My purpose in writing this paper is to describe, from a teacher's viewpoint, a cooperative program of treatment for an emotionally disturbed child. The case report which follows illustrates how a teacher, a psychologist, and a visiting teacher combined their efforts in what now appears to have been a successful treatment.

As teachers, we may refer our problem cases to a specialist or an agency to obtain help, or to relieve ourselves of responsibilities that we feel we cannot assume. In other situations we may ignore such cases as hopeless, and treat them as discipline problems. We turn away from the avenues that lead to an understanding of these children when we ignore them, or when we reject them as deviates.

The main responsibility for all children, whether normal or beset with difficulties, is invested in the classroom teacher. There should be guidance specialists available for all children, but the teacher is the essential practitioner who implements the recommendations of the specialists. It is not an acknowledgment of weakness when a teacher seeks the aid of guidance services. Rather, it is a reflection of his competence in the recognition of a problem, and of his willingness to cope with it. The first essential in treating children with problems is to make a concerted effort to understand the psychological and sociological causes for nonconforming behavior.

The case of Johnny is true in all its aspects. Only his name has been changed to prevent identification.

Introduction to School

When Johnny first came to school for kindergarten registration, he had shoulder-length blond curls, and he looked like a pretty girl. While his mother was talking to the principal, he ran up the steps to a balcony and crouched under a table in a frightened manner. On the following day he was reluctant to come to school, but he was escorted into the room by one of his older brothers. From this very first day...
Johnny failed to enter into any of the kindergarten activities. In spite of repeated attempts to interest him, he refused to join the group at any time. The children made overtures to him but he would not play with them. Unconsciously, they referred to him with feminine pronouns—"Why won't she play with us?" or "She won't get her rug, teacher."

In the hope that Johnny's school adjustment would improve, I suggested to his mother that she have his hair cut. Though she promptly carried out this suggestion, it did not lead to any changes in Johnny's behavior. Each day when he came to the room he would sit on the floor at the same corner of my desk, somewhat sheltered from the other children and close to me. While the others moved about the room freely, Johnny would remain seated by my desk. I realized that he probably felt insecure in this new situation and decided to be patient and kind.

Efforts to arouse his interest in activities and to get him to join the group repeatedly failed. His attendance in the first year was very poor. When the school nurse called his home about his absences, they were always excused for some minor illness. His mother often said, "He is having bowel trouble."

One day during the spring, Johnny ventured from the corner of my desk to the cupboard for his rug. He returned with it to rest at the side of my desk. This same week he also played in the sandbox. These events were a most conspicuous departure from his habitual withdrawal from kindergarten activities.

Then came a catastrophe! There are occasions when messages are sent to the parents by pinning notes on the children's shirts or blouses. The children usually take pride in acting as couriers for the school. The children came to my desk individually as I called each name. I called Johnny, hoping to find him interested in the project. There was no response. "Johnny!"—no response. Then in what I hoped was a patient and kind voice I said, "Johnny, I'm waiting for you." He finally answered, "I won't come." At that point, I felt that I couldn't accept this answer. It seemed that to do so would be to admit another defeat. The attention of all the other children was focused on Johnny and me. I hoped then that the patience and tolerance I had extended to him for the past year would stand me in good stead. I offered to help him up. As I bent down, he stood up and kicked me in the shins. I took his arm and began walking with him to the cloak room saying, "We will have to have a little talk." On the way out he grabbed a small kindergarten chair and threw it across a table, hitting a glass bookcase. He said, "You big --- --- ---," "You big --- --- ---," "You big --- --- ---," and mumbled other obscene words under his breath.

He tried to pull away from me, and it took all my strength to hold him. When we got to the hall, I sat him in a chair and said, "If you're going to act like that, Johnny, we don't want you here. The other boys and girls don't act like that, and they don't want you to, either." At this point his attitude changed. He sat quietly in his chair.

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and seemed to accept my scolding. When he was fairly composed, I took his hand and he returned to the room with me. He went to sit at the corner of my desk.

The other children were shocked and scared by his sudden outburst so I returned to pinning the notes on their shirts. Then school was dismissed.

When Johnny reached the police lines outside the building, he began cursing again. His older brother, one of the school police, brought him back to my classroom. I explained to him that I had had some trouble with Johnny that afternoon.

The next day he returned to school and resumed his position at the side of my desk. His mother called and was very apologetic. She said that his father punished him severely. For the rest of the year, Johnny was not accepted by the other children.

At the decision of the mother, the principal and myself, he was retained in kindergarten for another year. The following fall he returned to school, again escorted by his older brother. I made a special effort to welcome him that day, although I was very busy with the enrollment of 70 other pupils. In spite of my welcome, he withdrew to a corner in the cloakroom where he was sheltered on three sides, sitting behind a cupboard in the corner. Each day thereafter when Johnny came to school, he went to this little niche. He had made no friends in this class so I could not solicit the other children to help in my task. I took his rug to him, along with crayolas, paper and puzzles. After the temper rage of the previous year, I decided not to try to force Johnny, or to test his resistance in any way. As much as possible I tried to share my time with him and the other children. One day he drew an accurate design of an airplane with wheels, propeller and cockpit. I placed it on our bulletin board and told the other children how fine it was.

Many days I would find Johnny asleep with his head on the bare floor. I would fold his rug, put it under his head for a pillow; and he would usually sleep until dismissal. There were frequent reports from the school police that Johnny was bothering other children in the lines. Though my efforts were supplemented by those of the school principal and the nurse, Johnny did not join the kindergarten group. More and more I began to feel unable to cope with his problem.

The Psychologist Helps

At last I decided to ask the school psychologist to examine Johnny. The information that follows is taken from his records:

9-18 First Session: Johnny was seated on the floor in an enclosure about three feet square. He raised his eyes for a moment to look at me. Then he returned to a huddled position, severely withdrawn. I sat on the floor with him and began speaking to him. For the first twenty minutes Johnny remained mute and almost stationary. Finally he shook his head when he wanted to indicate "no" for an answer. About ten minutes later he began to nod his head affirmatively to questions such as, "Is your name Johnny?" and "Do you have a tricycle?" Although he still had not uttered a word, I felt that a great deal had been accomplished toward establishing communication. At my request he drew a picture of a man.
but he refused to talk about it. Near the end of the session, he gave some short answers as "No," "Yes," "Don't," "I don't want to," and "Stop." During this conversation, it was quite apparent that he was under physiological tension. He bit and tore pieces of paper from the compressed paper handle left from a candy sucker. During periods of silence he moved his knees rhythmically, putting his thumb between his lips. 

Diagnosis: Johnny is maintaining a rigid control over repressed oral hostility. This hostility finds some expression, however, in his display of negativism and resistance. His emotional insecurity had led to an early withdrawal in school. Following this, the repressed hostility for which he is unable to find a socially acceptable outlet is causing further withdrawal.

9-20 Second Session: Johnny is beginning to respond much better although his verbal output is still very low. He became interested in the miniature toys from the Stanford Binet test materials. Test items were gradually presented to him, and he cooperated fairly well, in view of his emotional state. The results of the test are as follows: C.A. 5-10; M.A. 5-11; I.Q. 101 TBL.

Although he sits in the hall, apart from the other children, he is quite aware of their activities. He listens to the teacher's directions and responds to the music and singing with rhythmic movements of his legs and arms. He peers around the corner of the cupboard when anyone enters the hall. Once he drew a picture of a man which he presented to me as a sort of token. I folded it and put it in my shirt pocket. Shortly before the end of the session, he drew another and put it in the same pocket on his own account.

The following treatment plan was proposed: After seeing Johnny and conferring with the teacher, it seemed advisable to refer him to a treatment agency. The school principal concurred in this, and the visiting teacher was requested to implement this referral. In addition, a treatment program will be conducted with the assistance of the classroom teacher. It was pointed out that this treatment is merely to assist in school adjustment; and that a complete remission of symptoms could perhaps only be accomplished by an intensive program of therapy, since this appears to involve changes in family relationships.

A series of about ten play therapy sessions is being planned. If Johnny becomes communicative by the third or fourth session, a projective personality test will be administered. Opportunities will gradually be presented to him to express aggressiveness. Several additional sessions may be attempted on the playground in competitive games, depending on the degree of social adjustment he achieves.

The following suggestions were made to the teacher: (a) to conduct some kindergarten activities in the hall, such as throwing a ball, reaching, marching and singing; (b) to move the cabinet and furniture in the hall, placing it so that Johnny's niche will be inaccessible to him; (c) to move a table from the kindergarten room out to the hall and allow Donna, a girl who has asked to play with Johnny, to sit at this table in the hope that he will join her; and (d) to gradually introduce several more children to that table if he does so.

10-1 Third Session: It took several minutes to establish communication. As usual, his first few words were "No." After fifteen minutes his conversation became freer. Referring to the picture he had drawn for me in the previous session, he asked if I still had the draw-
ing. He asked me to bring some blocks and horses for us to play with the next time I came.

10-5 Fourth Session: At first Johnny was very negative. He refused to go to a private room where he knew that play materials had been set up for him. We again played in the hallway adjoining the kindergarten room. He made a snow man out of clay; he tore this down and made another figure with a necklace. He removed the head and threw it against the wall. Then he began playing with the other toys. When returning to the clay, he built a fence "so that other kids can't get in here."

He made balls of clay, tossing them lightly at my feet. Gradually he threw them harder, first at my feet, then legs, body and finally at my head. Whenever he missed me, the clay would roll down the hall near the door to the kindergarten room. He told me to pick those up while he gathered the clay balls that were nearest to him. This continued for about fifteen minutes. When he realized that he wouldn't be restrained or punished, he offered this excuse for his behavior, "We're really playing catch, you know; you'll have to catch some." He followed this by throwing easier. He asked me to spank him.

The kindergarten class was having a birthday party in the other room. One of the girls brought us two cupcakes from the party. At first we set them aside to play more games, but then Johnny decided to eat his. After one bite he put it on the floor and stepped on it with his heel. Then he took the clay balls and stepped on them in the same manner.

Near the end of the session, he helped to put the toys away. He wanted to take the clay home, putting it inside his trousers; but then decided against it. As the other children were getting ready to leave school, he went to the head of the line saying, "I want to be the leader today."

It appears that when Johnny is allowed to openly express his aggressiveness, he becomes very active. Whenever he fears reprimand, he immediately withdraws. I told the teacher that Johnny would probably be very aggressive when he returned to the kindergarten room. I suggested that she allow him to express this aggressiveness as much as possible, without restraint. Any attempts to control his behavior should be made by other children rather than by an adult. Caution should be taken so as not to provoke a temper outburst which might lead to further withdrawal. I gave the teacher a brief explanation of certain group processes and group techniques as they seemed to be involved in Johnny's case.

10-15—Fifth Session: I set up various play materials on a chest in the hallway. Johnny selected the clay and sat working it in his hands. He remained seated in the enclosure, and occasionally made derisive noises at the songs of the other kindergarten children. He made balls from the clay and we played catch. Then he threw the clay at some boards which we found above the cupboard. He pretended that a knot on one of the boards was a nose. With crayons he drew in the rest of the face and threw clay at it. He gave me many orders to pick things up or to leave things alone. He seemed to make an excessive number of rules for the games we played.

The following are remarks that he made, "What's the matter with you, can't you hear me?" "... because I don't have to mind." "See that teacher, she's the ——— grade teacher and I hate her because she bosses around." "What do you think I do, poop in my pants?" "I'm going to break these pipes down and flood the school out, and get
the boys' and girls' shoes and hinders wet."

At the end of the hour, I got ready to leave. He helped me put the materials away saying, "You can't come here tomorrow. I am going to be in my room and you can't talk to me." "- - - - I'll tell the teacher that you can't come tomorrow. I'm going to shoot you if you don't watch out."

The Visiting Teacher Reports

At this point we leave the psychologist's records. Johnny was also referred to the visiting teacher who subsequently visited his home on two occasions. The following information is extracted from her case records:

October 2: The visiting teacher was welcomed by Johnny's mother. In her conversation about Johnny she said, "I just can't understand why Johnny acts that way in school. At home he has always played with the other children." A relative, who was there, stated that Johnny didn't associate with others when he visited her.

The mother went on to say that she still had trouble with his thumbsucking. She also said, "You know, it might have made a difference that we kept him in curls so long." She seemed undecided about taking Johnny to the Child Guidance Center, but she plans to discuss this with her husband.

October 9: The visiting teacher called again at Johnny's home. Johnny's mother said that her husband didn't think they needed to go to the Clinic, and that she wasn't feeling well enough following her recent maternity.

October 10: As I was reading a story to the children, I looked up. Johnny was standing in the doorway. During the play period he came into the large kindergarten room and played football, tackling the children. His play was very rough. He brought his rug into the room during the rest period and placed it in the cupboard with the others.

October 11: He came into the room directly today; sat in his same old spot near the teacher's desk. Continued rough play. Played with blocks and helped put them away.

October 15: Joined the group again. Spit at a girl during rest period. Came to school chewing gum. Placed his rug across room from my desk.

October 16: Continued his football game. Each day he becomes more aggressive with the other children. During play period he throws the building blocks, runs with the ball and knocks the other children down. The rougher
he plays, the rougher the other children become. My entire room is a bedlam of flying legs, arms and building blocks. This seems to be a critical phase. Johnny appears to be giving full expression to his inner feelings of hostility. While playing social games, he joined a circle but did not go through any of the motions.

October 17: Same activities. Did not stand to pledge allegiance to the flag. During the rest period, he put his rug near a pal.

October 19: When I walked into the cloak room, Johnny was hitting a little girl with his fists. He pledged allegiance to the flag for the first time today. He joined a singing group and chose a place in the second row. Played house in the play corner, saying, “Bobby doesn’t want to be the mother; may I be the mother?” This is the first request he has made of me in more than a year of school. During the play period he played with the blocks, climbed on top of a chair and jumped off bumping into other children. Worked very rapidly on a jigsaw puzzle, and joined in the game, “Little Tommy Tittle Mouse.”

October 23: Twisted a little boy’s arm; threw blocks very hard. Answered the name of the song when I played the song on the piano. Helped to pile the blocks neatly when I asked the children not to throw them.

October 24: He played in a mannerly way today. We saw a movie. He made a fort with guns all around the top; he climbed on the blocks and jumped off. We played “Five Little Pumpkins Sitting on a Fence,” and he cooperated in the finger movements.

During the next week Johnny was observed in the classroom by the school psychologist. The following is a summary from his records:

November 1: Johnny now takes part in all the kindergarten activities. He still makes many rules for the other children, but a few of these have become reciprocal. Although he still displays many neurotic traits such as hoarding, “swiping” things, hitting other children and using obscene expressions, the teacher feels that he is making an adequate adjustment. He seems to resent me. This is not surprising since I was the object of his hostility in former sessions. He now participates wholeheartedly in classroom activities. Proper teaching may now be able to carry Johnny along successfully without further help from me. Hence, the case will be placed temporarily in an inactive status as far as special service from a psychologist is concerned.

Johnny Finds His Place

At last Johnny was becoming one of us. I let him select his place in our games and in singing groups, and he seemed to enjoy all of the activities. He was a good listener. His behavior gradually became moderate. He joined all the social games, but occasionally resented being chosen as leader. For the remainder of the year, his attendance was very good. When June rolled around, I really hated to part with Johnny. I had a feeling of satisfaction from helping him find his place in school and, perhaps, in his society.

Possibly some of my readers are now saying, “Therapy should have been applied to the seat of his pants.” Since my patience had been tried to an extreme, I can truly say that I appreciate this point of view. On the other hand, there was no time when I felt that
punishment would be effective in changing his behavior. The occasion when I became most authoritative ended in an outburst of temper on his part.

The special services described in this article are offered only on a limited and experimental basis in St. Paul schools. These services are not rendered through a school clinic or child study center. There are certain apparent advantages, however, in dealing with school maladjustment at the level where it is produced, or where it manifests itself. In the case just described, the only practical way of treating Johnny was "at the scene," for he refused to leave the hallway, and the parents excused themselves from the psychiatric services available at the community guidance center.

After reading the foregoing case study, there is a question which perhaps may be raised by therapists as well as teachers. Was my part in this treatment program essentially that of a group worker, or was I merely presenting a therapeutic situation in which Johnny had an opportunity to work out his difficulty? This question is not to be answered in this article. It is raised merely to illustrate that therapy and education are no longer alien to each other.

For some time we have given lip service to the objective "all-around development of the child." We are only beginning to incorporate this objective in our actions in the classroom. We have steadily improved in the techniques for imparting knowledge to children and in the methods of teaching academic skills; yet we are poorly equipped with techniques and devices for social and emotional development. We have assumed that by applying the correct procedure in teaching academic skills, we can also obtain the socially acceptable values and standards for conduct. While this may be possible, it seems more desirable to aim for these goals directly, rather than through achievement levels.

As teachers, we are in strategic positions to show the way toward mental health. The school environment embraces every child when he is searching for the experiences and the understanding on which to base life's values and goals. The development of behavior patterns and the formation of personalities can be viewed by observant teachers and other school personnel. We can set up the experiences according to established principles of mental health, and create the influences which will help the child make a wholesome adjustment to his environment.

SEPARATE classes for exceptional children, like regular classes, need to make sense if they are to function. There must be reason for them, and they must do an adequate job of fulfilling that reason. Otherwise they are meaningless. The only logical reason for them is to provide better instruction to meet the unusual mental, physical, or emotional needs of the child. For a number of types of exceptional children, there is no reason for special rooms, except in the out-of-ordinary cases.—HARLEY Z. WOODEN, executive secretary, International Council for Exceptional Children, NEA, 1201–16th Street, N.W., Washington 6, D. C.
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