skin Horse, for he was always truthful. "When you are Real you don't mind being hurt." "Does it happen all at once, like being wound up, " he asked, "or bit by bit?" "It doesn't happen all at once," said the Skin Horse. "You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand." (Williams, 1975 p.12-13).

For me this is a perfect illustration that there are no quick fixes in dealing with children who are experiencing behavioral disorders, but if we know who we are and are willing to provide opportunities for children to find out who they are, then they too can begin the process of becoming REAL.

The next section of the project will provide an overview of the goals of therapy groups and detailed session descriptions outlining a 10 week therapy group for children with behavioral disorders.

## CHAPTER IV

### A Therapy Group To Aid Behavioral Disordered (BD) Children With Social Skills

#### Goals of Therapy Groups

Peers interacting with one another in a group and working on a common goal produce interactive forces that operate within the group, influencing the behavior of group members. It is often the group process itself that becomes more helpful in getting people to change. Groups occur naturally during the development and growth of children, becoming a powerful form for self expression and support.

Group therapy with children can be a valuable tool in aiding the individual to facilitate change within themselves. There are several goals that can be achieved through group therapy, although general, they definitely apply to the population of children who experience Behavioral Disorders.

Some of the goals of group therapy include catharsis, learning to share with others, learning to relate to adults, learning interpersonal and social skills, learning from each other, learning to express feelings, learning to love, learning to talk instead of acting, developing skills to control aggressive and sexual impulses, recognizing self-destructive patterns, developing constructive attitudes and habits, resolving the developmental task of adolescence, establishing a sense of identity, learning to be empathetic, learning to accept criticism, maintaining self-examination, developing realistic goals, developing a sense of purpose and meaning in life, and resolving the existential questions of "Who am I? What was I? Where am I going?" (Kymissis, 1993; p.581-582).

Within the context of children who are experiencing Behavioral Disorders, group therapy itself holds curative factors:

#### **Universality**

- Decreased isolation, feeling different, shame, blame

- Other youth have similar problems, feelings
- Normalization of thoughts, feelings related to developmental, mundane and traumatizing events.

### **Group Cohesiveness**

- Belongingness
- Development of common whole.....'we'
- Contact!
- Peer recognition, social support

### **Interpersonal Learning**

- Information
- Formal, experiential and vicarious learning
- Socializing skills
- Imitative behavior
- Experiment with new behaviors

### **Instillation of Hope**

- Belief in ability to control own behavior - choices
- Self-efficacy
- Insight
- Feeling understood
- Mastery

### **Catharsis**

- Expression of emotion
- Release and transformation

### **Containment**

- Accept behavioral expression of feelings and impulses
- Safe environment where feelings can be safely expressed

### **Self Expression**

- Validation, esteem
- 'Finding a voice', speaking up

(Adapted from a presentation by Diane McGregor on Group Therapy for Children and Adolescents, 1997).

It becomes evident that the dynamics of a therapy group can hold and unleash a tremendous amount of power for the individual in the healing process.

### **Therapy Group Logistics**

#### **Goals**

There is a clear indication that children with (BD) often experience poor school performance and social impairment.

The therapy sessions focus on the issues of alienation, lack of integration, self-esteem, anger and stress. Sessions will be structured around therapeutic tasks, such as art and drama therapy techniques, allowing for opportunities to engage in discussion to directly express and verbally process their experiences. Thus, it is the intent of the facilitator to provide another avenue of expression through non-directive activity therapy which will allow the (BD) children to explore issues that are troubling them.

Proposed goals for the therapy group are; to explore the concept of self, to build on self-esteem, examine issues of belonging, develop constructive habits and attitudes in dealing with anger, and to develop strategies for dealing with stress and disappointments.

These goals address the issues that are dominant in the literature on Behavioral Disordered (BD) children.

### **Hypothesized Outcome**

Having the opportunity to express concerns and to ponder questions in other forms of expression rather than verbally dissecting a thought, will allow for self expression and understanding to unfold. The group therapy sessions will allow for the "universality" of the issues (BD) children face and bring forth a clearer understanding to the members of each ones struggle as a child. With a strong understanding of who the individual is, they will be able to make decisions for themselves and have the energy and confidence to accept responsibility for their actions. This results in the individual enhancing their school performance and social interactions.

### **Methods of Measuring Progress and Keeping Records**

Progress should be measured and records kept through an on going process of note taking and discussion between the group facilitators. A record of their work will be kept with the permission of the group members, to be given to them in the termination (last) session. Constant observation will be necessary and an informative tool to note individual progress and group progress.

### **How to Use the Sessions**

The design of the manual was meant to provide the facilitators with a guide. The sessions are presented in an order that allows for them to be used inter-changeably, depending on what issues the group may need to discuss.

The lesson overview includes clearly stated goals, a list of materials needed for the activities and a session overview.

### **Group Set Up**

These sessions are appropriate for ages 4 - 11. Groups from the age range of 4 to 11 years should be divided according to the chronological ages and developmental stages:

4 and 5 years; 6 and 7 years; 8 and 9 years and 10 to 11 years of age. All activities should be presented in accordance with the developmental level of the children or their capacity. If the children are having a 'difficult time attending', then the activity may be too difficult, both emotionally or cognitively. The facilitator should be aware of what the children are expressing and be willing to modify the activities.

### **Confidentiality**

Emphasize to the children that what is said in group stays in group and does not go back to their peers or get disclosed to their parents. It should be stated that if the children are put at risk by themselves or others, the facilitators will talk to the parents or other adults that are involved. Facilitators should address any questions that parents may have on a weekly bases without breaching the confidentiality of the group.

### **Importance of Snack**

Snack allows for a social time which can be less stressful for the members, yet a valuable time for sharing information informally.

## **CHANGING THE FOCUS**

### **A Therapy Group To Aid Behavioral Disordered Children With Social Skills**

#### **Ages Four to Eleven**

##### **Session Outline**

(all sessions are an hour and a half)

**Session 1: Introduction**

**Session 2: Self Concept**

**Session 3: Self Awareness**

**Session 4: Feelings**

**Session 5: Belonging/Cooperation**

**Session 6: Problem Solving**

**Session 7: What is Anger**

**Session 8: Alternatives to Anger**

**Session 9: Accomplishments**

**Session 10: Closure**

## CHANGING THE FOCUS

(Social Skills building with children of Behavioral Disorders)

### Session 1: INTRODUCTION

- Goal:** To introduce the children to the group situation and discuss the topic of social skills (their expectations/feelings).
- Objectives:**
- i) Children will be provided with a safe environment.
  - ii) Children will have the opportunity to experience group goals.
  - iii) Children will have the opportunity to discuss their experience(s).
  - iv) Children will be introduced to the topic of social skills.
- Opening Exercise:** Colouring, cutting, pasting and drawing  
(Chose an activity that will help the children connect with the group)
- Check-In:** Feelings Chart (Children draw in a square how they are feeling. They can express their feeling with a word, picture or a face). Children fill in their feeling for the past week or day and then discuss it at check-in. This provides the children with an opportunity to express how they are feeling.
- Snack:** Provided by the facilitators or the participants of the group. (In a school setting more than likely the facilitators would provide snack).
- Session 1 Activities:** Topics 1-4
- Closure Exercises:** Human Knot  
(Every person joins hands in the center of a circle, then the group ties them self into a knot and needs to undo themselves without letting go of the hands you are holding on to)
- Check Out:** Name one thing you liked about group.

#### Topic #1 Introduction of Self - 'Name Game'

**Purpose:** To give children the opportunity to get to know each other.

Sit in circle on the floor. One of the facilitators starts by saying their name and telling the group something they like that starts with the same letter of their name. Example "I am Jo-Ann and I like Jelly Beans". The next member of the group states who they are and what they like. They also need to repeat the person(s) who came before them.

### Topic #2 Group Guidelines

**Purpose:** To provide children with a safe environment.

Brainstorm with the children about things that are needed to make the group room safer for them to express themselves. Mainly focus on respect, this allows the children to put into their words, terms they understand. Confidentiality is also discussed at this time to aid the children in understanding that they can express themselves freely without the information being disclosed to parents, peers or teachers. Of course it should always be made clear that this holds true unless the children are put at risk by themselves or others.

### Topic #3 Why Are We Here?

**Purpose:** To provide children with the opportunity to express their understanding of why they have been enrolled in group or are participating as a classroom (If this is done within a Behavioral Class). To provide the facilitators with an understanding of why the children think they are in group.

### Topic #4 "Weighted Down"

**Purpose:** To provide an opportunity for the members to visually transfer their concerns and problems. This allows the individual members to express themselves anonymously in a non threatening manner. Through this activity the members will be able to identify with others who have the same concerns. This also allows the facilitator to gain an understanding of what is important to the group

#### **"Weighted Down"**

- requires two volunteers
- one volunteer stands at the board of flip chart and records the problems or feelings that are brought forward by the group. (Everything is recorded)
- the second volunteer stands with arms stretched, palms up. When a feeling or problem is brought forward a weight is placed in the palm of the volunteer. Continue until the weight begins to have an effect on the volunteer's posture or the ability to continue holding objects
- Bags or weights are of differing sizes and shapes.
- Explain that the demonstration is not saying one thing is worse than the other, but every event feels differently for every individual and we can't assume how "heavy" or large an event or experience is for someone.

#### Materials Need for Session

- \* writing and drawing tools plus paper
- \* weights of varying sizes and shapes
- \* flip chart or chalk board, chalk or markers.

## Session 2: SELF CONCEPT

- Goal:** To encourage the children to explore who they are and how they belong in society.
- Objectives:**
- i) Children will discuss all activities they are involved in or like to do.
  - ii) Children will explore and discuss things or activities they would like to be involved in.
  - iii) Children will explore the feelings and emotions connected with the likes and dislikes and activities.
  - iv) Children will become aware of the similarities and differences within the group.
- Opening Exercise:** Pick a sand toy that represents how you are feeling now
- Check In:** Feelings Chart (This allows them the opportunity to discuss issues that may have happened in the last week)
- Snack:** Sharing time of likes and dislikes, this may carry over from the check-in or help lead into the sessions activities.
- Session 2 Activities:** Topic 1-3
- Closure Exercise:** Name something that you learned about the person on your right or left. One of the children can make the decision if they want.
- Check-Out:** Tell the group one thing you believe you are good at.

### Topic #1 "Exploring the Concept of Self Collage"

**Purpose:** To have the children establish who they feel they are with no boundaries. Members are encouraged to assemble a collage of "who they are" at this present point in time. Things they do, things they like, activities they are involved in, etc. It will provide the ground work of establishing ways they can feel positive about themselves. This exercise also explores the issue of belonging and will allow the facilitators to identify how the children perceive 'belonging' in society.

### Topic #2 The Collective 'We'

**Purpose:** To provide an opportunity for the children to create a visual image of their strengths and weaknesses. Have the children express a strength on a piece of paper and cut it out. Then each member takes their strength and assembles it to create a collective we displaying the

strengths of all members. Do this activity with the weaknesses the children feel they have and explore in both situations how strengths and weaknesses differ for everyone.

### Topic #3 Tin Can Pyramid

**Purpose:** to allow the children to work together as a group.

Have a selection of tin cans (empty) available. With the provided materials the children will work together to create a pyramid. This allows them to use the strengths they possess and to work on relating to one another.

### Materials Needed for Session

- \* Scissors, varying sizes of paper, catalogues and magazines, scrap paper, material scraps, glue, and drawing tools, markers etc.
- \* Sand Tray and sand toys.
- \* Tin Cans (empty)

### **Session 3: SELF AWARENESS/SELF WORTH**

- Goal:** To encourage the children to explore the internal and external forces that influence who they are as a person.
- Objectives:**
- i) Children will learn what internal and external forces are.
  - ii) Children's perception of their own self-worth will be explored.
  - iii) Children will observe that self-worth is an ever changing process
  - iv) Children will explore how they viewed themselves last week in the "Self Concept Collage" may have a direct influence on what they viewed as being factors that influence their self-worth now.
- Opening Exercise:** Have a pliable material available for the children to work with. Plasticine works well. This will allow the facilitators to connect with the children as well as the children connecting with the group.
- Check-In** Feelings Chart
- Session 3 Activities:** Topics 1-3
- Snack:** Snack can be worked in through out the session.
- Closure Exercise:** Complimentary Car Wash.  
The group stands facing each other, hands together. Each pair raises their hands to create an arch. One member of the group goes through the archway. As a child proceeds through the carwash each member delivers a compliment to the child. Once the child reaches the end, they then take the place of the next child that proceeds through the carwash. Compliments should remain positive and focused on the individual not friends or family members.
- Check-Out:** One word that describes how you are feeling now.

#### **Topic #1** "Self Awareness and Acceptance Web"

**Purpose:** To encourage children to explore internal and external forces that influence self-worth.

The members will stand in a circle, one member starts the web by tying the yarn around her foot, then she expresses an internal or external force that influences self-worth. The ball of yarn is then thrown to another group member who does the same. Each time the

yarn is thrown to a group member the member anchors the yarn by wrapping it around their foot.

Once all internal and external forces have been exhausted the members should have built an intricate web. At this point the web can be dismantled by working through the web in a backward fashion. This builds group cohesion and allows the members to problem solve and examine internal and external forces that influence the self-worth of all members in the group.

### Topic #2 The Girl Who Loved Applause

**Purpose:** To help the children realize that self image and self worth can not be dependent on the opinions of others. The way we feel about ourselves is constantly changing and self power comes from liking who you are as an individual. Discussion to follow, asking the children if they have ever felt like April? What it may feel like to like yourself for who you are? Exploring the positives of basing self-worth on themselves rather than what others say. See Appendix D.

### Topic #3 Self Worth Cup

**Purpose:** To provide a visual for the children of how damaging it can be to judge our self-worth on what others think or say.

Talk about things you can do for yourself to help you like yourself. Each time a child shares an idea such as exercising, or talking to someone about problems (internal forces) put a bit of water in the cup until it is full. Then take a pencil and put a hole in the cup for every negative comment (external force) that can lower your self-worth. The cup drains quickly and water goes all over. It does provide a strong visual for the children.

### Materials Needed for Session

- \* Lots of yarn and space
- \* Energy and a smile
- \* Styrofoam Cup
- \* Pencil & Water
- \* Plasticine or another pliable material

### Session 4: FEELINGS

- Goal:** To encourage the children to identify and express feelings.
- Objectives:**
- i) Children will learn that all feelings are OK.
  - ii) Children will identify feelings.
  - iii) Children will express feelings.
- Opening Exercise:** Pick an object in the room that represents you today. Start discussion with the children about the object they have picked.
- Check-In** Feelings Chart (Feelings Sharing)
- Session 4 Activities:** Topics 1-3
- Snack:** Social & Sharing time.
- Closure Exercise:** Pick a feeling (written on a piece of paper) out of a jar and express it to the group.
- Check-Out:** Share one thing you liked about group.

#### Topic #1 "Colour On Paper"

**Purpose:** To allow the children to work in the subconscious and explore the feeling they have about themselves and family.

#### Exercise:

1. Put colour on paper
2. Draw your family - of origin  
- now
3. Draw yourself
4. Draw a problem in your life
5. Draw the problem "all fixed"
6. Draw how to "fix" it
7. Put colours to feelings (on word list)
8. Choose 6 most common feelings and draw where you feel them in your body.
9. Look over drawings and connect colours to feelings code. Do they fit?

#### Feelings Word List:

Happy, Sad, Angry, Lonely, Shy, Disgusted, Guilty, Resentful, Jealous, Scared, Surprised, Excited, Loved, Special, provide three lines in the list so the individual can add three feelings that they have or are experiencing. These three additions are also colour coded.

Note: When this is presented to the therapy group the feelings will appear in a list with plenty of room for colour coding.

Discussion about the activity.

### Topic #2 Expressing Feelings

**Purpose:** To provide children with the opportunity to let people know how they are feeling.

Have the children pick a puppet that represents someone they are scared of, hurt by or mad at etc. Ask the child what they would like to say to the puppet and how would they like the puppet to respond. Children can practice.

### Topic #3 "... How Would You Feel If...?

**Purpose:** To encourage the children to predict feelings and recognize that people may feel differently about the same thing.

Provide the children with various situations and have them act out how they would feel. For Example: How would you feel if your best friend put his arm around you and said I glad you're my friend.

If children express different feelings then point this out and discuss that people can feel differently about different situations.

Others: How would you feel if....

You woke up in the morning and the trees were all blue?

You woke up in the morning and there was an Elephant in your house?

You jump on your bike to catch your friend and you have a flat tire?

Someone at school noticed how hard you had worked on your science project?

### Materials Needed for Session

- \* Several coloured markers
- \* Paper 8 1/2 X 11 allow for 7 sheets for each member. Paper needs to be white.
- \* Jar with feelings written on a piece of paper.
- \* Puppets

**Session 5 & Session 6:**

**BELONGING/COOPERATION & PROBLEM SOLVING**

- Goal:** To have the children build on the on positives, help one another out and gather a greater sense of belonging from each other and problem solve as they move through the activities.
- Objectives:**
- i) Children will develop trust.
  - ii) Children will overcome shyness, inhibitions and fears of making mistakes in front of others.
  - iii) Children will problem solve as they explore how they will fit into the activities and encourage others.
- Opening Exercise:** Choose two colours that represent yourself "here and now". Draw a picture with them. Discussion of pictures and the groups emotions. Done for session 5 only. Session 6: Have paper, pens, markers, scissors and paper plates so the children can create masks expressing how they are feeling about the group process.
- Check-In:** Feelings Chart
- Sessions 5 & 6 Activities:** These drama activities emphasis working together as a group, belonging and problem solving. These are aspects of the originally stated goals. At first the focus of the activities are on "Joining In", from here they increase in risk taking by moving into "Awareness Games" and from there working as a group by using activities that focus on "Growing Through Movement". All activities are borrowed from a book called Improvisation, Booth, W., Lundy, C. (1985). Both sessions are included in the write up to allow for variation in the flow of the group.
- Snack:** For these two sessions it would be best to have snack at the end to allow the children to catch their breath and for informal conversation.
- Check-Out** One word to express how you are feeling. (Session 5)  
Using just your face (no words) express how you are feeling about group. (Session 6).

## **Drama Activities:**

Joining In Activities **Purpose:** Help to develop trust, overcome shyness, inhibitions and fears of making mistakes in front of others.

### Where Do I Belong?

1. Choose one person to call out the following instructions. This person picks a signal (a whistle, for example) which means "go". Try to follow the instructions as quickly as possible.

- Get in a straight line from shortest to tallest, with the shortest person at the head of the line.
- Get in a straight line according to birthdays, with January birthdays at the head of the line.
- Get in a straight line according to age, with the youngest person at the head of the line.
- Get in a straight line according to shoe size, with the smallest shoe size at the head of the line.
- Get in a straight line according to your street number, with the smallest number at the head of the line. If you share a number, stand side by side.
- Get in alphabetical order using first names only. If you share the same name, stand side by side.

2. Choose someone else to call out the instructions. The new "caller" can repeat any of the above in any order or create their own form of belonging. For example you may choose length of pants, or dark to light colors.

### Greetings

Invent a greeting that you might use if you came from another planet. Now, all the children walk about the room, and introduce yourselves using your new greetings.

### Name Quickdraw

You are all going to be Western gunfighters, looking for a duel. Walk slowly around the room, looking at the others. As soon as you make eye contact with someone, quickly draw a pretend gun and "shoot" the other person by loudly calling out his or her first name. The one who first calls the other's name correctly wins the duel, and the other must "drop dead". The person who stays up the longest is the fastest name-slinger in town.

Awareness Games **Purpose:** These activities will help the individual become more aware of themselves, both as an individual, and as a member of a group. These activities are designed to release tension and build a cooperative atmosphere for learning. From here the individual can explore aspects of themselves through movement, voice, ideas and feelings. Also there is opportunity to observe how the group functions as a whole

and how they relate to the group. Building on the growth of the group these activities will help the members build a sense of belonging.

### Face to Face

1. Choose one person to be the "caller". Each of you finds a partner and you stand face to face. The caller calls out "face to face" or "back to back", and, with your partner, you respond to the instruction. When the caller calls out "change" everyone must find a new partner and stand either face to face or back to back. At some point the caller takes a partner, and someone else calls out the instructions.
2. Repeat the game, but this time the caller can call out different instructions, such as toe to toe, side to side, knee to knee, and so on.

### Look Twice (This is one of my favorites)

1. Choose a partner, and note as many aspects of that person's clothing, jewelry, and appearance as you can. Your partner will do the same by observing you. Now each of you turn away and alter one aspect of your appearance, for example, undoing one button, removing an earring. Turn back to face your partner, and identify the change that he or she made.
2. Repeat the exercise and this time make two changes.
3. Find a new partner and repeat the activity.

### Just a Squeeze

Stand in a circle holding hands. Choose one person who will begin by giving a short, sharp squeeze to the hand of the person on the left. Each of you passes the squeeze on so that it travels around your circle in a clockwise direction. Go around several times. At some point, the beginner can start passing the squeeze both ways at once.

### Gibberish

1. Choose a partner, and call yourselves A and B. Each of you think up a situation or problem, and then, using only gibberish, try to communicate your problem to your partner. A's begin.
2. This time, you can use only numbers for your conversation.
3. Try using only letters of the alphabet for your conversation.
4. Sit in groups of four or five (the size of the therapy group if small). You are all cave people, and one of you (choose one person) has just seen something strange while out hunting. Using gibberish and gestures, this hunter must report back to the other cave people to explain what he or she has seen. The rest of the group can ask questions (in

gibberish) in order to find out more information. This exercise should be repeated so that each of the group has a chance to describe the strange animal or object that they have discovered.

Note: This step may depend totally on the comfort level of the group.

**Growing Through Movement Purpose:** In these activities the individuals experiment with gestures, facial expressions, and body language. All of the activities help the individual to learn how to express their feeling and ideas through their body and through interacting physically with the group members. Learning to communicate through movement brings physical confidence and the ability to get a message across in situations where words are not appropriate. These activities involve cooperation and trust.

### Spiral

Everyone form a line holding hands. The person at the end of the line remains standing on the spot, while from the other end of the line the group is led into a tight spiral around the person standing still. When your group is wound up like a clock spring, the person in the center ducks under everybody's arms, starting with those closest, and still holding hands, leads the group back into the original line.

### Building a Machine

1. Stand in a large circle, so that as much space as possible can be used. One person stands in the center of the circle and performs an action in a mechanical, repetitive manner (for instance, swinging an arm from side to side). One by one, in no predetermined order, everyone enters the circle by creating a new action which corresponds or "interlocks" in some way with the movement already being performed. For instance, the second player may lie on the floor and raise one leg up and down in rhythm to the first person's arm movement. You may connect physically to one another or depend on someone for support.

Add a movement in an unexpected direction, in a different rhythm, or on a different level such as lying down, squatting, leaning, standing. Once everyone is in the center you will have created the impression of a fantastic machine, composed of individual parts which move in a complex rhythm.

Try adding a vocal sound to accompany the movement that you invent.

2. On a signal from the therapist, try the following (group permitting)
- the power is shut off and the machine comes to a halt;
  - the machine begins to lose energy and works in slow motion;
  - the machine begins to move quicker and quicker;
  - the machine gets louder and louder;
  - the machine explodes and comes apart.

Materials Need for Sessions 5 & 6

- \* Lots of space and Energy
- \* Markers and Paper
- \* Paper plates, scissors, glue and coloured paper

## Session 7: WHAT IS ANGER?

- Goal:** To help the children realize that Anger is an emotion and that it is okay to be angry.
- Objectives:**
- i) Children will learn to identify anger
  - ii) Children will learn that there are healthy and unhealthy ways to express anger.
- Opening Exercise:** Stacking Blocks or Lego
- Check -In:** Feelings Chart  
Use blocks or Lego to represent feelings. Have children create a 'Tower of Feelings' as they explain their feelings for the week or day.
- Snack:** Social Time
- Session 7 Activities:** Topics 1-3
- Closure Activity:** Create a 'Web' of what people liked about group.  
Take a ball of yarn, one member of the group starts by saying what he liked about group. Holding on to the yarn they toss the ball to another person. This continues until all group members have participated. You will end up with a web of likes. Depending on time the activity can be worked through by back tracking overtones likes or it can be dropped to the floor. Signifying that the activity is over. Then they toss the yarn to another person.
- Check-Out:** The previous activity can be part of the check-out for this session or if time permits; pass out different shaped objects and have the children identify a feeling related to that object.

### Topic #1 Make a Volcano.

**Purpose:** To enable children to identify situations where they explode.

With clay make a volcano (hole in the middle for the baking soda & vinegar). As the children talk about situations where they have or can become angry, add vinegar. When the volcano is filled with angry situations, add baking soda representing another angry situation. This then erupts and children can identify with situations where they have exploded. This activity can be done as a group or individually.

### Topic #2 Body Outline

**Purpose:** To enable the children to identify on their bodies where they feel Angry. Have children draw themselves on a piece of paper and colour in where they feel angry first. Then move on to other areas of the body that the anger might move to.

### Topic #3 Role Play

**Purpose:** To have the children identify situations and signs that people are angry. Have the children pick situations and role play. This is a perfect time to key into situations that may have happened in class or create them.

For example: 1) You are running to catch your bus and just as you get there it drives away.

2) You go to use your favorite pencil but can't find it. You look around your desk with no luck. Then you notice it on the Teachers desk

### Materials Need for Session

- \* Clay, vinegar, baking soda & cardboard
- \* Large pieces of paper & coloured markers

### **Session 8: ALTERNATIVES TO ANGER**

- Goal:** To provide children with an opportunity to explore healthy and non healthy ways of expressing anger. Violence is not acceptable.
- Objectives:** i) Children will be able to practice healthy ways of dealing with anger.
- Opening Exercise:** Draw a picture of how your day went.
- Check-In:** Feelings Chart
- Session 8 Activities:** Topics 1-3
- Closure Activity:** When the Wind Blows (Game)  
Same set up as musical chairs, operate one chair short. Have the chairs face the centre of the circle.  
Then start the game by saying 'When the Wind Blows' it .....  
Blows everyone who has been angry. If this is applicable everyone scrambles for a chair. The person left standing is the one who thinks of what the Wind will Blow next.
- Suggestions:** 'When the Wind Blows, it Blows.....'  
anyone who has laughed today.  
anyone who has cried because they have angry  
anyone who has struck out because they have been angry, etc.
- Check-Out:** The Human Knot! Also start to talk to them about group ending.

#### Topic #1 Balloon Exercise

**Purpose:** To show children that talking about angry feelings may prevent you from exploding (bursting)

Take a balloon and blow air into it as the children mention situations that make them angry, or feelings of anger. Blow the balloon to a fair size. Then brainstorm with the children alternatives to keeping all those feelings in side. Each time an solution is mentioned let some air out of the balloon. Eventually the balloon returns to a manageable size. Discuss with the children how they may feel if their balloon did burst.

#### Topic #2 Healthy Ways of Expressing

**Purpose:** To allow children to explore healthy ways of expressing Anger. Role Play situations where children are able to role play an alternative to violence. Video tape the role plays and play back for the students.

Topic #3 Brainstorm

**Purpose:** To allow children an opportunity to concretely put down on paper things they can do to express anger in a healthy way. Share these with the group.

Materials needed for Session

- \* Balloon(s)
- \* Markers & Paper
- \* Video Recorder and Player

## Session 9: ACCOMPLISHMENTS

- Goal:** To have the children focus on their accomplishments and growth throughout the past weeks.
- Objectives:**
- i) Children will reflect on the topics covered in the previous weeks.
  - ii) Children will explore issues they have dealt with and how they have worked through them.
  - ii) Children will put together a final project depicting their growth
- Opening Exercise:** Therapeutic Story The Girl and the Rope. Discussion about growth and change of the individuals, what they have noticed. Refer to Appendix E.
- Check-In:** Feelings Chart
- Session 9 Activities:** Topic 1-2
- Closure Activity:** Affirmations: Describe something you like about the person on your left.
- Check-Out:** Name one thing you liked about group today.

### Topic #1 Create a 'Me' Advertisement

**Purpose:** To allow the children to focus on themselves and their accomplishments. The individuals will use a chosen medium to create their "Me" advertisement. They can use drama, video, tape recorders, music, compose a poem or song, or put together a poster. This activity will allow for mastery of the individuals as they move through the process of putting together the advertisement. It also opens the door for self exploration without "bragging".

### Topic #2 Final Party

**Purpose** to allow the children the opportunity to plan the 'wrap party'. This gives them an opportunity to use previous skills and work together as a group.

### Materials Needed for Session

- \* Drawing and colouring tools plus paints markers etc.
- \* Paper small and poster size. Bristle Board or Poster Board
- \* Tape Recorder, tapes
- \* Tape Machine to listen to music
- \* Video Recorder, video cassettes

### Session 10: TERMINATION

- Goals: To allow for closure of the group process and to recognize their strengths.
- Objectives: i) Children will be able to identify how they are special.  
ii) Children will participate in the planned party and have fun.
- Opening Exercise: Pick a sand toy that represents who you are today and place it in the Sand Tray. The Facilitators could read 1st choice (session #2) and compare it to today's.
- Check-In: Feelings Chart
- Session 10 Activities: Party!  
Group members would have organized the 'Wrap Party', empowering the individuals to take charge and feel confident in their abilities to make choices and be responsible for them.
- Closing Exercise: "Four Squares"  
Divide a piece of paper into four squares. In the Top left hand corner write, I AM: (to be filled in by the individual), Top right hand corner write, I CAN: (wish, hope, feel etc.) (individual fills in), Bottom left hand corner write, I AM NOT: (individual fills in), Bottom right hand corner write YOU ARE: (to be filled in by the group)  
Once the group has finished the activity and everyone has contributed to everyones card the YOU ARE section can be shared with the group.

\* Hand back art work that has been kept over the sessions

#### Materials Needed for Session

- \* Sand toys and Sand tray
- \* white paper
- \* markers

## CHAPTER V

### Conclusion

From the research presented it becomes obvious there is a population of children experiencing varying degrees of behavior disorders, resulting in various forms of aggressive and impulsive behavior. These behaviors put the child at risk of developing problems with perceived competence, coping skills and social skills. The lives these children lead can be very complex and uncertain.

Many of the children with BD in the classroom display the symptoms of three common problem areas, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD). Often these disorders are comorbid with other disorders.

Causal factors influencing behavioral disorders are many and produce an intricate web with lasting impact and influence on the children involved. When children with behavior disorders enter and are part of the classroom or group the teacher, supervising adult or peers can not interact with the child in isolation of personal, family, school, peer group and other cultural factors. Each having a push and pull affect on the child and the way they perceive the interactions towards themselves. The push factor is when the child is seen in a tainted light so the behaviors exhibited are often slotted into the perception of what this child is able to do. The pull factor is when the child tries to break away from the stigma of the label and tries new, accepted means of behaviors (that go against the 'characteristics' of the disorder) to gain acceptance. The child ends up being pulled back in to the same cycle, due to lack of acknowledgment for the improvement they have shown or, retreating back to the inappropriate means of dealing with events or issues, because it is safer for the individual. Thus, in an attempt at feeling significant and establishing a sense of belonging a perpetual cycle of inappropriate behavior and responses is created.

Preventive measures or interventions that have been explored exist within the context of social learning. The encompassing idea being that appropriate behaviors can be taught by modifying the environment and teaching appropriate social skills. This empowers the child to be proactive in changing their behavior. Several interventions are implemented in the classroom ranging from the basics of establishing fair and humane expectations to self-monitoring and self-control training.

The recommendations put forward are not easy to implement, for they involve self-evaluation and growth on the adults level before they can be used effectively with children. They involve, understanding the goals behind the behaviors of the disruptive child, examining the barriers and builders of one's communication patterns, and being knowledgeable of the phases of acting out behavior. This aids the child in trading in potential 'blow ups' for socially acceptable ways of dealing with frustrations or problems. Combined with the previous points the last recommendation is to challenge the standard means of delivering the information. Allowing for preference and choice, examining task length and difficulty can influence the behavior of behavioral disordered children. Resulting in an environment where children can be significant and belong for just being themselves.

I am confident that these recommendations prove to be a constant reminder of the importance of interventions when working with students with behavioral disorders.

The proposed therapy group to aid children with behavioral disorders is meant to be an intervention/prevention strategy in breaking the negative cycle of inadequate social skills, many of these children experience. The context of the therapy group is based on the principles of two books;

Landreth, G.L. (1991). Play Therapy The Art Of The Relationship.

Schaefer, C.E. and O'Connor, K.J. (Eds.). (1982). Handbook of Play Therapy.

I leave the reader with one final quote that exemplifies the importance of working with all children and especially children who challenge and deviate from the norm.

Bitter are the tears of a child; Sweeten them.

Deep are the thoughts of a child; Share them.

Heavy is the grief of a child; Lighten it.

Soft is the heart of a child; Embrace it.

(Hazelden, 1996).

## References

Beach, J., Bertrand, J., & Cleveland, G. (1998). Our Child Care Workforce From Recognition to Remuneration More Than A Labour of Love. Ottawa, Ontario: Canadian Cataloguing in Publication Data.

Bogdan, J., Jerilyn, D., Leitner, B., & Meersman, R. (1996). Promoting Appropriate Behavior Through Social Skills Instruction. Master's Action Research Project, Saint Xavier University and IRI/Skylight Field-Based Masters Program.

Booth, D. W., & Lundy C. J., (1985). Improvisation. Don Mills, Ontario: Academic Press Canada.

Curry, N. E., & Johnson, C. N. (1992). Beyond Self-Esteem: Developing a Genuine Sense of Human Value. Washington, DC: National Association for the Education of Young Children.

Davis, N. (1996). Therapeutic Stories That Teach & Heal. Oxon Hill, Maryland: Nancy Davis, Ph.D.

Dinkmeyer, D., & McKay, G. D. (1982). Systematic Training for Effective Parenting. Circle Pines, Minnesota: American Guidance Service.

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC.: American Psychiatric Association.

Elkind, D. (1984). All Grown Up and No Place to Go Teenagers in Crisis. Don Mills, Ontario: Addison-Wesley Publishing Co., Inc.

Elkind, D. (1988). The Hurried Child Growing Up Too Fast Too Soon. Don Mills, Ontario: Addison-Wesley Publishing Co., Inc.

Elkind, D. (1994). Ties That Stress: The New Family Imbalance. Cambridge, Massachusetts: Harvard University Press.

Faber, A., & Mazlish, E. (1980). How to Talk so Kids Will Listen & Listen so Kids Will Talk. New York, New York: Avon Books.

Fitzsimons-Lovett, A. (1998). Enhancing Self-Respect: A Challenge for Teachers of Students with Emotional and Behavioral Disorders. Reston, Virginia: Council for Exceptional Children.

Gil, E. (1991). The Healing Power of Play: Working with Abused Children. New York, New York: The Guilford Press.

Goleman, D. (1995). Emotional Intelligence: Why it can matter more than IQ. Toronto, Ontario: Bantam Books.

Hall, N. S., & Rhomberg, V. (1995). The Affective Curriculum Teaching the Anti-Bias Approach to Young Children. Toronto, Ontario: Nelson, Canada.

Hammer, T. J., & Turner, P. H. (1996). Parenting in Contemporary Society, 3rd Edition (1996). Needham Heights, Massachusetts: Allyn and Bacon.

Johnson, D. W. (1993). Reaching Out: Interpersonal effectiveness and self-actualization, 5th Edition (1993). Needham Heights, Massachusetts: Allyn and Bacon.

Kaiser, A. P., & Hester, P. P. (1997). Prevention of Conduct Disorder Through Early Intervention: A Social-Communicative Perspective. Behavioral Disorders, 22 (3), May 1997, 117-130.

Kamps, D. M., & Tankersley M. (1996). Prevention of Behavioral and Conduct Disorders: Trends and Research Issues. Behavioral Disorders, 22 (1), November 1996, 41-48.

Kauffman, J. M. (1997). Characteristics of Emotional and Behavioral Disorders of Children and Youth. Upper Saddle River, New Jersey: Prentice-Hall Inc.

Kohn, A. (1993). Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise, and Other Bribes. New York, New York: Houghton Mifflin Company.

Kymissis, P. (1993). Group Psychotherapy with Adolescents. In H.I. Kaplan & B.J. Sadock (Ed.), Comprehensive Group Psychotherapy, 3rd. Ed. (577-584). Baltimore, Maryland: Williams & Wilkins.

Landreth, G. L. (1991). Play Therapy: The Art of the Relationship. Bristol, Pennsylvania: Accelerated Development.

Mathur, S. R., & Rutherford, R. B. (1996). Is Social Skills Training Effective for Students with Emotional or Behavioral Disorders? Research Issues and Needs. Behavioral Disorders, 22 (1). November 1996, 21-28.

Nelsen, J. (1996). Positive Discipline. New York, New York: Ballantine Books.

Nelson, J., Drummond, M., Martella, R., & Marchand-Martella, E. (1997). The Current and Future Outcomes of Interpersonal Social Interactions: The Views of Students with Behavioral Disorders. Behavioral Disorders, 22 (3), May 1997, 141-151.

Oaklander, V. (1988). Windows to Our Children. Highland, New York: The Gestalt Journal Press.

Schaefer, C. E., & O'Connor, K. J. (Eds.). (1982). Handbook of Play Therapy. Toronto, Ontario: Wiley-Interscience Publication.

Statistics Canada. (1996). Growing Up In Canada: National Longitudinal Survey of Children and Youth. Ottawa, Ontario: Statistics Canada.

Umbreit, J., & Blair, K. S. (1997). Using Structural Analysis to Facilitate Treatment of Aggression and Noncompliance in a Young Child At-Risk for Behavioral Disorders. Behavioral Disorders, 22 (2), February 1997, 75-86.

Webber, J., & Scheuerman, B. (1997). A Challenging Future: Current Barriers and Recommended Action for Our Field. Behavioral Disorders, 22 (3), May 1997, 167-178.

Williams, M. (1975). The Velveteen Rabbit New York, New York: Avon Books.

Winzer, M. (1996). Children with Exceptionalities in Canadian Classrooms. Scarborough, Ontario: Allyn & Bacon Canada.

### **Cassette Recordings**

Hazelden (Producer). (1996). Reflections from the Heart of a Child [Video]. (Available from Hazelden, 15251 Pleasant Valley Road, P.O. Box 176 Center City, MN. 55012-0176)

Glenn, H. S. (1996). Developing Capable People [Video]. (Available from YWCA Sheriff King Family Support Centre, Calgary, Alberta).

### **For Further Reading**

Alberta. Health. Mental Health Division, (1993). Making the Best of Myself: It Begins and Ends With Me. Edmonton, Alberta: Alberta Health, August 1993

Berkan, W. A., (1990). A Guide to Curriculum Planning in Suicide Prevention. Madison, Wisconsin: Wisconsin Department of Public Instruction.

Coates, W., (1988). Lifesavers: Adolescent Life Skills Training Manual. Belleville, Ill. Belleville East High School.

Davis, N., (1990). Once upon a time....Therapeutic Stories To Heal Abused Children. Revised Edition. Burke, VA. Nancy Davis, Ph.D.

Dyck, R., & Gordon, B., (1987). Suicide Prevention and Coping: A Manual for Teachers, Counsellors and Administrators. Edmonton, Alberta: Alberta Department of Education.

Flexhaug, M., (1991). Public Education Presentation Manual 1991. An Education Package Designed for: Teens - Peer Support Groups. Red Deer, Alberta: Suicide Prevention Services.

Saderman Hall, N., (1995). The Affective Curriculum Teaching The Anti-Bias Approach to Young Children. Toronto, Ontario: Nelson Canada.

Thibault, C., (1992). Preventing Suicide in Young People ..... Above all, it's Matter of Life. Canada's Mental Health, 40 (3), September 1992, 2-7.

## Appendices

**Appendix A:** Causal Factors Model

**Appendix B:** Phases of Acting Out Behavior

**Appendix C:** Mistaken Goals of Behavior

**Appendix D:** The Girl Who Loved Applause

**Appendix E:** The Girl And The Rope

These are wonderful resources for any professional working with children, adolescents, teenagers and adults.

I have included the address for acquiring further information or to order;

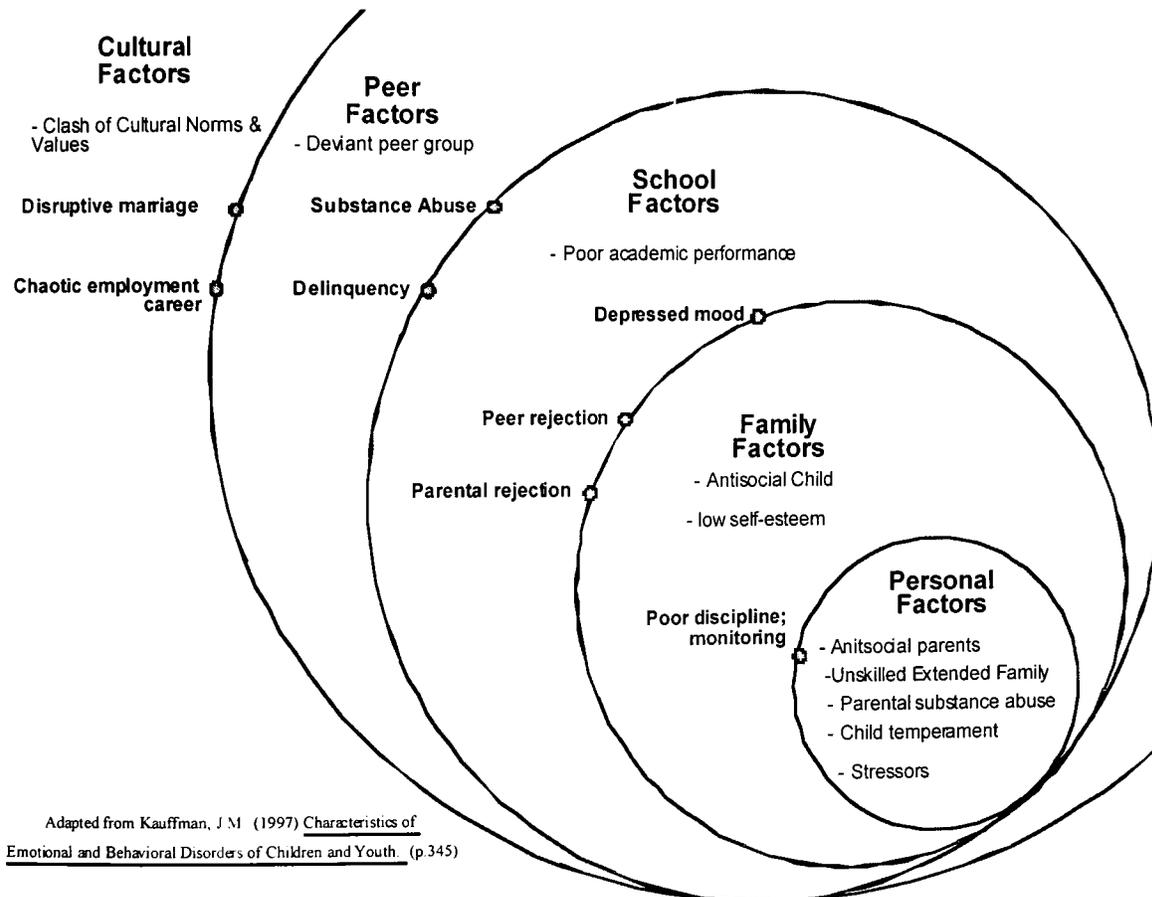
Once upon a time...Therapeutic Stories To Heal Abused Children Revised Edition.

Therapeutic Stories That Teach & Heal.

Mail or Fax orders to:  
Nancy Davis, Ph.D.  
9836 Natick Road  
Burke, VA 22015  
Phone: (703) 978-4321  
Fax: (301) 567-9146  
Email: [tellerofstories@Juno.com](mailto:tellerofstories@Juno.com)

## Appendix A:

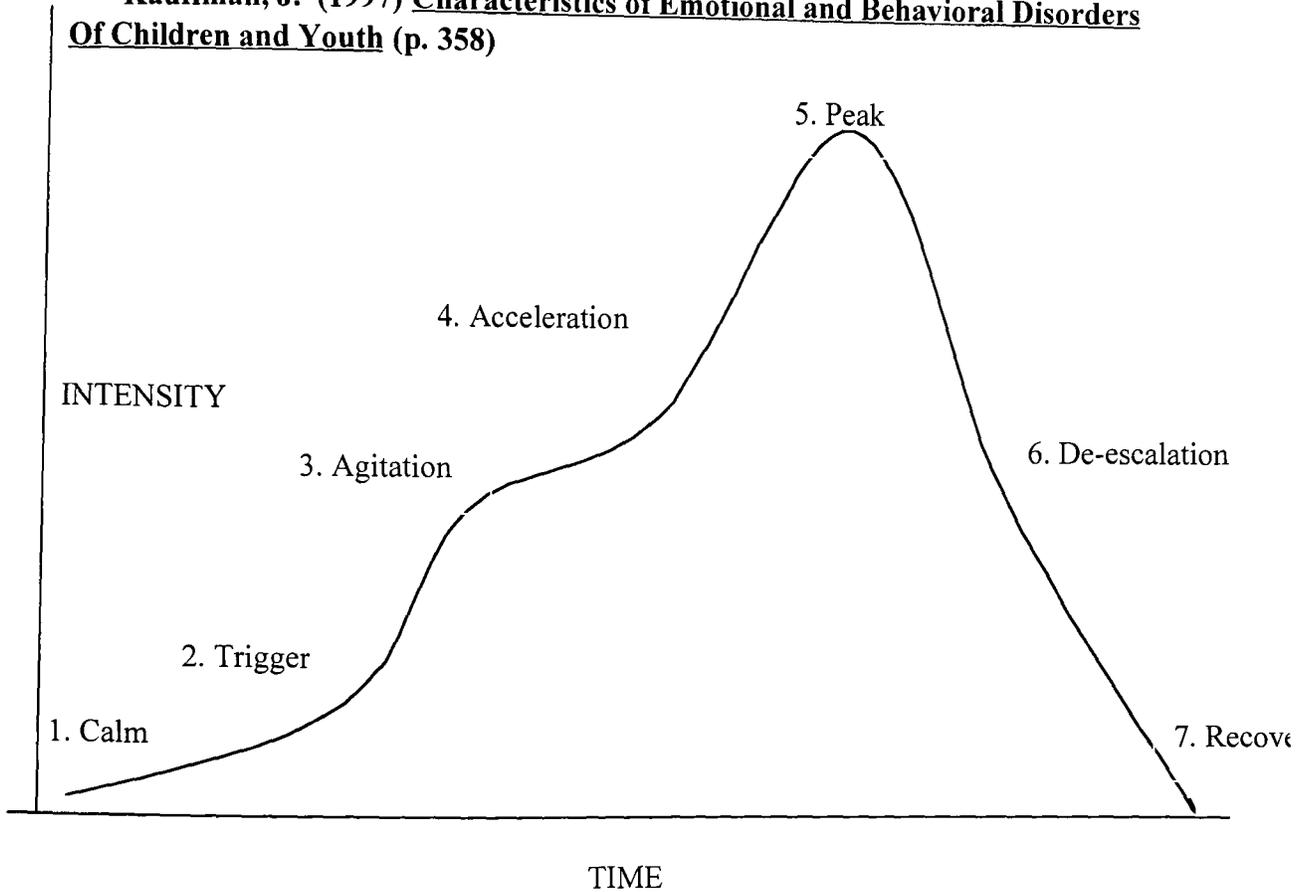
### Causal Factors Model



Appendix B:

**Phases of Acting Out Behavior**

**Kauffman, J. (1997) Characteristics of Emotional and Behavioral Disorders  
Of Children and Youth (p. 358)**



**Appendix C :**  
**Mistaken Goals of Behavior Chart**

The CHILD'S GOAL is:	If the PARENT/TEACHER feels:	And tends to REACT by:	And if the CHILD'S RESPONSE is:	The BELIEF behind the CHILD'S BEHAVIOR is:	PARENT/TEACHER PROACTIVE AND ENCOURAGING RESPONSES include:
<b>Power</b> (to be the boss)	Provoked Challenged Threatened Defeated	Fighting Giving in Thinking "You can't get away with it" or "I'll make you" Wanting to be right	Intensifies behavior Defiant compliance Feels he/she's won when parent/teachers are upset Passive power	I belong only when I'm boss or in control, or proving no one can boss me. "You can't make me."	Acknowledge that you can't force her and ask for help. Don't fight and don't give in. Withdrawn from conflict and calm down. Be firm and kind. Act, don't talk. Decide what you will do. Let routines be the boss. Develop mutual respect. Give limited choices. Get help from child to set reasonable and few limits. Practice follow-through. Encourage. Redirect to positive power. Use family/class meetings.
<b>Revenge</b> (to get even)	Hurt Disappointed Disbelieving Disgusted	Retaliating Getting even Thinking "How could you do this to me?"	Retaliates Hurts others Damages property Gets even Escalates the same behavior or chooses another weapon	I don't think I belong so I'll hurt others as I feel hurt. I can't be liked or loved.	Deal with the hurt feelings. "Your behavior tells me you must feel hurt. Can we talk about that?" Avoid punishment and retaliation. Use reflective listening. Share your feelings. Make amends. Encourage strengths. Use family/class meetings.
<b>Assumed Inadequacy</b> (to give up and be left alone)	Despair Hopeless BHelpless Inadequacy	Giving up Doing for Overhelping	Retreats further Passive No improvement No response	I don't believe I can belong, so I'll convince others not to expect anything of me. I am helpless and unable; it's no use trying because I won't do it right.	Show faith. Take small steps. Stop all criticism. Encourage any positive attempt, no matter how small. Focus on assets. Don't pity. Don't give up. Set up opportunities for success. Teach skills/show how. Enjoy the child. Build on his/her interests. Encourage, encourage, encourage. Use family/class meetings.
<b>Undue Attention</b> (to keep others busy or to get special service)	Annoyed Irritated Worried Guilty	Reminding Coaxing Doing things for the child he/she could do for him/herself	Stops temporarily, but later resumes same or another disturbing behavior	I count (belong) only when I'm being noticed or getting special service. I'm only important when I'm keeping you busy with me.	Redirect by involving child in a useful task. "I love you and _____." (Example: I care about you and will spend time with you later.) Avoid special service. Say it only once, then act. Plan special time. Set up routines. Take time for training. Use family/class meetings. Touch without words. Set up nonverbal signals.

## Appendix D:

### **The Girl who Loved Applause**

Once upon a time there lived a girl named April who didn't like herself very well. She didn't value who she was because she had not been taught to like herself. Those around April isn't like themselves either, so they were poor teachers. As she grew, rather than saying positive things to her, the people around April constantly criticized everything she did.

Because the statements from others around her did not seem to reflect love and acceptance, April did not learn to like herself. She constantly told herself, "Nobody likes me." When she looked at herself in the mirror, April didn't like her appearance. She never felt her grades were high enough or her schoolwork perfect enough. Even with friends around her, April didn't believe that she was liked. Her clothes embarrassed her because she had to buy them at a discount store and they did not have designer labels. Of course, no one really wants to be filled with self-hate, so April searched for ways to feel better.

As she was watching TV one night, a popular rock star sang her latest hit song. At the end of her song, everybody clapped, threw roses and wanted their picture taken with her. Watching this singer had a great influence on April. "I'm going to be a singer because if I become a singer then everybody will like me and I will be happy," she whispered to herself.

It is very hard to become a popular singer, but April had a good voice and she knew that with lots of hard work and practice she would have a great voice. When people applauded her singing, she told herself "I'm going to make it! I'm going to be a famous rock star and then I'll be happy because everybody will like me."

April had some good breaks, met the right people and did become a famous rock singer. She sang on TV and gave concerts in big stadiums where thousands of people came to see her. A picture of her latest concert appearance was on the cover of a rock magazine when she sold her first gold album.

One night when April was alone, she sat in her dressing room looking at her awards and her gold disks. "Why am I not happy?" she asked as if there were someone with her who could provide an answer. "I'm on the cover of magazines. Fans constantly ask for my autograph. I'm selling hundreds of tapes and albums. I'm making as much money as I could possibly ever spend, but I'm not happy. I thought if I had all these things, I would be happy." As she asked herself these questions, a tear rolled from each of her eyes.

As she was trying to understand what had gone wrong, a cleaning lady entered the dressing room singing, laughing and seeming to enjoy life. April watched the cleaning lady for a while. She noticed that the lady was wearing old, torn clothes and her shoes had holes in them. It was obvious that this woman cut her own hair, probably because she could not afford the luxury of having it cut at a salon.

Soon April and the cleaning lady were having a conversation. As they talked, April realized that the cleaning lady really felt good about herself. To confirm her observation, April asked, "Do you like yourself? Are you happy?" The cleaning lady looked at April strangely. "Well, of course I like myself. Why wouldn't I like myself?"

April responded in amazement, "But you're not rich, and you don't have a big car, and people don't clap for you when you perform and you don't even get paid much for what you do."

Now it was the cleaning lady's turn to be amazed. "Those things don't have anything to do with liking yourself. Liking yourself is something that's inside you, it's what you learn when you learn to be friends with yourself. When you are friends with yourself, you give yourself applause, you tell yourself you are a worthwhile person and you learn from your mistakes rather than putting yourself down because you aren't perfect. When you are friends with yourself, the things that make you happy come from inside you, not from money or an expensive car."

The words of the cleaning lady amazed April. She had spent her whole life trying to be famous and rich in her search for happiness. That night April had a dream about what she would really like to do with her life. She was tired of people asking her for autographs all the time, she was tired of agents telling her what to do, she was tired of having to travel around so much to give concerts and never being able to spend much time in her own house. She was also tired of the reporters following her around with cameras, trying to catch her in unflattering poses or printing lies about her in the tabloids.

In her dream, April saw herself as a teacher. She had always wanted to teach first grade so that she would be the first one to help a child learn to read or write. April wanted to have children bring her wildflowers from the playground, and she wanted to be there to hug them when they cried. The dream somehow gave April's heart an important message. When she awoke in the morning, she realized that she wasn't doing what she wanted to do at all.

That morning, April, the famous rock star, held a news conference to announce that she was leaving the music business. No one wanted to believe her. Her fans declared, "If I were her, I'd be happy." They also believed that money and nice clothes and having people clap for them would make them happy. But April had been there, and she had learned that happiness does not come from fame or money. Many of the rock

stars that she had worked with were on drugs; others had killed themselves. Even her friends and agent advised her not to leave the music business. "What are you doing?" they asked, "you're crazy to give all this up."

April had stopped letting the approval of others direct her life; she was not being directed from a voice within her heart who knew exactly what she needed to be happy and to like herself. So April went back to school and became a teacher. After graduating, she moved to a small town to teach first grade. In this town, everyone knew April. The children thought they had the most wonderful first-grade teacher in the world. April taught her students to love learning and she also taught them how to be friends to themselves.

April often sang when she was invited to dances or county fairs. At the end of each song, the audience would cheer and applaud. Then April would smile as she remembered the cleaning lady who had helped her to learn that applause can never substitute for a heart which cannot applaud itself.

Davis, N. (1996). Therapeutic Stories That Teach & Heal (p.151-153)

## Appendix E:

### **The Girl and the Rope**

Once upon a time there was a girl who was walking down a street that had a wall running along one side. She had walked this street many times before and had been nervous about what might live on the other side of the wall. On this day, she saw a rope hanging over the wall. As she watched, she thought she saw the rope began to slowly slide back over the wall. As she watched, she reached out and grabbed the end so it could not go back over the wall. But as soon as she took the rope into her hands, she felt a tug on the other end. She held tighter and began to pull back on the rope to prevent it from being pulled from her hands. As she increased her pull on the rope, the pull on the other end also increased. As she held on, her hands began to hurt but she believed that it was somehow important that she hold on and not let go. She stood for a long time holding on to that rope, refusing to let it go.

As time passed, many people stopped and asked her why she was holding on to a rope by a wall. Her friends found her and asked her to leave the rope and come and play, but she would not. Even her parents, who knew that she could be stubborn at times, began to become very angry with her because she would not drop the rope. No one understood why this task was so important to her. They didn't understand that the girl was afraid to let go. She had held on to the rope so long, given up so much, and invested so much energy into holding on that she believed that she could never let go. It wasn't safe to let go.

Many people came by asking questions, even offering to help the girl with her task. Many offered to help her pull on the rope and some offered to hold the rope while she took a break. The girl refused all offers to help and even seemed to become angry with those who tried to help her. What these people did not understand was that the girl was afraid, and she had learned that anger got rid of people quickly. Also it felt better to say that she did not want help rather than admit that she was afraid to accept anyone's help. Help from others in holding the rope might somehow be against the rules.

One day an old woman came down the street and stopped to talk to the girl. She began by asking many of the same questions that other passersby had asked. "Why are you holding on to that rope? Why don't you put it down? What is on the other end?" Unlike the others who had come to talk to the girl, the old woman stayed even when the girl explained that she could not answer these questions, but she knew that she must hold on or something terrible would happen.

"It looks like you've holding that rope a long time," the woman said. "Yes, I have. How could you tell?" the girl asked. "Because you have scars on your hands and you

look terrible. Anyone could see that you have been through tough times if they just took a good look at you. You know the rope is your problem. As long as you hold on to it, you can't move on. You've already stopped growing and you are alone a lot of the time. You can't learn and grow as long as you hold on to that." "I've been here a long time but I have to hold this rope or something terrible will happen," said the girl. "When I first grabbed the rope, it just seemed like a good idea, but now I hurt all over. I don't know what will happen if I let go. I'm afraid to find out."

The old woman smiled kindly at the girl. "I know exactly what will happen if you let go of the rope. Your hands will heal, your back will straighten and you will grow, play and sleep as you were meant to."

The girl did not believe the woman at first. But the old lady said that she had plenty of time and did not want the girl to feel alone anymore with the rope. She stayed, helping the girl feel safe and supported.

Eventually the woman made a suggestion. "Why don't you let go for just a second and see what will happen? you could grab it back quickly if you needed to." The girl decided to try the experiment. To her surprise the rope just hung over the wall. Nothing bad happened and it felt so good to let go. The girl could hardly believe that it had been so simple to let go. the girl asked, "What is going to happen now?"

The woman took the girl's hands and said, "you will heal and you will be able to be with people and have fun. But you must remember this and learn. If you ever find that you are holding on to something too long and it is hurting you, you should let go and move on."

The girl knew she had learned a valuable lesson, one that she would always remember because she had learned it with her mind, heart and body.

Davis, N. (1996). Therapeutic Stories That Teach & Heal (p. 171-172)