

Behavior Disabilities

In some school systems, the term Emotional Disturbance/Behavior Disorder (ED/BD) or the term Emotional/Behavior Disorder (E/BD) may be used.

Characteristics

Some children consistently exhibit behaviors that are considered by educators and others to be personally or socially deviant, thus delaying their adjustment to regular classroom situations. Although behavior disabilities can be due to organic causes, the vast majority of children in public schools who are considered to cause problems have unacceptable behaviors that can be attributed to psychological and environmental factors. In some cases, problem behavior is of a transitory nature and will considerably improve, if not disappear altogether, when the conditions that aggravate it become more favorable.

Children with problem behaviors have been described by such medical terms as *mentally ill, psychotic, neurotic, childhood schizophrenic, and autistic*. In addition, they have been characterized by such labels as *emotionally disturbed, socially maladjusted, juvenile delinquent, and behaviorally disordered*. Special classes for them are often euphemistically called “adjustment” or “transition” classes. As with all labels, these are too often indiscriminately used to describe any child with a problem, and they are of no help to the educator who must deal with specific behaviors and attempt to change those that stand in the way of learning.

Traditional treatment programs for emotional disorders were psychiatric and emphasized therapies that were mostly permissive. The prevailing theory was that the child’s problems had to be worked out before education could be useful. Results were usually minimal, and gains were not often sustained. More recently, education has been viewed as therapeutic in itself. Proponents such as Carl Rogers lauded learning for self-actualization or fulfillment. An ideal approach to meeting the needs of children with problems would seem to be a public school program concerned not only with education but also with helping the child to work out the underlying problems that motivate unacceptable behavior. Unfortunately, disruptive behavior usually demands quick solutions that too often become standard operating procedure. Whatever the problem, it is generally the behavior manifestation of it that interferes with the child’s ability to learn. In the classroom it is the behavior that is most often treated, but it is unrealistic to believe that by controlling behavior (ie., symptoms) the underlying problem has been solved as well. Problems that manifest themselves in behavior disabilities may have their roots in emotional problems, social problems, or both. It is difficult for child-study professionals to determine the real cause of problem behavior without considerable research, including psychological testing results, in-school observations, and knowledge of home conditions. Whenever possible, counseling involves the entire family of the problem child.

Reluctance to identify young children and lack of proven methodology have plagued progress in the field. Recent studies indicate that adolescents who are seriously disturbed demonstrated symptoms of behavior disorders as early

as kindergarten. Other research has shown that teachers can identify potential problem individuals with a good deal of accuracy. Yet no acceptable screening procedure has been found for identifying such children *before* they have made a career of failure. Since minority and poor populations are disproportionately represented in programs for children with problems in behavior, it is obvious that the relationship of sociological factors to behavior disabilities is not clearly understood either.

Emotional problems Among the most common factors that affect emotional stability are chronic fears and anxieties. All children experience fears and periods of anxiety, but the child who is disturbed is so totally consumed by the fear and anxiety that adequate functioning is impossible. Problems at home or in school are the most frequent anxiety-producing agents among children. However, some children are generally anxious about problems that inevitably plague complex societies as well (e.g., pollution, energy, atomic warfare). They may have specific fears (e.g., crowds, elevators). When specific fears are intense and apparently without a rational basis, they are called *phobias*. Usually the fear is out of proportion to the real danger, and the child doesn't know what causes it. Phobias can spread to unrelated stimuli, with the result that so much energy is spent being constantly anxious that the child is usually left without reserves to direct toward constructive tasks such as learning. Disorganization, distractibility, emotional lability, and rigidities are just a few of the behaviors that interfere with learning.

Sometimes children devise their own defense strategies to deal with anxieties and fears. Among these are withdrawal, obsessions, and compulsions. Childhood schizophrenia is often accompanied by disorganization, distorted emotional reactions and the inability to show affection. Other negative coping behaviors include alcohol and drug abuse, regression, fantasy, and pathological aggression. It is understandable that young children with severe disorders are often diagnosed as mentally retarded, since they have developed so few basic skills by the time they reach school age. However, the performance and achievements of children who suffer severe emotional stress should never be taken as a measure of their potential or their capacity for learning. Most research indicates that the majority of emotionally disturbed children have average, or better, intelligence. Potentially, they represent a waste of human resources shameful to a society as advanced as ours.

When children are unable to cope with failure and frustration, unacceptable behavior patterns in the form of coping strategies can result. The following list represents negative coping behaviors familiar to every teacher. One must bear in mind that it is the *frequency* and *intensity* of these behaviors that determine whether a child has a real problem, since most children experiment with all of them on occasion.

- Retaliation
- Rebellion/defiance
- Organizing alliances
- Escape (truancy, fantasy, illness)
- Withdrawal/dropping out

- Vandalism
- Aggression
- Clowning
- Lying/cheating
- Stealing
- Bullying/bossing
- Blaming/tattling
- Apple polishing
- Submission/conformity (no risk)

Extreme behaviors such as premeditated cruelty, sadism, and repeated fire-setting should signal a warning that a serious problem exists.

Social disorders Children with serious social disorders are characterized by their disregard for rules and authority. To them, many aspects of school are unfamiliar and irrelevant, since they are characteristically lacking in their home environment. Among these are organization, self-denial, responsibility, focus on future goals, social virtues, and academic excellence. Youngsters with severe social disorders are essentially narcissistic and unwilling to delay pleasure or rewards. Their egocentric view of life renders them incapable of adhering to rules or cooperating when no immediate personal benefits are obvious. They often lack a work ethic; they regard fair play and cleanliness of speech and dress as human weaknesses. Some no doubt arrived at these values as a result of growing up in an environment in which they were surrounded by failure, hostility, and aggression. Others may have been subjected to physical and/or emotional abuse and deprivation during the childhood years. School, social, and medical agencies have only recently come to admit that the problem of child abuse is widespread and increasing in all socio-economic and cultural groups.

Value differences often stand in the way of a teacher's ability to relate to and deal effectively with these children. Obscene language, bizarre dress codes, attitudes toward stealing, lying, violence, sex, and drugs are often directly in contrast to the moral codes of teachers. Some teachers have thought the way to win over these pupils was to pretend to accept the same value system. The hypocrisy in this approach is accurately perceived for what it is in a very short while, often with resentment by the pupils. Teachers should know and understand what their own values are and be prepared to explain them to their pupils if asked to do so. Although not likely to embrace their teachers' values, pupils can respect the individual's commitment to them.

Not all children adopt the values of their family. Although many people believe certain ethnic or minority groups subscribe to value codes that are out of step with the rest of society, this is simply not true. Most competent parents have similar aspirations for their offspring, and these are usually rooted in middle-class values. If children are reflecting values not learned at home, where do they learn them? Many aspects of modern American society have come under attack, including television and movies, laws that are too lenient toward youthful offenders, liberal education, lack of parental supervision, and so forth. Although these factors may contribute to the problem, the influence of the peer group, especially during the pre-teen and teen-age years, cannot be underestimated.

Peer group models are far more influential than adult models. Adults have a tendency to say one thing and do another, but the peer group achieves credibility through behavior. Parents from all socio-economic levels have proven to be poor models of the values they want their children to embrace.

An apathetic or even hostile attitude toward school creates a challenge for teachers of these children. Behaviors that interfere with learning are impulsivity, distractibility, emotional lability, and short attention spans. Parents and educators often become impatient waiting for social programs and counseling to effect change. However, when one considers the length of time required to establish unacceptable behaviors and values, the task seems formidable indeed.

Although drug therapy is used extensively to treat certain behavior disabilities, drug abuse itself is considered a behavior disorder. Alcohol abuse, too, is a more serious problem among school-age children than many people realize. Drugs and alcohol are part of the social scene at most schools, and indulgence often begins as early as the elementary grades. Both are easily available to children, although acquiring the money to purchase them becomes more difficult as habits increase.

The effects of alcohol on behavior are easily recognized. Signs of drug abuse may not be so familiar to the average teacher, however. In addition to the obvious indications, such as puncture marks on arms and wearing long-sleeved clothing even in hot weather, there may also be drowsiness, nodding, and changes in mood or behavior that are not typical of the individual (e.g., garrulousness, upbeat). Helping a child who has a drug problem is difficult for teachers. Since drug abuse is illegal, it is a police problem and treatment must be handled by agencies outside the school. Every school should have a procedure for dealing with suspected drug and alcohol abusers that is thoroughly understood and adhered to by all staff.

Even though most dedicated teachers are reluctant to do so, we must acknowledge the bitter fact that some children are beyond our help and need a more intense program than the typical school can offer. The goal of any program should be to restore the child to the mainstream of society as quickly as possible. Schools must be ready and willing to accept these individuals when the time comes for them to be placed alongside peers in the educational mainstream. Even those who have undergone intensive treatment programs will need a tremendous amount of support, acceptance, and individual attention from their teachers. Alternative schools play an important role in this education process.

Teachers need to view the child with behavior disabilities as a child with *learning* problems. Too often, disruptive behavior overshadows the educational problems that teachers should be equipped to do something about. If the child can experience success in one phase of life, the other phases have a better chance for improvement. It is probably true that the majority of schools do not have adequate or effective support services to assist teachers in this task. Suspension from class or school is not the answer. Bringing a child's behavior under control or, rather, helping the child control behavior must be a team effort on the part of all who work with the child. When each of these persons is allowed to handle problems their own way, the child is just further confused. A consistent procedure for dealing with the individual child's problem behavior should be

agreed upon in a meeting with all individuals who interact with the child, and this should be done at the first sign of chronic problem behavior. When schools take the attitude that disruptive behavior is the child's handicap (rather than the teacher's problem), a giant step toward educating children with behavior disabilities will have been taken.

Learning Style

Children with behavior disabilities run the gamut from good learners to those who have learning disabilities. Therefore, individual learning style must be assessed. Often, we may find the child is a "physical" learner requiring many motor activities that lead to abstract thinking. If the home environment has influenced an anti-intellectual or anti-artistic attitude, such a child is more readily reached by emphasizing the practical and more relevant aspects of music. Beginning with the familiar (e.g., soul, rock, country) is most often the way to get started. The vast majority of all children are motivated by the use of instruments, even simple classroom instruments. Activities that include the use and exploration of instruments will generally encourage the cooperation and involvement of many children who are ordinarily apathetic toward learning. Many teachers have experienced this when it has been necessary to take away the privilege of using instruments for a time because ground rules have been abused. When given a second chance, children will usually try extra hard to control behavior.

Some children with behavior disorders have been found to be susceptible to sensory overload, reacting somewhat like children who have neurological dysfunction. Since the music room is generally a very stimulating environment, it may be desirable to simplify it for some classes. Both behavior and learning might be dramatically improved for some children by following suggestions given for managing sensory stimulation. Extra care should also be taken to ensure that activities are appropriate to both interests and abilities.

Experiential learning has been far more successful than "academic" approaches that involve lecture, reading, writing, and so forth. In other words, the child with behavior problems, like all children, learns music by making music. Although many children would prefer nondirective teaching methods, direct teaching is sometimes necessary and is more effective when done one to one. This also satisfies the need for individual attention. As with all special learners, we should use strengths to improve weaknesses. The independent learner, on the other hand, is capable of functioning very well in the use of individualized approaches such as programmed materials, learning center, and contract learning. Behavior modification procedures have also been used effectively to improve work habits. Since social skills are generally in need of improvement, individualized approaches should be used with discretion in order to capitalize on the social advantages of group participation in music.

Music is often an area of the curriculum in which a child with behavior disabilities can function adequately – if it provides the type of learning environment in which the child is known to function best. Music is, by nature, highly structured, as are most of the activities in music classes. Good music programs are experiential and require a minimum of verbal interaction among the

group. Goals are generally clear-cut, attainable, and immediate. Music is noncompetitive and nonthreatening. In addition, development of talents and skills is proof of one's achievements and personal worth.

Learning Needs

In a classification of behavior disorders, *conduct disorders* of the attention-seeking variety are considered the most common. They include acting-out behaviors such as rudeness, boisterousness, physical and/or verbal aggression, and hyperactivity. The children classified as *anxious-withdrawn* (who have a more serious condition but one that is far less frequently recognized) are characterized by inordinate fears or phobias, lack of confidence, and hypersensitivity, especially to criticism. Fear of failure motivates a "you can't fail if you don't try" attitude. Less serious is the *inadequate-immature* behavior that consists of playing with toys, drawing on desks, frequent daydreaming, and apathy toward learning. This child is most often just slow in maturing. Children labeled as *socialized delinquents* often present problems because of their commitment to an overtly different value system.

Although behaviors can easily be classified, children cannot. Many of these children exhibit a mixture of the above behaviors. Educational management is difficult, as no suitable psychometric or sociometric tests exist that aid in planning educational programs. Tests can confirm that a problem exists, but should not be used as the sole criterion for an intervention procedure. Children function differently at different times, in different environments, and with different individuals. If there was ever a group that needed to be evaluated for mainstreaming on the basis of individual merit, it is children with problem behaviors.

There is probably no area in the teacher preparation curriculum more neglected than the one on which effective teaching depends – human interaction. While we systematically present several approaches for teaching everything from Bach to rock, few college courses devote anything more than superficial discussion to classroom management, behavior control, discipline, and so forth. Surely failure among novice teachers is more related to *how* they teach than to *what* they teach. Those who survive find, by trial and error, something that works, which is usually some form of teacher power or authority. Unfortunately, this approach is the one least likely to be effective with children who have social and emotional handicaps.

Teachers feel particularly threatened by children who are acting out because they view their behavior as a personal attack. Actually, this is seldom the case. Because of a lack of inner controls, the child lashes out at the source of frustration, which in the classroom is most often the teacher or leader of the frustrating activity. Most children who act out are sending a message that they need attention. All children require some individual attention from the teacher. Fortunately, some require less than others. Since many music teachers see hundreds of children every week, it should be pointed out that individual attention could be thirty seconds while materials are being distributed or collected, a minute or two in the hall or cafeteria, a minute or two before or after school, or a

minute or two while standing in the hall or on bus duty. Unfortunately, most teachers' individual contact time with children comes by way of reprimand or criticism. Often, when children initiate individual contact by coming to us to relate something that is important to them, we are guilty of brushing them off, or really not listening because we may be preoccupied with getting set up for band rehearsal, selecting materials for the day's classes, or being in a hurry to get to our coffee break! What thirty seconds of undivided attention can communicate to a child is: "I know you, I like you, I'm interested in you because you are YOU." (Not because you are my best alto, the backbone of the first violin section, or a good student). Perhaps one of the greatest failings of our educational system is that we don't ever seem to have time to help children discover *who they are*. They get their perception of themselves partly from our reactions to them, and all too often those reactions reflect only their *relationship to us*. Sadly, some teachers can relate to children only within the context of their classroom. Even children with cognitive handicaps are quite adept at interpreting body language (facial expressions, tenseness, posture). When dealing with children, verbal platitudes are hardly convincing when actions speak louder than words.

Conflict situations are inevitable in human relationships. How they are handled will greatly affect whether they increase or decrease in frequency and intensity. Since the teacher's behavior is crucial, it is wise to be prepared with a consistent procedure that works. Do not feel that all children must be treated the same. This is the day of the individual. Even without explanation, other children accept differential treatment of a child who has a problem if they feel the teacher has everyone's best interests at heart. Other children are all too aware of the problems of the child with behavior disabilities.

Many conflicts can be prevented when teachers take precautions in arranging the learning environment. Lack of good verbal skills is characteristic of many children with behavior disabilities. It is advisable to ensure that the purpose of and procedure for each activity is thoroughly understood by all. When children lacking appropriate coping behaviors do not understand why they are doing something, or how they are to do it, the resulting frustration will touch off emotional outbursts faster than any other stressful situation.

Children need to know the limits of acceptable behavior in order to manage their own behavior. They must also be aware of the consequences of unacceptable behavior so that it is never a guessing game as to what, if anything, will happen when an infraction occurs. For this reason, some method of establishing rules and limits for those activities that need them is essential. Sharing the responsibility for both educational and social goal setting is one approach to developing responsibility as well. The goal of programs for children with behavioral disabilities is to make the children responsible for their own behaviors and increase their ability to solve their own problems. Children with problems often represent one of two extremes in child rearing: the authoritarian parent either solves the problem for the child or tells the child exactly what to do and how to do it; the permissive parent often doesn't even acknowledge that a problem exists. In both cases, the child is never guided in resolving the problem and hence never learns to avoid behavior that creates problems.

Depending on the level of learning skill development, the child with behavior problems may need to develop skills in one or several basic skill areas. It is certain that the area of social skills will be of prime concern. Ego strength, or self-concept, is usually an area of central focus. Success-oriented activities coupled with realistic appraisals of both strengths and weaknesses are essential if the child is to get an accurate perception of individuality. Self-control in dealing with fear and frustration is another common area of difficulty. Positive coping strategies must be deliberately taught. Good peer-group relations and willingness to cooperate can be fostered through carefully planned partner and small-group activities. The ability to predict outcomes, or consequences, and to learn from unsuccessful experiences must also be developed in this child.

All children need to learn alternative behaviors for dealing with disappointment, failure and frustration. Children who exhibit disruptive behaviors will not be coerced into acceptable ones by threats or rewards. Actually, both of these approaches tend to reinforce immaturity and dependency, the very characteristics we want to eliminate. There are many good approaches, but all include guiding the child in recognizing and discussing the problem, brainstorming possible solutions, and finally deciding which to try. Frequently, teachers have difficulty in recognizing the real problem underlying disruptive behavior. Children often have difficulty realizing this, too! They may rationalize their desires as their "problems." "I want to sing alto" may be the excuse given by a boy for being rude when asked to sing soprano. The real problem may be his fear of being ridiculed by a peer in the alto section.

It is unfortunate that the majority of children with behavior disabilities are behind their peers in both grade level and achievement, even though they are average or above in intelligence. Although lacking learning skills, very few are incapable of developing them. Youth who are delinquent, for example, exhibit two to four years' discrepancy between potential and achievement. Many show serious deficiencies in reading and language skills; most are angry at their inability to learn. A significant number of children with problem behavior have also been found to have specific learning disabilities. Clearly, the education of children with social and emotional handicaps is a serious problem and one in which significant progress has yet to be demonstrated.

The following are some techniques that have been successfully used in teaching children with behavior disabilities.

1. Schedule difficult classes at a time when they are likely to be receptive to learning. Difficult classes are more difficult at the end of the day, when both teacher and class are at their lowest energy and coping levels. If it is not possible to schedule the music class at a more optimum time, plan activities accordingly, paying particular attention to concentration level demanded, over-stimulating activities, and so forth.

2. Enlist the help of the class to establish classroom rules for those activities that need them. These are amazingly few. They may or may not include attendance taking, leaving seats or freedom of movement about the room, use of materials and equipment, disruption of materials and noise level. A list can be made of suggested rules (including the teacher's). Any suggestions

that appear unworkable or unfair must be discussed and a compromise approved by all. It is important that everyone understand that rules can be added or changed as the situation warrants. A chart can be displayed outlining agreed-upon rules and consequences of infractions. If the music class is held in a room under the supervision of another teacher (e.g., classroom teacher), all rules governing physical aspects should meet with the approval of that teacher as well. In this situation, rules often will have already been established before the music teacher appears on the scene. Some teachers may argue that involving the class in limit setting is too time-consuming. However, when one considers that the average teacher spends 50 to 60 percent of teaching time “disciplining,” it may be a time saver in the end.

3. Stop disruptive behavior before it becomes an epidemic. One method recommended by the TET (Teacher Effectiveness Training) program can be basically implemented in a three-step process.

a. (1) Define the problem by stating *your* problem (not your need) created by the disruption. Example: “I can’t hear” (not, “There’s too much talking”). The statement must also include the specifics of the behavior and circumstances as well as its effects. Example: “When I see someone abusing instruments, it upsets me because I know we do not have money in the budget to buy more.”

(2) Listen while the child (or class) gives explanations and excuses, and keep listening until the real problem surfaces. The tendency is to comment on first responses with judgmental or reprimanding statements. If you can hold out past the “he or she started it,” you have a better chance of discovering the real problem.

b. Brainstorm for a solution. Both you and the offender (or class) can suggest and evaluate solutions. Those decided on must be acceptable to all.

c. Negotiate for a solution and method of implementing it. Periodic assessment of how effective the solution is may be necessary. (Note the similarity of this procedure to #2 above.)

4. Begin and end class with a routine activity (e.g., special song, choice activity). There is security in being able to predict some things. Most children with behavior problems run into trouble when they are unable to adjust to unexpected situations. They may try to control or take over, to satisfy their need for security.

5. Alternate high probability activities (fun, easy things) **with low probability activities** (more difficult, brain-strain things) within the lesson. A series of classes or portion of each class can be devoted to music activities requested or planned by the pupils.

6. Consider the psychological implications of “social space.” Circle formations convey unity, cooperation, responsibility (“If you leave, you break it”). Line formations provide some security and closeness also, but require relating only to people on either side of you. Partner activities require a child to be able to relate to and cooperate with another child. This can also be a dependency situation or a modeling opportunity. (Pair child with problem behavior with one who will “model” appropriate behavior). Scatter arrangements imply security and independence on the part of each individual, but also require each to respect the

space of others. Row arrangements seem to have little social or psychological value.

Social Space



Unity, cooperation, responsibility, dependency

Security, relate to those on each side (except ends)

Cooperation, dependency, relate to one another

Independence, security, respect for space of others

Less social or psychological value

7. Consider ways to modify the environment when appropriate.

- Reduce the number of things to look at around the room.
- Reduce noise by removing shoes for movement activities; carpeting will help a room that is too “live.”
- Limit the number of instruments and/or visuals used at one time.
- Mixed media activities are sometimes too stimulating for children lacking behavior controls.
 - An assigned place is symbolic of belonging and security. A pillow or piece of carpeting, selected by the child but placed by the teacher, is as good as a chair in establishing “personal space.” It is also an excellent control device when children are taught to return to “their place” as soon as the music or activity ends.
 - Carefully structure the makeup of groups to work together. Limit to a workable number; spread around aggressive, withdrawn, and easily distracted children; balance each group with competent children who can be depended on to model appropriate behavior.
 - Plan occasional treats, such as performing for, or joining with, another class for a group activity (not film viewing). Or bring outside resources into the classroom (e.g., older pupil to demonstrate and perform on an instrument). Perhaps attend a youth concert. Since all these suggestions involve interaction with others in sometimes unfamiliar surroundings, much preparation is necessary so all understand what acceptable behaviors will be for each situation.
 - Establish a “time-out” place in the room. A desk or small table can be used; it should be as free from distractions as possible. Set up a learning station that is kept relevant to the material being presented to the group. A record or tape player with earphones would be helpful. Some individualized learning music

materials are commercially available (e.g., *On Your Own with Silver Burdett Music*). The time-out place can be used to defuse a potentially volatile situation or to resolve a conflict. A child who has reached the limit of successful group participation before the class is over can be timed-out to work independently until ready to rejoin the group. Time-outs should rarely last longer than ten minutes. It is important that neither teacher nor children view the time-out procedure as a punishment. It is an opportunity for the child to “get it together,” after which it is expected that the individual will willingly rejoin the group and function appropriately. Some children time-out themselves when they recognize that their tolerance for the group is low. Usually, this is a positive reaction on the part of the pupil. However, the teacher must be careful that the child doesn’t use the time-out procedure as an escape mechanism.

8. Criticize and praise specifically. For example: “I like the way you remembered to play this measure loud. Now can you play it again and hold out this dotted note for its full value, too?” Ambiguous comments such as, “That was pretty good, but you can do better” are frustrating because the child usually doesn’t know how to make it “better.”

9. Know the problems of specific children (health, family, emotional) **that are likely to affect behavior and achievement.** This is a prerequisite to dealing with them in a humane and effective manner.

10. Know yourself. If not already aware of them, take note of the times when it is most difficult to cope with noise, changes in routine, and petty annoyances. Never attempt to deal with a child when you are angry. Instead, explain that you will discuss the incident later because you are too angry to do it now. When you later handle the problem, remind the child of your behavior that enabled you to be objective in discussing it now. Children need to realize that adults have emotions, too, and they can benefit from observing models of acceptable coping strategies.

Summary

Behavior disabilities can be the result of organic, emotional, or social problems. Most problem behavior in public school classrooms is the result of children who are attention-seeking or who act out. Children who are diagnosed as having chronic emotional or social problems are in need of professional counseling in cooperation with an educational environment judged to be the most beneficial to them and their peers. Classroom conflict situations can often be avoided by preplanning techniques involving scheduling, curriculum planning, and classroom management. Conflicts can most effectively be resolved by methods in which the child in conflict is made responsible for behavior and is further helped to solve problems independently and effectively. Behavior modification techniques are one approach used to change negative behaviors, but they do not deal with the problem as such. The educational needs of children with behavior problems may range from basic skill and language development to the development and reinforcement of appropriate social skills.

Programs for children with severe problems usually are committed to a specific treatment approach with which music programs must cooperate in the

interest of the child. To date, landmark legal decisions have mainly focused on the right to education of children with cognitive or physical handicaps. Issues affecting the constitutional rights of children with behavior disabilities are sure to be challenged in the near future, with the result that schools, agencies, and hospitals will be required to be more accountable for the educational treatment afforded these individuals.