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A study of the relationship between special education emotional support behaviorally disordered students and their moral reasoning

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A STUDY OF THE RELATIONSHIP BETWEEN
SPECIAL EDUCATION EMOTIONAL SUPPORT
BEHAVIORALLY DISORDERED STUDENTS
AND THEIR MORAL REASONING

by
Frank G. Iacobucci

A Thesis

Submitted in partial fulfillment of the requirements
of the Master of Arts Program, Special Education,
in the Graduate Division of Rowan College.

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Approved by _____

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ABSTRACT

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Very few studies have examined moral reasoning in students identified as having behavioral disorders and enrolled in a special education setting. Little attention has been paid to the impact of interventional education programs designed for behaviorally disordered youth on moral reasoning development. The research examined the moral reasoning of behaviorally disordered adolescents enrolled in self-contained high school setting. The results indicate that behaviorally disordered emotional support high school students are significantly lower in moral reasoning compared to their nonbehaviorally disordered peers. The development of moral reasoning has been considered an important component of both social and cognitive growth in children and adolescents (Kohlberg, 1969; Piaget, 1932/1965). Recently, researchers have called for

their development and implementation of moral education interventions for behaviorally disordered students (Maag, 1989; Swarthout, 1988). This increased interest in improving the moral reasoning of behaviorally disordered youth has been spurred, in part, by research findings suggesting that deficits in moral reasoning are related to adult adjustment difficulties (Kohlberg, LaCrosse, & Ricks, 1972). Further evidence suggests that it is possible to elevate the moral reasoning ability of these youth and that this increased level of moral reasoning is associated with decreases in problem behaviors (Arbuthnot & Gordon, 1986).

MINI-ABSTRACT

This research examined the moral reasoning of behaviorally disordered adolescents enrolled in a self-contained high school setting. The results indicate that behaviorally disordered emotional support high school students are significantly lower in moral reasoning when compared to their nonbehaviorally disordered peers. Evidence suggests that it may be possible to elevate the moral reasoning ability of these students through the implementation of moral reasoning intervention.

TABLE OF CONTENTS

CHAPTER I	PAGE
Statement of the Problem	1
Purpose of the Study	3
Research Question	3
Hypothesis	3
Limitations	5
CHAPTER II	
Review of Literature	7
Summary	13
CHAPTER III	
Introduction	15
Subjects	15
Setting	16
Instrument and Procedure	16
CHAPTER IV	
Restatement of the Hypothesis	19
Results	20
Tables 1-6	20-23

CHAPTER V	Page
Summary	24
Findings and Conclusions	26
Discussion	27
Recommendations	29
REFERENCES	31

CHAPTER I

Statement of the Problem

The educator's goal is to help students function successfully for a lifetime through the obstacles of their environment. Moral reasoning skills are a necessary ability in order to function successfully. Society sets acceptable behavior through an ever changing moral base. In order to become a productive member of this society, a person must reason on the same cognitive level as his peers. My research examines a specific part of cognitive development: moral reasoning. There seems to be a direct correlation between cognitive moral reasoning and student performance, regular attendance, and student behavior.

In my opinion, student performance, regular attendance, and student behavior in the classroom are at the top of the list of problems facing the classroom teacher in the American Educational System. The development of moral reasoning has been considered an important component of both social and cognitive growth in children and adolescents (Kohlberg, 1969; Piaget, 1932/1965).

My experience with behaviorally disordered high school students has shown that almost all are stuck in what I like to refer to as the "cartoon stage"--that is, the student believes that nothing really bad is going to happen to him now and in the future and that really bad things that happen are funny. They believe that negative is funny and positive is uninteresting and boring. The boring part suggests that the student cannot find a reason to be in a boring environment, so why go to school? This breakdown in moral reasoning leads me to believe that if the level of moral reasoning were increased, the student would attend school more often and show a renewed interest in his or her part of the future.

The problem seems to arise when the behaviorally disordered students' peers move to the next level of moral reasoning and the behaviorally disordered student remains at the lower level. Piaget's work suggests that cognitive development is stimulated by the child's interaction with his social environment. A conflict may arise within the individual, or from his environment, which may prevent the individual from moving to the next level. Behavioral problems arise when a behaviorally disordered student interacts with any individual operating at a higher level of moral reasoning.

Purpose of the Study

The purpose of this thesis is to determine if there is a direct relationship between moral reasoning, student behavior, achievement, and attendance. Also, after a moral reasoning intervention, will there be an increase in the students' level of moral reasoning? Can we predict future behaviors of behaviorally disordered students by their level of moral reasoning?

Research Question

Can an intervention specially designed to increase moral reasoning improve the moral reasoning of behaviorally disordered students? What is the relationship between moral reasoning and student performance, attendance, and behavioral problems in behaviorally disordered high school students as compared to non-disabled peers?

Hypothesis

It is agreed by most special education teachers that the desire to learn and attentiveness are generally the first steps in the educational process for behaviorally disordered students on the secondary level. It has been

shown through past research that a student who is receptive to the learning environment will show improved performance, a desire to learn, and will attend more regularly. A complaint often heard is that if the student were present more often, the teacher might be able to make a difference educationally. More opportunity to make a difference for a behaviorally disordered student would in itself be a positive change in behavior.

According to Kohlberg (1976), environmental stimulation is necessary for movement to the higher levels of moral reasoning. Specifically, the conditions needed for moral growth to occur include: (a) exposure to cognitive moral conflict, (b) role-taking opportunities, (c) the consideration of fairness and morality, (d) exposure to the next higher stage of moral reasoning, and (e) active participation in group decision making.

The educational applications of Kohlberg's theory have included the promotion of classroom discussions of moral dilemmas for stimulating growth and the restructuring of the school environment. Specifically, Kohlberg (1976) proposes that there are both direct and indirect conditions needed for moral growth to occur in an educational setting. The direct conditions include the quality of interaction and discussion occurring in classes

and other group contexts. The indirect conditions refer to the general moral atmosphere of the school. That is, moral development takes place because the school provides a number of contexts in which students have an opportunity to voice their opinions, listen to the opinions of others, and participate in group decision making.

Kohlberg believes that individuals evolve. They progress toward higher levels of development. There is a move from an egocentric orientation of, "what is in it for me" to eventually, "compassion for mankind."

After a moral reasoning intervention there will be an improvement in behaviorally disordered students' performance. A constructive difference will be noticeable in the responses to the questions asked in the interview. Students will express a positive opinion of school rather than a negative one.

Limitations

This study will be limited to self-contained behaviorally disordered students in a single high school (9-12 grade) in the Philadelphia School District during the Fall/Spring term of the 1994-1995 school year. Studies of the past appear to be gender biased. This study will also be gender biased mainly because there is a

higher number of boys than girls in the study group. Findings resulting from this study should only be generalized to school districts with similar characteristics.

CHAPTER II

Review of the Literature

When Plato founded the first academy, he was greatly concerned with the topic of the education of mankind. In *Meno*, Plato creates a dialogue which is preoccupied with the relationship between technical training and moral wisdom. Plato concludes that technical knowledge is not equivalent to moral wisdom (Plato, 1949).

As recently as October 28, 1994, Alexander Solzhenitsyn, twenty years after he was sent into exile, confronted his nation's new freely elected parliament. He lectured the new lawmakers about the high road to democracy with, "we only hear about the economy, the economy, the economy, the economy.... The market will not solve the problem of ...morals" (*The Philadelphia Inquirer*, October 29, 1994).

Robert Coles, the Harvard University Social Psychiatrist who has devoted years to exploring the interior lives of children, urged parents and educators to place as much emphasis on the development of moral character as on the attainment of academic knowledge. "It's as important as academics and teachers can help" he said, during his speech to about five hundred parents,

educators and alumni at Germantown Friends School (The Philadelphia Inquirer, November 14, 1994).

This question of morals or moral wisdom is neither new nor exclusively an American problem. Moral reasoning, or the lack of, appears to be a wide spread problem throughout society and especially for behaviorally disordered students. Although a few studies have been carried out examining the moral reasoning of students classified as behaviorally disordered enrolled in a special education program (Freeman et al., 1980; Sigman et al., 1983), the majority of the research examining the moral reasoning of deviant youth has examined institutionalized delinquents.

Although there have been a number of investigations examining differences in the level of moral judgment between delinquents (Blasi, 1980, and Nelson, Smith, & Dodd 1980), very few studies exist which have directly assessed differences between the moral reasoning of adolescents categorized as behaviorally disordered and those youngsters not categorized as such in the public school system.

The classification of delinquency is not useful for special educators because it is a legal classification, whereas, behaviorally disordered is an educational classification. The research investigating moral reasoning development in behaviorally disordered youth has

confounded behavioral disorders with cognitive deficits and learning disabilities (Freeman et al., 1980; Sigman et al., 1983). That is, these researchers did not examine students whose primary diagnosis was behavioral disorders. For instance, Freeman et al. (1980) included in their sampler students in a special education classroom with learning and/or behavioral disorders and did not differentiate between these two groups.

It is known that children do not think the same way as adults. Jean Piaget worked in this area of cognitive development and found that children move through distinct stages of cognitive and moral development. At each stage children think and interpret their environment differently than children at other stages. This causes changes in their behavior as children move from one stage to another. This research resulted in the formulation of the four-stage age-related cognitive development theory (Piaget, 1970). These stages are the sensorimotor, the preoperational, the concrete operational, and the formal-operational stages.

Adding to Piaget, Laurence Kohlberg distinguishes three basic levels and six stages of moral development--the preconventional or premoral level, the conventional level, and the postconventional or autonomous level. There are two stages within each of these three levels. Stage 1 focuses on deference to authority and avoidance of

punishment; Stage 2 focuses on individualism, instrumental purpose, and exchange; Stage 3 focuses on the keeping of mutual relationships and a concern for being seen as good; Stage 4 focuses on social systems and conscience; Stage 5 focuses on individual rights and social contract; and Stage 6 focuses on upholding universal ethical principles (Kohlberg, 1976). This means that as individuals evolve, they progress toward higher levels of development. There is a move from an egocentric orientation of "what is in it for me" in Stages 1 and 2 to, eventually, "compassion for mankind" in Stage 6.

The educational applications of Kohlberg's theory have included the promotion of classroom discussions of moral dilemmas for stimulating growth, and the restructuring of the school environment. Specifically, Kohlberg (1976) proposes that there are both direct and indirect conditions needed for moral growth to occur in an educational setting. The direct conditions include the quality of interaction and discussion occurring in classes and other group contexts. The indirect conditions refer to the general moral atmosphere of the school. That is, moral development takes place because the school provides a number of contexts in which students have an opportunity to voice their opinions, listen to the opinions of others, and participate in group decision making.

The relevance of such research for the study of behavioral disorders is suggested by findings that higher levels of moral reasoning are associated with higher levels of moral conduct (Thoma, Rest, & Barnett, 1986). Further, researchers have found that although disturbed youth exhibit deficiencies in moral reasoning, these youth also exhibit increases in moral reasoning with age (Hains & Miller, 1980).

Designing school environments to facilitate moral development has been advocated by many educators and researchers. Dewey (1964), in the early part of this century, embraced the view that education should promote the moral development of the individual.

As mentioned above, moral growth is promoted by giving students the opportunity to interact with other students of various ages which in turn allows them to be exposed to higher stages of moral development. Some researchers have suggested that educational settings which cluster behaviorally disordered students would not provide the necessary opportunities for these students to be exposed to moral reasoning higher than their own (Maag, 1989; Niles, 1986).

The characteristics described by Kohlberg (1976) and discussed above (i.e., direct and indirect conditions) associated with promoting the development of moral reasoning will expose students to higher levels of moral

reasoning. The opportunity for role-taking experiences, consideration of fairness and morality, and participation in group decision making should be considered as a part of any intervention.

The study by Sigman et al. (1983) explored moral judgment in relation to both behavior and cognitive disorders in adolescents and included in its sample students who were designated as both behaviorally disordered and cognitively impaired.

Although interventions have been devised in an attempt to raise the moral reasoning of these youth (Arbutnot & Gordon, 1986; Niles, 1986), such programs have not been based on research focusing on the moral reasoning of behaviorally disordered adolescents in the public school system. The moral reasoning intervention programs that have been conducted have been based on research examining delinquent youth with the speculation that delinquents are similar to behaviorally disordered youth.

Researchers investigating behaviorally disordered students have noted that intervention strategies used in the past for this population have been applied indiscriminately (Schloss, Schloss, Wood, & Kiehl, 1986). This may provide an explanation for why moral development intervention studies utilizing the moral discussion approach (i.e., a method assumed to facilitate moral

development) in behaviorally disordered samples have yielded inconsistent results.

For example, one such intervention program produced a decrease in behavior referrals, tardiness, and police/court contacts in a group of high-risk behaviorally disordered adolescents while increasing their moral reasoning development (Arbuthnot & Gordon, 1986). However, the results of a similar study (Niles, 1986) indicated that, although participation in a moral discussion group led to an increase in moral reasoning, the gains in moral reasoning did not lead to improved classroom behaviors.

Summary

Disturbed youth can differ markedly from each other. Considering the lack of research and general investigating of behaviorally disordered youth, further research will be necessary and helpful to impact this type of student. Research studies that utilize narrowly defined samples are needed if we are to design and implement successful interventions. Research investigating the potential relationship between the development of moral reasoning and the type of educational setting most conducive to the attainment of higher levels of moral judgment may provide information to those who are involved in structuring school and classroom environments for students. This

information would also be particularly important for those concerned with stimulating moral development.

The relevance of such research for the study of behavioral disorders is suggested by findings (a) that higher levels of moral reasoning are associated with higher levels of moral conduct (Thoma, Rest, & Barnett, 1986), and (b) that age-adequate social cognitive skills (e.g., moral reasoning) are necessary, if not sufficient, for children's long-term positive adjustment (Kohlberg et al., 1972). In order to create effective strategies aimed at helping disturbed adolescents, it is necessary for researchers and educators first to become aware of the moral reasoning of behaviorally disordered students as well as the effects of interventions on moral reasoning development.

My conclusion is that a shortage of research exists examining the moral reasoning of adolescents placed within a special education program and given the primary diagnosis of behaviorally disordered.

CHAPTER III

Introduction

Through many years of teaching behaviorally disordered students, one thing has become apparent to me-- students who show a decrease in behavioral problems also change in the way they perceive their environment and their role in the future. This means that the way they think or the cognitive level that they have reached, changes the way they behave and interact with others. I believe that most behaviorally disordered students are operating in stage one pre-conventional or the pre-moral level.

The design of this thesis was to measure the level of moral reasoning of behaviorally disordered students, measure the level of moral reasoning of their non-classified peers and to compare and contrast the results.

Subjects

Eight (9-12) classified behaviorally disordered special education students were selected from an intercity Philadelphia High School for this study. All students come from a low socio-economical background. Three students come from homes where Spanish is predominantly

spoken. All were previously enrolled in special education programs.

Eight students not classified as behaviorally disordered will be randomly selected from the same high school. All students come from the same socio-economical background.

Setting

Students will be interviewed in a 12ft. X 12ft. comfortably furnished meeting room located in the same high school. Prior to the interview the students will be met with individually to discuss the purpose of the interview and how it will be held in the strictest of confidence. I tried to make each student feel as comfortable as possible about the interview process and how the outcome will not indicate their identity.

Instrument and Procedure

After reviewing literature relating to the topic "moral reasoning" and past research studies, I concluded that the measure to be used would be an interview method instead of a rating scale or multiple choice. The nature of the behaviorally disordered student made it apparent to me that the interview would be the most facilitating approach. The interviewer spent time with the interviewees before the formal interview to establish

rapport with the subjects. The interview started with a ice breaker or a question about something current in the student's life. A modification of language and content was imposed to maximize the understanding of what was being asked. The interviews were tape recorded which aided in the reliability of data collected.

The interview approach was a straight forward attempt to generate information that was most helpful to the study. It was critical that the interviewer be a full participant in the process. Simpson (1981) described the interview as a major source of information in the assessment of adolescents with behavior problems.

In the interview, the student was asked:

1. Why did you come to school today?
2. Do you have a plan for the future?
3. Describe yourself.
4. Identify your personal strengths and weaknesses.
5. Describe any specific or acute problem or concern with school.
6. Describe your feelings about the problem.
7. Do you feel your friends or your neighborhood play a role in your future?
8. Describe how your family or school relates to the problem.

The design of the intervention emphasized moral dilemmas, literature, and discussions. Modification of language and content was used to maximize effectiveness of the intervention.

After intervention, the same measure will be administered to both groups. Results are to be shown in Chapters four and five.

CHAPTER IV

Restatement of the Hypothesis

The hypothesis is that after a moral reasoning intervention there will be an improvement in behaviorally disordered students' performance. A constructive difference will be noticeable in the responses to the questions asked in the interview. Students will express a positive opinion of school rather than a negative one.

Results

The scores from the sample population were obtained through the interview process in January, 1995. Of the twenty-one students who were interviewed, nine emotional support and twelve regular education students took part. There was a total of twenty positive, twenty-one negative, and two no responses to five questions asked in Chapter three. These results and totals are shown in Table one.

Table 1

	Emotional Support sample size = 9		Regular Education sample size = 12		Total
Positive Responses	20	44.4%	38	63.3%	56
Negative Responses	21	46.0%	22	36.6%	43
No Response	4	8.8%	0	0.0%	4

The figures shown in Table two and Table three break down the totals in Table one to show the results of each individual question as it relates to each group. In Table two, the January, 1995, results of the individual questions answered by the emotional support group are reported.

Table 2

	Positive Responses	Negative Responses	No Response
Question # 1	5	4	0
Question # 2	3	6	0
Question # 3	4	3	2
Question # 4	4	5	2
Question # 5	4	3	0
Total	20	21	4

In Table three, the January, 1995, results of the individual questions answered by the regular education group are reported.

Table 3

	Positive Responses	Negative Responses	No Response
Question # 1	10	2	0
Question # 2	6	6	0
Question # 3	12	0	0
Question # 4	5	7	0
Question # 5	5	7	0
Total	38	22	0

In Tables three and four, it is clear that several differences exist between the behaviorally disordered

emotional support students and the regular education students. After an eight-week intervention, the emotional support students were interviewed again. Results of the interviews are shown in Tables four, five, and six. The scores from the sample population were obtained through the interview process in March, 1995.

Table 4

	Emotional Support sample size = 9		Regular Education sample size = 12		Total
Positive Responses	22	48.8%	38	63.3%	60
Negative Responses	21	46.6%	22	36.6%	43
No Response	2	3.3%	0	0.0%	2

If you compare the results of Table one and Table four which represent the total number of negative and positive responses in the interview process, we find an increase of four percent in the positive responses of the behaviorally disordered emotional support group with intervention. I don't feel the four percent increase in the emotional support group to be significant enough to say that the intervention was successful. Furthermore, when we compare the January and March responses of the regular education group in Tables one and four, we find the results in both samples to be the same.

In Table five, the March, 1995 results of the individual questions asked of the emotional support group are reported.

Table 5

	Positive Responses	Negative Responses	No Response
Question # 1	6	3	0
Question # 2	4	5	0
Question # 3	5	3	1
Question # 4	3	6	0
Question # 5	4	4	1
Total	20	21	2

The non-intervention students who participated in the first round of interviews were questioned again in March, 1995, and these results are reported in Table six.

Table 6

	Positive Responses	Negative Responses	No Response
Question # 1	11	1	0
Question # 2	6	6	0
Question # 3	12	0	0
Question # 4	4	8	0
Question # 5	5	7	0
Total	38	22	0

CHAPTER V

Summary

The purpose of this study was to determine if a specific pattern of responses would change after a moral reasoning intervention. An interview survey was implemented in January, 1995. The interview gathered baseline data on behaviorally disordered emotional support students in a self-contained setting in a Philadelphia high school. The same process was repeated with regular education students in the same high school. The interviews included questions related to the subjects' feelings toward school, and how they perceived their environment.

The amount of negative responses given by the behaviorally disordered emotional support students shows that students who have been classified as behaviorally disordered emotional support do indeed have a negative feeling toward school and are operating with lower self concepts. The eight-week moral reasoning intervention did not seem to have a significant effect as to positive responses for the behaviorally disordered emotional students.

One interesting observation was that the emotional support group was cognizant of what answers they perceived I

would want to hear. In this regard, I feel that the responses I received were not accurate and that the students were more interested in what I wanted to hear than giving their true feelings. To this end I decided to check the accuracy as best I could by asking the same questions when a relaxed moment of communication was occurring. I also chose what I felt were the two main questions: 1. Why did you come to school today? 2. Do you have a plan for the future?

If in Table one, I were to use the relaxed moment responses to question one, in the emotional support group there would be two positive and seven negative responses, compared to the same question asked to the regular education group of ten positive and two negative. Granted this is not the scientific method, but there is too large of a discrepancy between the emotional support group and the regular education group to be ignored.

If in Table two, I were to use the relaxed moment responses to question two, in the emotional support group there would be one positive and eight negative responses, compared to the same question asked to the regular education group of six positive and six negative. In comparing question number two to question number one, I find that the regular education students also had difficulty expressing a concept of the future.

Findings and Conclusions

As a result, the findings of this study are, for the most part, only generalizable to inner-city public school system students with emotional deficits who have been given the primary label of behaviorally disordered. The results of the present study may provide some information to those researchers and educators specifically concerned with understanding the moral reasoning of the emotional support students in the public school system.

One might speculate that because the emotional support students are only exposed to the reasoning of other emotional support students, they may have experienced limited social opportunities to be exposed to meaningful viewpoints different from their own. Social contact with a higher reasoning level could be tried through the curriculum of the school system. Through a moral reasoning intervention, emotional support students might obtain the experience necessary for moral development to occur.

The investigation of the length of time the emotional support student has spent in the self-contained setting may show a direct hindrance to moral growth. Therefore, if the emotional support students were in the regular education school program they would have had the opportunity to experience the social cognitive conflict necessary for stage changes. This could obviously be an argument for inclusion.

What is clear from the results of this study is the need for more research investigating the moral reasoning of behaviorally disordered emotional support students enrolled in special education in the public school system. Certainly, the present results caution against across-the-board prescriptions of interventions without first determining if moral reasoning deficits actually exist. The investigation of moral development within special education populations is an important direction for further research.

Discussion

The finding that behaviorally disordered students display more immature forms of moral reasoning is in agreement with the results of similar research investigated by (Freeman et al., 1980; Hains & Miller, 1980). Researchers investigating special populations have noted that these groups are often deprived of the parental, peer, and institutional stimulation necessary to promote moral reasoning development (Campagna & Harter, 1975; Sigman et al., 1983). Moreover, previous research has suggested that behaviorally disordered youth do not possess the prerequisite skills (e.g., role-taking ability, emotional empathy) necessary for moral development to occur (Chandler, Greenspan, & Barenboim, 1974; Schonert, 1989, 1990).

However, the behaviorally disordered emotional support students in the present study had little or no choice about attending the regular classroom and possessed an assortment of behavioral characteristics that interfered with their ability to learn in a traditional school setting.

Further, one cannot assume that because emotional support students are in a classroom with non-emotional support students that the social interactions that facilitate the development of moral reasoning will take place. Kohlberg (1969) suggested in accordance with Piaget (1932/1965) that an important source of cognitive disequilibrium is obtained through social interactions with peers. However, the social interactions that promote the growth of moral reasoning must be quality interactions--that is, they must provide the opportunity for role-taking to occur.

Behaviorally disordered youth are frequently socially unacceptable, rejected, or neglected by their non-behaviorally disordered peers. Sabornie and Kauffman (1985), in a recent investigation examining the sociometric status of behaviorally disordered students enrolled in a main-streamed setting, found that behaviorally disordered youth are significantly lower in sociometric status than are their non-behaviorally disordered similar-aged peers. Also this study found that behaviorally disordered students indicate a significantly greater liking for their fellow

behaviorally disordered classmates than for their non-behaviorally disordered classmates.

It might be that students operate at different levels of reasoning and behavior at different times. If so, then an instructor should try increasing the use of higher stage thinking along with decreasing the use of lower stage thinking.

There is suggestive evidence that it is possible to elevate the moral reasoning of behaviorally disordered youth. Specifically, the Moral Discussion Group (MDG) which was developed by Blatt and Krohlberg (1975) has been shown to be somewhat successful in increasing the level of moral reasoning.

Recommendations

Prior to the development of successful interventions for behaviorally disordered youths, it is first necessary to find out if moral reasoning deficits actually exist within this special population.

A larger sample size and a broader sampling of emotional support behaviorally disordered students would be needed to permit a firm conclusion that: 1) behaviorally disordered youth possess deficits in moral reasoning, and 2) self-contained settings for emotional support youth do not facilitate moral reasoning development. Nevertheless, this study points to the need to examine the effects of

educational environments on the moral reasoning of students with behavioral disorders as well as the need to more closely examine the curriculum designed for this population.

Because of the importance that peer interactions have in the development of moral reasoning, future efforts should attempt to more closely examine the interactions that emotional support youth have with one another. Such information could provide meaningful information for those involved in creating moral development intervention programs.

Because of poor discussion skills I feel it would be important to first teach appropriate discussion techniques to emotional support students before implementing a moral education intervention. This may include several exercises designed to "develop feelings of openness, group identity and cohesion, safety, acceptance, and respect for others' views."

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