



The Community School  
of Bergen County

*For the child whose  
potential exceeds performance*

## PROFESSIONAL MONOGRAPH SERIES

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### Defining a “Therapeutic Milieu”

*by Rita Rowan, Executive Director, Community School*

School districts seeking placement for their learning disabled or ADHD students almost invariably include in their IEP's a request for counseling as a related service. This reveals an understanding that such children have problems beyond the academic delays. They are seen as troubled and/or confused and, thus, critically in need of guidance. They frequently present with incompetence in the social arena as well. As a result of observation and testing by Child Study Teams, counseling is requested, usually in the form of one or two sessions a week, individually or as part of a small group. For quite some time this recommendation has failed to elicit surprise on the part of our intake staffs. Special education and guidance counseling appear to be coupled in the minds of many professionals who prescribe for our children. Is such

counseling effective, or is there another way to provide the needed guidance and support?

In our view, a comprehensive program has three parts: (1) organization and structure of the program; (2) the therapy (teaching); and (3) pharmacological intervention in some cases. For children who come to Community School, we see a typical profile of specific dysfunction in subtle neurological processes in conjunction with basically good motivation and eagerness to do well. Adjustment problems such as discouragement and withdrawal from challenge and the associated negative behaviors are recognized as sequellae of failure to meet academic and social demands. If we modify the environment and keep challenge well within the child's ability to succeed, many of the unproductive behaviors will diminish. An understanding and nurturing

environment has a beneficial effect. This environment is what we call the “therapeutic milieu.”

The widely recognized, positive psychodynamics supporting our program are rooted in certain philosophical framework that guides our theory and practice and allows us to adjust treatment case by case, day by day. Within the context of the group, and through the therapeutic intervention of the teacher in the classroom setting, we can achieve the changes in behavior and adjustment that case managers expect as a result of counseling. This is the framework of the therapeutic milieu.

School and classroom constitute the life space of the grade school-age child for a good number of years. Children who find this environment hostile and inhospitable deal with it in predictable, often self-defeating ways. Negative patterns of coping emerge; unproductive tendencies are intensified. So, we must begin with modification of the school and classroom.

At both levels, Community School students are grouped in small, manageable numbers in classes that are open and accepting without being permissive. In fact, firm limits are set; teachers then adhere to the established limits and students are held accountable. Teachers put in place a structure that provides a secure environment and freedom from the unexpected that are essential to the stable functioning of learning disabled children. Simply put, the children must know what to expect, what is expected of them and what the consequences of noncompliance will be.

A trained professional staff is the key to therapeutic milieu. These professionals are sensitive to the need for using controlled affect. They maintain structure and order without anger or irritation. They are consistent in their demands yet responsive to differences.

Consistency with flexibility is basic. The teaching staff can do this difficult and highly demanding work only if it has the strong support of the administration as well as proper and ongoing guidance from the support staff. This must include psychological consultations and continuing inservice training.

Encouraging self-esteem is also part of the therapeutic milieu. By this I most emphatically do not mean helping children ‘feel good about themselves’ by deceptive and manipulative praise that avoids confronting the real problems. Rather, it means accepting the child’s best effort and performance in the areas of deficit and recognizing even the most minimal improvement and progress. Self-esteem is encouraged only by genuine achievements. Encouragement is the goal! Children who see themselves improving can mobilize the courage to continue. Our children aren’t easily fooled; progress must be demonstrated in concrete and visible ways. Verbal praise not supported by evidence is unconvincing and will fail.

Intellectual encouragement is also part of the therapeutic milieu. In attending to the intellectual as well as the remedial needs of our students we effect change. For the bright learning disabled child, accomplishments of the intellect give affirmation to their sense of value and worth that may have been sorely weakened by experiences of failure and ineffectualness. Recognition of intelligence provides one of the most powerful incentives for giving up self-destructive behavior and responding productively to ordinary classroom demands. Conversely, the sense of worthlessness, defectiveness, and failure to meet even the minimal demands, is the most serious obstacle to effecting a positive change in adjustment. The principle of providing opportunities for achievement applies in areas other than the academic and is equally valid. Helping our children recognize a wide

range of talents is another aspect of our effort to encourage.

In behavioral concerns as well as in learning, helping children take control over their own lives, helping them to make decisions about their actions and helping them to make sensible choices add up to what has now become a fashionable word, 'empowerment'. From the beginning we advocated children's need to understand that they can change their lives; with guidance, they can experience the power to make an impact on events. As they realize that they *can do*, and are not simply puppets, moved and manipulated by external forces over which they have little control, our children are truly empowered.

The intervention we have been talking about is embedded in the total program we provide for our children. It is the '*milieu*' in which they exist throughout the school day. Teachers act on individual need as they identify it. Immediately, as intervention is required, the teacher begins a dialogue with the child. An interpretation of the child's behavior is offered, or an attempt is made to reconstruct the event. The child, therefore, sees the behavior as a whole. This '*therapeutic intervention*' at the moment of happening, and with the presence of others who may be involved is a far more effective counseling strategy than a delayed session in the therapist's office long after the event. The teacher is also able to review previously presented behavioral strategies and help the child to

select appropriate alternatives. What method could deal with counseling needs better than the immediacy of such an approach?

We also provide for a more direct, systematic, and deliberate school-wide plan for guiding behavior. Every classroom teacher conducts a weekly circle devoted to instructing children in social problem solving and decision making. Guided by the teacher, the group acquires awareness of feelings that signal trouble and learns a range of solutions. Skill development is cumulative, one building upon the other. The associated language is developed and new behaviors are tried out in role playing and simulated problem solving. This program of in-class group guidance has proved effective in developing coping skills for improved social interaction and fostering appropriate attitudes.

The therapeutic milieu here at Community School is linked to our commitment to respect the integrity of the child. We believe deeply in the intrinsic motivation of children to achieve and succeed. We believe that there is in all children an underlying thrust for mastery over their world, and that this is what keeps the learning disabled child struggling to overcome. We believe that no matter what the overt behavior suggests, we are seeing a troubled child wanting acceptance. A therapeutic milieu combines acceptance, support, teaching, interpretation, and finally intervention. If all factors are in place, we can reasonably expect positive change and progress.

The Professional Monograph Series

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