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Therapeutic Crisis Intervention in Emotionally and Behaviorally Disturbed Deaf Adolescent Populations:

Examining Pertinent Issues in a Culturally Affirmative Context

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Abstract

It is through a combination of experience in working with local human service agencies as a behavioral therapist and consultant for a crisis support team, as well as my experience working and studying at NTID that I became interested in a little researched topic known as Therapeutic Crisis Intervention. As such, I reduced that to an even smaller population, specifically, Deaf and hard of Hearing adolescents, who exhibit a display of severe to profound emotional and behavior problems. As my investigation shows, successful methods for working with such a unique population do exist and have research to support them, but it is thorough a combination of using positive Deaf role models and communication in ASL, as well as establishing formal and tangible behavioral expectations, that such programs can and will be effective. Problematically speaking, financial resources often become an issue when trying to address the needs of such a little researched population, and this is one of the biggest problems human service agencies have when trying to establish effective programs.
Project Overview

It is through my comprehensive working experience with local human service agencies over the past year, coupled with my in-depth work at NTID, as well as my student teaching placement for 12 weeks, which constituted a coupling of the two aforementioned institutes, that I became interested in this project. As such, the very nature of this project is one which transcends the traditional boundaries of a literature review. Why is this? Realistically, it seems that the very focus of my project is one which can not be directly assessed due to a lack of primary research on this topic. My original intent was to use existing research, as well as my own experience through both the workplace and the school setting, to analyze the true effectiveness of programs such as the Residential Treatment Facility (hereafter referred to as RTF) program (and others similar to it) at a local School for the Deaf. However, issues of confidentiality, permission from such human service agencies, and personal bias made such analysis more difficult, which is not to detract from the importance of such research, however. In starting this research, I did and still do, have some very fundamental ideas. Some of them are outlined here.

First, I felt that the very nature of the Human Service agency as a non-profit organization becomes so focused on saving money that this dynamic is often looked at before the welfare of the children, which are the fundamental reason that the Human Service agency exists. A common practice of human service agencies today often revolves around this: cost cutting measures include foregoing looking to hire to most qualified and competent staff in terms of education, to hiring people that may not be as qualified, but perhaps are not as expensive to retain. Looking to hire a comprehensive package of skills which is present in an individual and best suited to serve the clients is not really the most important focus of the hiring process, although it should be.
Additionally, the very nature of residential treatment programs for children who exhibit antisocial behavior or other personality disorders involve physical restraints. Thus, it would seem imperative to have staff who are physically in shape, for all intensive purposes. Yet, such is not the case, as staff often have a variety of physical ailments (which, for obvious reasons, I cannot get into detail here) that prevent them from restraining a violent client in a manner that is safe for both the staff and the client. In this way, we see that a principal focus on finance, rather than children, becomes an inherent flaw, which could lead to such an agency's downfall. Also exhibited in these measures is low budget, low quality food, health care and sanitation, all of which contribute to a volatile environment that could prevent a client from improving, and in this way continue a negative antisocial trend.

The problem is compounded, then, when you introduce the aforementioned dynamics into the treatment of Deaf clients. Dealing with the Deaf, in and of itself, is a unique dynamic which is inherently compounded by issues such as communication and cultural differences. To my knowledge, in working with a Deaf population which live in a group home setting, the very nature of the client service delivery package is completely different due largely to communication. But it is different, in a way that it has seemed like this; whereas, hearing children in residential programs possess very profound behavior that is often accompanied by violent exhibitions, my experience with the Deaf have been somewhat different. While Deaf clients may possess problems of a more serious nature, these are often minimal compared to the fact that the issues which contribute to antisocial behavior is a communicative one, with the Deaf clients often being marginalized in the home due to poor communication skills.
This, I feel, is exhibited by the high percentage of the Deaf clients being discharged for positive growth and improvement as opposed to the hearing clients, in residential settings. A trend that we tend to see is that the Deaf are discharged because of significant improvement in self-control, even among those clients who possess autism or other behavioral disorders. The hearing clients, however, are more often discharged in a transfer from Human Service Agency to other agency. (Information for this can be obtained from local human service agencies; I cannot print such information here.) What Social Workers tend to see often is that some clients who have serious behavior problems which are not improving become a liability, and are bounced from home to home. It can become a vicious cycle.

The need for review, in this manner, is critical, especially because of the dynamic population of the Deaf and the inherent issues prevalent within a residential construct. It is unfortunate, then, that while there is a wealth of information related to the use of ASL and how Deaf people learn, there is a relatively minimal amount of information with which to analyze and assess the most viable way to treat Deaf clients who exhibit antisocial behaviors, outside of a medical perspective, and in more of a cultural and communicative one. If we look, then, at the research presented, we would be unable to find enough comprehensive research to discuss such cases based on my observations.

In this way, we see then that my approach draws from hearing and special education literature, and it is through my experience that I use this comprehensive literature review to bridge and make some inferences about the best ways to approach the residential treatment of adolescent Deaf clients who exhibit a variety of antisocial behavior disorders. I think that the reader will find the material both comprehensive and informative, but at the same time, hopefully
be motivated to investigate such matters in his or her own research. This will add to the breadth of current research, which is desperately in need of a universal focus.
Revised Statement of Problem

In looking at working with Deaf adolescents who are showing significant symptoms of antisocial behavior, a majority of human service agencies in America provide a setting which is ill-equipped to deal with the comprehensive package of issues which presents in such a case in the Deaf community. The nature of communication, the cultural anomalies which are so unique to Deafness as a phenomenon, and the history which clients often have with parents who lack communication or parenting skills makes it difficult to find a winning combination of competent staff and professionals to diagnose, treat, and eventually rectify the problem. In this way, we see that every human service agency has a unique approach – there is very little adherence to a universal standard, a comprehensive approach to how to deal with such Deaf clients.

It is through my work as a supervisor of a crisis support team at a human service agency that I became interested in how society’s agencies approach and treat the small percentage of Deaf adolescents who exhibit antisocial behavioral tendencies. Through the course of my work, I have seen all too often inconsistent and flexible (not in a positive way) approaches to servicing and treating Deaf clients. I looked towards mainstream literature to identify universal approaches, yet I was able to find very little research on this topic. This, in and of itself, tells us several things.

 Principally, it informs us that there is little research in the subject, and through this absence of research we find human service agencies struggling to give a comprehensive service delivery package to clients, often with the exclusion of a strong communicative or cultural basis. Additionally, it allows us to infer that many, if not all,
of the treatment approaches draw from mainstream hearing treatments and research. While there are similarities, certainly, it would seem that the central issues of communication and cultural difference makes the approach of service and treatment of a Deaf population a unique dynamic, to say the least.

In this project, I will therefore analyze some of the mainstream approaches to treatment, some of the special education perspective on treatment, including the use of physical restraints as a treatment, and Deafness as a unique dynamic to see if some coherent conclusions can be drawn on how a human service agency might, in a very theoretical construct, approach the treatment of Deaf clients who exhibit antisocial behavioral tendencies. My hope is that the arguments presented within this paper are cogent, informative, and spur the reader to draw his own inferences in terms of this serious and often overlooked researched matter. Approaches to treatment are often viewed as medical, given in terms of prescriptions and remedies, that we are likely won’t to forget that it is a person we are dealing with, and a Deaf one at that.
Consideration of Studies and Other Work

The very content of service delivery, when looking at a “special needs” population, is a complex and not always a clear cut issue. In knowing this, it would seem that the label “special needs” is so widespread, it would be almost an impossibility to categorize all disabilities under the name. If we look at sensory deprivation as a special need (blindness, Deafness, or multiple handicaps, etc), then how can we at the same time examine attention deficit as a special need, and apply the same principles of treatment? How can we look at dyslexia, motor impairment, cerebral palsy, all under the same treatment universe? Clearly, it is not a simple process.

Fortunately, Special Education has taken such a place in our society, that the investment of financial and human resources into working with such a problem has been tremendous. Now, if we examine the rations of special education classrooms, we see that the class sizes are much smaller, from one on one to perhaps 8 to 10. Also, we see these rations of special needs students to teachers and teaching assistants, such as 6:1:1. This, obviously, differs drastically from the application of a regular education classroom, where it is not uncommon to have a class size over 30 with a single teacher. Now, classification has also become quite a popular process, as witnessed by the prevalence of tracking in our educational system. Part of the reason for this may be that there is a large financial incentive for classification, as monies are allotted based on school districts perceived ratio of “special needs” students. Many categories, many levels, all for individualization, to “fit the students needs”, or so we try to convince ourselves at school board meetings. Sometimes, we really are not meting the students’ needs.
When a child transcends the boundaries of normal behavior, when he or she falls into a category known as special needs, but more specifically, when a child becomes an increasing disruption or threat to the members of the class, then this is the problem that we are interested in. It is here where we find perhaps the most complex and intriguing of issues; the nature of behavior itself, and the fundamental root causes behind such behavior. Often, it stems from the home, parental upbringing and sadly enough, a history of abuse (sexual, physical, emotion, and so on). Yet, the critical question is how to rectify such behavior, how to stem it, to curb it, to look at it in an unbiased way and then to treat it, not as a child who is “acting bad”, but as a disease, treatable in a context just as an infection may be considered. Realistically, not to erase the experiences of the child (those who’s are profoundly negative) but to help create a coping mechanism, and in this way show that the child can in fact be a success – innocence may be lost, but a future still exists. Such an issue is so incredibly complex, we must first acknowledge that special education is an imprecise art, and one which must be always willing to change, to be flexible, fair, and yet firm in its consistency.

Before we address the dynamic of Deafness as a special education paradigm, let us look at some mainstream hearing literature on children with special needs, and then bridge from there.

**The Special Needs Treatment Approach**

Lots of primary research here, all of it important in its own unique way. The article, *IEP – Specified Peer Interaction Needs: Accurate But Ignored* illustrates how our special education system uses certain paradigms to diagnose and provide treatment, but
the treatment suggested on paper and that which is applied in the classroom can often be very different from each other. As students with disabilities are, for obvious reasons, lacking in peer interaction, Individualized Education Programs often reflect the need for stimulated and fostered peer interaction presumably to encourage social growth. Yet, the authors report that IEP’s have been shown to be inaccurate when reporting present level of functioning and goals in academic (Schneck 1980; Smith 1990), and social domains (Fieldler & Knight, 1986) Observation of subjects showed that social interaction, while actually identified appropriately (and subsequent needs for interaction) were not being addressed. What does this mean? This illustrates the fact that, while the IEP may help if properly applied, the application of treatment if not successful may hinder progress and improvement. Knowing this, we can easily equate this phenomenon to our service delivery when dealing with Deaf clients; as so very often, the nature of their antisocial behavior is, in fact, social, and in this way, at times they do not benefit from inappropriate cultural and communicative therapy.

In this way, what we are seeing is not just an interactive lack on the part of the clients and students who are assigned IEP’s and expected to follow them, but on the part of teaching and support staff who are charged with the implementation of such protocols.

**Critical Elements of the Therapeutic Milieu**

In looking at the therapeutic milieu, especially in an educational setting, it is important to remain cognizant of the fact that special education can only deliver needs as effectively as staff and faculty can administer to them. Consider, for example, the importance of background checks in hiring staff. An example which came up recently in
the Rochester area shows that, oftentimes, human service agencies are so desperately in need for staff that they will hire anyone who is either desperate for a job or willing to accept an incredibly low pay rate in the interests of social work. One local human service agency in the Rochester area had, for example, several staff who were working in a supervisory, direct care capacity for the agency. Yet, one night on the news, these same employees of the agency were brought up on drug, gang and weapons related charges. I guess the fundamental question would be this - how is it possible that state and federally subsidized human service agencies would allow such people to work their way into a system which seeks to provide direct care to troubled youth? Ironically, the night after the drug bust by the Rochester police department, one of the women who was brought up on weapons possessions charges was back working directly with clients the next day, and this was permitted by the administration. Clearly, when the administration allows gang related criminals to provide direct care services to clients seeking refuge from such institutions, there is a self perpetuating cycle of negative destruction, and it is the single voices who cry out for justice, who are viewed as the troublemakers.

It is through this kind of haphazard, "devil may care" attitude that we see issues arising such as low client improvement rates and discharge due to a positive healing process. In this way, the majority of clients that such behavioral health systems service are adolescents, we find special attention to this fact in the article "Students with Learning Problems at Risk in Middle School: Stress, Social Support, and Adjustment." This piece of primary research examines how specifically there is a predisposition for adolescents around middle school age to be at risk, specifically when they have learning disabilities or mild mental retardation. The authors cite that in middle school, the transitional period
and increased academic demands, would theoretically tend to put more stress on all students, and those who fall at the bottom of the adjustment scale would in turn encounter more stress. The research here tends to support such notions described above, with the practical implications focusing on the need to provide additional support for students who may not possess appropriate coping mechanisms.

With respect to coping mechanisms, we cannot underestimate the importance of possessing appropriate mechanisms for integration or reintegration into a mainstream setting, beyond the traditional improve and discharge philosophy. It is critical to remember that, for a majority of residential treatment packages, clients are often exhibiting inappropriate coping mechanisms in the form of violent or destructive outbursts, which are disruptive to the family setting. Yet, often such inappropriate mechanisms are learned from parents who display identical behavior, and in this way, the child tends to learn by example. This is especially critical where, in discussing such behavior with Deaf clients, the breakdown of communication between a Deaf child and hearing parents who possess little or no skill in ASL are unable to resolve crisis, conflict, or even simple matters where the child should be given a say and an opportunity to exercise some independent thought.

II. Elements of the Therapeutic Milieu Which May Detract from Successful Implementation of a Comprehensive Service Delivery Package.

In knowing that working with a residential population who is exhibiting antisocial behavioral tendencies, not severely antipsychotic in nature, is a delicate and often uncharted type of water, history has often reared its ugly head in a variety of forms of
abuse, neglect, or maltreatment. From physical (corporal) punishment, beatings, sexual and emotional torture, noxious substances, and severe examples of deviant treatment, society has sought to establish guidelines for humane treatment of clients in a therapeutic manner, and have done so in residential settings. The only issue with this is that what works for one client is not guaranteed to work with another client, and this is what makes the process of special education and behavioral rehabilitation such an art form, but often prone to error and misdiagnosis, as symptoms can seem so similar but the root cause of these issues can be so unclear – it is a hit and miss process.

The article *The Case Law on Aversive Interventions for Students with Disabilities* outlines some of the historical precedents which are used in the therapeutic milieu, but looks at what is permissible and not permissible in the treatment approach. While the case law describes 5 areas of intervention, and the article outlines precedents of where such aversive interventions were described as permissible or inadmissible, really what we see is a diverse array and perspective on acceptable statute of limitations by varying courts in the administration of aversive intervention. I have enclosed copies of the article in appendix C, for the reader’s perusal. Pertinent cases have been highlighted in yellow.

In as much as we are examining residential direct care scenarios, it is through the use of physical restraint that we find ourselves in a particularly precarious situation. That is, when a child is becoming aggressive to himself or others, in violently physical mannerisms, that an intervention must take place. The nature of this intervention, however, is one which is subject to close scrutiny. What is acceptable? Is tying a child acceptable? Handcuffing? Wrapping in a blanket? Indeed, the case studies on these techniques are varied and widespread, and courts often view the same restraint
applications with differing opinions. In most human service agencies, there are three methods of physical intervention which are used. They are - Handle With Care, Cornell Single and Two Person Takedown (including small child restraint, often known as a basket hold) and SCIP training which is another restraint option often used by Emergency Medical Personnel and Service Organizations working with developmentally disabled clientele. SCIP will not be covered in this work, because in many organizations we see it falling out of favor as a chosen restraint technique.

**Handle With Care.** This employs a restraint technique which is initiated using a Primary Restraint Technique, or PRT, where the clients arms are interwoven with the restrainers arms and then the client is gently placed in a face down position, as to immobilize them and prevent the client from further self-harm. A tripod position of support is used in this case, where the staff is often leaning on his or her elbow for physical support, and to help facilitate breathing. Physical restraints become very precarious because as many law enforcement agencies have demonstrated, there is a vicious cycle which can occur when trying to restrain another human. That cycle is, if a person is in a prone position and cannot breathe, the bodily reflex is to struggle more. In this way, this perpetuates the restraining officer or staff to apply more pressure to suppress struggling, which hinders breathing more, and so on. Often, this type of cycle of escalation can result in death of the restrained individual, and this is one of the reasons why such techniques, when inappropriately applied by incompetent staff, can be a source of significant liability. As the above mentioned example illustrates, oftentimes human services agencies are somewhat lax in their screening and selection of staff who work in direct care with clients.
**Cornell Single and Two Person Restraint Technique.** Developed by researchers at Cornell University. Somewhat less aggressive than the *Handle With Care* application, this form of intervention uses the client face down in the prone position, with arms restrained at the side. In this way, the restraint secondary person holds the legs as to minimize the threat of impact to both client and staff.

The *small child restraint*, often known as a baskethold, is probably the safest and most effective form of physical restraint. In this way, the restraining staff or officer wraps the clients arms across the front of his or her chest (restraint initiates from behind the client) and sits with his back to the wall, for support. This protocol is often used as well for pregnant mothers (teenage or young adolescent females).

Now, when using physical intervention with psychiatric and/or behavioral Deaf clients, logistically an issue of numbers becomes critical. That is, for a Handle With Care restraint, the protocol used requires two staff. Yet, for the issue of communication for calming and therapeutic effects, the use of ASL is an improbability due to the physical position of the two restraining staff. Therefore, a 3rd staff member is needed to communicate. When looking at the ratios of staff to clients in a therapeutic milieu, we see that the ratio of staff to clients never even approaches closely 3:1, and so, it becomes a safety issue, logistically, to try to accommodate clients’ needs and maintain a safe environment while providing support and supervision for clients who are not involved in physical interventions. Numerically, a restraint does not add up. And this is yet another issue often seen in Group Care situations.
Turnover Rate of Staff and Faculty within the Therapeutic Milieu.

Unfortunately, the prevalence of Special Education teachers is growing, but it is not growing commensurately with the rate of diagnosis or classification of children into special needs contingencies. Knowing this, special education teachers are often finding themselves with an overworked caseload, and burnout rates and retention rates of special educators does seem to be encountering some issues.

This topic is covered in detail in the article *Factors that Predict Teachers Staying In, Leaving, or Transferring from the Special Education Classroom*. In this piece of primary research, we see that 1,576 Florida Special Educators were followed for two years and examined at the end of the time period for frequency of leaving the profession or transferring to an alternate school climate. Results indicated that, most often, people left due to perceptions of poor school climate, as well as high stress. (Miller, Brownell, and Smith, 1999) These factors are indeed prevalent in the field of special education, and not just in the state of Florida, but throughout the world, and the United States especially.

As the article describes, that there exist four significant factors which influence, to a great extent, the rate of retention or attrition of teachers in the special education field. Now, in knowing this, we can revert back to the general subject of this thesis, which is, Deaf residential programs, and how such research affects the therapeutic milieu of such a program. Knowing that the attrition rate of special educators is high, we can in a very sure way make the assertion that, for a direct care residential worker who receives much less pay, benefits, and other bonuses of working in the field of special education, and is also exposed to ever changing hours and overtime, the satisfaction rate of job and employment among direct care workers would be considerably poorer. And, it is highly
difficult to find documented research that I have been able to find on this matter, I do
know from my experience that many people feel teaching in residential special education
programs or working direct care responsibilities carry with it a significant amount of
responsibility, and to this leads to a high degree of burnout. It is a recurring theme in the
field of Special Education.

With this information then, it should come as no surprise that clients are often
having trouble forming healthy relationships with teachers and line care workers due to a
significantly high turnover rate. Now, remember that many clients are in residential
treatment programs because of a significant difficulty forming healthy relationships. If
we acknowledge this to be true, then at the same time we see another form of negative
inherent in a direct care, residential system, and that is that a high staff turnover rate
perpetuates anxiety about forming healthy relationships. Another element in the
therapeutic milieu which presents issues and is, by its very nature, difficult to overcome.

In the article, *How We Prevent the Prevention of Emotional and Behavioral
Disorders*, by James Kauffman, describes how, in society today, we have little or no real
preventive measures that are effective in implementation, realistically, that there exists no
best practice. He says on this topic:

I caution here that preventive educational intervention is only one facet of a comprehensive
preventive strategy, which involves families, multiple service agencies, local communities, and
state and federal governments. Children and youth may show the earliest signs of emotional or
behavioral disorders in nonschool settings, and education alone cannot address the problem of
prevention adequately. Moreover, special education and general education must work together to
implement best educational preventive practices. Thus, sound prevention programs require
intervention in multiple environments by multiple agencies. (Kauffman, 1999)

The multitude of issues in behavioral health systems today often come in to play because
of the high level of involvement of various people within the system. For example, in
looking at a clients needs, there may be a variety of staff involvement in a system. Now,
such therapy can involve a variety of behavioral management therapists, recreational or
dance therapy, art therapy, dietetic needs, and so forth. The problem is, such a
comprehensive treatment package is destined to have some double standards and
miscommunications, if only due to the large number of staff and professionals involved.
It becomes difficult to set up a smooth and flowing system when the layers of
involvement are so varied and widespread.

III Suggested Approaches to Intervention in Deaf Psychiatric or Behavioral Populations.

Based on some of the information presented, there are several principals which I
suggest are of critical importance to having a successful intervention program. This
entails a comprehensive service delivery package, but at the same time it must address
the needs of the Deaf as a cultural community, as well as a medical model of analysis.
The following are protocols which I believe are of critical import to having an effective
program.

I. Communication

I cannot stress how important this element is, and that in many human service
agencies this is an element which is lacking. As such, this element is not restricted to
staff in Deaf service units, but hearing as well. Specifically speaking of a Deaf
environment, as I have outlined in previous sections the amount of staff or available staff
who are highly skilled in ASL is extremely low, and coupling that with a poor pay rate,
careers working with children in a direct care setting are often not the most desirable,
especially from a financial standpoint. Thus, it becomes a question of filling staffing
needs with people who have shown an interest and perhaps have minimal qualifications.
In this way, staff who do not possess sign skills are expected to find a way to facilitate communication with clients who may be dangerous to themselves or to others. In pressure situations, when communication is most vital, and there is a fundamental breakdown in communication, then clearly there are posed a variety of inherent safety issues.

If we expect staff to perform a role requiring communication, then we should at the same token seek to serve a client’s needs by trying to offer compensation and attractive, lucrative packages to bring staff onboard. A career with a behavioral health service can be very exciting; and, very rewarding. However, employment working with living people is different than working in a factory and we by the same token must address that issue. Collecting a paycheck while a child’s life hangs in the balance is not really acceptable, and so we must offer incentives to attract people who do not work with such disturbed children merely to “get through the month”.

II. Cultural Competence

A large part of the problem in servicing Deaf clients in a residential setting is that they come from hearing families, and very often parents don’t sign or use any type of facilitated communication other than oral interactions. So, many times, a child does not even know that they are Deaf, or come into a program needing to learn the language of signs. This type of cultural communication is so vital, because Deaf are different than hearing, and culturally, pride should be taught by the Deaf. In looking at that situation, we see that there can very often be a therapeutic element to this situation, of Deaf identifying with other Deaf and integrating into the culture. Again, this type of approach
is very difficult to successfully obtain if a situation pops up where you have unskilled staff or all hearing staff trying to integrate this element into the therapeutic milieu.

III Client Consequences

The importance of staff supporting each other in situations where clients are on behavior modification and have clearly set consequences for prescribed negative or antisocial behaviors cannot be underestimated. That is, often, clients who come for treatment exhibit very manipulative types of behavior. Yet, in this way we see that if a client does not get his or her way with one staff, then he or she will try to get their way by “shopping”, or approaching another staff with the same mechanism. It is here where clients will often go into crisis because they are so used to “getting their way”, and staff at the same time need to be supportive of each other and reinforce positive behavior, while ignoring and reprimanding negative behavior.

It is a cultural approach where we find a significant benefit to client improvement and resolution of issues. It is important, however, to recognize that very few human service agencies are equipped to deal with this kind of comprehensive dynamic. One agency outlined in the research is outlined in Appendix B: Walden House. Refer to this section for an example of a successful Deaf culturally affirmative program which is established for Deaf clients with emotional or behavioral problems.
Summary/Conclusions

It is important to keep in mind here the limitations of this study, in as much as much of the suggestions are extrapolated from a variety of experiences, internships, hearing research and mainstream special education research, as well as other widespread sources. So, this author openly admits that much of this information presented will only be strengthened by rich interpretation and experimentation on the part of the reader, looking at the issues at hand.

Principally, what I see as a fundamental issue is the lack of facilities available for Deaf clients who exhibit antisocial emotional or behavioral problems. In this way, we see that the only facility for Deaf clients in Upstate NY with these types of issues is located in the Rochester area. As the client turnover rate is usually more than 2 years, and that particular facility is only capable of housing 14 clients, we see that the waiting list for admittance into such type of highly specialized programs is long and becoming longer. And, client placement out of residential facilities into transitional living capable of handling Deaf clients is also difficult to find. Clearly, there is a significant discrepancy between programs capable of servicing hearing clients and those capable of servicing Deaf clients. This should come as no surprise, though, as we see that this reflects the nature of accessible services in the hearing world today. A discrepancy exists there also.

As this author sees it, the fundamental issue involved with servicing a Deaf population in such a highly specialized setting is the lack of communication, due to inadequate pay and short staffing limitations. Programs such as youth intervention or early identification programs can be effective, but again, these programs are not highly widespread. A lack of using an approach which is firmly based in a Cultural context of Deafness, but rather a medical model, can also contribute to a dragging out of issues and a lack of resolution. It is a delicate situation, but one
which could very easily be changing in the course of such bilingual awareness and the large amount of research going into Deaf use of ASL as a language and Deaf cultural empowerment specially in tightly knit Deaf communities.

I. The Critical Role of Parenting in the Therapeutic Process

A significant element of the therapeutic process is the integration of parents into the therapeutic milieu. Knowing this, a lot of issues we see arising, as discussed in previous sections, tend to stem from a lack of parental control or ability to communicate. This, in turn, perpetuates an ongoing cycle of destructive conflict. What we hope to see, as presented clearly in the Walden House example, is a positive approach to cultural interaction, embracing the use of ASL and Deaf pride. It becomes imperative for parents to learn ASL, to communicate effectively with their child and to understand their child’s issues. To be able to work with these issues clearly, this is what we are hoping for in these types of culturally affirmative programs.

II. Need for Ongoing Support

The use of a family liaison to encourage parents and clients to share successes and failures, as well as the use of interpreters and Deaf staff to provide positive Deaf role models and provide culturally affirmative interactions, is tantamount. Knowing this, the need to provide structured facilities that can offer these facilities is of extreme import. Human service agencies wishing to provide service delivery to a Deaf population need to embrace this philosophy.
III. Importance of a Universal Approach

Examples of culturally affirmative programming, as presented in the Walden House example, show what can be achieved – but it must be an integrated and universal approach. The days of a haphazard, "so your own thing" approach can only serve to continue a cycle of negativity. Deaf culture and the use of ASL as a 1st language for positive, therapeutic intervention has been shown to be extremely successful. And so, we must as a society, concerned with the welfare of all individuals within, seek to embrace this successful approach.
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Appendix A:

Original Article Summaries
Foundations of Educational Research
Robert Feol
Literature Review Part A: Article Summaries

Article # 1


Problem Addressed:

This article investigates the use of Team Assisted Individualization, or TAI, with youth who have been remanded to a secure detention facility due to criminal behavior including but not limited to rape, theft, robbery, and assault. TAI practice was instituted in the youths' daily scholastic activities as an educational and behavioral supplement. The study is interested in whether such practice is effective in facilitating higher motivation for learning as well as social behavior.

Paradigm of Researchers:

Positivist

Design:

This is an investigation really of cooperative learning systems and their impact with at-risk, adjudicated youth. The study was conducted during three separate classes 20 minute remedial math period. The individual assignments were taken from Basic Skills in Mathematics (Mathematics Basic Skills Development Project, 1981).

The target behaviors for the TAI and cooperative learning practices were identified by teachers and researchers. Such behaviors included on-task performance, cooperative behaviors, and academic performance. On task behavior was identified as "eyes and/or pencil directed at the required book, workbook, paper, or assignment.

The study used a “reversal design”, where baseline measures were established, then research intervention(TAI, in this case) were appropriated to the sample group. This was labeled as Intervention # 1. After this section was complete, a second baseline was recorded(Baseline # 2). This essentially replicated the conditions in Baseline # 1. However, Intervention # 2 which subsequently followed was defined as “a return to the experimental conditions described in Intervention # 1”, and lasted for 10 days.
Sampling Procedure:

Used three classes of at risk youth, all adjudicated by New York State Appellate Courts and remanded to a DFY facility. No random sampling used because of the nature of the Intervention techniques and the researchers interest in seeing such an application’s effectiveness in at risk populations.

Participants:

Three classes of handicapped adjudicated youth served as subjects in the study. All were males assigned by courts to a Division for Youth Facility due to criminal behavior. All received their instruction as part of a departmentalized program. Additional data on the subjects is given in the article in Table 1, page 176.

Data Collection Instruments:

Recorded through a variety of strategies. One method employed was to use an independent observer using a whole interval recording system, where specific intervals were used to record on-task behaviors. Cooperative learning performance and success were recorded independently using event recording. Academic performance looked at attempted problems and number of correctly completed problems.

Data Analysis:

Looked at on task behaviors, cooperative behaviors, and items attempted vs. items correctly answered. Recorded for three separate classes, and given across baseline conditions and intervention conditions.

Results:

Students seemed to unanimously prefer the TAI intervention methods over traditional classroom approaches. As such, we see reasons cited for this are that students liked giving and receiving assistance, receiving immediate feedback on performance, getting to know their teammates, and completing more work. Additionally, it is noted that there was established a comfort level among teammates and a willingness to ask for help if needed.

Conclusion:

It seems that a Team Assisted Individualization approach certainly has many valid uses, especially when dealing with adjudicated youth who from the outset demonstrate a significant variety of antisocial behaviors. As such, I think that this study also carries a significant element of generalizability to other behavioral and psychiatric populations,
including the Deaf. It would indicate that such social teamwork would contribute positively to team building skills and social growth.
Problem Addressed:

This research looks at the implementation of contingency statements and verbal prompts in the daily play of preschool children, some of whom exhibit serious antisocial behavior. Given the daily exposure through media of violent or aggressive themes, research has shown that this is often reflected in the play behavior of young, impressionable children, and often even more so when children are already starting to demonstrate antisocial behavior.

Given this issue, teachers and parents have called for increasingly effective methods to deal with such behaviors, and it would seem that the use of contingency statements as illustrated in the research here does have a place in behavior techniques used today.

Paradigm of Researchers:

Positivist

Design:

Two procedures for reducing aggressive theme play were looked at in the study. One was simply the use of verbal prompts if play behavior in the sample population became too rough or unacceptable, or inappropriate in any way. Secondly, the use of a contingency statement to incorporate acceptable behaviors by introducing into a play area a small 2 foot by 4 foot rug, where if children were going to play using aggressive or violent themes, then they were remanded to the rug, the only place in the play area where such behavior would be acceptable.

After determining baseline aggression behavioral levels, treatments between verbal prompts and contingency statements altered on a daily basis. After a time period for the study to take place, the form changed from ABAB to C with C being the more successful behavior model employed throughout the study as measured by the numbers.
**Sampling Procedure:**

No random sampling was used, due to the specific nature of the treatment and the need to incorporate such research variables into a population where there was a need to see effective change. After careful research, a specific preschool program was selected (PREP = Preparation for Regular Education Placement), really a pre-K program.

**Participants:**

Eleven children (three females, eight males) aged 3-5 served as subjects for this study. All were enrolled in the above mentioned preschool program. This program was an integrated setting for children with behavioral disorders, as well as children who did not exhibit any behavioral problems. Six of the eleven were diagnosed with severe behavioral issues; five exhibited none.

**Data Collection Instruments:**

Using a time interval series, observed behavior of aggressive or non-aggressive behaviors were systematically recorded by trained observers on a routine basis, as measured by a stopwatch. Every minute, a 5 second scan was conducted.

**Data Analysis:**

Analyzed in terms of frequency of target behaviors or nonbehaviors, and measured categorically according to behavior implementation used, either verbal prompts or contingency alternative (the rug), and compared against baseline measurements taken before the study began.

**Results:**

Overwhelmingly, there was a considerable decline in aggressive behavior when the rug was incorporated. If children would not respond to suggestions, physical removal to the rug area was incorporated. Additionally, for aggressive behavior which was not playful in nature (i.e. kicking, punching, biting) would result in a standard time-out, which was brief (1-3 minutes) and took place in a secluded corner of the room.

**Conclusions:**

Indicates a good success rate with contingency behaviors, but again, we are talking about preschool children where physical intervention was an option for effective behavioral shaping, as opposed to full-grown juvenile or adult offenders. While I think this is an interesting and effective study, at this time I do not really see it as generalizable across a variety of behavioral spectrums.
Foundations of Educational Research
Robert Feol
Literature Review Part A: Article Summaries

Article # 3

Lewis, Kathleen A., Schwartz, Gail M., and Ianacone, Robert N. *Service Coordination Between Correctional and Public School Systems for Handicapped Juvenile Offenders.* From *Exceptional Children,* Volume 55, Number 1, 66 - 70.

**Problem Addressed:**

This article investigates issues involved in a service delivery system for adjudicated youthful offenders, more specifically those with handicaps. As such, we see that when there are a variety of service delivery systems involved, communication between packages often breaks down or is non-existent to begin with, and the real casualties are the clients needing services the most.

**Paradigm of Researchers:**

Positivist

**Design:**

Since little research exists when looking at service delivery packages and their effectiveness with handicapped adjudicated youthful offenders, we see the development and administration of an instrument survey, based on a 5 point Likert scale. This instrument was pretested with graduate students at George Washington University. Administration was given to randomly selected samples of special education directors in five states.

**Sampling Procedure:**

A random number table was applied in the selection of people for administration of the instrument survey. After populations for sampling were identified, telephone interviews were completed. Said interviews were conducted with program directors or coordinators of educational services.

**Participants:**

101 special education directors from five states in the mid-Atlantic region were identified by the US Department of Education.
Data Collection Instruments:

An instrument survey, based on a 5 point Likert scale. This instrument was pretested with Graduate students at George Washington University. Administration was given to randomly selected samples of special education directors in five states.

Data Analysis:

Data was tabulated after collection according to the instrument survey. Categories were looked at, including the following: liaison issues, issues relating to transfer of records, information exchange, and information about referral for support services. Recorded comments were noted according to issue by interviewers.

Results:

Results indicate that there is indeed a serious breakdown of communication between service delivery package systems. Knowing this, we see more specific issues relating to the establishment of liaison positions, jobs where personnel directly oversee service delivery according to client need. This alleviates the problems of inadequate diagnosis or misinformation on the part of teachers, correctional staff, or other involved staff, especially when dealing with a very specific handicap population.

Conclusion:

As my thesis will demonstrate, two principal issues exist when looking at a behaviorally oriented, service delivery package for special needs populations, whether that is a Deaf population or other variety. Primarily, the lack of staffing with appropriate skill qualifications due to budgetary constraints in the Human Services field in general, and secondly, inadequate communication and diagnosis of appropriate needs in the light of service delivery systems, creating confusion and hindering appropriate service delivery. This research is a strong support for such a statement, and further research would perhaps sway in favor of more budgeting to rectify such problems.
Article #4


**Problem Addressed:**

Research here looks at the insistence by some educators to eliminate a “Special Education” label for special service needs clients, and remand them to a more regular or mainstream environment. While the argument for this is often stemming from a budgetary constraint interest, the authors try to selectively show that, for a variety or reasons, such a “Regular Education Initiative” will not be successful.

**Paradigm of Researchers:**

Positivist

**Design:**

Investigates the Regular Education Initiative according to researched literature, and uses this literature to then support the REI. After establishing this, the five authors argue well-constructed points to demonstrate that, even in the face of such research and proposals, REI is not really an acceptable educational practice at this time. They also defend their ideas with supportive research, while calling for a reinvestigation of the self-contained classroom

**Sampling Procedure:**

None really applied, as the research surrounds a philosophical defense of an idea, posted as scholarly research analysis. Could be interpreted as secondary research, but the argument itself makes this article primary research through the refuting of REI proposals.

**Participants:**

N/A

**Data Collection Instruments:**

Literature Review, interviews, and scholarly analysis.
Data Analysis:

N/A

Results:

The authors suggest that the REI will not work, due to the needs of special needs clients in the light of a service delivery system, of which regular education is not really a part of. Clients have various and diverse needs, and when looking at clients with severe behavioral disorders, we see a lack of ability among regular education teachers (or unwillingness) to deal with such special needs clients. Issues of privacy and attention to detail exacerbate such problems and the handling thereof, and regular contingencies (restriction of activities or time away from school), while effective behavioral contingencies for regular education students, are not applicable to the client with behavioral disorders.

Conclusions:

As per the above information, outlined in the article in much greater depth, we see a situation where a regular education initiative is completely inappropriate as a service delivery system. Trying to mainstream such clients is a useless effort, and can cause worse problems.
Article # 5

Lane, Harlan. "Is There a Psychology of the Deaf"? From Exceptional Children, Volume 55, Number 1. 7 - 19.

Problem Addressed:

Often researchers have investigated Deaf populations and written Deaf behavior in manners similar to manners ascribed to savages. While the reasons for this are widespread, the implications are far reaching. Lane uses his experience in working with the Burundian Government trying to set up a deaf education system as a steppingstone to argue that, as in the case of so many colonial conquests, we see a paternalistic attitude of self interest when dealing with non-mainstream populations, and Deaf people are one such type of victim.

Paradigm of Researchers:

Emancipatory

Design:

Lane researched the literature of colonialism and compared it with medical research outlining the psychological attributes and characteristics of the Deaf. In the light of this comparative research, there is a scary correlation.

Sampling Procedure:

Lane investigated as many texts as possible, and recorded summarily the notations of behavior in four areas: social, cognitive, behavioral, and emotional. He investigated this in the light of Deaf literature and colonial conquest literature.

Participants:

None

Data Collection Instruments:

None
Data Analysis:

Comparison of literary findings and sociological tests of these findings, according to prescribed data points set up by Lane before the study.

Results:

If there is a “Psychology of the Deaf”, it is one which exists far and away from the written documentation from medical “experts”, using professional instrument and psychological surveys.

Conclusions:

Lane argues that the close proximity of description between savage and Deaf populations illustrate that there is a self-interest in a majority society, a self-interest which often centers on financial gain at the exploitation of vulnerable, minority populations. This carries into my personal research and illustrates that if we accept a service delivery system which is dominated by financial interest, then we will never be provide resourceful services to clients other than a cycle of billing and accounts payable.
Article # 6:

Ritter, David R. *Teacher Perceptions of Problem Behavior in General and Special Education*. From *Exceptional Children*, Volume 55, Number 6. 559 - 564.

**Problem Addressed:**

This article looked at the behavioral ratings of problematic students, in terms of the perspectives of regular education and special education faculty. The implications of such research in terms of analyzing the possible effectiveness of the Regular Education Initiative is vital, and the interesting findings demonstrate that there is significant variation in the perceived issues of severity of problem behavior among clients who demonstrate antisocial tendencies.

**Paradigm of Researchers:**

Positivist

**Design:**

Two subgroups of teachers, one special education and one regular education, looked and evaluated a sample of students who were diagnosed as having behavioral issues. Results were analyzed using statistical analysis, and compared accordingly.

**Sampling Procedure:**

Selected clients who had been taken from a mainstream program into a higher level of care, due to behavioral issues. The teachers were selected based on experience in terms of years of experience, and experience working with the particular students in the sample.

**Participants:**

The study involved two actual samples, the students themselves, and the regular and special educators who performed evaluations of student behavior. Group #1 consisted of adolescents with behavioral issues (14 males, 17 females) recently identified as seriously emotionally disturbed. The teacher sample consisted of 25 regular educators (7 males, 18 females) and 7 special educators (2 males, 5 females).
Data Collection Instruments:

Teachers Report Form of the Child Behavior Checklist (Achenbach and Edelbrock), used to evaluate student behavior samples. Videotaping of behavior and subsequent analysis were also used.

Data Analysis:

Pre and post applications were taken of the TRF, and evaluated in comparison of special education teachers and regular education teachers, looking for similarities and differences in perceptions of behavior problems.

Results:

Interestingly enough, behavior was rated as more problematic among educators who were focused on regular education, and had little if any exposure to dealing with behavioral issues. Conversely, the Special Education faculty rated problems as less severe. This issue was seen across the spectrum of the study.

Conclusion:

What we see here is an indication of a self-fulfilling prophecy, where lack of experience with behavioral issues create a fallacy that behavioral issues are more severe than they really are. The Special Education teachers look at behavior in less severe terms, and so this raises an issue of lack of appropriate skills and qualifications for dealing with clients in mainstream settings. This in and of itself demonstrates that the Regular Education Initiative is one which may not have realistic teaching applications.
Article # 7:


Problem Addressed:

This study looked at six measures of aggression in a group of 43 children and adolescents with disruptive behavior disorders.

Paradigm of Researchers:

Positivist

Design:

As aggression in childhood has been shown to be a relatively stable behavior which has a “significant predictive import for a variety of later problems, including delinquency”, research revealing underlying root causes of such behavior has grown in value(p. 160). Knowing this, trying to examine the biological factors related to disruptive behavior disorders and using appropriate assessment scales is an interesting and viable research technique, and is needed as we approach service delivery which needs to address a comprehensive and varied set of subskills for service providers. This study addresses that very question.

Sampling Procedure:

Specific criteria were set for subjects who would qualify for the study, and then were sought throughout the community. This was part of an ongoing study of biological factors in disruptive behavior disorders.

Participants:

43 children and adolescents with disruptive behavior disorders. This consisted of 41 males and 2 females, age 6.3 – 17.4 years. Inclusion criteria were a diagnosis of at least one DSM III R Disruptive Behavior Disorder.
Data Collection Instruments:

Various and diverse. They included the following: Brown Goodwin Assessment for Life History of Aggression, Iowa Conners Aggression Factor, Aggression factor scale on parent rated Child Behavior Checklist, Aggression items from structured interviews of the child and the parent about the child, the Five Minute Sample of Expressed Emotion, and the Modified Overt Aggression Scale (physical aggression subscale.)

Data Analysis:

Intercorrelations and standard regression analysis used.

Results:

Results showed that the most severe aggression tendencies came from the older subjects in the group, and as such age was used as a covariant in the analysis. There was some variation in the DSM II diagnosis and observed or reported behavior.

Conclusion:

It seems that there needs to be a comprehensive list of behaviors associated with defining aggressive type behavior, before a diagnosis is made. There are many factors and variants involved, and this becomes relevant to my study due to the importance of clearly identifying at-risk behaviors.
Foundations of Educational Research
Robert Feol
Literature Review Part A: Article Summaries

Article # 8:


Problem Addressed:

This research looks at the effects of early intervention on children who are diagnosed with hearing losses at birth or under the age of 12 months. It looks to see two principal elements: first, to see if there is any effect on early intervention, and secondly, to see if those effects are retained.

Paradigm of Researchers:

Positivist

Design:

The study was longitudinal. First tested when they were three, four, or five years of age, time went by and then the sample was tested again four years later, using various sets of comprehensive measures.

Sampling Procedure:

The researchers located all of the children in Ontario with severe to profound hearing losses, then sought to obtain parental permission and cooperation with the research people. After the slips were returned, some details were looked at (age of onset, and so forth), and then final selections were made.

Participants:

Defined as all children in Ontario with severe or profound hearing loss who were 3, 4, or 5 years of age. There were some omissions based on the time of hearing loss onset, and some people moved out of the area before the study was completed, so there were some elements which were eliminated before analyzing the final sample. Final sample represented 18 hearing impaired children with hearing loss.
Data Collection Instruments:

A variety were used, based on the particular analysis being performed. For independent measure, we have the hearing threshold levels (HTL’s), as well as the performance section of the Wechsler Intelligence Scale for Children – Revised. Parent interviews provided most of the information on educational history (child, mother, father) as well as socio-economic status calculated according to the Blishen Index.

Data Analysis:

A log transformation of the expressive spoken language measure and a square root transformation of the receptive language measure was used to improve distribution of variables. Also, a forced entry model was used, independent variables being entered one at a time in the order listed. Analysis were performed also on data collected representing receptive language, mother–child, and social development measures. The data and analysis is pretty in-depth; see the article itself for further detail.

Results:

According to the data, age has a significant relationship to receptive spoken language in the final equation. Also, IQ and Hearing Threshold were both associated with significant effects both at initial entry and for the final data analysis 4 years later. Age of intervention was not significant. Program intensity (intervention programs the child was enrolled in) were significant, but in a negative effect. Again, extremely in-depth analysis makes it not realistic to list all individual tests performed and correlation, but the enclosed article provides further detail than can be provided here.

Conclusion:

The study did not find lasting gains associated with intervention during infancy, intensified programming, or direct instruction by parents. These items agree with previously performed research. The researchers make the point that society should be asking why intervention is so stressed, when research shows that there is not significant benefit from it. I, on a personal note, question this however, and wonder if there is something in the design of research, since it would seem that early intervention would have some benefit.

As is one of the fundamental ideas of this literature review, we see that early intervention is indeed critical, from both a cultural as well as a communicative aspect.
Article # 9:


Problem Addressed:

Looks at disciplinary practices used by school administrators when dealing with problematic handicapped children (not necessarily Deaf, per se), given the fact that PL 94 – 142 complicates matters when trying to provide a free and appropriate education.

Paradigm of Researchers:

Positivist

Design:

1st, identified schools in various regions of the United States to find a proper fit for the study. These were identified with a survey. Afterwards, the sample was analyzed using techniques and surveys the researchers developed.

Sampling Procedure:

This sample was selected with the idea of trying to replicate Rose’s 1983 study. Two states from each of the 9 census districts were randomly chosen.

Participants:

Table 1 in the attached article illustrates the number of respondents from the survey and illustrates their geographic location. This was the principal basis for research data.

Data Collection Instruments:

Survey, designed by researchers and submitted to schools.

Data Analysis:

Standard analysis of statistical information applied to this data set, including chi – square and related processes.
Results:

Most respondents reported little or no firmly established behavioral guidelines for dealing with disciplinary students. This suggests that such behavioral and disciplinary policies were (and are) more reactive than proactive, more focused on punishment per se than corrective discipline.

Conclusion:

Implementing a concise behavioral policy and making it consistent and understood by disabled students is of the utmost importance in trying to insure smooth instructional delivery.
Article # 10:


Problem Addressed:

This looks at the benefits of having a culturally affirmative Deaf residential program, focusing on crisis intervention and providing structure to Deaf clients with psychiatric and behavioral issues. It investigates the use of ASL and its positive impact on students’ self-esteem.

Paradigm of Researchers:

Emancipatory

Design:

Case study, with supporting information.

Sampling Procedure:

N/A

Participants:

N/A - reflective of Deaf staff and residents.

Data Collection Instruments:

N/A

Data Analysis:

N/A - this is more secondary research, because it does not use traditional research methods. However, it does include a case study of behavioral analysis (sans numbers, of course) and so in this manner I consider it primary and directly related to both my literature review and my topic for my thesis.
Results:

Preliminary research shows that there are some interesting and varied impacts which having a culturally affirmative Deaf program holds for Deaf clients with a variety of issues. Looking at these findings, we see that the benefits of having strong Deaf staffing and full-time interpreters allows access beyond the traditional barriers of communication, and in this manner the focus becomes more of client oriented, rather than language oriented.

Conclusions:

The advantage of using ASL in a Deaf situation and encouraging positive self-esteem in Deaf clients with issues through role models, culturally affirmative behavior, and structure, is immense. Service delivery packages should embrace this model. The issue, it seems, is with funding and availability of qualified Deaf and hearing staff.
Appendix B:

Walden House Analysis
Appendix B
Walden House Analysis
Robert C. Feol

In looking for research which provides substantive evidence for positive techniques in behavior therapy with handicapped clients (more specifically, Deaf clients) we see that a wealth of material does exist. The difficulty in amassing and selecting information is that, as much as one article is easily identified giving support for one intervention technique or philosophy, there exists another article which provides strong support in favor of an opposing idea. Clearly then, this creates a conflict of interest and provides an interesting challenge for the researcher looking to use such quantitative and qualitative research to provide a firm foundation for his or her own research ideas.

Knowing this, I set out in my Literature review to identify papers which had substance and numbers to back up researcher's ideas, not just identify theoretical papers of a scholarly nature. As such, all of the articles I reviewed are primary sources in this way, and have a common theme running throughout them of behavioral intervention techniques, related ideas, and handicap approaches to administering such techniques. In this way, examining the selected literature and explaining how it will assist in the development of my thesis. This is the fundamental focus of this project.

Section 1: Criteria for Article Selection

I was looking to support and find pertinent information for my thesis, which is tentatively titled “Therapeutic Crisis Intervention in Psychiatric and Anti-Social Behaviorally Oriented Deaf Populations.” Knowing this, and from my experience working at local human service agencies, I was confronted with a variety of problems.
Primarily, such techniques are not readily shared with success rates by publicly supported institutions. Knowing this, it becomes difficult to identify primary research focused directly on techniques used by institutions which keep their policies and incident rates private, but it is possible to coarse through the research and find other material which is suitable enough to make pertinent connections in looking at behavioral management plans. As such, an analysis of culturally affirmative programs for the Deaf is also of benefit to the research project.

**Section II: The Articles**

Comprehensive article summaries are enclosed, outlining themes and pertinent information including subject selection, data analysis, and so forth. In looking at the various articles, it did become evident that, on the most part (as far as my research and review are concerned), there seems to be little agreed upon mechanisms for behavioral management, and this is especially true when looking at the behavioral management of various special needs populations in a self-contained classroom. In the light of this, I tried to pick articles that addressed behavioral management and the most important issues in executing good behaviorally oriented service delivery - the first step to investigate in this process is communication.

**Section III: Communication in Service Delivery**

In situations where clients are unable to manage their own behavior using appropriate anger and behavioral management schemes, it becomes the responsibility of the service provider to help facilitate this function. When clients pose an aggressive
threat to themselves (situations of self-harm or dangerous exposure to situations), a threat to others, or a significant threat to property, intervention techniques must be used. In many cases, this escalates into a situation where staff or teachers need to use physical restraint (hands-on techniques), but prior to this measure, verbal de-escalation techniques are strongly mandated by behavioral service providers. It is in this situation where, when communication is used effectively, a large number of potential crises are defused, and in this way, we see that communication is vital.

The article, *Culturally Affirmative Programming for Children With Emotional and Behavioral Problems* provides for us a good example of how truly vital and effective communication is when dealing with clients who have serious behavioral issues. As such, the article details a program in New York City called Walden House. Walden House has an affirmative program for Deaf clients, and provides support for clients in all areas of life skill intervention. In this way, we see that the house has a policy of having at least 50% minimum Deaf staff on premises at all times, and hearing staff in order to be employed must be ASL fluent and approved by Deaf staff. Walden House also retains two full-time interpreters for various functions, and having these staff available on a regular basis is especially useful on the part of clients, parents, and staff both Deaf and hearing.

Deaf culture and ASL use are the priorities of the day, and in this way we see Deaf role models and hearing ASL users serving a positive function as role models, and ease of communication eliminates the issue of having a language barrier with which to cross before any effective intervention strategies can take place. As I outlined in my presentation, there are many issues which pop up when using unskilled staff (hearing,
little ASL expressive or receptive skills) to try to manage behavior with Deaf clients who have severe to profound hearing losses. Frustration and anxiety are the order of events when this is the state of affairs, and knowing this we see that intervention in life threatening situations may be too little too late when staff is not sure of what exactly is happening with a Deaf client due to the linguistic barrier.

In this way, we see Walden House as an ideal situation, but in my literature review it was the only article of its kind that I was able to find, and this included extensive searching at Wallace library. In my mind, this demonstrates to me the fact that there do not exist that many programs which are available to provide this type of therapeutic crisis intervention for the Deaf community. This research is supported by reports I have received from local human service agency staff indicating that the Deaf residential service delivery program located here in the Rochester area at Hillside Children's Center is the only one of its kind in the entire Upstate NY area. If this is truly the case, it would seem to be affirmed by the fact that over 90% of the clientele at Hillside presents from New York City - is it perhaps that programs such as Walden House are highly in demand and unable to accept clients, and so clients must travel hundreds of miles to programs which perhaps do not embrace as a supportive and aggressive philosophy centered on ASL culture such as Hillside? Preliminary queries of staffing qualifications indicate that most hearing staff who are not certified educators carry degrees in fields totally unrelated to Deaf education or even special education, and many do not have a 4 year degree. Often, staff are hired to "fill a staffing need" and having a body seems to be more important than having competent, skilled staff capable of dealing
with clients across the spectrum of physical and psychological issues which stem in such behavioral circles.

This type of incidence relates to my thesis topic, and my research is focused on revealing the true makeup of such staffing limitations, in the hopes that we see that the nature of servicing the Deaf community is a commitment of both a quantitative and qualitative nature, and to address the comprehensive needs for a Deaf client involves more than paying someone minimum wage to make sure a client does not run away.

Perhaps this type of philosophy is indicative of a larger societal problem, and this is evidenced by the fact that we, as a nation, pay higher wages for people to tend to animals than humans. (Bowen, 1999) An interesting situation, to say the least, and many interesting ideas about the fundamental breakdown in society’s service delivery to people with serious emotional or behavioral issues could come from this and the inherent implications that it carries - lack of financial incentive does not draw on a selective pool of highly qualified workers, and the high incidence of burnout creates an extremely high turnover rate in staffing, and thus clients are unable to form lasting relationships of a constructive and therapeutic nature with adult role models. The prevalence of child stalkers (sexual focus) moving from residential staffing pool one to another, certainly does not help such a situation in anyway. Administrative red tape abounds. In this way, it seems that we as a nation have lost focus, and this certainly trickles down to the Deaf clients who come to a situation needing constructive behavioral and life skill management. Walden House seems, as the research indicates, to be a wholesome exception, and most certainly not the norm.
Appendix C:

Walden House Article
DEAF CULTURALLY AFFIRMATIVE PROGRAMMING FOR CHILDREN WITH EMOTIONAL AND BEHAVIORAL PROBLEMS

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JUDITH VREELAND
The Learning Center for Deaf Children
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Abstract

Walden House is a 365-day-a-year comprehensive program for Deaf Children. More than 50% of the staff is Deaf; ASL is considered the dominant language, and a central goal for all students is the establishment of a strong cultural and personal identity as a Deaf person. This paper will explore how providing this culturally affirmative Deaf environment impacts upon all aspects of programming.

Introduction

Walden House is a program for Deaf children who exhibit serious emotional and behavioral problems. We believe that to be effective, services must be provided in the language of the children and with an understanding and respect for their culture. Thus, ASL is the language used in Walden House and it is considered essential that at least 50% of the staff be Deaf at all times. With full linguistic access and a culturally affirmative environment, a highly structured program offering group support, therapy, positive reinforcement, consistent limits, and logical consequences for behaviors can be implemented. Such a program helps children build self-esteem and self-confidence, while reducing the frequency of socially unacceptable behaviors.

The goal of Walden House is to enable children to function in less restrictive home and school environments. Therefore, comprehensive family services and the development of independent living skills are essential elements of the program. Educationally, Walden House provides a self-contained program offering a wide-range of academic and enrichment courses. In addition, the program benefits from being a part of The Learning Center for Deaf Children. Identifying with a larger school community of Deaf Children aids in the development of a healthy identity for all Walden House children. In addition, as children progress, they can gradually mainstream into the Learning Center Middle School program while still receiving the support and structure of Walden House.

Behavioral Program

Students are referred to Walden House exhibiting a variety of behavioral problems such as aggression, impulsive behaviors, resistance to authority, short attention span, and inappropriate social behaviors.

Prior to Walden House, our students are often placed in a predominantly hearing setting that
DEAF CULTURALLY AFFIRMATIVE PROGRAMMING

lacks knowledge, understanding, and respect for Language. Usually there are few, if any, Deaf adult role models, and, thus, a lack of full linguistic accessibility.

Walden House provides a strong therapeutic, and highly structured environment with group and individual behavioral management programs. This section of the paper will focus on group processing and how a culturally Deaf environment is essential for it to be effective.

One of the most important parts of the Walden House program is the use of group process. The students themselves address each other's behaviors in the group and give feedback and support. The goal is to support positive behaviors and modify disruptive behaviors. An example of group process would be a "huddle," when the group is gathered together in a circle with staff involved. In a huddle, announcements, information sharing and praise to a student or the group take place. Problem-solving skills are factored through the group. Since each student's communications and language skills vary, the group emphasizes the importance of communication, and students learn to adapt their language to the needs of others. Students' language skills and social-interaction skills are developed through exposure to Deaf staff and the strong ASL environment of Walden House.

Huddles can be used to address interpersonal problems which arise, and can be called by a staff member or a student. Staff help with the confrontation and guide students in their problem-solving techniques. As the group develops and students become comfortable, they can often operate a "huddle" with minimal staff supervision.

Another example of group process is the "POW WOW" ritual that takes place before bedtime. In the POW WOW huddle, one student or staff begins by picking another student or staff who is given the opportunity to share something or offer feedback. This goes on until everyone has bedtime. Again the importance of fluent communication via ASL cannot be underestimated. Without it, the focus of a huddle often becomes the struggle to understand, rather than the actual content and process.

The development of language and social skills is the goal of numerous informal group situations, as well as the more formal huddle. Being a part of the Learning Center for Deaf Children provides social opportunities and language stimulation through interaction with Deaf peers and Deaf staff. Involvement in the Deaf community events, as well as frequent group trips from local camping excursions to a week at Gallaudet University offer further opportunities for growth through group experiences.

Here are positive outcomes for Group Processing:
1. The student develops and improves upon his/her language skills, expressively and receptively.
2. The student develops confidence in dealing with confrontation with staff and peers using newly acquired problem-solving strategies.
3. The student develops a strong sense of Deaf identity and pride by being in a strong culturally Deaf environment.

As a result of group processing, it is clear that as their language skills and self-esteem increase, their behavior problems decrease.

Educational Program

The Walden House educational program is currently staffed by four staff, two hearing and two Deaf. (Walden House makes it a priority to seek out qualified Deaf persons for all available staff positions.) Instruction as well as behavioral intervention is approached from a team perspective.
whenever possible. Two academic courses, Reading and English/ASL, in particular, emphasize this Deaf/hearing team approach.

The goal of the reading program is to give Deaf children the confidence and basic skills necessary to enjoy and feel successful at reading. This is first accomplished by giving the students the background of the story via captioned video tapes. In addition to captioning, the stories are also made accessible to the students using a Learning Center staff interpreter, a native user of ASL, reading the captions and interpreting the story in ASL, or a hearing staff member approved by Deaf staff. Video tapes with stories told in ASL with Deaf actors are used when available. Such stories as Cinderella, Pinochio, A Christmas Carol, and Peter Pan have been used. The students watch 15 to 20 minutes of the story on videotape and are then asked to take turns summarizing that much of the story in ASL. This process continues until the entire story has been watched and each student can tell the story in ASL. The students are each videotaped telling the story which serves to motivate them to continue the long process of watching and retelling the story.

The next phase of the reading program focuses on vocabulary development. Target words from the story are chosen by the teacher and are presented to the students using a comparison format. For example, the word flag would first be signed by the Deaf staff person and then written in English. Thus, the students are developing vocabulary books by writing the written form of the chosen word on paper and then drawing a picture to represent the meaning of that word. Various vocabulary games, puzzles, etc., are developed by the teacher to reinforce learning.

The students then caption pictures of the story and make their own books. The students will look at a picture and tell the staff what is happening in the picture. A representation of the student’s ASL sentence is then written on the board. The students then work as a team with the hearing and Deaf staff members to modify the sentence on the board until it is a correct English sentence. The students have their language validated by the Deaf staff member and are involved in the process of transforming their ASL into written English. This process also enhances the student’s self-esteem and makes the English language less of a scary monster.

The last phase of the program involves the students in a videotaped production of the story where they are the actors. Scenery, costumes, props, etc., are put together by the staff and students and a great deal of enjoyment is derived from creating a “movie” of the story. The length of this program for any given story varies according to the difficulty of the story.

The English/American Sign Language program is similar in structure to the reading program. A topic of interest is chosen by the teacher and videotapes on the topic are presented to the students to give them the contextual information and background. Once the students can converse on the topic in their native language of ASL, they are then ready to work on English vocabulary, sentences, etc. This class is also team taught by Deaf and hearing staff. In this way, both the student’s ASL and English are enriched by native users of the respective languages.

In addition to these two classes, Deaf and hearing staff members strive to work as a team in all situations whether they be behavioral, therapeutic, or academic. Both cultures are modeled by native members and respect for both cultures is sought. The emphasis, however, is on Deaf culture following the philosophy that Walden House is part of a school for the Deaf for Deaf students. Therefore, the norms, values, etc., of that culture are strongly reinforced. This is perhaps more evident in Walden House due to the fact that the majority of the staff are Deaf (Walden
DEAF CULTURALLY AFFIRMATIVE PROGRAMMING

House has the highest percentage of Deaf staff in
More specifics about the way in which Deaf culture
is valued in general will be outlined in other
sections of this article.

Family Services

The families who enter Walden House often
have a history of complex and longstanding
difficulties, both on an individual and a systemic
level. Many have had social service agencies label
them as inadequate parents, neglectful, or abusive.
They may possess rudimentary sign language skills
at best and thus have a very strained and distant
relationship with their Deaf child. Under such
circumstances, it is very easy for advocates for that
child to view the parents with disdain and blame
them for the child's emotional and behavioral
problems. Not only is such a view myopic, it is
harmful to the child. When parents and school are
viewed as adversaries, it creates a loyalty conflict
for the child which can impede his/her growth.

Realistically, not all families are capable of
caring for their children. We are talking here about
those for whom reunification is an appropriate
goal, and our experience at Walden House tells us
that this is by far the majority.

Much has been said here about the value of a
Deaf culturally affirmative program for Deaf
children in terms of increased self-esteem and
empowerment. It is a model that also has a
positive impact on families. This section of the
paper will first provide a brief summary of family
services within this model. A case presentation
will then follow, highlighting some of the services
and demonstrating how one family has benefitted
from them.

Walden House employs a full-time family
liaison as a part of its clinical team. The role of the
liaison is to serve as an advocate and support to
the parents, as well as to coordinate the various
services listed below. It is essential to have someone who is able to emphasize
parents' abilities and advocate for their rights.

The following are specific services which are
provided or coordinated by the family liaison:

Monthly "Family Nights"

The primary purpose of these events are
social, though they may at times also serve an
informational or educational purpose. They have
included such things as a cookout, a games night,
a presentation of a videotape made by the
students, and an "Italian Restaurant," in which
students made menus and worked as cooks and
waiters. Interpreters are provided for all events.
Through these social gatherings, parents are given
the opportunity to see their child as competent and
capable of communicating in a rich and complex
language. Keeping in mind that the majority of
staff at Walden House are also Deaf, this
immersion in a Deaf environment helps to
normalize deafness for these families. Over time,
we have observed that parents also become less
fearful of communicating with Deaf staff and are
more inclined to utilize their own skills for social
conversation rather than seek out an interpreter.
The fact that these events are always well attended
suggests that families consider them valuable and
enjoyable.

ASL Classes

The Learning Center for Deaf Children
provides ASL classes taught by Deaf instructors for
all family members free of charge. Parents of
Walden House students are encouraged to attend
whenever possible. This is not always feasible,
however, given that some families are not within
commuting distance. When there are enough
families able to attend weekly classes, Walden
House provides its own ASL class, which then
serves a dual function of bringing families into the program on a weekly basis. For families unable to attend classes at the school, we provide them with information about classes in their community, give them ASL texts and, in some cases, help to arrange tutorial services.

Family Therapy

The family liaison provides family therapy to many Walden House families, though the nature and length of that service varies from family to family. The determination of need is dependent upon many factors including family motivation, the individual needs of the child’s home visits, and the nature of existing outside services. Interpreters are used for family therapy sessions and, in some instances, other staff are involved as well. For example, a Deaf Latino staff member works as an advocate/co-therapist in sessions with a Latino family. This inclusion communicates a respect for cultural differences to both the parents and the Deaf child and helps the therapist to be aware when such differences interfere with communication and understanding.

Consultations on Behavior Management

Walden House parents are provided with concrete suggestions for managing problematic behaviors at home. This may sometimes occur within a family therapy session, but more frequently involves educational or residential staff meetings with parents, either in the home or at Walden House. It may also involve group presentations in which staff roleplay interventions to problems presented by parents.

Provision of Interpreters

The importance of providing professional interpreting services to parents cannot be underestimated. The Learning Center employs 2 full-time certified interpreters who are used school-wide for a variety of meetings and events. These interpreters are used for all Walden House parent meetings and parents always have the option of meeting alone with their child with an interpreter. In this way, parent and child can communicate freely without their usual language barriers. The provision of this opportunity shows respect for the parent/child relationship while teaching by example about the role and importance of professional interpreters.

Case Presentation

Alex is a 13-year-old male student who entered the Walden House program a year-and-a-half ago. He and his 15-year-old hearing sister (who is also in a residential treatment program) have been in the custody of the State Department of Social Services for 2 years. Alex was sexually abused as a young child by a family member, though this did not become known until after he entered Walden House. His behaviors include physical aggression toward peers and adults and attempts to coerce peers into sexual activity. Parents live together and are both employed. They are extremely angry at the system for having taken their children away and want custody returned.

The parents’ anger is a common experience and further emphasizes the importance of the family liaison position. The following example will illustrate that point. Alex visits his family two weekends a month. One Thursday evening prior to a scheduled visit, Alex threatened suicide. Following an emergency evaluation, Walden House and DSS decide to cancel the visit. The director of Walden House informed the parents of this decision by phone. They had made special plans for the weekend and were furious about the cancellation. Their strong relationship with the family liaison, however, was not affected by this decision. She was able to contact them on Friday afternoon and discuss alternative plans for them to
see Alex. She invited them to come that evening, which they did. An interpreter was provided and the parents met with Alex and the evening supervisor, who is Deaf. They expressed their concerns and were supported by the supervisor. They were then given the opportunity to meet alone with Alex using the interpreter. Following that meeting, they were permitted to take Alex out to dinner. When they returned, they brought dessert for all staff and children. In this way, a situation which may have alienated parents from the program was used to strengthen the bond between parents and staff and communicate with Alex that Walden House and parents were working together on his behalf.

A major concern expressed by the Department of Social Services regarding his family was their inability to set limits. When at home, the children were permitted to do as they pleased. Though parents repeatedly expressed their frustration, no attempts were made to control the children’s behaviors. During a meeting with the family liaison, the parents were expressing their dismay regarding Alex’s personal hygiene. He refused to bathe or wash his hair whenever he was home. The liaison knew that Alex showered nightly and washed his hair when at Walden House and felt that this might be an easily achievable goal for the parents to tackle. She was also aware that the parents were planning to take him shopping that weekend for a much-wanted Red Sox jacket. She thus took the opportunity to propose the development of a behavioral plan at home, similar to the point system used within Walden House, through which Alex could earn the jacket. Once the parents were sold on the idea, the liaison involved residential staff, the identified experts in the development and execution of such a plan, to work with parents. The plan was developed and Alex earned the jacket. The parents were pleased with their success, and Alex viewed them as capable of setting limits.

Summary

A Deaf culturally affirmative program does not only benefit the Deaf children involved. It is a philosophical approach based on respect and empowerment and is thus an effective model for working with families as well. Families also have the opportunity to interact with Deaf adult role models. This helps parents to see that Deaf people are capable and competent and to realize the potential in their own children. Through a wide range of formal services offered to families, the utilization of professional interpreters, and the constant exposure to a predominantly Deaf staff, parents gain skills, insight, and increased self-confidence.

In conclusion, Walden House of The Learning Center for Deaf Children strives to instill a sense of pride and strong cultural identity in its students. This is facilitated by affirming Deaf culture and American Sign Language in all aspects of programming.