Behavior Clinics are now being used in an urban-rural area of five secondary schools as substitutes for suspension. Various infractions of school rules which can lead to placement in the behavior clinic are: truancy, fighting, use of obscene language, smoking, disrespectfulness, and/or suspension. During the 1975-76 school year, a random sample of 50 students in grades 7 through 12 was studied. The rating scales SPAT (School-Pupil-Attitude Teacher) and SPAS (School-Pupil-Attitude Student) were constructed by the researcher to be utilized by teachers and students. Sample rating scales are provided in the paper. Results indicate that both teachers and students feel that behavior clinics are worthwhile and beneficial; however, clinics are not changing such feelings as "loneliness" and "pride," but may be giving reinforcement and support to positive attitude change. (Author/JLL)
BEHAVIOR CLINICS: A METHOD TO CHANGE ATTITUDES?

by B. Geraldine Lambert, Ph.D.
University of Southwestern Louisiana

Student rights, as established by the U. S. Supreme Court, have brought focus to the suspension rules and regulations of the nation's schools. In an attempt to fulfill the needs of students and, at the same time, abide by the statutes of the land, behavior clinics have been established in many schools.

The behavior clinics substitute for suspension of students with the purpose of modifying behavior and, thus, decreasing problems both within and within the school environment. For decades, students were sent to "detention halls" before being suspended for multiple and/or serious offenses. Behavior Clinics serve in much the way as the former detention halls; however, the behavior clinics attempt to help the student with his behavior problems which ultimately caused his detention and/or suspension.

Various infractions of the school rules can lead to placement in the behavior clinic. These infractions, including others, are truancy, fighting, obscene language, smoking and disrespectfulness to those in authority.

In an attempt to reduce suspensions and to change attitudes of pupils one large school system which reported about 3,000 out-of-school suspensions, ranging from one day to five days for 1974-75, adopted the behavior clinic method for 1975-76. The after school hour clinic lasts for approximately one hundred minutes and is located in five secondary schools of the district. This is a new type of detention hall with a psychological application. The parent must permit the student to participate and must furnish transportation for him or her. The student does not just sit or do home work. Behavior clinic personnel show films, discuss attitudes, behavior, social interactions, and other positive psychological and sociological topics.

The Behavior Clinics were designed to help reduce suspensions by having the students experience something which would be more satisfying than their perceptions of the normal classrooms. The purpose was to improve school attendance, to increase participation in activities, to increase and motivate classroom participation and to modify behavior.

The clinics were scheduled for after school and housed offenders of all stages, from disobedience to carrying firearms. Personnel were carefully selected from volunteer teachers and counselors. Each member of the staff received a small monetary increment. The Behavior Clinic master teacher and Teacher Aides were trained in behavior modification techniques and attended an orientation workshop, in addition to monthly meetings on management methods, group dynamics, human relations, communication skills, student-centered teaching, building positive attitudes, developing healthy self-concepts for students, and understanding how to handle simple problems of discipline.
The students were exposed to films on Human Relationships, Self Help Management, and other types of interpersonal relationships. Each student was individually and group counseled and was given individual instruction as well as participating in non-instructional activities. It was the purpose of the clinics to bring about attitudinal changes, which are difficult to define and more difficult to change. Through an hour of specialized, individualized interchange between Master Teacher, Teacher Aides, and students, some behavior modification of attitudes were realized.

Procedure

A random sample of fifty students with twelve from each grade level for grades seven through twelve was used. The director of the behavior clinic selected these from six hundred teacher rating scales and six hundred student rating scales, with every eighth report used in the sample. The rating scales: SPAT (School-Pupil-Attitude Teacher) and SPAS (School-Pupil-Attitude-Student) were constructed by the researchers to be utilized by the teachers and students. Figures 1 and 2 show these scales.
Figure 1

SPAT RATING SCALE

Student Name ________________
Grade _______________________
Sex _________________________
Race _________________________

Let your ratings reflect what you feel the student thinks about himself and school.
Figure 2

SPAS RATING SCALE

<table>
<thead>
<tr>
<th>Grade</th>
<th>Sex</th>
<th>Race</th>
</tr>
</thead>
</table>

1 2 3 4 5 (1) Do you often want to give up in school?
1 2 3 4 5 (2) Do you like to be called on in class?
1 2 3 4 5 (3) Are you comfortable talking with your teacher?
1 2 3 4 5 (4) Do you feel lonely very often?
1 2 3 4 5 (5) Do you wish you were a different person?
1 2 3 4 5 (6) Do you often feel teachers are after you?
1 2 3 4 5 (7) Are you proud of your school?
1 2 3 4 5 (8) Do you like academic subjects?
1 2 3 4 5 (9) Do you dislike being called on for class discussion?
1 2 3 4 5 (10) Do you think the clinic has helped you?

Rating Scale: 1 --- Definitely Not
2 --- Sometimes Not
3 --- Indifferent
4 --- Sometimes Yes
5 --- Definitely Yes
Results

The mean SPAT ratings of students participating in the behavior clinic indicate:

1) that seventh grade girls are definitely more prone to keep trying in class than boys. Both boys and girls at this level are reinforced positively by being called on in class and talking with the teacher. That neither sex appears to feel lonely nor want to be someone else. They all feel that teachers "are after them." Both sexes are neither proud of their school nor like academic work. That the behavior clinic has helped them.

2) that eighth grade students, both male and female, are indifferent to class achievement and reinforcement; they like reinforcement; they are indifferent to their school and pride in it; the behavior clinic may have helped them.

3) that ninth grade students, both male and female, sometimes show interest in school pride; have increased some in their liking of academics and display better attitudes since participating in the behavior clinic.

4) that tenth grade students, both sexes, do not give up in class as often as they did; still do not like to be singled out for class participation; have benefited from the clinic.

5) that eleventh grade students, both sexes, feel lonely, are not proud of school, do not like academics, have benefited from the clinic only somewhat.

6) that twelfth grade students, both sexes, are similar to eleventh graders.

The mean SPAS ratings of students for both sexes, participating in the behavior clinic indicate:

1) seventh graders feel lonely; that teachers are after them; are proud of their school and have benefited from the clinic.

2) eighth graders feel similar to the seventh graders in all aspects.

3) ninth graders do like to be called on in class, feel comfortable with the teacher, and feel like the clinic has helped them somewhat.

4) tenth graders feel lonely, and wish they were another person; are proud of their school; dislike being called on in class and feel the clinic has helped them.

5) eleventh graders feel like giving up, are proud of their school, do not like being called on for discussion and feel the clinic has helped them somewhat.

6) twelfth graders feel lonely, wish they were a different person, do not like being called on in school and that the clinic has helped them somewhat.
Conclusions

Although it is impossible to do a good statistical design because of limited data and ability to obtain data, the researchers have found from the evaluation of the surveys and rating scales, that both teachers and students feel the behavior clinics are worthwhile and beneficial. It is indicated that the clinics are not changing such feelings as "loneliness" and "pride," but perhaps are giving reinforcement and supportive help to positive attitude change.