Where Have We Been, Where We Are, and Where We're Going

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Once upon a time, I was a "normal" person, with nine years of teaching experience in the regular elementary school and Florida certifications in Music K-12, Elementary Education, and Secondary Social Studies. In the summer of 1966, I had been on extended maternity leave for several years. On a sunny Sunday morning, my husband and I were drinking coffee on our screened porch, reading the newspaper, and discussing the possibility of my becoming involved with some activity more intellectually stimulating than diaper-washing. Bruce called my attention to two announcements in the newspaper--one advertising flying lessons (which he rated highly, since he had been a Marine pilot) and the other describing a new master's level program at the University of South Florida, for which applications were being accepted.

I applied to the master's program, took the Miller Analogies Test and the Graduate Record Examination over the next two days (smelling strongly of bleach), accepted a fellowship (nicely funded by the Elementary and Secondary Education Act), and entered the field of special education. Government money actually brought me to this field--and my husband still wishes I had chosen flying lessons.

Within the field of special education, I felt particularly drawn to the area of emotional/behavioral disorders (EBD). At that time, there were very few public school programs for students with EBD. Most of the children who had a clinical diagnosis were placed in hospitals, residential institutions, and day care centers, where the primary focus was on treatment, rather than education.

If one "peeled back the layers" of the educational services that were available during those early years, one could usually find a psychiatrist somewhere. A psychiatrist was always available by referral on a contractual basis. The theoretical perspective underlying the program was "psychodynamic," and the approach used was based on principles outlined by Freud and his followers, with "talk therapy" as an adjunct to the program. The entire educational program was actually called "therapy." The youngsters were offered art therapy, music therapy, individual therapy, and group therapy. There was little mention of reading, writing, or mathematics.

To my knowledge, the first textbook that actually addressed what one should do in the classroom for EBD youngsters was The Emotionally Disturbed Child in the Classroom, by Frank Hewett, which was published in 1968. I wore out about six copies of this text. I found that requiring a teacher to implement some of the strategies in this book could change one from unsuccessful to successful in a week or so. It is still one of my favorite things.

Since those early days, programs for students with EBD, generally supported by federal law and increased funding, began to appear in school districts across the continent. These programs grew along with our increased knowledge of treatment and education programs that might be helpful. There was a tremendous increase in the number of texts devoted to the topics of "mental illness," many with conflicting opinions about the nature and needs of children and youth that were so diagnosed. Very few of these texts, however, addressed strategies and techniques for classroom instruction.

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Where We Are Now

How do we know what the current trends really are? One need look no further than the morning news. Some of our most important indicators are the following:

Media Reports.

From the various media come our most glaring issues (e.g., the growing culture of violence in our country, as well as in other nations around the world, and new information about the nature of autism spectrum disorders). There is

also recent increased interest in the use of medication with children--and the relationships between psychiatrists and drug companies (Harris, Carey, & Riberts, 2007).

Professional Conversations

Many of us receive daily information from internet listservs regarding issues of the moment. Among some of the most recent topics for discussion were the following: Reading instruction, distinguishing between social maladjustment and emotional disturbance, governmental cutbacks in housing for the mentally ill, and medications for children and adolescents. One recent article addressed the well-known fact that there is still a stigma attached to being mentally ill (Marcus, 2007)..

Professional Literature.

I was recently updating a text on curriculum and found that the great bulk of the new literature on my chosen topics focused on inclusion (more opinions that research).. Individualized education programs were de-emphasized. Some strategies that have been mandated by public law (e. g., response to intervention [RTI] were obvious '"recycling" of strategies used years ago. Further, RTI, which should be a valuable adjunct to the assessment process, has recently been hailed as way to avoid placing children in special education, especially children of color (Anonymous, personal communication, 2007).

In the mid-sixties in Pinellas County, Florida, children in need of special education were placed in special education centers, of which there were four established within the county, each with an assigned geographical area from which to draw its population. In each center were housed students with many different exceptionalities.

Each center had at least one classroom designated as an "assessment room." The teacher in charge, with expertise in informal assessment, would try numerous strategies and techniques for both instruction and behavior management, keeping data on what worked and what did not, as well as samples of the student's work.. The student would usually spend approximately six weeks in the assessment room. When the next placement was made, the receiving teacher would have a raft of materials that helped in planning for the student.

Incidentally, Pinellas County district procedures also provided for an IEP (an individual educational plan) for each student, which was compiled by a case manager. The IEP included all assessment information--both formal and informal--as well as samples of the child's work collected by the assessment teacher.

Other prevalent topics in the literature include a number of issues related to federal law. "Highly qualified teachers," required in IDEA 2004, may often be defined in terms of requirements for credentialing. That is not the whole story. We need teachers and administrators who not only possess the knowledge and skills necessary to be effective with our children (which do differ from those necessary to teach children with other disabilities), but who also actually like individuals with EBD. Our children should never be placed with a teacher without the necessary knowledge, skills, and attitude.

Related services for our youngsters are becoming more difficult to provide, especially in the regular school program. The "shrinking continuum" is occurring in community agencies, as well as in the schools. There is increasing demand for counseling and other related services, but a reduction in the numbers and kinds of services available.

Data from School Districts

In reports from local school districts, we often find news of school dropout rates, suspensions, and expulsions.

Where the Government Money is Going

Areas of increased public interest may often be noted in the government "money trail." Information about government grant recipients--and the current topics of research and practice, may be found in governmental publications. At present, for example, there is considerable public funding for programs based on the behavioral approach (e. g., Positive Behavioral Intervention or Positive Behavioral Support)

Good News and Bad News

Among the reports of good news are the following:

1. There are pockets of excellence across the continent, settings in which our children are thriving--with skilled and knowledgeable teachers, sufficient instructional materials suited to their educational levels and needs, and administrators who understand the nature and needs of students with EBD.

2. We know more than ever before about the students we serve, although we don't always do what we know to be appropriate. An early highlight in our field was a comprehensive research study, funded by the National Institute of Mental Health, which was conducted by the University of Michigan. The Child Variance Study

3. We have federal laws and precedents established by court cases that protect our children with disabilities, although these laws are always at risk. In 1965, congress passed the Elementary and Secondary Education Act, which provided for training for teachers of children with special needs. Among the other early mandates was the Rehabilitation Act of 1973, which was written in a highly punitive vein. "If you don't do what we tell you, we will take away all your federal funds, including turkeys at Thanksgiving, milk and butter for school lunches, and other federal subsidies for schools."

The Education for All Handicapped children Act (EHA), on the other hand, was an early example of positive reinforcement. "If every child with a disability has a free, appropriate, public education, an IEP, carried out in the least restrictive environment, with related services necessary for the child to succeed in that setting, we will send you extra money for each of those children." Of course, it was never funded to the extent that Congress promised.

The history of special education parallels the history of federal law, state statutes, and the results of many court cases. We have protective laws in place, but we can never be content. We must be ever-vigilant to ensure that our kids don't lose the rights they already have. Our laws are always at risk.

Of course, there is also bad news. For a variety of reasons, we are not doing the things that we know are appropriate for children and youth with EBD. We have methods and techniques that work, and we don't always use them.

We are now required by federal law to use strategies, materials, and techniques that have been proven effective by valid research. Of course, one of the suggestions made by our federal administration (in all its wisdom) is that we must have control groups that are matched to our experimental groups. Anyone who has ever worked with kids with EBD knows that there is no such thing as a control group. Our kids cannot be matched. Further, if we could, it would be unethical and immoral (and probably illegal) to deny treatment to a control group. We could not find a control group without identifying them. If our kids are identified, they must be served.

Failing to provide necessary ancillary services.

A few years ago, on the first day of school in Lake Minnetonka, Minnesota, I was the invited guest speaker for the school district. Imagine coming back to school in the Fall and no one asks you how you spent the summer, but instead said, "Welcome back. Our speaker today is going to talk about adolescent suicide."

It is commonly accepted, in the field of suicide prevention, that the role of the educator is to detect and refer. I was rattling on about early identification and immediate referral to mental health professionals. A young woman stood up in the balcony and said (in a strong, firm voice typical of a special education teacher), "Dr. Guetzloe, in my town, I am Mental Health." She lived and worked in a small community, and, as the special education teacher, she was the whole show--the only intervention available. She had to know and do it all. In this field, all of us need all the training we can get.

Before my retirement, I had taught at the University of South Florida for 34 years. I was primarily responsible for courses in the area of behavioral disorders--theory, behavior management, educational strategies, assessment, and practical experiences in schools and clinical facilities. In our program, which was extensive, we tried to cover everything a student might encounter in the future and, at the very least, ensure that the student had the knowledge

and skills necessary to find the answers to problems, if we had failed to provide those. After the first few years, we had great textbooks. They were veritable treasure troves of valuable information. There was a considerable amount of theory in the pile, and it was my job to show the importance of understanding the theories--and turning theory into practice.

There were also some great "tricks of the trade" that were invaluable to practitioners. I felt that it was my job to dig those out and stress the practical suggestions. One of those that worked particularly well (and which is also suited to the regular classroom) was "Be positive, be brief, be gone" (Jones, 1992).

Some of our tricks of the trade work at home as well. For several years, my husband and I took in young adult felons, who were involved in a "pre-trial intervention program" in the local court system. The purpose of the program was to ward off imprisonment.

Our first client was brought to us by a former master's student, who was the local supervisor of probation and parole. Lewis had been an outstanding student--a bright, dedicated, and quite handsome African American who finished his master's program and then decided never to teach. (I don't think I had anything to do with that.)

One afternoon, he called, briefly explained the program, and told me he really needed a favor. One of his probation clients was in desperate need of a safe place to live. Lewis further explained that he knew we had an empty bedroom. Within a half hour, Lewis appeared at my door with a handsome young white male, who was nicely dressed and somewhat subdued. Lewis introduced him and then took the young man by the shirt front, pulled him up a little so he was on tiptoe, and explained," Douglas, I <u>love</u> Dr. Guetzloe. If you ever do anything that hurts Dr. Guetzloe, you will go to jail for a very long time. Do you understand me?" Douglas nodded in agreement--best he could in that position. We continued our "interview" with a brief conversation, and Douglas was left with us.

Anyone who has ever taken in foster children would understand some of the adjustments made by both Douglas and his new parent figures. Incidentally, there is no money attached to this program. We undertook this duty because of our positive relationship with Lewis Bryant. Douglas lived with us for over a year (although Lewis had estimated a period of about three months).

I helped to watch over Douglas, who was a classic adult with Attention Deficit Hyperactivity Disorder (ADHD). I interceded with his supervisors, hauled him to and from work at Sears, and generally attempted to teach him social skills that he had either never learned or conveniently forgotten.

The going-to-work part provided an opportunity to practice one "trick of the trade." Each morning, when Doug was ready for work, he would tell me he could walk to Sears, which was over one mile away, but the path to which led right past the door of his girlfriend, whose parents would have left for work. His presence at her home was prohibited, according to his pretrial conditions. I would explain to Doug that I would take him to work at the appropriate time. He would argue, but, when the time came, I would say, "Get in the car." He would repeat that he could really walk there, and it would be much less trouble for me. I would repeat, "Get in the car." After a few more rounds of this repartee, he would get in the car and I would drive him to work, where his employers had been advised that he could not leave the premises..

There are probably many people in this field today who have never seen a real "phonograph record," but this technique is called the "broken-record technique." In the good old days, if a record was scratched, the needle would stick there, causing the repetition of a certain line of the music. In utilizing this technique, a teacher would simply repeat the same direction several times, without escalation of either pitch or volume (e. g., "Please sit."). Amazingly, this often works with students with EBD, as if the message finally comes drifting through (and they comply). My students often reported that this was both helpful and easy to remember. I owe an apology to the original author. I have used this for so many years; I cannot remember where I first heard of it.

Sometimes, I found that the things the students remembered best were little "pearls of wisdom" that were not in the textbooks. Almost every day, someone would share something I had said that had really worked in a certain situation, and my students came to call those, "Guetzloe's Laws." For example, Guetzloe's Law of the Shopping Center was "If it's against the law in the shopping center, it's against the law in the classroom." This provided an

indication of when a teacher should report a student's behavior to the legal authorities--and not just to the assistant principal.

Another "law" was "If you don't know what to do, don't do anything." Sometimes, what we think of first in a crisis situation will only make things worse. We need to know enough to recognize the difference between a behavior that we can ignore and expect to extinguish and a behavior that will escalate into a dangerous situation.

The Very Worst of the Bad News

The terrible truth is that we haven't come that far in the treatment and education of students with EBD--certainly not far enough. In visiting a classroom for students with EBD, I am still amazed that the children look and act the same as those with whom I worked forty years ago. They have the same facial expressions and perform the same actions as those who are now fully grown. We don't have either a cure or a vaccine. Further, there is still a stigma attached to having EBD. People are afraid of individuals with mental illness. Despite our research, increased knowledge and skills in dealing with these youngsters, and some attempts at public education, we still need more of all of these.

The Need for Redefining Success--and Reporting It

Many years ago, my mother's closest friend died after surgery that was proclaimed by the surgeon to be a complete success. My mother's response became her standard indictment of the medical profession," The operation was a success, but the patient died."

Sometimes, our outcomes are like that. We teach our students mathematics, language arts, and social skills. We teach them to shake hands, write a resume, and balance a checkbook.. They graduate, however, to several predominant placements: state hospitals, jails or prisons, and cemeteries. "The operation was a success, but the patient died."

We have authorities in our own field who criticize special education, claiming that our students are better off without our specialized instruction. They point to the "lack of success" in our own field. Success for our youngsters may not be defined in terms of their placements after graduation from high school (a practice which is prevalent in the literature). We have many small victories which eventually lead to our students' being able to cope with the requirements of the community-at-large.

Every year, as The Council for Exceptional children (CEC) collects data for Congressional representatives and senators, they send out the call for success stories. Unfortunately, they ask for information we can't provide: Names of children and their parents, addresses and telephone numbers, etc. (all of which are violations of confidentiality). I would suggest that we tell the stories and lie about the identifying information.

Continued Need for Research

Actually, we all probably do research--every day. Our research may not meet the standards of the federal government for a number of reasons, especially the lack of a control or comparison group. It is, however, usually useful in our own settings.

I did my own kind of research, to supplement whatever I was presenting in the college classroom. For many years, I had an agreement with the local Vocational Rehabilitation counselors--that they would come to class and tell my students how they experienced success with our young people, and I, in turn, would come to their training seminars and tell their people about the characteristics of individuals with EBD.

While I was working with them, I did a study (with their help), asking the employers with whom they worked to list the characteristics of youngsters with EBD that made employment difficult. Their answers were quite simple. The list of characteristics that made our kids unemployable read like a checklist we might use as a screening device. The reasons our young people were not suitable for employment were their symptoms of emotional disturbance According to these employers, if a student had EBD, he was "unfeasible" for employment--a discouraging finding.

For example, one trait of our youngsters, especially adolescents with EBD, is that they do not suffer discomfort cheerfully. One employer, who really wanted to be helpful, hired several of our young clients to do roofing--in the summer--in Florida. Halfway through the first day on the job, one of the young people said he was now hot and tired and was leaving. The job supervisor actually stood between him and the ladder and said, "You're not going anywhere." No, the boy didn't throw the supervisor off the roof. He simply turned, went the other way, and jumped.

There are some occupations, however, in which our people do very well.: For those without a clinical diagnosis, the armed forces were good placements. They thrived under the structure, they liked the uniforms, and they loved the guns! Several successful placements were in forestry (not surprising, since almost any task for our youngsters is more acceptable in the out-of-doors).. One young man became the rector of a church. All week long, he was responsible for God's house, he took his responsibility very seriously, and he performed his duties well.

One interesting occupation, particularly suitable for our young people, was scraping the bottoms of boats, which are plentiful in Florida and grow barnacles constantly. This is a solitary task, with the scraper wearing scuba gear. The worker does not have to interact with anyone. If he/she tried to argue with anyone, he would drown.

One of our most interesting clients was successful as what we then called a "go-go dancer." She was a beautiful young woman, with a psychiatric diagnosis of "nomadic sociopath." In her glass cage, she did not have to interact with others (which, in fact, would have been illegal). This was also a solitary profession. Further, she didn't have to spend a great deal of money on working clothes. After several years on the job, she drove her little convertible to the special education center from which she had graduated, bringing a check for scholarships. Belying the label of "sociopath," she gave back to the school that had helped her.

Where We're Going

1. Always and forever, there will be controversy about this area of special education. There will still be disagreement among professionals regarding the nature and needs of our students, as well as the philosophical underpinnings of our treatment and education programs.

2. The Age of Litigation will continue. There will be more court cases and ensuing case law. There will be no end to legal mandates the drive our programs and new decisions that change our implementations of the laws. A good friend--Mitchell Yell--in South Carolina refers to the Individuals with Disabilities Education Act (IDEA) as the "Attorney's Full Employment Act," which is not too far from the truth. In the schools, fear of litigation often drives practice. We must be aware of and follow the mandates of federal law, state statutes, and district procedures. Above all, we need to do what is best for the student(s) I know of no one who has been punished for doing what is in the best interest of the students.

3. The focus on inclusion will continue (which should probably be termed, "reduction of services".)

4. There will be ever-increasing demands for services and treatment, coupled with a reduction in the number and types of services available.

5. Privatization will increase As time goes by, more government agencies will continue to reduce the services they provide directly, in favor of contracting with private individuals or corporations for those services.

6. The continuum will continue to shrink. As education officials and some advocacy groups push for more inclusion, other possible placements will become unavailable. Our children need the full array of services and possible placements. They may all have EBD, but they differ considerably in terms of degree, frequency, and duration of problem behavior. A most obvious trend is toward the referrals of more violent students--and fewer appropriate placements.. Many years ago, I wrote that our classroom management systems must be suitable for the most violent children placed there. I also said that there should be at least two adults in any classroom in which there was one violent child. This is still my firm belief.

7. We will probably continue to employ interventions that don't work. We have data about ineffective strategies: (e. g., corporal punishment, exclusion, and incarceration). . In many programs, these interventions are still in vogue.

8. We will cut back on adequate assessment of students with EBD. We desperately need to get back to the real basics in special education assessment. We cannot base evaluations of adequate yearly progress on "high stakes" tests, especially for students from diverse backgrounds. For example many assessment instruments were written in English. Even if they are translated into Spanish or any other language, some of the meaning is lost in translation. In years past, a psychometrist could choose, among all the instruments available, a battery of tests that would pinpoint the specific problems that an educational -program should address for an individual student. Of late, the IEP may be based upon the student's scores on the standardized grade level test. Individualization is only attempted within the parameters of the regular education offerings. This is not enough.

Our high-stakes tests often have supposedly innocuous items that are "culturally-biased." One example I well remember is that, after my youngest child had spent the day taking the first grade standardized test of "mental maturity," he announced that the test was not fair--that he had "missed one." His best friend, who previously had lived in the north, had gotten that one right and, although Pete had the highest intelligence quotient in the class, he was disgusted. The word was "toboggan." the picture was of a wooden child's sled, and Pete had never seen one. This was a culturally-biased item, which put southerners at a disadvantage

9. We will continue to be concerned about cultural diversity, coupled with very little progress toward meeting the needs of children and families from diverse backgrounds. The arguments in the literature have not changed in my 40 years in special education. They focus on the problem, but stop short of practical suggestions for solutions. Awareness of d sensitivity to different cultures are not enough. Understanding the contributions of culture to a child's inappropriate behavior is not sufficient. We must go beyond understanding to making appropriate decisions about behaviors that must be modified in order for a student to succeed--not only in school, but also in the community and the world. We must also use effective strategies for bringing about those changes.

Continued Need for Advocacy

The history of special education actually parallels the history of federal law, state statutes, and the results of many court cases. We can never be content. We must be ever-vigilant to ensure that our kids don't lose the rights they already have. Our laws that currently offer some protections for children and youth with EBD are always at risk.

We must continue to focus on meeting the specific needs of kids with EBD, which are different from the needs of students with other disabilities: They need all the services available--and then some. Further, any individual who comes in contact with our children needs to know it all--all the theoretical approaches and all their practical applications.

A few years back, at an International CEC Convention, I received an award called "Contributor of the Year." On the day of the award ceremony, a previous speaker had asked, "Where is our next generation of professionals and advocates?" In my brief thank-you (which I had written on a paper placemat, a source of amusement to the audience--I called upon my 30 students that had come with me (funded by Student CEC I to please stand, and I pointed out to the general assembly, "Here is your next generation," and the students got their well-deserved resounding applause

Our current practitioners are the next generation. Most of us "old folks" aren't quitting, but we need the help of everyone who works with our children and youth. We also need advocates who are knowledgeable and skilled. Another of my personal laws is, "Always stay within your area of expertise." We must learn all e can about doing a good job in the classroom. We all need to stay current with the knowledge base. We must read, watch, listen, and learn. Each of us must be conscious of, and continue to improve, his/her professional image. Before we start "stirring it up" for the children, we have to be sure we are doing it right in our own settings.

We also need to maintain a professional network, and stay abreast of what's going on in Washington, DC, as well as in state and province capitols. CCBD has a long and admirable record of leading the way Advocacy is not something any of us can do alone. We need one another, and most of all, our children need us.

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