DTT Content Areas

Four easy ways to register:

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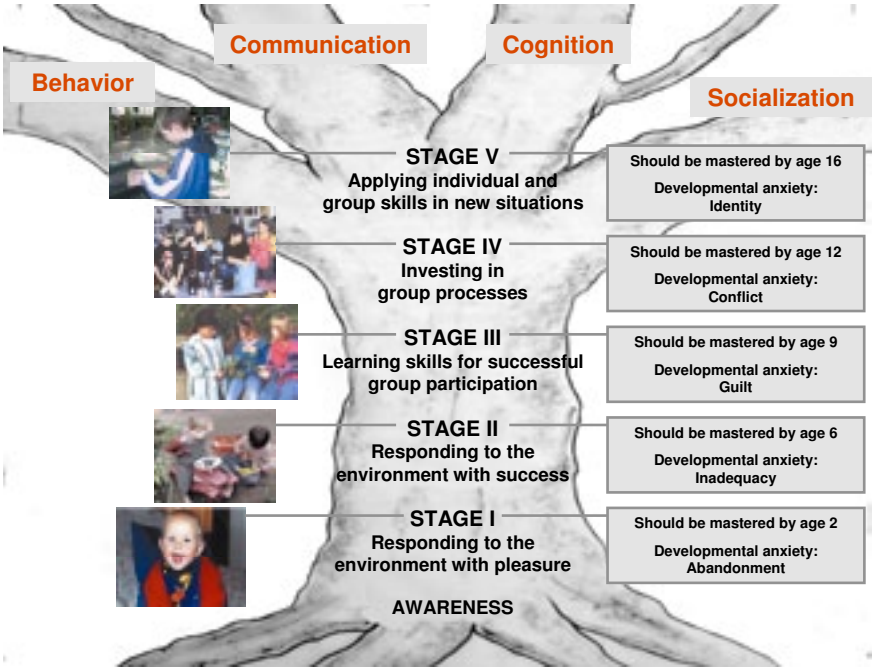
Learning, behavior, personality, and intellect evolve through the sum of small daily experiences

With DTT, educators focus on teaching healthy social, emotional, and behavioral competencies. Daily learning experiences are designed for students to experience incremental successes. Outcomes produce measurable gains in:

- Behavior
- Communication
- Socialization
- Cognition

These four DTT content areas, *Behavior ("Doing"), Communication ("Saying"), Socialization ("Relating"), and Cognition ("Thinking")* form the content for guiding the social, emotional, and behavioral development of children and teens, PreK to age 16. Within these areas, 171 milestone competencies are sequenced as specific learning objectives. For each content area, these key competencies are sequenced into five distinct stages of development that all children experience — with or without disabilities. The stages provide a guide for developmentally and emotionally appropriate program goals, instructional strategies, lessons, activities, materials, learning environments, and behavior management. The stages also define adult role models needed by children and teens at each stage.

Goals for each DTT stage and corresponding ages for typically developing students



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The Importance of Accountability

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Accountability insures that students make progress, that teachers have proficiency to assure student progress, and program methods are proven to work.

Developmental Therapy – Teaching (DTT) has built-in accountability for assessing students' annual yearly progress (AYP) in response to DTT intervention (RTI). It also offers assessment of teachers' DTT proficiency and evaluation of program effectiveness. Three DTT instruments provide measures for ongoing tracking of these requirements: The *DTORF-R* for student response to intervention and annual yearly progress; the *DTRITS* for a teacher's implementation of DTT; and the *DTT Administrative Support Checklist* for accountability of schools in support of teachers and students. With these measures used in the research studies of DTT effectiveness, it has been designated as a national "Program that Works" by the U.S. Department of Education.

DTT Standards, How Developmental Therapy-Teaching (DTT) Meets National U.S. Standards to Improve Instruction

Consultation and technical assistance for doing this are available to schools through the DTT program at the University of Georgia or from the nonprofit Developmental Therapy Institute in Athens, Georgia with a focus on research about student outcomes with DTT. For further information contact:

Developmental Therapy - Teaching Programs
The University of Georgia
Center for Continuing Education
Professional & Personal Development Department
Athens GA 30602, USA
Voice: 706.542.3537 or 800-811-6640
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In Brief

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Developmental Therapy-Teaching (DTT) is a well-researched guide for teachers, mental health professionals, and parents concerned about the education and development of children and youth from early childhood through the teen years. In this approach, theories about learning, emotions, personality, behavior, and mental health are translated into practical classroom applications to meet national standards for improving educational outcomes for all children.

With strategic developmental goals, objectives, instructional methods, and management strategies, DTT teaches social, emotional, and behavioral competencies that are necessary for today's young people to be successful. It also describes the skills adults must have to be effective with DTT, and it offers them ways to gain proficiency through independent practice and self-directed study.

The DTT emphasis is on increasing students' social, emotional, and behavioral competencies, especially for those with:

- Troubled or troubling behavior
- Lacking social competencies
- Emotionally immature
- At risk
- Difficult or disruptive behavior
- Autism or Asperger Syndrome
- Other sensory-integrative disorders
- With special needs for Tier 1, 2, or 3 interventions

Where is DTT used?

...in natural environments and service settings:

- Special education: Tier 1, 2, and 3 interventions
- Regular classrooms
- Alternative schools
- After school programs
- Early childhood programs
- Childcare, preK, Head Start
- Residential facilities
- Mental health services
- Home

Why does DTT emphasize social-emotional competence for these students?

To be successful in school, students need:

- To belong
- To master skills
- To develop independence
- To be caring, altruistic, empathetic, and generous
- To take personal responsibility for words and actions

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These social-emotional qualities develop gradually from many interwoven strands in the fabric of an individual personality:

- Cognitive development
- Physical health
- Emotional health
- Values
- Relationships with adults
- Relationships with peers

Such characteristics develop in ways that can be helpful or destructive. When development is smooth, we have a healthy, well- adjusted child or teen who can focus attention on learning. But there are times when these processes somehow get off track; the outward sign is troubled or troubling behavior - a significant detriment to learning.

DTT addresses development in all of these areas and provides links to appropriate instructional goals and objectives, sequentially planned curriculum and lessons, emotionally secure learning environments, and positive, success-oriented behavior management.

Register now for Developmental Therapy Teaching programs

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Frequently Asked Questions

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Developmental Therapy-Teaching training can supply you with a practical map of typical social, emotional, and behavioral development for children and youth, PreK to age 16. The training will explain how to translate this information into students' individual instructional needs and provide specific practices to target those needs. Proven effective in group settings, inclusive classrooms, specialized mental health environments, and home settings, DTT training will show you how to use its Internet-based developmental assessment system for documenting progress of each student. It also provides a self-monitoring system to verify that your DTT practices are on target.

Frequently Asked Questions

1. How can individuals learn to use DTT?
Professional development and technical assistance programs are available for individuals, public and private schools, childcare programs and other agencies serving troubled and troubling children and youth. Experienced staff certified in DTT provide consultation and inservice training, on-site. This can include needs assessment, planning, program development, documentation of student progress, personnel training, leadership development, and parent/foster parent training.

2. What skills are gained?
DTT training enables you to: **Assess** a student's current social-emotional-behavioral status. **Design** developmentally and emotionally appropriate individualized educational programs. **Select** learning objectives and instructional strategies. **Apply DTT** in early childhood settings, elementary and high schools, mental health programs and home environments. **Use** evidence-based, field-tested resources. **Evaluate** students' progress. **Document** outcomes. **Self-monitor** your own skill development.

3. What is the cost?
Local staff development programs, on-site training, or technical assistance costs are negotiated with an initial training agreement. Shared costs include a one-time fee, instructional materials, and travel expenses for DTT instructor(s). For independent study, a DTT inservice course is available online through the University of Georgia.

4. Who can participate?
Special and regular classroom teachers
Administrators
Psychologists and social workers
Child care workers
Paraprofessionals
Parents and foster parents
Other adults guiding children and teens

5. How can I get more information?
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Is DTT a Program that Works?

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Nationally and internationally, thousands of students and teachers have used Developmental Therapy Teaching (DTT) over the past four decades with demonstrated effectiveness and sustained results after repeated studies. Studies of DTT effectiveness can be grouped into two general streams of effort: outcomes for students with ED/BD, and proficiencies of their teachers after receiving DTT inservice training.

Among the research studies submitted to the U.S. Department of Education, Joint Dissemination Review Panel (JDRP) and Program Effectiveness Panel (PEP), DTT received three separate validations from the National Diffusion Network (NDN) as *"An educationalprogram that works"* (U.S. Department of Education, 1996). These include JDRP approval #7563, 1975; JDRP approval #81-19, 1986; and PEP revalidation, 1996. Research evidence of DTI effectiveness also resulted in a *Significant Achievement Award* from the American Psychiatric Association (1993) *In recognition of an innovative and well-researched program … resulting in outstanding clinical care and professional development.*

Three follow-up DTI studies with similar results are summarized briefly below. One examined students' responses to DTT intervention. Another studied teachers' responses to DTT inservice training, and the third explored changes in teachers' behavior management after independent use of the DTT CD-ROM program, *PEGS for Teachers*.

Student Responses to DTT intervention

A stratified sample of 58 students ages 2 to 12 at five sites was obtained from a pool of 22 replication sites in communities of low, middle and upper/middle economic characteristics. The program locations had distinct geo-cultural characteristics: rural, migrant, urban, and Caribbean. A pre/post repeated measures design was used with students' DTT developmental objectives as the unit of inference.

Measures of developmental assessment were obtained using the Developmental Teaching Objectives and Rating Form-Revised (DTORF-R). For the group, average DTT intervention was 6 months; range, 2 to 15 months. Dependent t- tests of gains scores, using 95% confidence levels and Friedman's point-bi-serial rm indicated significant gains with a large effect size ($M = 10.05$, $SD = 7.00$, $t = 10.94$, $p<.0001$, $rm = .82$).

Gains occurred in each developmental domain: Behavior ($M = 13.21$, $SD = 16.11$, $t = 6.24$, $p (.0001)$); Communication ($M = 11.98$, $SD = 16.03$, $t = 5.69$, $p <.0001$); Socialization ($M = 8.65$, $SD = 12.86$, $t = 5.13$, $p<.0001$); and Cognition ($M = 8.50$, $SD = 9.39$, $t = 6.89$, $p<.0001$).

Similar results were found when scores were analyzed separately by site and by program type: Tier 1, full inclusion (13 students, $M = 12.14$, $SD = 8.56$, $t = 5.12$, $p<.001$); Tier 2, partial inclusion (35 students, $M = 10.03$, $SD = 6.76$, $t = 5.12$, $p<.0001$); and Tier 3, intensive intervention (10 students, $M = 7.40$, $SD = 5.04$, $t = 4.64$, $p <.001$). Significant t-values also were obtained for gains by gender and by age groups and in settings with diverse geo-cultural and economic characteristics. Although the sample was small, the findings add support to the cumulative evidence that DTT is successful in three levels of intervention, various education settings with differing socioeconomic characteristics, and with male and female students from early childhood through middle school.

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Effectiveness of DTT Inservice Training

The effectiveness of DTT inservice training was reported in a study of 45 teachers of students with ED/BD at five schools. Participants received year-long DTT training intermittently at their own school sites. They were rated pre-and post-training for proficiency using DTT in their classrooms. Proficiency was measured with the *Developmental Teaching Rating Inventory of Teacher Skills (DTRITS)*. Before training began, the teachers with no prior teaching experience achieved a mean pre-training score 170, while experienced teachers had a mean score >70.

For the group, the post-training DTRITS mean score was 86.42 (SD = 9.43), indicating overall performance was at the Effective criterion level for DTT. Repeated measures were available for 20 of the participants in a follow-up study. Directly after training, the mean DTRITS score for this subgroup was 83.25 (SD = 12.16). After 16 months, their proficiency remained stable, and there was no significant loss in performance (M = 84.80, SD = 9.82, t = .55, p = .59). At a third rating for 14 of these same teachers who remained in the group approximately 16 months later, significant gains in proficiency occurred (M= 90.07, SD = 8.00, t = 4.42, p<.000), suggesting that these teachers were able to expand their DTT skills independently after the basic training.

This study supports four claims of DTT inservice program effectiveness (a) teachers achieved proficiency and sustained it after participating; (b) inexperienced teachers reached proficiency standards, and experienced-teachers increased their proficiency; (c) teachers reached a passing level of proficiency or better within 30 contact hours of training; and (d) teachers' age, years of prior teaching, and academic achievement were not correlated with DTT proficiency, but area of prior training was related.

To explore the question of whether the gains these teachers made were attributable to the experience of teaching students with ED during the training, a *post hoc* cohort analysis was conducted. Post-training scores for 12 teachers with no previous teaching experience (Group 1) were compared after the first year with pre-training score of 12 teachers who had one year of previous teaching experience (Group 2). Group 1 had a post- training mean of 75, and Group 2 had a pre-training mean of 55 (t = 1.81, p<.05, one-tailed), suggesting that their achievement was not attributable to experience alone.

Effectiveness of Teachers' Behavior Management

Teachers in 35 DTI classrooms were observed and rated on a modified DTRITS observation instrument that focused on behavior management and student responses. Teachers were observed before and after they participated independently using the DTT interactive CD-ROM program for practice in positive behavior management, *PEGS for Teachers*. Gains in behavior management occurred after Independent use of the program for 3 hours cumulatively over 2 weeks. Behavior management scores increased 41% for 12 early childhood teachers , 41% for 12 elementary teachers, and 42% for 11 secondary teachers. Dependent t- values indicated that these gains were statistically significant (t-values of 2.53, 3.19, and 1.91 respectively) and the magnitude of effect size was large (r- values of .57, .69, and .52 respectively).

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Students negative responses to the teachers decreased by 64% for early childhood teachers, 55% for elementary teachers, and 28% for secondary teachers. These decreases in students' negative behaviors were significant for early childhood teachers ($t = 1.76$, $rm = .44$, a moderate effect size) and for elementary teachers ($t = 2.54$, $rm = .58$, a large effect size). For secondary teachers, the gains were not statistically significant.

Results of this study suggest that the DTT behavior management CD-ROM materials, *PEGS for Teachers*, can improve classroom practices of teachers. It also indicates students' negative behaviors in the classroom declined during that same two-week period.

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Recognizing When a Child Needs Help

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All children have problems. They communicate their troubles and needs with words, with behavior, at play, in schoolwork, with family or peers. Not all problems require special help, but when EVEN ONE PROBLEM interferes with a child's progress, special Developmental Therapy-Teaching (DTT) help may be needed. Here are frequent indicators:

- Talks or behaves like a much younger child
- Frequently unhappy, overly sensitive, sad, irritable
- Physical complaints, tired
- Very short attention span, restless, hyperactive
- Listening difficulties
- Repetitive or unusual motions
- Impertinent, defiant, resentful, negative
- Withdrawn from peers
- Hurtful or destructive to self or others
- Avoids adults
- Unusual language
- Uncontrollable rages

Children behave in ways that are attempts to relieve hidden concerns or to satisfy longings. Frequently these indicators are cover-ups that are difficult for adults to recognize or deal with. As you watch a child struggling unsuccessfully in school and failing in social, emotional, or behavioral expectations, consider whether or not special intervention is needed. A child who takes personal responsibility for actions may be able to resolve problems independently. At other times you may need to intervene.

DTT can help! It is designed and field-tested to assist educators and parents in providing the needed intervention with positive outcomes.

Your school district may have a DTT program already in place. Talk with the Director of Special Education, who will know about local DTT resources for toddlers, young children, those in school, and teens. If there is not a DTT program near you, look at what is available in our DTT Training.

For international resources, go to www.developmentaltherapyinstitute.org

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DTT Meets National U.S. Standards to Improve Instruction

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How DTT Meets National U.S. Standards to Improve Instruction

Assessment

- DTT standards for social, emotional, and behavioral competence of students, identified from research and theory about healthy personality development, produce increasingly responsible behavior at school and at home.
- Key DTT indicators are aligned with benchmarks to the general education curriculum.
- Specified instructional practices for teachers and paraprofessionals are directly linked to student needs for developmental competencies in Behavior, Communication, Socialization, and Cognition.

Instruction

- Sequentially planned academic lessons and other learning activities are matched to student's current learning objectives and capacity to achieve successfully.
- Learning materials are selected to challenge students to increased levels of competence.
- Flexible scheduling and timely adjustments in individual student's programs are assessment-based.
- Motivating curriculum content is selected for relevance to students' experiences and development.
- Instruction and behavior management strategies are matched to students' developmental and learning objectives.

Student Learning

- Carefully aligned educational intervention programs that result in high levels of motivation and willing student participation in achieving the selected learning objectives.
- Students with gains in expected standards for social, emotional, and behavioral competence, with increased participation, personal responsibility, and academic achievement.

Accountability

Response to DTT interventions (RTI) is measured by multiple accountability systems:

- Students demonstrate adequate yearly progress (AYP) in social, emotional, behavioral, and learning competencies specified for their individual stage of development (DTORF-R Progress Record).
- Teachers demonstrate specific proficiency levels in applying the practices indicated by assessment of their students' developmental needs (teachers' DTRITS proficiency scores).
- Schools demonstrate that teachers and students have the necessary administrative support for student progress. (Administrative Support Checklist)
- School systems assess indicators of a mentally healthy school environment such as reduced disciplinary actions, increased attendance, and improved academic achievement.

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