Prescriptions for Children With Learning and Adjustment Problems

PRESCRIPTIONS FOR CHILDREN WITH LEARNING AND ADJUSTMENT PROBLEMS

A Consultant's Desk Reference
Third Edition

By

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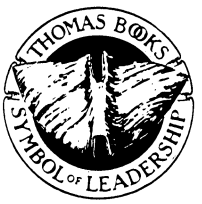

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DEDICATION

This book is dedicated, by the first author, to my wife, Lillian, who is an expert teacher with an outstanding reputation as a competent, conscientious and caring lady. All parents would be fortunate to have such a person for their child's teacher. Watching her execute her professional work for almost three decades, as I have, is to observe remarkable talent combined with gentle judgment.

The second author dedicates this book to my wife, Janice, and son, Matthew, who provided support and encouragement throughout the completion of this project.

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A PROFESSIONAL RESPONSIBILITY

It is explicitly noted that the authors do not guarantee the effectiveness of the prescriptions contained here in aiding troubled children. The professional person who uses these ideas bears the burden of responsibility for initiating, maintaining, and evaluating a treatment program derived from such concepts for his or her own clients. Supervisors of trainees must be especially alert in this regard. Any therapeutic suggestion should be judiciously selected only after a comprehensive study of the child's situation. Since the prescriptions are generally attuned to broad diagnostic entities and descriptive behavioral patterns rather than a particular child, it is an ethical imperative that the treatments be individualized for the specific child being assisted. Under no circumstances should the intervention strategies be used without adaptation or revision appropriate to the case in point. There should never be automatic translation of such prescriptions from this book into psychological reports, Individualized Educational Program (I.E.P.) summaries, or consultation guidelines without the careful scrutiny and necessary refinement by a competent psychologist or related professional.

PREFACE

Prescriptions for Children with Learning and Adjustment Problems: A Consultant's Desk Reference (CDR) is written for psychologists, mental health professionals, special educators and pupil personnel workers who are asked to provide recommendations and treatment for children with learning and behavior problems.

The essential purpose of this book has not changed over the fifteen years since it was first published. However, this Third Edition was written to facilitate its use specifically as a desk reference for psychologists and consultants who work with children in school, as well as clinical, educational and private practice settings. Conceivably, it should prove helpful to professionals in closely related specialties such as child psychiatry, social work, education, guidance and child therapy.

This edition of the CDR is newly organized to incorporate the classification scheme of the *Diagnostic and Statistical Manual of Mental Disorders,* Third Edition—Revised, (American Psychiatric Association, 1987). This is in contrast to organizing the first two editions of this CDR which used, primarily, the diagnostic classification system of the Group for Advancement of Psychiatry (1966), a system not well known by many psychologists. The authors agreed that many of the prescriptive suggestions described in the present CDR are targeted at treatment of childhood and adolescent disorders as well as other psychopathologies listed in the DSM–III–R. The CDR also remains attentive to the educational classification system used by most school psychologists and special education personnel, i.e., educable mental retardation, learning disabilities, etc.

After the introductory chapters which consider the research rationale and the use of the CDR, the first "treatment" chapters, III and IV, focus on prescriptive interventions for young children deficient in developmental skills or who manifest self-injurious behavior, the later a subspecialty of both authors (Blanco, 1983; Bogacki, 1984). In the second section are chapters V, VI, VII, and VIII which deal strategically with various conduct disorders frequently seen in school setting relating to

aggression and oppositional behavior on one hand, withdrawn or avoidant behavior on the other, and finally those conditions involved with various affective states. The third section is concerned, in chapters IX and X, with the remediation of academic dysfunctions and problems of personality integration and immaturity. The remaining chapters, XI, XII, XIII, and XIV complete the CDR by focusing on the problems of mental retardation, learning disabilities, borderline intelligence and the final category of physical and sensory handicaps. In essence, there are well over one thousand prescriptive options for exceptional children available for a consultant's discerning consideration.

This third edition has perserved the effective, practical interventions that have withstood clinical and scientific validations over the fifteen years when the book was first published but discarded prescriptions that were vague or untenable in application. With the addition of a co-author, prescriptions for learning and emotional disorders commonly found in the private practice now complement the historical thrust of the book which initially attacked only school related problems.

The authors have sought ideas and reference material when developing appropriate prescriptive interventions during academic life as well as consulting experiences and private practice. No one, including the authors, can mentally scan and retrieve such numerous ideas when needed in practice from a fragile memory bank. The CDR supplements personal memory. It is written primarily for school and clinical psychologists with an academic background in psychopathology, exceptionality, and handicapping conditions which interfere with the productive life of children in school and home settings.

Previous to the passage of Public Law 94-142, Education All Handicapped Children Act, 1975, the first edition of *Prescriptions for Children with Learning and Adjustment Problems* was offered in 1972 to suggest intervention strategies for handicapped children in school. These were to be regarded as "creative springboards" for field psychologists or related professionals, as well as students in training, to provide practical systems to change the lives and environments of troubled children. The concept of supplying concrete ideas for experienced professionals has met with some suspicion in the academic setting, but apparently an outright acceptance by most practitioners who appreciate such a resource when faced with the stark reality of children's problems. The early apprehension (Comtois, 1974; Lesiak, 1974) that such a "cookbook" reference might unstablize the profession of school psychology has obviously

not come to pass. Although some criticisms were professionally legitimate, others appeared to border on hysterical over-reaction (Reger, 1975). Other reviewers (Franks, 1973; Seiderman, 1973) saw the work in a "developmental" perspective and welcomed it as a long-needed contribution to those consulting in psychological practice. Others debated the issues of such a compilation (Blanco, Bardon, Farling, Mann & Nesvan, 1973; Todd, 1973).

Since its initial publication, almost 30,000 copies have been sold in six printings of the first and second editions. An investigation about the purchases of this reference revealed that the books were used primarily in departments of school psychology, counseling, and special education with practicing psychologists a close second. Hundreds of letters sent to the first author revealed the appreciation of readers and many have requested an expanded edition to include a greater array of handicapping conditions for children, curricular and remedial suggestions, a focus on preschool and developmentally delayed children, and more interventions that could be employed by the private practitioner.

Obviously no reference book in applied psychology can equal the stature or scope of the *Merck Manual of Diagnosis and Therapy* (1982) for medical personnel, now in its fourteenth edition. This discipline of medicine has developed an incredible and enviable knowledge base. Scientific psychology, by comparison, even with its remarkable gains over the last fifty years, has the proverbial "long way to go" in contributing to the goals of science: understanding, prediction, and control.

To this end, the current revision of this book has significant modifications along several dimensions. Reorganization of the book along the lines of DSM–III–R provides most clinicians working with children an easy, recognizable way in which to locate various child related disorders. The authors have found the reorganization of the book helpful to clinicians who work with children with learning and school related behavior problems, as well as with clinicians working with low incidence problems such as those found with serious sensory impaired and children devastated by self-injurious behavior.

Rather than undertake another prohibitively expensive nation-wide survey, as was done with an early grant from the Department of Health, Education and Welfare, the authors have instead consulted myriad texts and journals as noted in the reference section of the book. Some of the newer concepts are psychological, frequently behavioral, in nature while others are derived from multidisciplinary practices.

Experienced psychologists know full well that even the best prescriptive interventions will be totally ineffective if the teacher, parent, or primary care person dealing with the handicapped child is resistant to change or is too reluctant to help the child in specified ways. It is essential that an excellent relationship between the psychological consultant and the care giving person be present (Meyers, Parsons, & Martin, 1979). This can often be accomplished using the following abbreviated consulting approaches: expert listening, the manifestations of caring behavior, the reflection of feeling tone, the recognition of the complicated aspects of the case, and the regarding of the other professionals on a co-equal basis. Such consulting skills are not easy to learn and certainly do not minimize every possible case of resistance in the field.

Licensed psychologists and certified school psychologists as well as other individuals sanctioned by law to treat the psychological and learning problems of children ordinarily have an extensive background in graduate training, supervised clinics, and internships prior to accepting the awesome responsibility of changing human behavior. Such persons are knowledgeable about comprehensive diagnostic procedures (as summarized in chapter II), classification systems, relevant research and issues in the field, theories in personality and learning, behavior modification approaches, and an array of counseling and therapeutic practices. However, no one will find a panacea in this CDR, but rather a large set of stimulating ideas for creating better strategies for their own clients in the field.

As a textbook for class, the material has been used extensively in graduate courses focusing on psychopathology and exceptionality, clinical diagnosis, writing psychological and educational reports, and inventing remedial strategies at Temple University and others for many years. It fits comfortably as a reference for students at university clinics and internships. Assuredly it has provoked discussion about viable treatment approaches as illustrated in *Case Studies in Clinical and School Psychology* (Blanco & Rosenfeld, 1978).

The special educator, regular class teacher, or principal whose children reveal behavior or learning problems might best request consultation from a competent psychologist or educational consultant rather than rely on this reference alone. Although the ideas might be appropriate for a teacher, they depend heavily on how they are implemented. A consulting psychologist with broad training and experiences will "sharpen" the delivery system and increase the probability for effective change.

However, no one profession should have sole possession of knowledge to partial it out patronizingly in its own discretion. Thus it is impossible to state categorically who should or who should not have access to the materials in this volume. It is repugnant in science to withhold ideas because someone may misinterpret them or view them from a different vantage point. In addition, how else can young psychologists develop if they do not have available the concepts and strategies of their seniors and then improve upon those efforts? The most basic criteria for use deal with the competency and maturity of the professional person seeking to aid a child in crisis.

Ralph F. Blanco
David F. Bogacki

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A NOTE ON GENDER SELECTION FOR PRONOUNS

The authors have decided, for the sake of grammatical simplicity, to refer to the exceptional or handicapped child as "he" rather than the more accurate pronouns "he" or "she." It is true that males, rather than females, are more often represented in most handicapping and debilitating conditions (with exceptions like anorexia nervosa, bulima, etc.). Also, since the prescriptions are focused more often at the primary and elementary grades than at the middle or secondary levels, and since most teachers are females at those earlier levels, the term "she," for the teacher, has been consistently used rather than the words "he" or "she." We trust that the reader will accept this adjustment.

Chapter I

PRESCRIPTIONS FOR CHILDREN

INTRODUCTION

Since the advent of Public Law 94-142 (Education for all Handicapped Children Act, 1975), school psychologists have been mandated to perform comprehensive psychological evaluations on all referred children thought to be exceptional and in need of special education services.

As school psychology and related disciplines began, the educational and scientific world was essentially optimistic about what psychology could do for human behavior and school children in particular (White, 1969). In the last decade or two, the desire to make a significant impact on the lives of troubled school children has been maturing into the fact of accomplishment (*Professional School Psychology,* Vol. 2, Nov. 1., 1987). These changes in professional thinking, both quantitative and qualitative, have been reflected not only in professional practice in the field, but also revealed in relevant journals—*Journal of School Psychology* (1987) and in related texts, e.g., *School Psychology: Perspectives and Issues* (Phye & Reshley, 1979), and *The Handbook of School Psychology* (Reynolds & Gutkin, 1982). The best school and clinical psychologists demonstrate professional acumen in regard to children by being careful in practice and rigorous in their demands for accuracy. They devise an ever-expanding array of approaches to problems and professional endeavors aimed at change in the lives of children.

The competent psychologist today, working with exceptional and handicapped children, now executes his or her skills in a variety of service delivery areas. This includes applied research, supervision, administration of psychological services, in-service training of public school personnel, influence in the school's testing program, construction of better assessment devices, the execution of comprehensive psychoeducational diagnoses and prescriptions, the offering of psychotherapy and behavior modification programs, and especially, in providing skilled consultation with teachers and parents. The psychologist is now more

frequently a consultant to agencies, residential treatment homes and schools.

Although it is true that the traditional diagnostic model or "medical" model is time consuming for psychologists who are unable to handle the demands for service, such depth assessment is critically necessary in the majority of cases. While the diagnostic model is sometimes difficult for beginners to comprehend and execute, it provides an incredible data base for making educational and clinical judgments that cannot be matched by any other approach. Such depth assessments are warranted for critical cases in courts, agencies and special placements by law as they offer accurate, well organized information about comprehensible patterns in child and family behavior.

From this wide base of information, the psychologist may understand the possible neurological deficits, the psychodynamic roots of a child's problems, and also grasp the reinforcing conditions that have maintained a troublesome behavior. Even if the teacher is not particularly interested in the many causes of the child's problems, there are the parents of the child who care deeply about etiology as it may reflect their responsibility. Thus, they feel the effects keenly in the home setting.

The authors do not share the view which rejects the value of comprehensive diagnostic evaluation. Competent psychologists should select their areas of interest and then attempt to execute them at their highest level, whether these be in the area of diagnosis, consultation with staff, or the broader concerns of policy and system-wide intervention. There is so much work to be done at all levels of education and treatment that one professional or profession need not downgrade or overvalue the tasks of another. Rather the focus should be placed on quality in respective, equal roles aimed at the enhancement of children's welfare.

Since psychology is now a mature, self-respecting discipline of the social sciences, its members must recognize the reasonable expectations of its clients. The authors accept the important contributions of other professional groups who share with the discipline of psychology a desire for the amelioration of educational deficits and maladaptive behavior often seen in children in school settings, clinics and in private practice. What psychology and related disciplines must do is to offer its services efficiently and make itself indispensable to children, their families and teachers.

Consultants from all professional backgrounds earn a valued reputation by demonstrating effective work at all levels of assigned tasks. One

grows in value by developing a hard-earned reputation through successful work with the minimum of mistakes; certainly one goal of a capable clinician is to be error-free, no doubt the unrealizable aspiration of all service-minded professionals.

Too often the beginning consultant settles superficially for behavior described in brief notes or over the telephone with little or no behavioral referent or written records. Left with vague concepts, the consultant can only suggest vague or generalized treatments like, "provide the child every opportunity for success," or "the teacher should use various methods of instruction to aid academic growth." By contrast, a necessary diagnostic goal is to be precise in the description of behaviors that reflect deviant behavior, as well as the final recommendations for change. The day should be over when the school or clinical psychologist, or other educational consultant, after intensive evaluation of a child concludes only that "psychotherapy" and "special education placement" are recommended. The CDR has, by contrast, over one thousand more recommendations for the consultant's consideration.

What about the dozens of other prescriptions from a multitheoretical orientation that also may lend aid to the child, his teachers and parents? For example, from a behavioral viewpoint, what behavior modification techniques might reduce impulsivity, lengthen attention span, or perhaps increase the motivation to learn? From a psychodynamic consideration, what insight should a child gain? What values need clarification through counseling approaches concerning a low and incorrect self-concept. Can he learn to accept his contributions to his own self-defeating behavior? From a developmental vantage point, what can the parents change in their attitudes and expectancies about their child's developmental delay and how might this influence their own behavior? From a need-motivation theory, what needs are most neglected and can be met through a specific environmental manipulation? From a special education perspective, what specific kind of reading curriculum should be started? The psychologist of today is best armed with options from several theoretical bases. The authors make no statement as to the most definitive or practical approach in treating the educational and emotional problems of children with respect to theory or treatment. They are guided by the principle of scientific empiricism as well as a need for pragmatism in applying specific treatment recommendations after a diagnosis has been determined.

But how precise should a psychologist become in consultation and