





Basic Beliefs:

Program elements and adult attitudes which foster healthy child and adolescent development in troubled children and youth

Belief 1: FOCUS ON STRENGTHS

A strength-based view of behavior fosters self-esteem and encourages behaviors that are healthy and typical. Experiences with peers that bring satisfaction and success strengthen a young person's identity as one who can succeed, and so promote identification with all that is considered normal rather than encouraging identification as "bad".

Belief 2: FOLLOW DEVELOPMENTAL GUIDELINES

The normal process of social, emotional, and behavioral development follows a predictable and orderly fashion. However, biological make-up and previous experiences with people contribute to the uniqueness of each child's journey along this developmental path. A program can be truly effective in promoting growth by being sensitive to the individuality of each child within the pattern of typical development.

Belief 3: PROVIDE PLEASURE AND SUCCESS

Constructive changes occur when acceptable behavior and relationships bring personally satisfying results. A young person's willingness to try new behaviors results from significant, pleasurable past experiences. The program must provide a way for young people to have these kinds of experiences in order for them to be motivated to learn.

Belief 4: MAKE EXPERIENCES RELEVANT

Learning results from events that have emotional and cultural meaning. It then spreads to all areas of a young person's life. Programs must relate to the young person's world outside of the program setting. The skills learned in the program must produce satisfying results in personal, real-life situations.

Adapted from Wood, M.M. et. al. (1996) Developmental Therapy-Developmental Teaching-fostering social emotional competence in children and youth, Austin, TX: ProED.

DEVELOPMENTAL THERAPY

A cornerstone of PLC's behavior management system is Developmental Therapy (Developmental Therapy – Developmental Teaching by Mary Wood, Karen Davis, Faye Swindle and Constance Quirk, Pro-Ed Publishers, 3rd Edition, 1996). Developmental Therapy believes that effective behavior management requires that adults clearly and consistently convey achievable expectations to children. In order to do so, the teacher's behaviors, management strategies, and the type and length of activities chosen are matched to the student's current social-emotional developmental stage. In this way the teaching staff can meet the child's current needs and help enable the child to move to a higher emotionally intact, more socially aware, more independent stage. This growth corresponds to increased behavioral control. The developmental therapy management strategies chosen are therefore fluid; changing in response to a child's emotional growth.

The following description of the various developmental stages depicts the concept of changing behavior management strategies in conjunction with a child's developmental growth. This fluidity is a basic concept behind developmental therapy.

In stage one, a child is often extremely impulsive and disorganized, lacks social awareness, has difficulty problem solving conflicts and may have a variety of self stimulatory and aggressive behaviors. The child needs to learn how to respond to his/her environment with pleasure by learning to act on the environment appropriately, through the use of his/her sensory and motor modalities. The child also needs to gain trust in consistently acting adults who are nurturing and guide/mobilize him to respond to materials appropriately.

Frequently used behavior management strategies for stage one students include: positive feedback and praise, motivating materials, high classroom structure, physical redirection, controlled teaching vocabulary, reflection (commenting on child's actions), physical proximity to adults, physical guidance/physically manipulating a student through an activity to teach a new skill or behavior and, physically restraining/holding the student in an emergency in order to prevent injury to self or others.

In stage two, the child is learning self-assertion which is often expressed in negative and sometimes aggressive ways, unaware that his/her own actions are a cause of anything. What he/she wants justifies his/her actions and consequently they often test limits. The child's increased self and social awareness from stage one is often manifested by the development of a fear of failure in which he/she is afraid to make mistakes and may be afraid to attempt new tasks. The child needs to learn how to respond to his/her environment with success by learning to assert himself/herself appropriately, learning about self control, and learning the appropriate ways to achieve adult approval and praise.

The teaching staff provide predictable points of reference by guiding appropriate exploration while holding limits, solving problems, and ensuring success for the child.

Frequently used behavior management strategies for stage two include: positive feedback and praise, motivating with materials, high classroom structure, verbal redirection, reflection of feelings, verbal interaction between lead and support staff, physical proximity and physical intervention become less intrusive compared to stage one because the child understands more language and is more socially aware. [Consequently the overall aim is to move from physical to more verbal management strategies compared to stage one], and removal from the group (time out inside the classroom – which may entail therapeutically physically restraining/holding the child to prevent him/her from hurting themselves or others during a crisis.)

In stage three, a child becomes self-protective and "explains away" anything that he/she finds difficult or doesn't want to do ("that's stupid", "I hate this"). The child is socially aware and actively aware of others enough to tattle tale on peers and boast of his accomplishments. The child needs to learn successful group participation: assimilating social values such as fairness and friendship. The teaching staff is fair but strong, keeping all students in line while recognizing the individual. Adults help the child develop the idea that there are consequences to his/her behavior.

Frequently used behavior management strategies in stage three include: positive feedback and praise to the individual and often about the group as a whole, motivating materials, classroom structure is less intense, verbal redirection, reflection of feelings and interpretations of those feelings, verbal interactions between the lead and support staff, rules, physical proximity and physical intervention are used infrequently usually during a crises, and removal from the room (a temporary aide for remobilizing appropriate behavior in a crisis situation – this may entail therapeutically physically holding the child to help meet his/her needs when in a highly anxious state to prevent him/her from hurting themselves or others.)