

Wraparound Services for Young Schoolchildren with Emotional and Behavioral Disorders

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- *Suspension cut in half.*
- *Almost one-half fewer absences.*
- *Referrals to the office reduced by two-thirds.*
- *Parent conferences increased four-fold.*

Would you like to see results like these for your students with emotional and behavioral disorders? This article shows how.

In communities across the United States, educators, mental health practitioners, parents, and students have come face to face with the fact that even young elementary schoolchildren can become a threat to society and to themselves. The reauthorization of the Individuals with Disabilities Education Act (Public Law 105-17, IDEA Amendments of 1997, P.L. 105-17, 300.520, 64 Stat. 12412 [199]) makes it less difficult to expel dangerous or violent students with special needs from general and special education classrooms. In addition, IDEA provides suggestions regarding alternative settings as a means for delivering appropriate educational interventions. Being removed from school, however, should be

a last resort; and educators should explore every avenue before a child is either expelled or placed in an alternative setting.

This article describes a project we conducted in a suburban location in the southeastern United States and suggests ways other educators might develop such supports for children and their families.

Meeting the Needs of Children and Their Families

We designed this project to meet the needs of young elementary schoolchildren with severe and complex emotional and behavioral disorders (EBD). These were children who were often angry, violent, and vulnerable to abuse. The intervention project for this self-contained class of children with EBD began in January 1999 and continued until May 2000. At the beginning of the project, the class contained 8 male students, who had been identified as early as kindergarten or first grade. During the project, class enrollment ranged from 8 to 12 students, 11 males and 1 female, whose ages ranged from 6 to 9 years. A behavioral support team determined that the children should remain in school.

To increase the chances for these children to be included in a general education setting, we implemented a family-centered system using “wraparound” services for the children and their parents (see Clark & Clarke, 1996; Eber,

Nelson, & Miles, 1997; Eber, Osuch, & Redditt, 1996; VanDenBerg & Grealish, 1996). A wraparound system is “a needs-driven process for creating and providing services for individual children and their families” (Eber et al., 1997). We used this definition to direct our project. To better understand how to use a wraparound system, we studied the application of systems theory (see box, “Systems Theory”).

Our review of the literature led us to develop the following guiding questions, which then provided the impetus for our project:

- What are the features of a hands-on wraparound system of services to serve young children with EBD?
- How can we increase parents’ participation in their child’s educational program?
- What can we learn from parental needs and concerns that will help us to better serve children with EBD?
- How can we better prepare our future teachers to meet the behavioral challenges of the 21st century?

We then created a behavioral support team to plan and address the guiding questions. Figure 1 shows our conceptualization of a wraparound system. Note the integration of school, team, and community services “wrapping around” the group of children and parents involved in our 18-month intervention project.

**A DYNAMIC PROCESS INVOLVES
ESTABLISHING TRUST,
RELATIONSHIP BUILDING, AND
CONTINUOUS ASSESSMENT.**

Systems Theory and a Wraparound System

The most common framework for understanding family assets, needs, resources, and perceptions is systems theory. This theory spotlights family values, priorities, and needs within a responsive, hierarchical, and methodical environment (von Bertalanffy, 1968). As early as 1970, Hobbs applied systems theory concepts to “ecological strategies” in his program for children with emotional disturbance, Project Re-Ed. Bronfenbrenner’s (1977; Bronfenbrenner & Neville, 1994) systems theory model focuses on human development and renewing support for children and families.

Systems theory, using Bronfenbrenner’s research, has been put into practice by Bailey, who has written extensively about preschool children with special needs (Bailey & Wolery, 1992). It is from Bailey’s interpretation of Bronfenbrenner’s work, as well as Brooks-Gunn (1995), that we took our ideas and developed a wraparound system of services for helping children with EBD and their parents.

Figure 2. Behavioral Support Team Members

- University Special Education Professors (2)
- University Education Majors Serving as Mentors (12)
- Special Education Teacher
- Teaching Assistant
- Guidance Counselor
- Principal
- Clinical Child Psychologist from Local Mental Health Agency
- Director of the Local Alternative School Program
- Parents of the Children with Emotional and Behavioral Disorders

Role of the Behavioral Support Team

Members of the behavioral support team were people who expressed an interest in working with one another to support young children with EBD and their parents. The team, which consisted of professionals from a local univer-

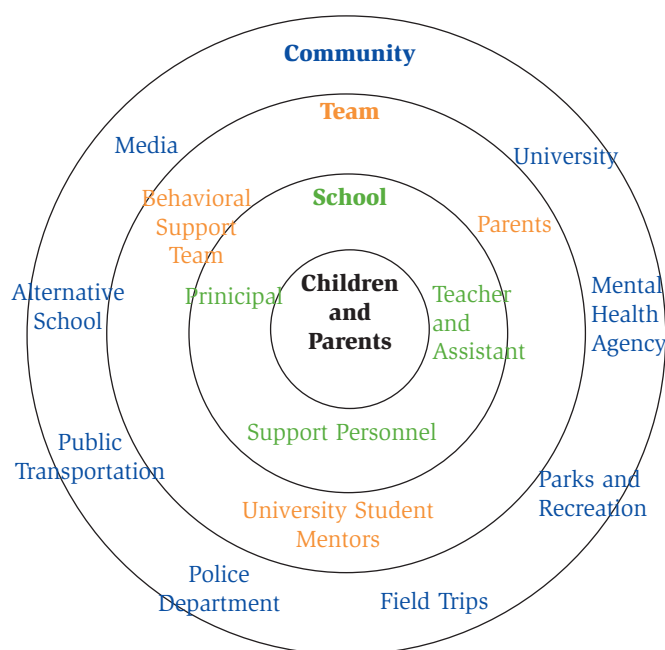
sity, a public school district, and a mental health agency (see Figure 2), met monthly to plan, problem-solve, and determine answers to the guiding questions. Parents were considered members of the behavioral support team because of their knowledge of their own needs, as well as the needs of their children.

Parents were also recipients of wrap-around services.

We developed several components to achieve the goal of implementing successful interventions for young children with EBD:

- *Data-based behavioral instruction* was directed by data collected in an observation booth by university students, teachers, and other professionals. The observation booth was available to parents, who were invited to observe their children at any time during the school day.
- *An innovative suspension program*, provided by the school’s principal, was called “The Therapeutic Day” (see box). This program reduced full-day suspensions.
- *Cost-free, direct services* in the classroom provided by a clinical child psychologist from the local mental health agency. In addition, free individual family counseling was available at the agency site.

Figure 1. A Wraparound System



TO INCREASE THE CHANCES FOR THESE CHILDREN TO BE INCLUDED IN A GENERAL EDUCATION SETTING, WE IMPLEMENTED A FAMILY-CENTERED SYSTEM USING “WRAPAROUND” SERVICES.

“The Therapeutic Day”

The purpose of “The Therapeutic Day” was to *increase* the amount of time a child would stay in school rather than to *increase* referrals to the principal and out-of-school suspensions. To these ends, the teacher used a cell phone programmed with the phone numbers of each child’s parents so that phone calls could be immediate and, through conferencing and problem-solving, could increase parental participation for taking responsibility to help their children stay in school. The principal was a positive support, rather than symbolizing punishment.

Also, the principal coordinated with the university special education professors in providing opportunities for the education majors to serve as mentors—tutoring students, having lunch with them, and sponsoring a monthly “Fabulous Friday” event. Students earned points from a classroom behavior plan to participate in special events. As noted in Table 1, the discipline actions taken brought results.

- A mentoring program conducted by university education majors. Each mentor was assigned a student from the class. Mentoring options included having lunch, tutoring, and participating in outdoor activities such as touch football, basketball, and miniature golf.

**THE WRAPAROUND SYSTEM
HELPED ANSWER THE PERENNIAL
QUESTION, HOW CAN WE
INCREASE PARENTS’ PARTICIPATION
IN THEIR CHILD’S EDUCATIONAL
PROGRAM?**

- *The use of the research-based social skills curriculum, Second Step* (Committee for Children, 1999).
- *Monthly evening parent meetings*, scheduled with parental input, were held in the school library, with transportation provided as needed by the members of the behavioral support team. These meetings turned out to be the most important component of the program.

In addition, we visited consenting families in their homes so that the team could further clarify questions about the purposes of the project and of wrap-around services.

We were enthusiastic with the process from the beginning, but we had to continuously remind ourselves to review and revise what we were doing with the children and their parents. We felt that if the project were to be successful, parents must be able to enhance their child-rearing skills and must be able to establish levels of trust with all members of the behavioral support team.

The Participating Children and Their Parents

As the behavioral support team attempted to address our original guiding questions, which focused on parental needs and concerns about children with EBD and parental participation in educational programs, we reviewed some statisti-

cal data: 92% of the parents were single, and 92% of the students qualified for participation in the federal free lunch program. These data gave insight into parents’ financial needs and their family structures. We asked ourselves how we could address the needs of parents who were single-handedly juggling employment issues and parental responsibilities while they were confronting pressures brought about by raising children with EBD.

We decided to have monthly parent meetings during which various behavioral support team members would present topics, such as effective discipline (Rawlinson, 1997), character building, behavior modification, mental health issues, and medications. We hoped that the topics would provide parents with an array of options to use at home that would support the educational program offered at school. We knew we could not conduct the parent meetings, however, without input from the parents themselves.

To that end, the first monthly meeting session began with a parental needs assessment. Outcomes from the assessment determined the topics selected for the subsequent meetings (see box, “Who Says My Child Has Behavior Problems in School?”). All participating members of the behavioral support team reviewed the needs-assessment findings, which demonstrated to all how



The behavioral support team member leads a parent meeting. These meetings turned out to be the most important component of the program.

Who Says My Child Has Behavior Problems in School?

Steps that take place:

1. The *teacher* is usually the first to notice that a behavior problem interferes with a child's progress in the classroom. Some examples of behavior problems:

hitting	showing signs of depression
having tantrums	refusing to obey
being too quiet or withdrawn	using bad language
yelling	demonstrating uncontrolled anger
2. The *teacher* tells the *principal* or *school psychologist* about the child and the problem. This is called "referral."
3. The *school psychologist* observes the child in the classroom for several days.
4. The *school psychologist* gives the child several tests. Some examples of tests are behavior checklists, social/interaction tests, intelligence tests.
5. The *school psychologist* uses test results to see if the child's behavior fits the label "emotional disturbance," a category determined by the state education agency and used by the local school district.
6. If the child's behavior fits the label, the *school psychologist* sets up an individualized education program (IEP) meeting with the *parent*, *general education teacher*, *special education teacher*, *principal*, and others.
7. If all parties agree, *special education* services are provided for the child.

parental requests for help were being honored. The following monthly discussion topics came out of the parental needs assessment:

- Feelings and attitudes.
- Who says my child has behavior problems in school?
- Family issues.
- How to handle stress.
- Losing a job.
- Finances.
- How to handle failure.
- Transportation problems.
- Dealing with unacceptable behavior.
- Trust-building and communication.
- Available community resources.
- How values are learned in life.
- How to communicate encouragement to your child.

During the sessions that followed, we began talking about feelings, attitudes, and character building. We also discussed situations arising at home, which cause children to behave inappropriately. We presented strategies to help parents with their children's problem behaviors; one source of strategies was *Second Step*, which uses a simple step-by-step method to modify behavior.

Behavioral support team members learned that parental needs, just as the students', were concrete. Issues of

transportation, jobs, recreation, mental health, and childhood psychotropic medications were stresses in parents' lives. They had real survival needs that had to be addressed. Over 6 months, the parents listened to community representatives, as well as members of the behavioral support team, who could answer questions and facilitate meetings.

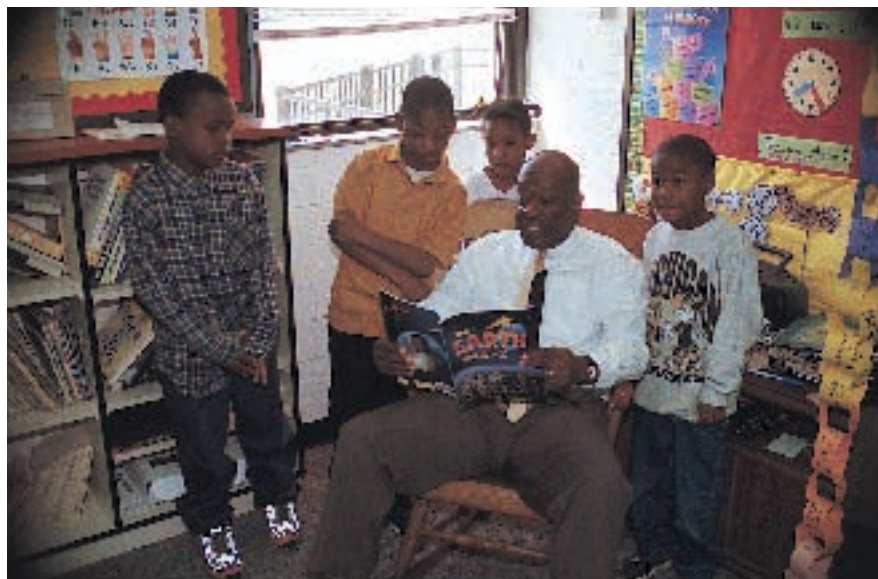
All behavioral support team members—including the parents—began to

CELL PHONES AND AN OBSERVATION BOOTH WERE ESSENTIAL PARTS OF THE WRAPAROUND SERVICES.

see one another as people with similar problems, hopes, and dreams. Trust was established. Many parents admitted that they, themselves, had experienced adjustment problems in school and that they continued to have little control over their own anger. They also admitted that there were serious problems at home with their children. The parents began to ask for help from people they now trusted. It became apparent that parents, as well as children, would not be open to learning unless it was relevant to their lives, presented in a meaningful way, and facilitated by someone who has taken the time to form a relationship of trust with them.

The Principal as a Major Key to Success

The school principal was a member of our behavioral support team. He was pivotal in getting the program off the ground. He had an in-depth knowledge of the students, their families, and the school's and communities' needs.



The school principal was a key member of the behavioral support team.

Because of his associations and good communication with the school district office, he was able to obtain funds for the construction of the observation booth that helped us answer some of the wraparound systems' guiding questions dealing with parental participation and teacher preparation. The observation booth provided

- Opportunities for parents and professionals to observe children in their daily school setting.
- A specific milieu for university education majors to use observational recording techniques and to reflect on effective teaching practices.

The principal provided essential leadership in finding alternative methods of support for the classroom teacher when the students' behaviors were violent and unacceptable. As the project progressed, he no longer viewed full-day suspension as the preferred option. Through the use of "The Therapeutic Day" (see box), students were able to remain in school or the classroom for at least a half-day and often for the entire day, instead of being suspended (see Table 1).

As noted in Table 1, there was a significant decrease in referrals to the office, school absences, and suspensions. "The Therapeutic Day" technique was used in building cultural competence. For students to be culturally competent, they must have appropriate adaptive behavior and academic skills.

The Teacher as the Creator of Cultural Competence

Another member of the behavioral support team was the special education

teacher in the self-contained class. Her role was to provide daily academic and behavioral instruction that would build *cultural competence* in the students (see box, "10 Tips for Teachers").

Academic Instruction

Academic instruction was based on each student's IEP. The teacher individualized all work and used a variety of instructional formats, including direct instruction. The students closely followed the general education curriculum, with allowances for their strengths and weaknesses. As well, the teacher used state curricular standards and a variety of instructional materials.

Behavior Management and Social Skills Development

Use of behavior management strategies, such as those found in "10 Tips for Teachers," and the administration of the *Second Step* program allowed the teacher to devote more class time to academic instruction, thereby enhancing the development of cultural competence. The teacher obtained documentation of student adaptive and academic behavior outcomes by means of a point-based behavior plan. Students and parents were able to monitor performance by reviewing total daily points that students earned for appropriate behaviors demonstrated in school.

The *Second Step* curriculum is a research-based program that teaches strategies for behavior management and appropriate social interaction. Mastery of the *Second Step* strategies leads children toward cultural competence. Topics in the curriculum include

10 Tips for Teachers

1. Use frequent positive reinforcement. Research says five positive reinforcements for *each* negative, (Beck & Williamston, 1993).
2. Ignore negative behavior that does not interfere with others' learning or influence others' behavior.
3. Tell children specifically what you want them *to do*, rather than what you want them *to stop doing*. For example, if a child is swinging his arms around and bothering another child, tell him to put his hands in his pockets or fold his arms instead of telling him to stop swinging his arms.
4. Use lots of humor.
5. Once you have stated that a certain consequence will follow a specific action, you *must* follow through with the consequence.
6. Give students the choice of two options, *both* of which are acceptable to you.
7. Change the physical environment, that is, rearrange the desks, and so forth.
8. Elicit support from parents in the form of "pep talks" before behavior is out of control.
9. Use masking tape on the floor to delineate personal space.
10. Spend plenty of time teaching procedures, and review them frequently during the year.

Table 1. Discipline Report from the Osiris Database

Discipline Actions Taken	1998-1999	1999-2000	% Decrease or Increase
Referrals to the office	128	46	-64
Absences—partial day	78	18	-230
Absences—full day	182	102	-44
Suspensions	84	41	-49
Parent Conferences	19	79	+415

- Developing empathy.
- Controlling impulses.
- Managing anger.

Instruction is teacher directed, based on posters, activities, and scripts provided by the publisher. Students with EBD are encouraged to generalize and transfer strategies learned in the *Second Step* program to other situations. For example, in our project, the teacher encouraged students to use *Second Step* role-playing activities to demonstrate empathy after reading a story about a student who had lost her home in a fire. Students who displayed appropriate social skills were allowed to participate in art, music, and physical education classes with their general education peers. To be effective with children with EBD, the teacher was committed to addressing academic, social, and behavioral needs.

What We Learned

In search of answers to the wraparound systems' guiding questions, we gained insight and drew the following conclusions:

- The features of an ideal wraparound system of services for young children with EBD should include
 - A systems theory framework.
 - A continuing pledge by a behavioral support team to improve the lives of children and their parents.
 - A data-based program design that includes planning, problem-solving, and implementing interventions.
 - Creative and positive administrative leadership.

OUR BEHAVIORAL SUPPORT TEAM CONSISTED OF PROFESSIONALS FROM A LOCAL UNIVERSITY, A PUBLIC SCHOOL DISTRICT, AND A MENTAL HEALTH AGENCY—AND PARENTS OF THE CHILDREN IN THE CLASS.



The teacher individualized all work and used a variety of instructional formats, including direct instruction.

- Use of preferred practice based on research (“*OSEP Provides Solutions*,” 2000).
- To increase parent participation in a child’s educational program,
 - Trust must be established.
 - Parent meetings must be perceived as meaningful and enjoyable.
 - The school must project a supportive tone for children and their families.
- We can learn from parents that they have as many needs as their children do, and that parents must trust the school before change can occur.
- To better prepare teachers to address the challenging behaviors of children in the 21st century, teacher education programs must include
 - Access to data-collection opportunities.
 - Preferred practices that are research based.
 - Instruction in trust-building skills.
 - A long-term commitment to intervention programs.

We must overcome other obstacles if we are going to educate children with EBD in their least restrictive environment. Students’ success will be significantly increased if schools consider using a wraparound system of services, attempt to build programs that increase parental trust and support, and identify alternatives to the expulsion of students with severe and complex emotional and

behavioral disorders. As school districts continue to examine means of helping children with EBD and their parents, we must create systems of services that are supportive, are family-centered, and address the needs of educators.

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