Feasibility of training undergraduate students as teachers of disturbed children is examined, followed by brief presentation of a potential training model for undergraduate students. It is noted that there is little, if any, research indicating the superiority of graduate training over undergraduate training. The need for program changes is mentioned, followed by a statement that recent trends in mental health services available to children suggest that an undergraduate training program can train students for a variety of roles from classroom teacher to community mental health worker. A special problem of undergraduate programs is thought to be the provision of a variety of experiences sufficiently long and intense. The proposed model for undergraduate training is described to consist of 4 calendar years, to involve careful screening and selection of students, to provide financial assistance, to entail extensive practice situations, to have competent staff, and to evaluate the program. (CB)
PREPARING UNDERGRADUATES
TO TEACH DISTURBED CHILDREN
by
James M. Kauffman
and
Robert M. Anderson

OCCASIONAL PAPER B
SCHOOL OF EDUCATION
UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE, VIRGINIA
The Occasional Papers series was originally conceived as an outlet for the ideas of faculty members of the Curry Memorial School of Education in order to "out gadfly our gadflying children." The need to stimulate relevant concepts has not diminished over the two years that the series has been published, and the demand for many of the papers has gratified both the authors and the school.

Still framed to "suggest rather than conclude," the series in 1972 will expand to include authors from other education school faculties.

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James H. Bash
Professor of Education
Director of Field Services
Occasional Paper 8

PREPARING UNDERGRADUATES
TO TEACH DISTURBED CHILDREN
A Review and Prospectus

by

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A contemporary assumption holds that undergraduate preparation of teachers of disturbed children is inadvisable (Harth, 1969; Cotter, 1966; Rabinow, 1964; Balow, 1965). Instead, courses should begin at the undergraduate level and culminate in some form of intensified study at the graduate level. This point of view is reflected in professional standards recommended for personnel teaching disturbed and maladjusted children:

The standard training sequence that should be anticipated is completion of the fifth year or master's degree. Although undergraduate certification programs will continue, major emphasis should be put on complete qualification through an integrated program leading to an advanced degree...[Council for Exceptional Children, 1966, p. 12].

Not all educators, however, embrace this viewpoint. In delineating problems, issues, and trends in the education of the disturbed, Johnson (1968) raised several relevant and perceptive questions:

The future direction of college undergraduate programs in special education is bleak, if not seemingly marked for extinction. Commitment to programs of undergraduate education has become unfashionable, and an extreme positive value has been placed upon graduate preparation for
the classroom teacher of exceptional children. Is such a position justifiable? Are the interests of the field, of the potential teacher of the exceptional child, himself, served best when such a position is assumed? [p. 345].

While the issue of undergraduate versus graduate education for teachers of the disturbed continues to be debated in the literature, there is little—if any—research evidence to indicate the superiority of graduate training. In the absence of conclusive, or even presumptive data related to the superiority or inferiority of one level of preparation over the other, the current "state of the art" in educating the disturbed may provide enough reason for the proliferation of undergraduate programs. The serious shortage of practitioners who are qualified to work with handicapped children is particularly critical in the area of the socially maladjusteu and emotionally disturbed. Until there is conclusive evidence to suggest that undergraduate programs are undesirable, the shortage of professional personnel may dictate that teacher preparation programs be continued at the undergraduate as well as at the graduate level.

PROGRAM CHANGES NEEDED

The proliferation of undergraduate programs as they currently exist, however, cannot be viewed as adequate preparation. Total abandonment of undergraduate training would seem to be a lesser evil if the profession must choose between quality or quantity in personnel. But to produce enough qualified teachers, special education programs can no longer afford an ineffective training model consisting mostly of coursework, much of it irrelevant to professional performance, followed by a brief, inadequately supervised practicum. To use Frierson's (1970) analogy, if the contest
with ignorance is to be won by Education, the team in training will need more workouts on the field where the game is played—in the field with children.

Nor can special education still afford to prepare teachers for the role of traditional classroom teacher. There appears to be widespread disenchantment with the plan of special classes for special education (Dunn, 1968) and almost universal enthusiasm about enhancing the teacher's role as a preventive community mental health worker (Mumford, 1970). Educators usually assume that the undergraduate is neither mature nor experienced enough to function adequately in the community role; therefore, schools prepare the undergraduate to fill the role of classroom teacher for special students. Such assumptions are apparently false, provided that undergraduate trainees are carefully screened and given appropriate training (Linton, 1969, 1970). Thus, current undergraduate programs are placed in the unenviable position of ineffectively preparing individuals for a role which is decreasing in popularity.

TRENDS WORKING TO SUPPORT CHANGE

Recent trends in mental health services available to children suggest the possibility that a viable undergraduate training program could be developed in which the trainee would be prepared to assume a variety of roles from classroom teacher to community mental health worker.

During the past decade, mental health workers have come to the dismaying realization that traditional individual therapy is both methodologically inadequate to meet the mental health needs of the community. Furthermore, they have concluded that such treatment makes unrealistic demands on limited manpower resources. Consequently, new role and function concepts for mental health specialists and new methods of behavioral management are being developed.

Concurrently, it has been generally observed that the school is potentially a powerful change agent.
in the mental health of children. No other social agent, except the family, has such intensive and prolonged contact with the child or a more profound effect on his development. No other social agency in the community has a legal and moral mandate to serve all children. As Mumford (1970) has said, "the school deserves our best efforts and investments. It is a primary wedge for social change and a central medium for transmission of social patterns and basic premises that shape each successive generation." [p. 20]. Failure at school is perilously close to failure in life for the school-aged child (Bower, 1969), and it has been observed that children with the greatest learning problems in school are also the children with the greatest need for mental health services (White & Chatty, 1966). Thus, the importance of channeling mental health services to children through the schools has been recognized, and models for the provision of services have been proposed to answer this mandate (Bower, 1967; Rothman & Berkowitz, 1967).

Belated and forceful recognition of the school as a mental health resource for children has not overshadowed the importance of family and community factors in corrective programs. Plans covering all aspects of the child's life in the community have been suggested and may be essential for maximum efficacy of mental health programs (Hobbs, 1968; Rhodes, 1970; Kauffman, 1970b). When such plans, designed to reach the child in all aspects of his life, are implemented, traditional role distinctions and different techniques employed by the various mental health professions may become blurred or disappear. As a result, cooperative efforts among public schools, university training programs, and various community agencies and institutions need to be given high priority (Tompkins, 1969).

Another trend significant for the undergraduate began in the early 1960s. Educators and mental health workers developed a tremendous interest in methods to control behavior of special students. Parents and other nonprofessionals concerned with mental health, as well as psychologists and
teachers, have found the systematic application of learning principles to the management of individual and group behavior very useful (Kauffman, 1970a; Lovitt, 1970). While behavior modification cannot be offered as a panacea, the extension of behavioral principles to as yet unexplored areas of mental health work with children offers great promise, and interest in the technical aspects of behavior management does not appear to have slackened.

To facilitate training and to ease the critical manpower shortage in mental health, undergraduate university students and nonprofessionals already have been employed in some mental health and special school programs (Cowen, Chinsky & Rappaport, 1970; Donahue & Nichtern, 1965; Shea, 1970). It is recognized that first-hand experience and enthusiasm may be more potent factors for successful programs than theoretical sophistication and formal training. Professional leadership and supervision of undergraduate/nonprofessional workers are, of course, essential; but the use of such para-professionals appears to be the only solution to the pressing mental health needs of the children in most communities.

Preventive mental health programs for children are essential if permanent, long-range solutions to the problems of behavior disorders are desired. More and more, authorities speak about preventive mental health plans, but the ideas have yet to coalesce into concrete programs of primary prevention. Among the many complex reasons for this inertia, professional preoccupation with rehabilitation must be considered a prime roadblock, in that it obscures the preventive potential of less intensive intervention in social systems which generate maladaptive behavior (Rhodes, 1965; Bower, 1969).

In summary, an adequate teacher training program is most likely to occur when: (a) mental health services to children are channeled through the school by an interdisciplinary team concerned with applying methods of behavior modification to problems caused by the child's total environment and (b) undergraduate trainees are provided prolonged, intensive,
and closely supervised first-hand experiences ranging from preventive classroom management through rehabilitation of pathological behavior.

SPECIAL PROBLEMS OF UNDERGRADUATE PROGRAMS

A key problem in preparing undergraduates in special education is the task of providing them with a variety of experiences sufficiently long and intense. Frequently this situation arises when students are prevented from enrolling in a Department of Special Education immediately upon entry into their collegiate program. Delay in enrollment is usually said to be necessary to allow the student time to mature, discover his interests, and complete liberal arts or general education requirements. Furthermore, general education is thought to provide a reservoir of learning on which the student may draw in learning to teach. In many university programs, students are not enrolled in course work in special education until their junior or, in some instances, until their senior year, thereby drastically reducing the amount of time available to the student for practice.

The importance of practice for prospective teachers of handicapped children has received increasing emphasis since the inception of Public Law 88-164 (Anderson, 1969; Anderson & Little, 1968; Gersh & Nagle, 1969). The Council for Exceptional Children (1966) clearly suggests that it is essential that the student have ample opportunities for extensive observation, demonstration, and participation experiences with handicapped children on various ability and age levels and in a variety of settings. It is also recommended that these practice sessions be arranged in a logical progression and be provided as early as possible in the student's program. This seems to suggest that a relatively substantial period of time is necessary to provide a solid framework of appropriate practical experience correlated with course work requirements.

In some teacher preparation programs, undergraduate practicum experiences other than student teaching are
encouraged but not required. Students are counseled to participate in such activities as church school teaching, camp counseling, recreation supervision, etc., but no serious attempt is made to provide a planned program of work with children under proper supervision. As a result, students tend to approach student teaching with insufficient guided experience with children in school situations. Such haphazard training is patently inferior and can only result in the production of inferior or incompetent teachers.

Other undergraduate programs, such as the one described by Anderson and Kauffman (1970), provide appropriately supervised pre-student-teaching practice and student-teaching. However, the scope, intensity and duration of the majority of pre-student-teaching practica are not sufficient to prepare the student adequately for student teaching or for a significant role as a preventive community mental health worker.

A more realistic undergraduate teacher preparation sequence has been developed by Grosenick (1969). The student's last academic year and the following summer are fully devoted to individualized training in a program which alternates supervised student teaching with formal course work. Although Grosenick's program represents a significant and welcome departure from the usual undergraduate training formula, it is limited by the fact that the major innovation rests within the student's senior year.

Special courses of study and special workshops, usually offered during the summer months but occasionally encompassing an academic year, have sometimes been offered in an attempt to provide a more coherent and intensive practice for students. Cowen, Chinsky and Rappaport (1970) have described a year-long undergraduate practicum in community mental health which has been operated with a high degree of success. Nelson (1970) has designed an intensive summer program for training teachers of children with behavioral disorders which is also reported to have produced very satisfactory results. These and similar programs, however, are not of sufficient duration to develop the degree
of sophistication which might be obtained in a training
sequence in which supervised practica were an integral
part of each semester's work for four undergraduate years.

Demonstration programs and collaborative arrange-
ments between local schools and universities have been
developed for in-service training and graduate education
(Tharp, Cutts & Burkholder, 1970; McKenzie, Egner, Knight,
Perelman, Schneider & Garvin, 1970). Although these
programs are a definite contribution to community mental
health, they may not achieve the same impact that a similar
program at the undergraduate level might achieve, and there
appears to be some danger that they may come to be viewed
as an esoteric appendage to the public school system rather
than an integral part of...

A PROPOSED MODEL FOR UNDERGRADUATE TRAINING

A functional and effective undergraduate training
model will require drastic revision of present teacher train-
ing concepts and demand a commitment to innovative change
and a climate of mutual support and trust on the part of
several interdependent institutions—universities, state
departments of education, state and community agencies
providing services to children, and public school systems.
As Johnson (1968) stated:

A new form of teacher preparation
is required, one which is educ-
ative and functional, and allows
greatest utilization of the manpower
resources currently available and
is highly motivated toward service
in a growing field [p. 350].

To be effective, however, change will have to go beyond
the internships and special study institutes suggested by Beck
(1966) and Johnson (1968) and the year-long practica
developed by Groenick (1969) and Cowen, Chinsky and
Rappaport (1970). A training program modeled after the
European Educateur Plan (Linton, 1969, 1970) and adapted to meet the needs of the American public school system may be a step toward more functional teacher preparation. Such a program could prepare young professional teachers to serve the mental health needs of children in their school and community in a variety of roles ranging from classroom teacher through community mental health specialist. The essential features of such a program would include the following:

1. The program would consist of four calendar years of training leading to a bachelor's degree in the education of exceptional children. Graduation from the program would entitle the trainee to certification to teach in the regular elementary classroom or serve as a Special Teacher of children now comprising the overlapping and often irrelevant categories of the emotionally disturbed, socially maladjusted, learning disabled, disadvantaged and mildly retarded. The graduate of the program would be highly skilled in behavior management and educational programming and have a working knowledge of social agencies serving children and their families. The frame of reference for the trainee's efforts would be learning theory (Kauffman, 1970). Unlike the European Educateur, the Special Teacher would be involved in teacher-pupil relationships and relate to the child in an academic way, but he would extend his influence beyond the traditional boundaries of the teacher role and enter, as Rhodes (1969, 1970) has suggested, the microcommunity of the child. The Special Teacher would use the school as a beginning point for assessing the child's behavior, planning preventive or remedial action, and implementing the plan through his own teaching prowess and ability to marshall community resources. The role of the Special Teacher would combine elements of those described variously as teacher-counselor, crisis teacher, resource teacher, consultant, and Educateur.

2. Heavy emphasis would be placed on careful screening and selection for the training program. Recruitment
would begin at the senior high school level. Highly intelligent and creative students who manifest an interest in children and a commitment to constructive social change would be sought. Candidates for the training program would be asked to visit with trainees and assist in educational and community action programs. Recruitment, screening, and selection of trainees would continue throughout the first collegiate year. Formal admission to the Special Teacher training program would occur at the end of the first year after the accumulation of data based on interviews, recommendations, and observation of the candidate's ability to work with children and adults in school and community settings.

(3) Financial assistance could be provided through existing federal, state and local agencies as well as through private sources. It would also be highly desirable to pay trainees for their services as professionals and semi-professionals during training. McKenzie, Egner, Knight, Pevelman, Schneider, and Garvin (1970) have described some funding options which may be adaptable to the proposed training program.

(4) The training program would include not only early and careful selection of trainees, but: (a) immediate placement in full-time practicum situations upon entry into the program to provide a sound basis for formal entry into the program; (b) coursework coordinated with each practicum to allow immediate application of classroom learning; (c) continuous and intensive supervision of practicum to provide a sound basis for student evaluation and program planning; (d) some form of practicum and some coursework during each phase of the program to provide continuity between the classroom and the real world; (e) 60 semester hours of formal coursework, including required courses in core areas but consisting mostly of electives determined by the trainee in consultation with his advisor and selected to fit the student's needs and interests; (f) concentration of coursework in the third or Junior year of training after the student has acquired an experiential basis for classroom learning; (g) a full-time
teaching internship in the fourth or senior year providing a laboratory for application of the cumulative learning of the three previous years; (h) intensive training workshops correlated with summer practica to provide depth in core areas; and (i) an elective summer workshop at the end of the final year of training to sharpen areas of special competence or strengthen areas in which the student may be deficient.

The proposed sequence and distribution of practica and coursework are presented in Table 1: As may be observed the trainee would follow a full and demanding schedule. Because of the coordination of coursework and practica in sequenced time blocks, however, the program should be manageable by capable and motivated students.

(5) Staff for the training program would be selected for their knowledgeability in a content area, proven competence in working with children, dedication to student welfare, ability to communicate effectively with peers, and desire to participate in innovative and flexible undergraduate teacher preparation. It is anticipated that each trainee would be assigned to a faculty advisor during the first year and that he would remain with that advisor for the remainder of his program. The advisor would be responsible for the bulk of the trainee's supervision during practice sessions and for the details of the trainee's program planning. A close working relationship between the trainee and his advisor and among students in the program would be fostered in order to make training an intensely personal experience.

(6) Once specific behavioral objectives had been established, the program would be evaluated by monitoring each trainee's performance as it matched the objectives. The ultimate objective and criterion for evaluation would be desired changes in children's behavior. The specific objectives for an individual would depend on assessment of the trainee's skills upon entering a given stage of the program and basic requisites for successful performance in that stage of the program. Such an evaluation model has been described by Haring and Fargo (1969).
<table>
<thead>
<tr>
<th>Year</th>
<th>Practice</th>
<th>Coursework</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full-time teacher aide with responsibility for observing and recording behavior, tutoring, small group teaching, materials preparation, etc.</td>
<td>Child development, learning theory, introduction to special education, techniques of behavior management [12 semester hours]</td>
</tr>
<tr>
<td></td>
<td>Summer</td>
<td>Summer camp counselor and recreation worker</td>
</tr>
<tr>
<td>2</td>
<td>Full-time observer and assistant for minimum of 9 weeks for each of the following: school psychologist, social worker, sheltered workshop or work-study program, juvenile court</td>
<td>Community resources for children and youth rehabilitation techniques [6 hours] Electives [6 hours]</td>
</tr>
<tr>
<td></td>
<td>Summer</td>
<td>Child care worker in a residential institution</td>
</tr>
<tr>
<td>3</td>
<td>Part-time teacher aide, tutor, or assistant to community mental health agency</td>
<td>Electives in general and professional education [30 hours]</td>
</tr>
<tr>
<td></td>
<td>Summer</td>
<td>Diagnostic and remedial teacher</td>
</tr>
<tr>
<td>4</td>
<td>Full-time teacher on internship basis under supervision of master teacher</td>
<td>Electives [6 hours]</td>
</tr>
<tr>
<td></td>
<td>Summer</td>
<td>Elective</td>
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Obviously, the training model proposed here has been presented only in skeletal form. It should be viewed as tentative and experimental. Much needs to be added to fill out the details, however, they could be supplied without undue effort. A more serious problem demands attention first—obtaining institutional and personal commitment to such a training model. Although the task of getting local schools, mental health agencies, courts, and state accrediting agencies to cooperate, obtaining university permission to add a degree program and design new courses of study, finding funds to operate the program, and recruiting instructional and supervisory personnel may seem insurmountable, the model is not proposed with any lack of seriousness. Radical departure from current practice in teacher education is essential if the needs of all children are to be met. Some day soon, perhaps, "school systems, state departments of education, and the community will become partners in the education of teachers." [Simches, 1970, pp.7-8].

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