

SPECIAL TIMES

Community Therapeutic Day School

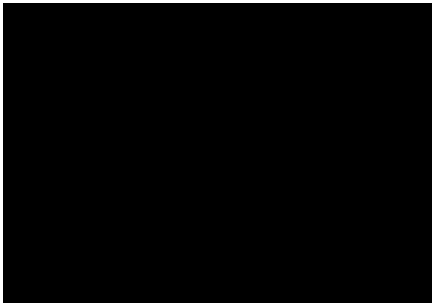
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I N C L U S I O N

Exploring New Frontiers in the Education of Children with Special Needs...

Approximately 5 years ago Dr. Hauptman and other CTDS staff and directors made a decision to attempt to maintain a series of children who were headed for day or residential care, in public school, and to get them into as clearly a mainstream environment as possible. Today, in addition to the 30 day students, CTDS staff supports an additional 40 + children in public schools in twelve surrounding communities. These students participate in a series of clinical programs which at this time should be viewed as experimental. Their progress socially, emotionally, and academically is being studied with an eye toward determining which students will be best served in mainstream class settings and which students need a comprehensive therapeutic environment in order to sustain their growth, development, and education.



Another Option for Our children

written by Dr. Bruce Hauptman

There is significant controversy concerning the degree to which inclusion can benefit all students with disabilities. The population of concern here is children with disabilities; children with psychiatric illness or conditions, children who, in the most serious forms of these conditions, in the past would have found themselves in long term day or night psychiatric facilities or specialized day or residential therapeutic/educational schools. With these children, decisions about meeting a child's educational needs within regular classrooms must be based on many factors, influenced by the child's stage of development, the type and extent of the child's psychopathologic state, the complexity of the child's overall condition and strengths, considering social, physical, educational, language, emotional and intellectual factors. Also taken into consideration is the composition of the regular classroom, regarding the mixture of needs of the other children, i.e., the critical mass of "problems" beyond which even the most benign additional strain of an ailment breaks the back of the educational environment. It may not be the introduction of a floridly disturbed child, but rather a slightly needy youngster with a mild condition that overwhelms an already overburdened classroom.

Substantial remediation and treatment of many psychiatrically ill children is possible in an educational milieu.

The following are some general principles which, if properly implemented, will facilitate the inclusion of many, though not all, psychiatrically ill children in the regular education classroom

setting:

1) There must be adequate trained and supervised staff in the classroom in addition to the regular classroom teacher. The classroom teacher should not have primary responsibility for these children.

2) There must be adequate consulting educational and psychotherapeutic staff.

3) There must be adequate administrative and financial support, considering that inclusion in regular education classrooms may, when properly undertaken, prove to be the more expensive shortrun plan or option. With proper resources many children who were previously hospitalized for extended periods of time can benefit and make more rapid gains in regular classrooms than in extended psychiatric hospitals, for a fraction of the hospital cost - a significant fraction, a price that must be supported if the child's treatment is to continue and his or her educational program can take place.

4) There must be intensive integration of all aspects of the child's program in school and at home since the illness follows the child in school and at home. As part of the intensive integration, an individual whose skill level is commensurate with the child's needs must be available at the school, full time, to maintain program integration.

5) There must be intensive child guidance work with parents to support the program.

6) There must be fast response to changing clinical and educational needs.

Inclusion is not a panacea for all children with psychiatric illness. The complexity of the child's condition may mediate against inclusion because the range, complexity, and integration of specialized services are beyond what a school system can reasonably assume. This is particularly true in our era of decreased financial support for public education for "normal" children. To expect a school system to take on major therapeutic responsibility may be ill advised. These children would be better served in the primary care of other institutions.



Inclusion..In Action..

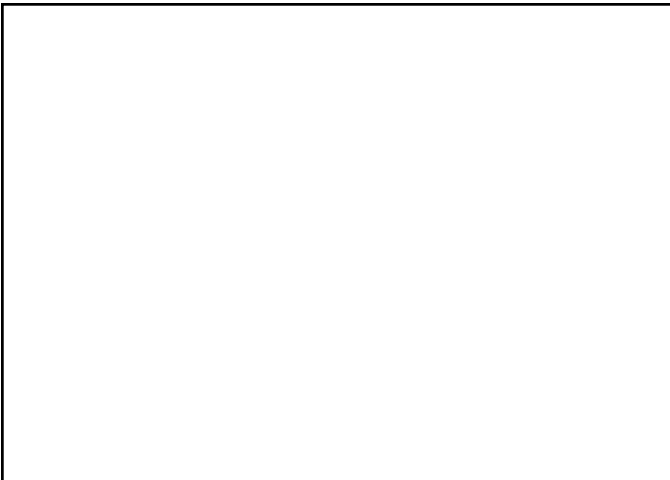
*Geri Molitor, Belmont Inclusion Program
Head Therapeutic Teacher: Expressive Therapist*

The experience of piloting and establishing a contained therapeutic classroom within a public school has not been an easy one. We were new, unique, and we began with a group of children who were older and had experienced a traumatic level of failure and crisis. Progress seemed exhaustingly slow. We laid the groundwork, piece by piece. We found, to our great good fortune, that we were within a welcoming and supportive community. And when mainstream teachers found we were bringing students to them who were prepared for mainstreaming, and that we were there to support the student-teacher and the student-class relationships, their comfort and support seemed to grow.


Within the contained classroom, months of intensive group and individual therapy, and the consistent containment of the therapeutic milieu began to produce results: The group began to function as a cohesive and dynamic whole, emotional and behavioral issues became more consistently contained, students began to have the ability to function independently, and became available to the experience of learning and progressing within a mainstream or adapted curriculum.

Now in our second year, our original group has been able to continue on the same track of progress and growth, with the addition of two new students. In our second year of piloting this program, we are faced with new challenges; challenges indicative of the kind of progress that has occurred, and the goals we have reached. Now we are working to reshape our resources to fit the broader range of mainstreaming that is occurring, while we make the effort to not drain our base therapeutic milieu classroom of the energy and focus needed to continue to maintain a consistent level of containment. So far, with the support and flexibility of mainstream staff, we have been able to continue to meet both the therapeutic and mainstreaming needs and progress of our students.

Overall, in spite of the tremendous challenges this program has presented, the experience of establishing it has been richly rewarding, and the support of the public school staff has been an inherent part of the success we have had. Our students have made exciting progress, and we were able to begin yet another classroom with younger students.



A Principal 's Perspective...



*Nannette C. Braucher, Principal
Wellington School, Belmont, Ma.*

Children who face obstacles to learning deserve not only to have the support needed to mount those obstacles, but an environment which eases transitions as they begin to meet with success. This is what the inclusive class at Wellington School, run by the Community Therapeutic Day School, does for children. Students receive emotional, physical, and academic support within a small class with a low teacher-child ratio and a staff well trained in therapeutic techniques. Their families receive support, as well, to understand and to meet the challenges before them. When the children are ready to become part of a larger class, they do so without the uncomfortable move to a new location which so often happens in other programs. Teachers of the larger classes are already familiar to them as friendly and caring adults within the building. Over the two years that the CTDS-Wellington School partnership has been in existence, I have witnessed a remarkable growth and development among students in the program. It has been truly gratifying to see the gains in self-control, self-confidence, and motivation. I believe that this partnership is an excellent model for meeting the needs of children who face significant obstacles, and I hope that it will continue to be a resource for children and families.

Inclusion: A Teamwork Approach

Daniel Reinstein, PhD.

The CTDS inclusion program has been designed to maintain children in public school classrooms who might otherwise be in special needs schools. These are children who, in spite of the best efforts of their school, have not been able to function in the classroom because of behavioral, social and emotional difficulties. To adequately address these problems in the classroom requires a highly coordinated and integrated approach as well as a knowledge of very practical daily applications both at school and in the home, and may take several different forms.

One form might entail the provision of a 1:1 therapeutic aide in the mainstream classroom who provides moment to moment behavioral, emotional and social intervention. An additional element of this team approach would include psychotherapy which provides the child with a space to begin to reflect on his experience and to develop a newly emerging sense of himself. This new self replaces his previous image of himself as damaged. The goal is to help him appreciate the very real difficulties he is having while at the same time recognizing his very real strengths. His old, maladaptive strategies are falling apart while new, adaptive ones are being learned. This is a very painful process and requires extensive psychological and emotional holding.

The parents of the child are his strongest advocates and provide the relationships in which he experiences all the various forms of holding in the most immediate, intense and important ways. As advocates, parents have often been through unimaginably difficult hardships. They have had to deal with their own confusion and uncertainty about their child's development. They have often had to struggle with various professionals to have their child's difficulties even recognized; and they have had to deal with the despair and frustration of seeing their child's needs inadequately met, even with the best intentions and hard work of various medical, therapeutic and educational systems. In our inclusion program, parents are provided with weekly child guidance consultations. They are given an opportunity to work through these issues as well as develop a deeper understanding of their child's problems and to call on their own strengths in providing him with what he most needs at home. With the proper combination of supports they can begin to see their child's needs met more effectively without feeling alone and overwhelmed.

Lastly the team coordinator brings all of the treatment components together. As child psychotherapist, child guidance and family therapist, supervisor of the aide and regular consultant to classroom teachers, school principals, special needs liaisons and other special service providers, the coordinator works to maintain an organized flow of information throughout the system.

Another form of inclusion is being developed in a pilot program at the Wellington School in Belmont. The Community Therapeutic Day School classrooms at the Wellington School are designed to provide an intensive therapeutic environment within a public school setting. Each classroom is composed of 6-7 children with two teachers and a student intern. Students who are having emotional, behavioral or social difficulties which are significantly compromising their academic performance are provided with a highly structured and supportive environment in which to work through these issues. This is done through a combination of therapeutic and academic services specifically tailored to the individual student's needs and may include individual and group psychotherapy, expressive therapies, speech and language therapy, occupational therapy, psychological and academic assessments, learning disabilities remediation, adaptive physical education and milieu therapy. Through a combination of these therapies and the establishment of a safe environment in which limits are clearly set, students are given an opportunity to manage their behavior and understand the feelings underlying that behavior. Students then develop a language which enables them to discuss their difficulties and develop alternative strategies that will enable them to resume academic progress.

In addition to the small therapeutic classroom, students are assigned to a large mainstream classroom at the beginning of the school year. This allows for the coordination of academic curriculum between the classes. As each student's academic, behavioral, social and/or emotional issues allow, they will participate in the large classroom activities. Initially this will be done with one of the adults from the small class serving as an aide to that student in the large class. As each student demonstrates an ability to perform independently in the mainstream, the therapeutic teacher will assume a lower profile until the student attains the goal of complete independence. Introduction into the mainstream will take into account each student's strengths and will be done as soon as possible but at a rate that will ensure each student's success.

Support services to parents are also essential components of the CTDS classes. Daily communication journals, weekly teacher contact, weekly parent support groups, child guidance consultation, psychological services and medication consultation are all means with which services are coordinated and integrated, providing a comprehensive approach to treatment.

This model offers extensive therapeutic intervention while maintaining the student in a strong academic environment. As such it acknowledges and strengthens areas of weakness, while simultaneously recognizing and taking advantage of a student's strengths. This enables a re-structuring of an emotional and academic foundation that will facilitate future academic success.

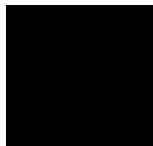
Reflections on Inclusion...

One of the key elements which favor the concept of inclusion is the development of new and innovative partnerships. Clearly, the partnership between Belmont and the Community Therapeutic Day School is an example of such an alliance. I am the liason for one of the CTDS classes which is at the Wellington School in Belmont. As a resource teacher, I am the consultant to the older CTDS class. I meet with the CTDS staff daily as we collaborate and consult on curriculum. As a program, the inclusion model allows children who are challenged by the regular classroom to find success in an environment which is more amenable to their needs, especially in terms of social skills. A complex task, it is important to note that there is no single inclusionary model. Students are part of such a program for a variety of reasons. Many of these students have short attention spans. In their own way, they post unique challenges to the regular classroom teacher over extended periods of time. Within the CTDS program, these students feel more successful and much less vulnerable. The therapeutic component to the program addresses their behavioral and emotional needs as well as their academic needs. Clearly, the needs of these students are beyond the capability of the regular classroom teachers. As the students increase their attention spans and demonstrate more appropriate behaviors, they mainstream into the regular classrooms for classes in art, gym, and music as well as academic subjects when possible. Anecdotal records from ongoing observations are used to determine when, in fact, it is appropriate to make such a movement. It takes a great deal of planning and collaboration so that the child has a successful mainstreaming experience. Hard work on the part of the CTDS staff, Wellington staff, the families of the students and especially the students themselves makes this possible. It is important to note that persistent efforts are made on an ongoing basis to problem solve and make this program work within the general educational setting.

As is true of all pilot programs, there are areas of the program which we continue to address and improve. CTDS staff, specialists and classroom teachers are constantly seeking out times to instructionally align ourselves in terms of curriculum and special projects. We try in every way to work as a team and are increasingly reminded of the fact that programming for all children takes a great deal of flexibility and persistent efforts to maximize the return for the student.

Written by:

Mary Mahony
Resource Room/ IEP
Liason, Belmont



...In The Classroom

Pat Clary - Regular Ed. Teacher
Grade 5 Math and Science

Two students from the CTDS Class have been participating in some class activities in Grade 5. Math and Science are areas of shared study. Before the integration took place, there were several meetings between the therapeutic teachers and myself. We discussed material to be studied and behavioral expectations.

The class has not had any problem with the CTDS students being in our class. In fact, many have been very helpful to the children coming in.

Inclusion: Moving Forward

I have read and heard many accounts of what the term inclusion means. I believe that the most graphic descriptor is "belonging." When children feel like they belong - in their class, school, and community, they can enhance their self esteem and be in a state of readiness for learning. The CTDS program at the Wellington School in Belmont has provided students with an inclusive classroom environment where students feel like they belong. With the guidance, direction, and instruction of the CTDS staff, students have demonstrated significant improvement in their sense of self, expression of feelings, relations with others, and ability to focus on academics.

Edward Orenstein
Director of Student Services
Belmont Public Schools

Teamwork + Caring + Hard Work = New Hope

*by Donna Rassulo, Parent
Belmont Public Schools*

When I was in elementary school, the "special classes" were almost always in the basement of the school. The children in those classes, almost never participated in school assemblies or events. The "idiot class," or "zoo class," as some of the meaner kids referred to it, was like the family's crazy relative, locked away and seldom spoken about to the rest of the world.

When it became obvious that our son, Garret, would need to be in a Special Education class as early as preschool, my husband and I were greatly distressed. He was so brilliant, so curious and full of potential! His problems, due to his extremely premature birth, were behavioral and emotional. The regular preschools clearly would not be able to handle the lability and intensity of his difficulties. He was doomed to spend the rest of his school days in a Special Needs vacuum...or was he?

The idea of "Inclusion," in its most basic form, is really a breath of fresh air to the realm of Special Education, which badly needed sweeping changes. But does it really work? Is it breaking down the old ideas of the "special class" by placing these children in the least restrictive environment, i.e. a regular classroom with support? Will it change the idea that any child who needs to be in a "special class" is a misfit or an outcast, incapable of handling the regular school day in a "normal" class?

But what about the children who have no physical handicaps; those who may shine academically but cannot, because of social/emotional/behavioral problems, be effectively taught by two teachers in a class of eighteen to twenty-four other children.

After three painful, nonproductive years of very creative blends of one-on-one therapeutic classroom aides in a Special Ed class, then in a regular classroom, and finally, one-to-one tutoring in a tiny, isolated room off of the school library, we finally came up with the type of Inclusion Program that has made a difference for Garret.

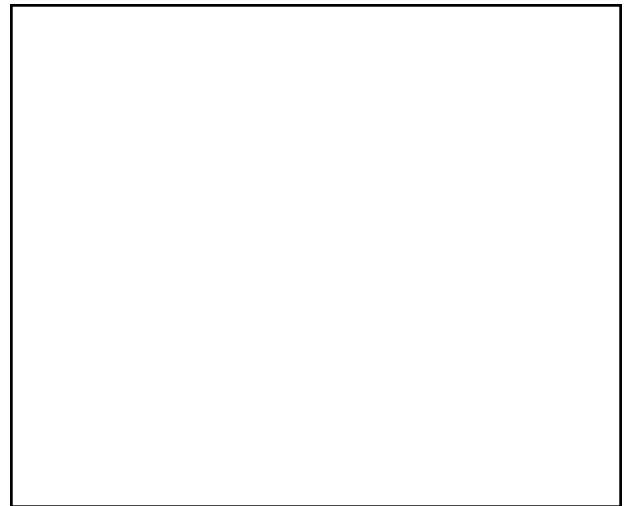
The in-house CTDS classroom at the Wellington School in Belmont, however, is not the typical Inclusion classroom setting. There are seven students ranging from eight to thirteen years old in the class, staffed by two Expressive Therapists and two alternating therapeutic aides, both students at Lesley College. For each child, there is bi-weekly private on-site psychological counseling and psychiatric monitoring and support by Dr. Bruce Hauptman and Dr. Daniel Reinstein. The academic component is carefully planned by a consulting Special Education Teacher, a Therapeutic Teacher/Supervisor, Linda Butler, and a Learning Disabilities Specialist, Mary Mahony, who are familiar with each child's learning style, strengths and weaknesses. The classroom has a very comfortable, nontraditional feel to it with a carpeted area and two large couches. It is on the second floor, and not in the basement.

It is full of interesting books lining the shelves and

window sills, a nature corner, science and electronics area and lots of games and puzzles. The two therapists are in communication daily with parents via notebook and weekly by telephone calls. CTDS has brought the best possible learning experience into what Garret considers "his school".

The gains have been gradual but consistent. The CTDS classroom provides a very safe environment with professionals trained to handle the behavioral/emotional crises that held Garret back for so long.

As Garret spends more time attending classes with his regular ed peers, we all see a change for the better in his self-esteem, self-control, flexibility and empathy. We can only hope he continues to improve in this unique educational environment with genuinely involved and caring professionals.



Dates to Remember...

CTDS Friends Raffle - May 3, 1996

(Tickets available from Staff and Friends..or call
CTDS at (617) 861-7081)

CTDS Alumnae Picnic - May 17, 1996

6:00 to 8:00 P.M.

SPECIAL THANKS to the students of the Belmont Inclusion Program and the Community Therapeutic Day School for all of the artwork included in this issue of the SPECIAL TIMES.

The Role of a Therapeutic Teacher...

by Linda C. Butler, MA., LICSW

"Therapeutic" is an interesting adjective to use with the noun "teacher". Therapeutic, according to the dictionary, means "serving to cure or heal." In what ways do teaching and healing intersect in the role of a therapeutic teacher? In working with children who have emotional, social, and behavioral problems, the challenge is to reach the child in order for teaching and learning to take place. Often the child's behavior presents as a barrier to learning. There may also be neurological problems getting in the way of learning, which present as various learning disabilities. The therapeutic teacher's role is not only to form individual relationships with each child, but also to form a cohesive group which will support each class member

Towards this end, therapeutic teachers plan carefully to create a safe, structured, therapeutic milieu. The physical structure of the classroom, the daily and weekly routine, the classroom rules, and the strong relationships between teachers and students all serve to create an atmosphere of containment and safety. Expectations are clearly stated, and boundaries are clearly defined. Children know that every time they need help stopping, a teacher is there to help. The message is, "You need to be able to stop yourself, but if you are not able to do that yet, I am here to help you stop."

It is a very scary feeling to be out of control. Children accept limits from their therapeutic teachers because the teachers have a strong, ongoing relationship with them and with their parents. An important role of the therapeutic teacher is close communication with the child's parents and/or guardians. Knowing that home and school are a team, working together, is very helpful for the child.

Therapeutic teachers also have the role of integrating and coordinating services for the child. Using the team meeting and the individual education plan, the therapeutic teacher helps to implement the services indicated in the plan. Also, she may, with parent's request, speak with outside agencies, therapists, doctors, afterschool programs, etc. in order to facilitate success

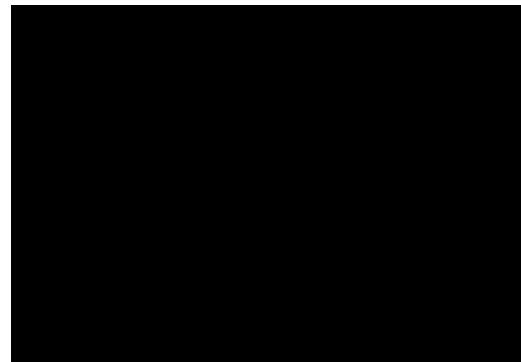
for the child in areas outside of the school setting.

In a therapeutic classroom, even the curriculum is designed with "healing" in mind. Children with emotional problems are unable to put their issues aside when it's time to work on academic subjects. Therefore the therapeutic teacher is skilled in the interaction of therapy and learning, and is constantly in touch with each child's emotional state, and his ability and willingness to work.

When mainstreaming becomes attainable, the therapeutic teacher meets with the mainstream teacher to plan a smooth transition, and accompanies the child to mainstream activities until he can manage on his own.

Therapeutic teachers are creative and flexible, while being clear and firm in their expectations. They are creative in using curriculum not only to teach subject matter, but to foster group cohesion, which, in turn fosters "healing."

Teachers in a therapeutic milieu setting use their unique interests and skills to form relationships with the children. They bring a great deal of themselves into the work. They have few breaks, as they accompany the children to all activities. Even lunch is a time to teach and to foster social skills. The work of being a therapeutic teacher can be quite consuming. It takes a special person to want to teach and "heal." The teachers in the CTDS classrooms at the Wellington School are these special people.



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