Described is a program to provide educational services for severely emotionally disturbed (autistic or childhood schizophrenic) children based on behavior modification principles. Both formal and informal tests of performance are given in the areas of preacademic and readiness tasks. Each child is individually tutored in language, pre-reading, pre-arithmetic, and self-help skills. Parental reaction to the program has been positive. A sample of student growth in the 8 months of the program is that of a child who previously rocked incessantly, threw furniture, and screamed, but who now sits quietly, waits her turn, and plays cheerfully. The instructional staff have been involved in obtaining instructional materials, doing paperwork, and restricting the involvement of visitors. (DB)
During the Spring of 1972 it became apparent that there was a group of children in the Fox Valley region for whom current educational services were not entirely appropriate. Consequently, through concerted efforts of forward-looking Neenah administrators and concerned parents, a program for severely emotionally disturbed children was conceptualized. The program was designed to service children so severely disordered that they might otherwise be institutionalized.

Ms. Susan Poeschel, Program Specialist, and Ms. Janet Carr, Instructional Aide, provide continuous programming daily from 9:00 to 2:30. Occasional instructional support is provided by selected University of Wisconsin-Oshkosh Special Education students. Administrative leadership is provided by Mr. Ted Jarosh, Building Administrator and Mr. Richard Luft, Director of Elementary Curriculum. Consultative support is provided by G. Douglas Reilly, M.D., Pediatric Specialist and Ronald D. Carter, Ph.D., of the Department of Special Education, UW-Oshkosh.

Neenah's program for severely emotionally disturbed (SED) is located at Lakeview School. SED predominantly serves children described as autistic or childhood schizophrenic. Programming is based on the tenets of operant psychology (behavior modification).
and patterned after the pioneering work with autistic youngsters of Ivar Lovaas, M.D. of the Neuropsychiatric Institute at U.C.L.A. 

In order to be enrolled in Neenah's SED program, the child is first observed by the Program Specialist in the child's referral setting. All available diagnostic data is collated and presented in an educational staffing. If the child's social behavior and academic performance are sufficiently atypical to warrant excision from his current placement, and if he meets psychiatric criteria, the child is admitted on a six to nine week trial basis in the SED program.

Upon placement at SED, each youngster is carefully diagnosed in terms of his skills development. Instruments such as the TMR and EMR Performance Profiles are customarily used, but yield only limited useable data. In addition, each child is sampled in terms of his performance of a range of skills often referred to as pre-academic or readiness tasks. In cases where limited academic skills are evidenced, more traditional diagnostic instruments are used: achievement and reading diagnostic tests.

At this juncture, having established a fairly thorough statement as to what skills the child either has or does not have, the Program Specialist writes detailed individualized "prescriptions" for each of the tasks to be taught to the new student. This prescription is typed and then entered in the child's own data book; programming begins.

Programming consists of each child being individually tutored
in a core curriculum of language, pre-reading, pre-arithmetic and self help skills. Since each child's programs are specifically tailored to him, the same content may be taught six different ways in the course of each day. Simultaneous with instruction, continuous data are gathered and graphed. In this way the Program Specialist determines the merits of her instructional programs and notes adjustments that are needed in prescriptions. Prescriptions requiring change are re-written, based on student performance and new data are gathered to test the merits of revisions. Indeed, programming is totally based on child performance.

One may wonder what impact this program has had during its first eight months of operation. Some parents say "Overwhelming!"; some say "Superb!"; others are less responsive, but pleased that finally their child is enrolled in an instructional program where he is showing gradual, but continuous growth.

Behavior modification programs are sometimes criticized by inadequately informed onlookers. Thus far, however, no concern has yet been expressed that children are 1) being taught mechanistically, 2) being programmed to be automatons or 3) deprived of creative self-expression. Instructional criteria are, indeed, rigid, but success is omnipresent. The youngsters are lavishly rewarded and their growth in skills is evident both to the parents and in the data books.

The Program Specialist and her Aide are not "superwomen" or savior sorts. They are, however, persistent, dedicated and scientific in their approach to teaching. NO prescription is too
precious to be revised or replaced; the child's performance yields the final judgment regarding a prescription's quality regardless of the number of hours spent in writing.

Of equal importance to the success of the SED program is the role to be played by a Building Administrator who is willing to learn about something to which he has never before been formally exposed. Mr. Jarosh's willingness to secure additional equipment and instructional materials has been most impressive. Further still, his eagerness to supervise visitors and to insure complete protection of the learning environment has enabled Ms. Poeschel to focus primarily on children and programming—as it should be.

A natural curiosity for the reader might be, "So how is SED different from any other successful new program in a public school setting?" Probably SED is not unique from other successful programs. Nevertheless, this fact does not lessen SED's achievements. SED has achieved phenomenal growth with students. It has required an impressive amount of resiliency and spontaneity on the part of instructional staff. Samples of this growth and agony are listed below:

Student Data

September and October were almost unbearable.

a) One student rocked incessantly, clung to a pillow, threw desks and chairs and screamed wildly at any attempts for instruction. Now, she sits quietly—sometimes still rocking, but waiting her turn and plays cheerfully in the free time area.
b) A second student hid under tables, ran from instructional staff, literally clawed all adults who imposed any pressure and largely invested his day in flitting flea-like about the classroom; he was uncontrollable! Currently, his spunk remains, but he is on task and a productive student--responding to people perhaps for the first time in his life. His insistence for sameness remains but his persistence is gradually decreasing.

c) The third child was placid, unresponsive and clearly uninvolved. Large segments of his time were invested in standing aimlessly slapping his hands, playing with his tongue or covering his eyes and ears. It was a gargantuan task to effectively interfere with his autistic behavior long enough to obtain one correct response in a 10-15 minute instructional segment. At this time he actively participates in exercises associated with the Peabody Kits and is beginning to approximate the responses required in Distar.

d) Finally, another student who showed much less psychotic-like behavior was quietly uncooperative. There was little or no audible speech present; she refused to participate in any instructional task by destroying materials, shaking her head and then banging her head at her desk. Now, she can only be described as an eager beaver who delights in show 'n' tell, Peabody, Distar and playing teacher's aide.
Instructional Staff Data

e) Initially, the program was begun with almost no instructional materials. "Scrounging" describes the procedures used. As supplies arrived after Thanksgiving, an air of "maybe we will make it to May" seemed present.

f) Deciding what would be most appropriate to purchase and what is least relevant to systematic instruction was an arduous task--especially for a new teacher. At this time, we are comfortably programming, using Distar and Distar-like tasks as a major frame of reference.

g) The unending chore of writing detailed educational evaluations, burdensome task of writing letters to pediatricians and other medical specialists in order to gather sufficient medical history and additional paperwork tangential to daily programming can effectively squelch teacher motivation. Much of this important administrative work will, hopefully, be more appropriately assigned to the new head of SED.

h) Visitors, well-meaning and concerned, have always been welcomed but restricted to following observation procedures handed them on their arrival. Invariably, someone either distracts or interacts with a student and instruction limps along for the remainder of the session. Renewed attempts will be made to stress the importance of non-involvement for ALL visitors.
The future? -- obviously, future growth and continued success will be totally a function of the proper mix of 1) sustained motivation for scientific teaching, 2) parental support and 3) continued sensitivity and support by Neenah administrators as Neenah moves onward in its trail-blazing efforts on behalf of autistic children in a public school setting.