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Mental Health Services and Alternative Schools

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MENTAL HEALTH SERVICES AND ALTERNATIVE SCHOOLS

A Thesis submitted to
the Graduate College of
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In partial fulfillment of
the requirements for the degree of
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School Psychology

by

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Acknowledgments

During the process of completing this thesis I have learned some valuable lessons-- one of the most important being how to depend on others. Because of confidentiality limitations, I needed help from outside sources to gather data, which means I was on someone else's schedule. This isn't something I'm used to. I am the type that says, "If you want something done right, then do it yourself." At least ten times during this process Dr. O'Keefe has said to me, "Patience and perseverance, patience and perseverance"; then, when he realized it was time to throw in the towel, he helped me get in touch with someone who would actually help me-- for this wisdom I am very thankful. I am also very thankful for the mammoth help I received from Dawn Page. Also a graduate from our program, Dawn understands the seriousness of a thesis. She came into this process when things were a mess and jumped right in and helped me to get the data that I needed. For this, I cannot say thank you enough. Last, I would like to thank Dr. Stroebel and Dr. Krieg for reading my many stressed emails and answering my frazzled phone calls throughout this process. While I'm sure they had to smile, they gave only the most encouraging support. Thank you all for your support through this process.

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ABSTRACT

With the number of children being placed into alternative school settings growing, it is of interest to know if mental health services are a beneficial addition to the traditional alternative programs. To research this issue, case studies of 48 children who had attended an alternative school were assessed. Participants included 48 students, half of whom had received only alternative school services while the other half had received alternative school services in addition to mental health services during their alternative school placement. Findings show no significant correlation between the hours of mental health services received and any of the following variables: days back at the home school, GPA 09-10, disciplinaries 09-10, absences 09-10, or dropout 09-10. One serious implication of this evidence is the suggestion that, in this situation, the addition of mental health services to the traditional alternative school setting is not an effective means of increasing school success.

Chapter I: Review of the Literature

Introduction

The focus on alternative schooling, as well as the students who attend these types of facilities, has greatly increased over the past years. School districts, state law, and even federal laws have begun to address the current topic at hand. Because many researchers, parents, teachers, and administrators question the effectiveness of the alternative school placement, these schools have begun to offer other services within the setting. These types of services include mental health services as offered by local companies.

Current Statistics

While many different reports and professional opinions suggest that alternative schools have specific qualities that are required in order to prove successful and often have unintended negative consequences, the rate of alternative school placements continues to increase (The NC Education and Law Project, 1996). A national survey conducted in 2002 found that there were approximately 10,900 public alternative schools and other types of programs in the United States (Kleiner, Porch, & Farris, 2002). Current research suggests that many of the children placed in these facilities have emotional and behavioral problems, though it is difficult to accurately place a number on exactly how many. However, we do know that 12% of the students attending these facilities have Individual Education Plans (Lehr & Lange, 2003).

Alternative Schools

Schools are an ever-changing system as are the disciplinary programs found within them. The way in which school systems discipline students has changed greatly over the past years. It is the current operating procedure of many schools today to send

children who have misbehaved to "alternative schools" making suspension one of the most commonly used disciplinary techniques (Christle, Nelson, & Jolivette, 2004). Although definitions vary, the U.S. Department of Education defines alternative education as being "…a public elementary/secondary school that addresses the needs of students which typically cannot be met in a regular school and provides nontraditional education which is not categorized solely as regular education, special education, vocational education, gifted and talented or magnet school programs" (U.S. Department of Education, 2002, p. 55). While alternative schools originated as facilities where children who wanted to attend a different type of schooling *chose* to attend, nearly two-thirds of the children are now "placed" into these facilities (Young, 1990). These educational facilities are places where children are to receive academic education while serving an out-of-school suspension. Once students have served their "time" they are often returned to their "home school." School administrators often consider these means of alternative education to be the best option; however, empirical studies have shown otherwise. For example, Dupper (2008) noted that "with a general public clamoring for punishment and making *bad kids* pay for their school misbehavior and poor attitude, many alternative schools have evolved into dumping grounds to warehouse children" (p. 29).

Characteristics. In 2003 it was estimated that 12% of all students who attended alternative schools were students with disabilities defined by having Individual Education Plans. This percentage is not far from the regular education average that was found to range from 3%-20% (Lehr & Lange, 2003). The difference is the provisions that are, or are not, being given to these children. For example, there are both federal and state laws

that determine what services, or provsisions, Special Education students are entitled to receive. Although we know that public regular education facilities have special programs in place that are intended to meet the needs of children with disabilities, the availability and quality of those services offered in alternative school settings are often questioned. Little data has been collected on this topic; however, the Individuals with Disabilities Act of 1997 demands that students who have IEPs who are suspended from their regular education schools for more than 10 days must continue to receive services. These services are typically received at the alternative school where IDEA states that the programs must work with the child's home school in order to remain in compliance with the child's current individual education plan (IDEA, 1997). What type of children misbehave to an extent that they must attend an alternative schooling situation? Not surprisingly, the children who are so commonly placed in alternative schooling are more than just "bad kids." These children are often found to have serious unmet needs in academic, social, economic, and emotional areas (Noguera, 2003). So while the children are punished for the behavior at hand, we must ask ourselves if we are treating the problem or only addressing the symptoms. Furthermore, are we helping the children by placing them in these settings or are we sealing their fate?

Efficacy. The effects of sending children to these types of schools are not always as wonderful and positive as administrators may think. Adelman and Taylor (2006) stated that whatever benefits may exist for using this type punishment are likely made up for by many negative consequences. Among those negative consequences are increased dropout rates and increased negative attitudes toward school and school personnel that tend to lead to other behavioral problems, antisocial acts, and various mental health problems.

Adleman and Taylor (2006) and Christle et al. (2004) agree that the use of suspension only adds to the likelihood that a child will become delinquent; however, many schools around the country continue to suspend students and have adopted what is known as a "zero tolerance" policy that has automatic punishments for disobedience and allows for no discretion. Many consider there to be little or no need for discretion. In addition, multiple studies have found that suspending children directly correlates with their likelihood to drop out of school as well as the likelihood of becoming further behind in academic areas (American Academy of Pediatrics, 2003). While much focus surrounds the issues of dropout rates and academics, the mental health aspects of these children's lives are often overlooked.

Mental Health Services

Evidence suggests that many of the undesired behaviors seen in schools today are likely related to depression or other mental health aspects (American Academy of Pediatrics, 2003). The typical goal of placing a child in an alternative school facility is to allow the placement to serve as a punishment for undesired behavior. This type of punishment ignores the mental health aspects by leaving the child without treatment for their "real" problem and again only treating the symptoms. This approach could have some relation to the ineffectiveness and negative outcomes of suspension and alternative schooling. Once the child is removed from the regular education setting, many children, parents, and school personnel alike may feel that the child's problems are too large to be "fixed." While we know from the literature that the "punishment" impact of the alternative school alone is not enough to elicit a change in behavior, studies suggest that adding therapeutic services may be beneficial (Corcoran, 2006).

Characteristics. Studies suggest that students who behave in a way that is considered to be inappropriate are often suspended from school because administrators feel that they have no better interventions at hand (Raffaele Mendez, Knoff & Ferron, 2002). Part of the issue could be that administrators don't know how to identify what that they need to intervene with or how. Children who need and receive mental health services are a varied group. Children's mental health issues include ADHD, anxiety disorders, Autism Disorder, Bipolar disorder, bullying, suicide, Conduct Disorder, coping with separation and divorce, depression, learning disabilities, schizophrenia, fear, violence, and more. In addition, many of these mental health issues are comorbid, suggesting that children may have more than one issue at the same time (U.S. Department of Health & Human Services, 1999). Although mental health issues among children have been identified as a central concern in United States, many children go undiagnosed or untreated. In addition, many fundamental issues surrounding children's mental health have been left unaddressed (U.S. Department of Health & Human Services, 2003).

Efficacy. Because somewhere between one-third and one-half of all child-referrals to outpatient clinics are related to behavior problems there are many techniques that are used to change behavior (Kazdin, 1995). One of the more commonly used is Cognitive-Behavioral therapy, which has shown wide empirical support in dealing with child behavior problems (Bennett & Gibbons, 2000). Also, solution-based therapy is commonly used to create a positive spiral of events. With the evidence of therapy success many schools are now turning to the idea of therapy in combination with the alternative school setting. There is little empirical evidence related to therapy in alternative schools, but the literature does show a strong support for behavior therapy in other situations. A

2010 *New York Times* article suggests that the effects of psychotherapy with children from a New York alternative school is so impressive that the school is receiving national notice (Breu, 2010). So now that we know that there are many mental health services that have been proven to be successful, the real test is to place these services in alternative schooling settings and collect the data.

Summary

The real question behind alternative schools is "Do they work?" Does placing a child in an alternative school make him or her less likely to be suspended again? Does it address the emotional, social, academic, or economic needs that are likely the real culprits for the behavior? Although we know that the existing datum relating to traditional suspension say no, does adding valuable therapeutic counseling and other mental health services to these alternative school programs change those results?

Description of Alternative School

The alternative school used in the study is located in a large urban school district that serves grades six through eight. According to local school data, the school's current enrollment is 71 students and eight full-time "Equivalent" teachers with a student to teacher ratio of 8.9. There are 46 males and 25 females for a 65 to 35% ratio (National Center for Educational Statistics [NCES], 2011). Of the students attending the alternative program, 2 receive reduced lunch and 56 receive free lunch, making a total of 82% receiving free or reduced lunch. The demographics of the students show five sixth graders, 29 seventh graders, and 37 eighth graders with 73% White population, 25% African American population, and 1 Hispanic child (NCES, 2011). The school is classified as an alternative school and is the only alternative middle school in the county,

which also has 14 “regular” middle schools. The school is different from the “typical” alternative school in that the school works with a local community mental health agency to offer services to the children who attend the school. The non-academic, mental health services offered to the children during the general school day include social skills groups, group counseling, and individual counseling. More of the students who attend the school receive mental health services than those who do not.

Hypothesis

The hypotheses are receiving mental health therapy while attending the alternative school program may predict the number of days back at the home school, receiving mental health therapy while attending the alternative school program may increase the GPA of the students in the following 09-10 school year, receiving mental health therapy while attending the alternative school program may predict the total number of disciplinaries in the 09-10 school year, receiving mental health therapy while attending the alternative school program may predict the number of absences in the 09-10 school year and that receiving mental health therapy may predict the likelihood of dropping out or leaving the state in the 09-10 school year. The null hypothesis is that receiving mental health therapy while at the alternative school may not predict any of the above events.

Chapter II: Method

Participants

This is an archival study. Because of confidentiality limitations, staff from both the community mental health center and the alternative school served as the data collectors for the study. The community mental health center and school data bases were used to identify 48 cases of children between the ages of 10 and 14 who were, at one time, placed in the studied alternative school. Cases were arbitrarily selected until all cells were filled. To control for gender, there are equal numbers of male cases as there are female cases (24 of each). There are also equal numbers of children who received mental health services and children who did not. All of the cases involve children who have been expelled from their home schools and sent to the alternative school as a punishment. Although some of the children who attend the alternative school only receive academic services, others receive academic services in addition to therapy services provided by a local community mental health services company.

Design

The design of this study is based on a static group comparison with a post test only and includes both children who attended the alternative school and received no mental health therapy as well as those who received therapy. The independent variable will be the total number of mental health treatment hours received. The dependent variables will be age, GPA in the 09-10 school year, number of disciplinaries in the 09-10 school year, absences in the 09-10 school year, and continued enrollment vs. dropout in the 09-10 school year.

Chapter III: Results

To investigate the associations between alternative schools and therapy, this study looked at the total hours of mental health therapy that children received as compared to their "school success" in the school year following their alternative placement as defined by GPA in the 09-10 school year, number of disciplinaries in the 09-10 school year, absences in the 09-10 school year, and continued enrollment vs. dropout in the 09-10 school year. Tests were run to ensure homogeneity of variance and normalcy of data (See Figures 1-10). Descriptive statistics were completed (See Table 1). Using a univariate analysis of variance, an overall regression analysis showed no statistical significance related to the independent variable and any of the dependent variables (See Appendixes 1-5). In this case, the statistical results failed to reject the null hypothesis.

Chapter IV: Discussion

Based on the results from the analysis, the hypothesis that receiving mental health services will predict school success in the school year following alternative placement were not confirmed. The data were not explained by the mental health treatment received. In fact, based on the current data and variables, children receiving mental health services did not show any statistical difference in "school success" as compared to the control group. Descriptive statistics showed that the control group (those not getting mental health treatment) actually had a higher average GPA, absences, and dropout occurrences in the school year following treatment, whereas the treatment group had a higher average age and number of disciplinaries in the following 2009-2010 school year. It is important to note that it is impossible to suggest why the descriptives were as they are. For example, one could suggest that students within the control group had less severe issues to begin with explaining why they had higher GPAs, absences, etc in the year following

alternative placement. Using a time-samples design may better explain the descriptives and address the possible issue of unequal groups. These data may also be better explained with the use of an ANCOVA. For example, using GPA at the time of placement as the covariate in order to statistically equate the groups may provide useful data.

Although the results of the study are considered to be valid, a number of other modifications could likely make the data more reliable. For example, using a larger sample could provide more precise data. Also, now that the community mental health center is aware of the type of data that are needed to complete studies of this type in the future, it is hoped that they will be more vigilant in seeing that the data are collected with fidelity. There were many data cells within this study that were missing as the data were reportedly unknown.

Despite the areas of possible improvement, this evidence is empirical and could be used to alter or adjust the mental health programming found within this alternative school. From the research we know that many of the children being placed in alternative school programs have great needs for mental health services (American Academy of Pediatrics, 2003). Perhaps these data will be a beginning point to investigate what types of mental health therapies are most useful in increasing these particular students' school success. The school may be able to gather GAS data or employ the use of mental health inventories or questionnaires in an attempt to understand what services the children would most benefit from.

To expand on the current research, looking at the specific types of disciplinaries received by the children may be interesting as well as researching general court involvement of the students. Current research on alternative schools suggests that the

negative outcomes of attending alternative programs outweigh the benefits, often resulting in increased behavior problems (Adelman and Tyler, 2006). During this research, it became evident that the community mental health center does not keep data readily available regarding the types of mental health services individuals within the program receive. This information could provide useful data by possibly suggesting the types of therapy that yield the lowest recidivism and highest school success. In addition, this same analysis of data could be applied to other community mental health programs or other alternative school programs. Through this research it became obvious that alternative schooling programs that offer mental health services are insufficiently researched. Implications from research completed on these types of programs have the opportunity to change the way school systems respond to mental health needs of school-aged children.

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Tables

Table 1: Descriptives

Means and Standard Deviations

	Treatment		Control		Total	
	M	(SD)	M	(SD)	M	(SD)
Age	14.87	0.97	14.76	1.04	14.82	0.99
GPA	1.27	1.09	1.31	0.08	1.29	0.97
Disciplinaries	6.65	8.28	5.3	6.37	6.02	7.40
Absences	123.28	156.70	160.44	160.74	140	157.59
Dropout	0.18	0.39	0.25	0.44	0.21	0.42

Figures

Figure 1: QQ Plots

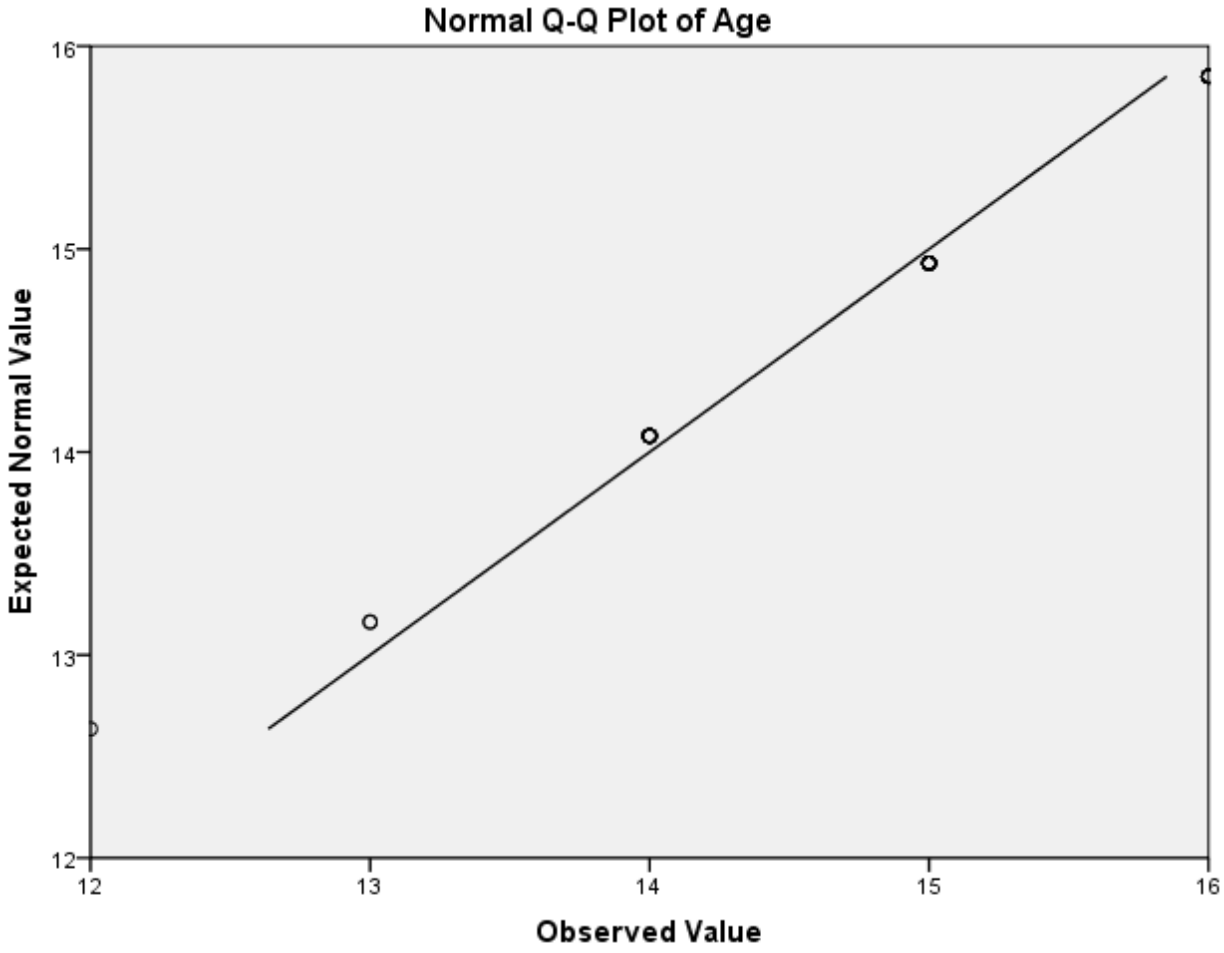


Figure 2: QQ Plots

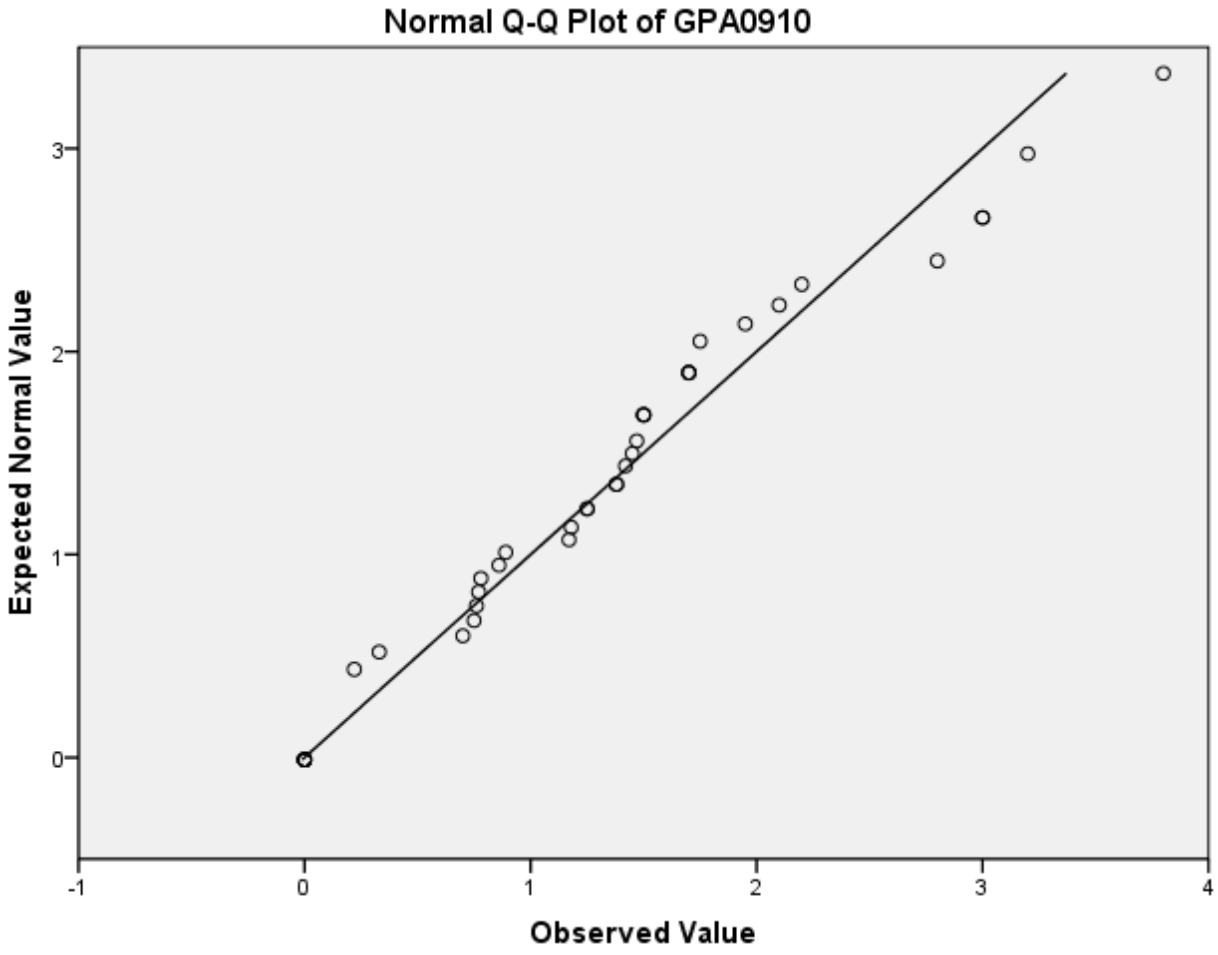


Figure 3: QQ Plots

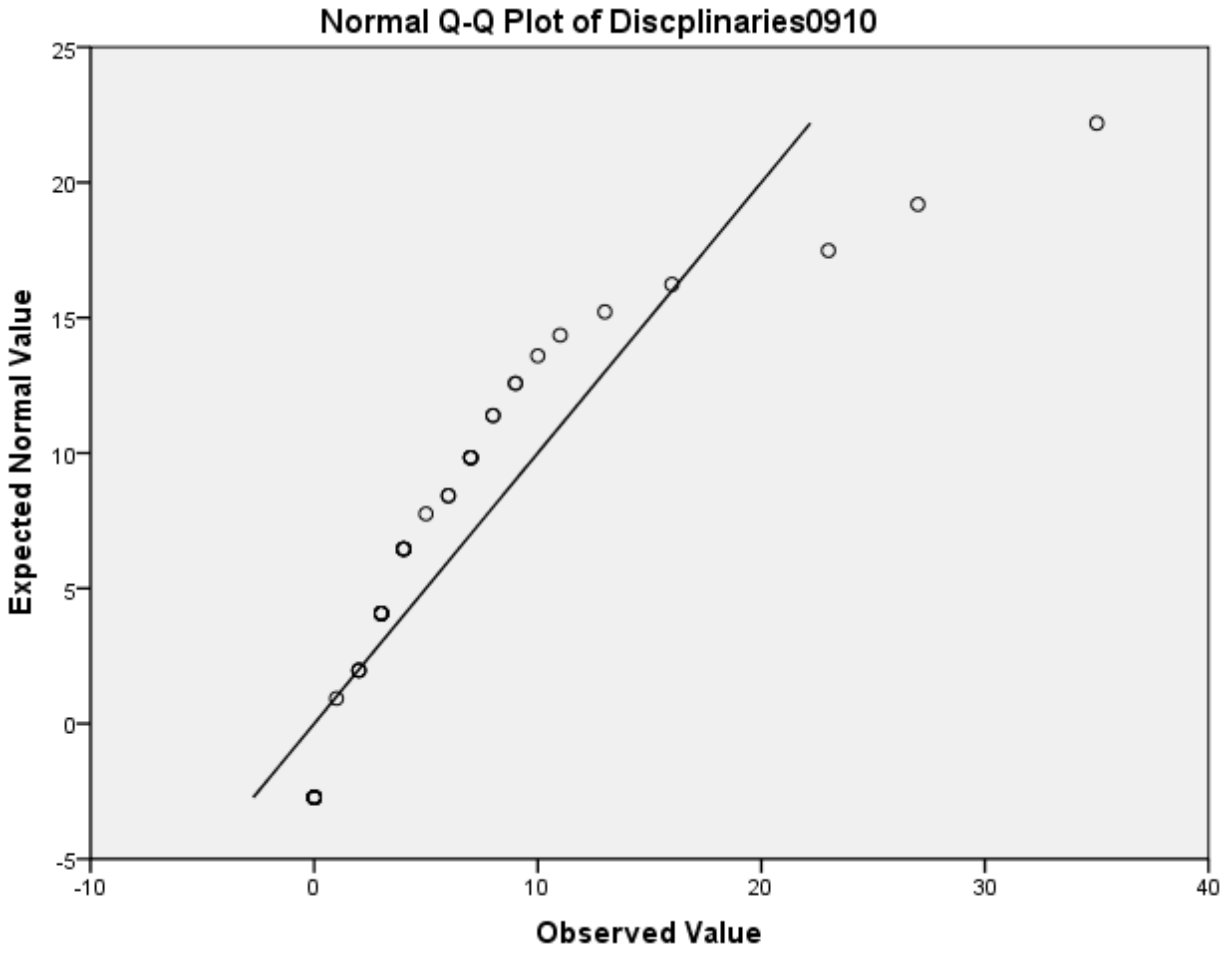


Figure 4: QQ Plots

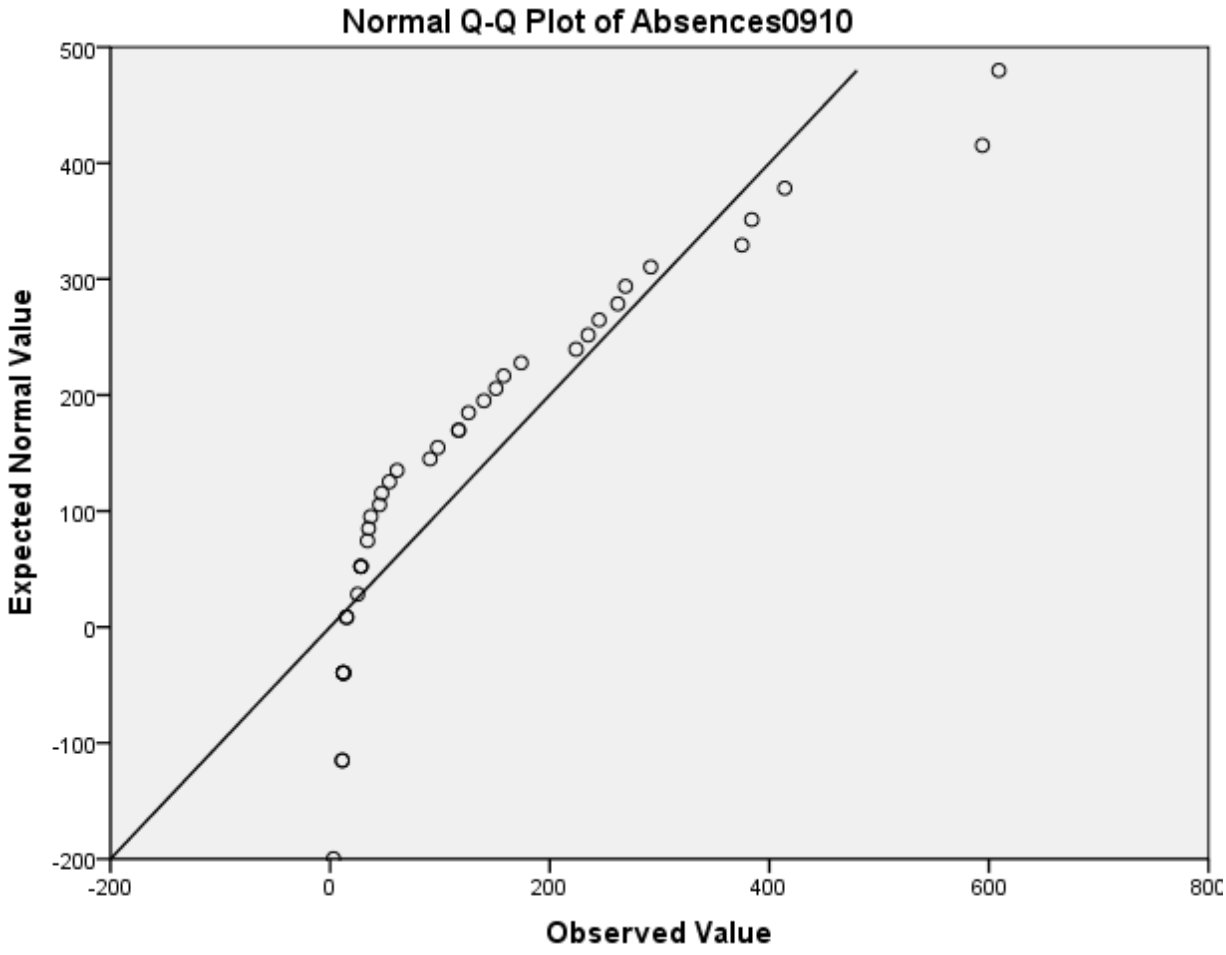


Figure 5: QQ Plots

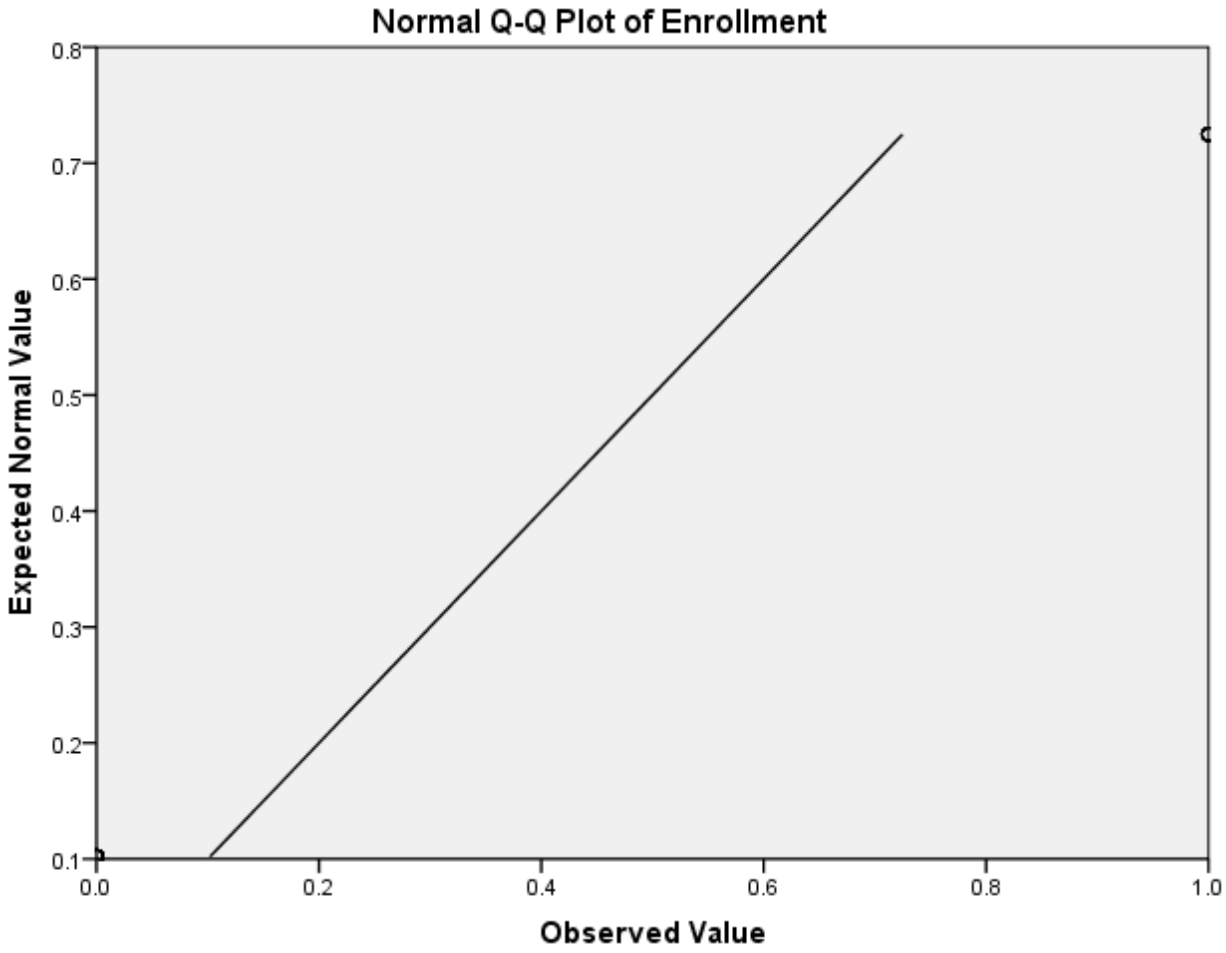


Figure 6: Histograms

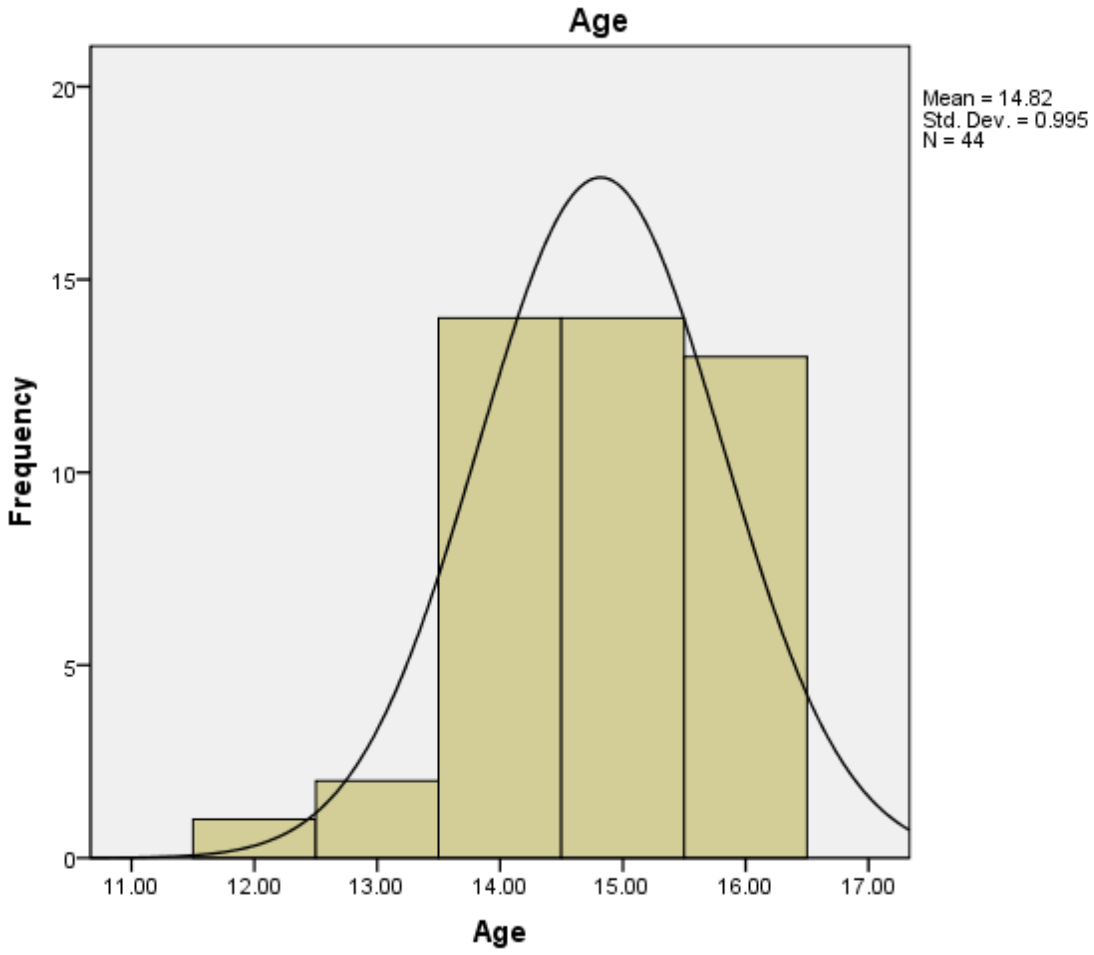
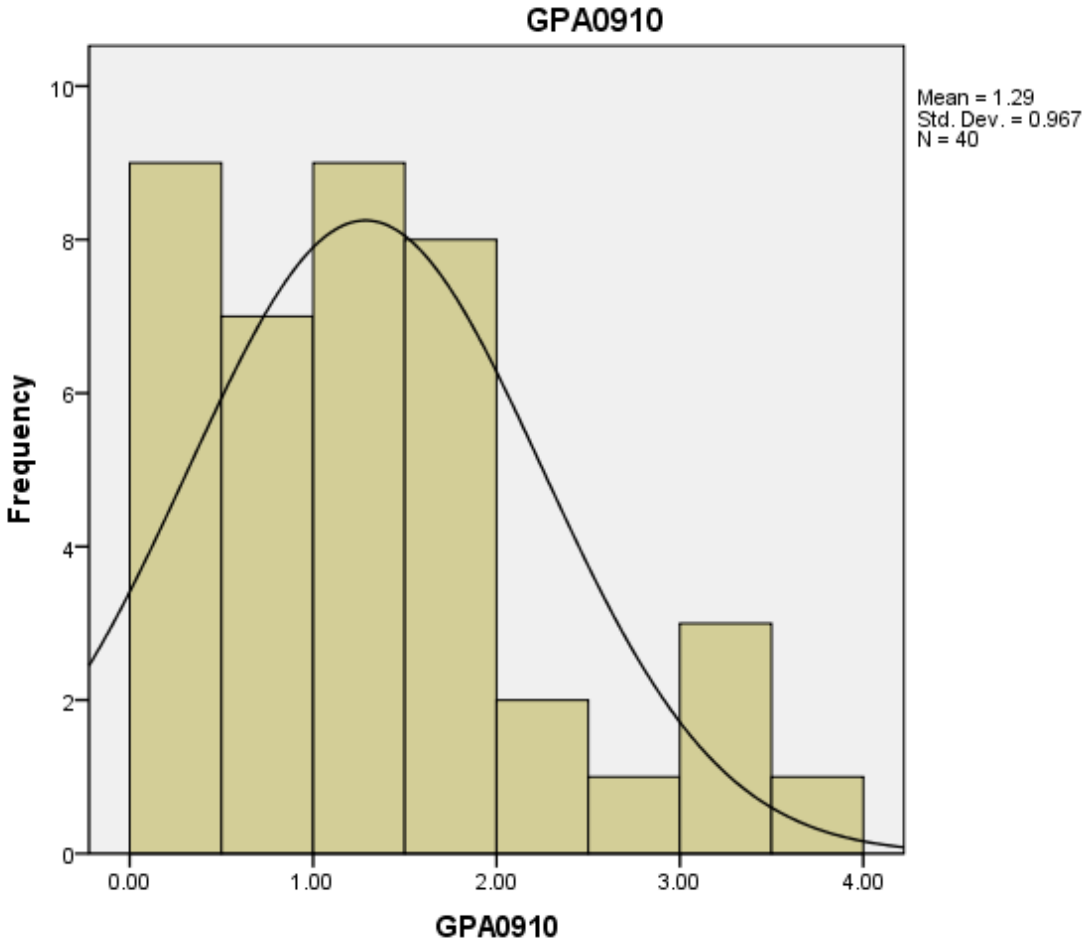


Figure 7: Histograms



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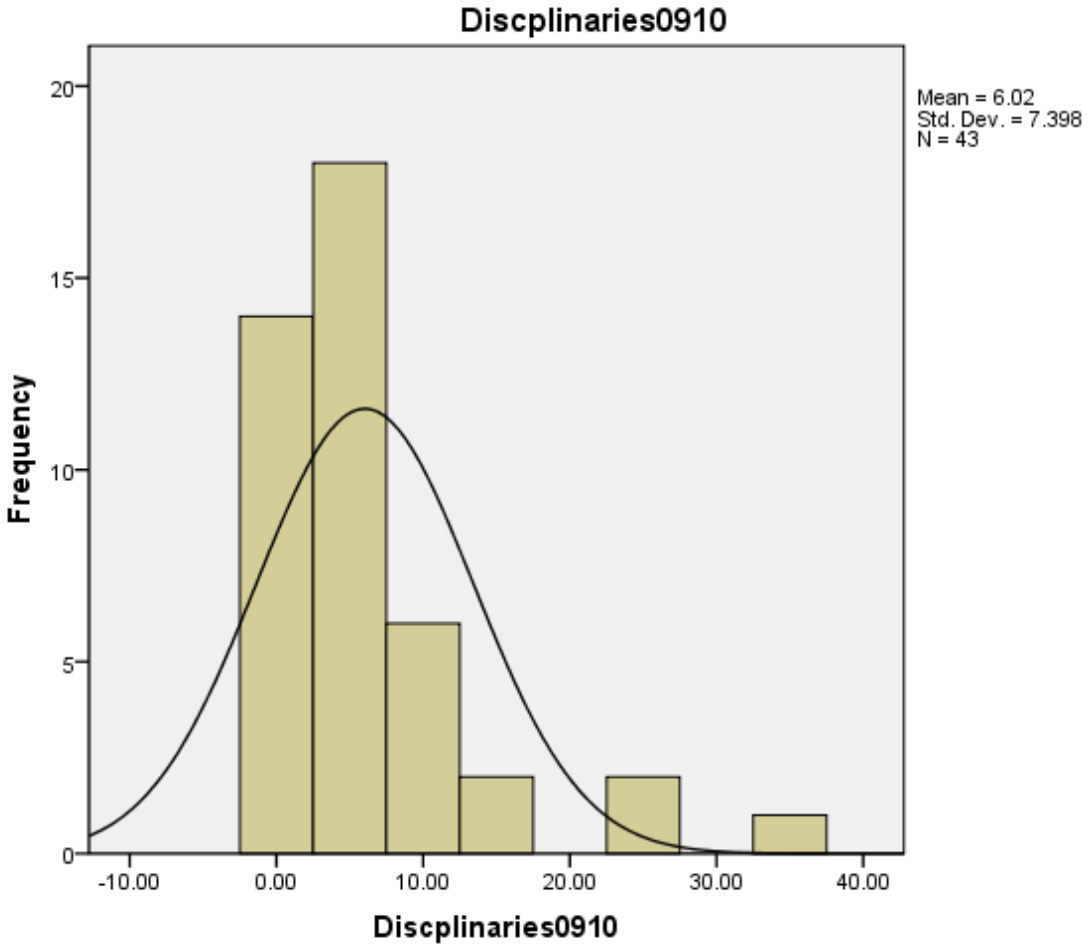


Figure 9: Histograms

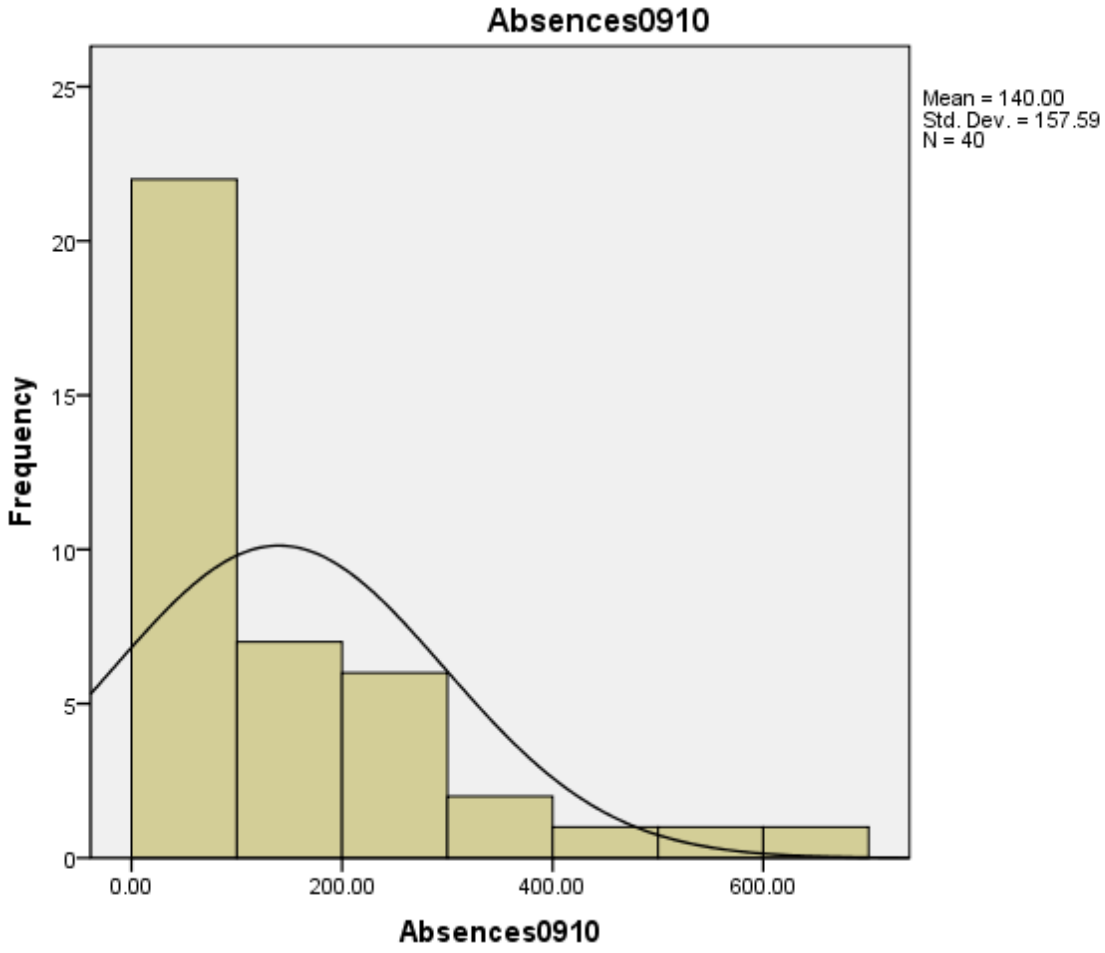
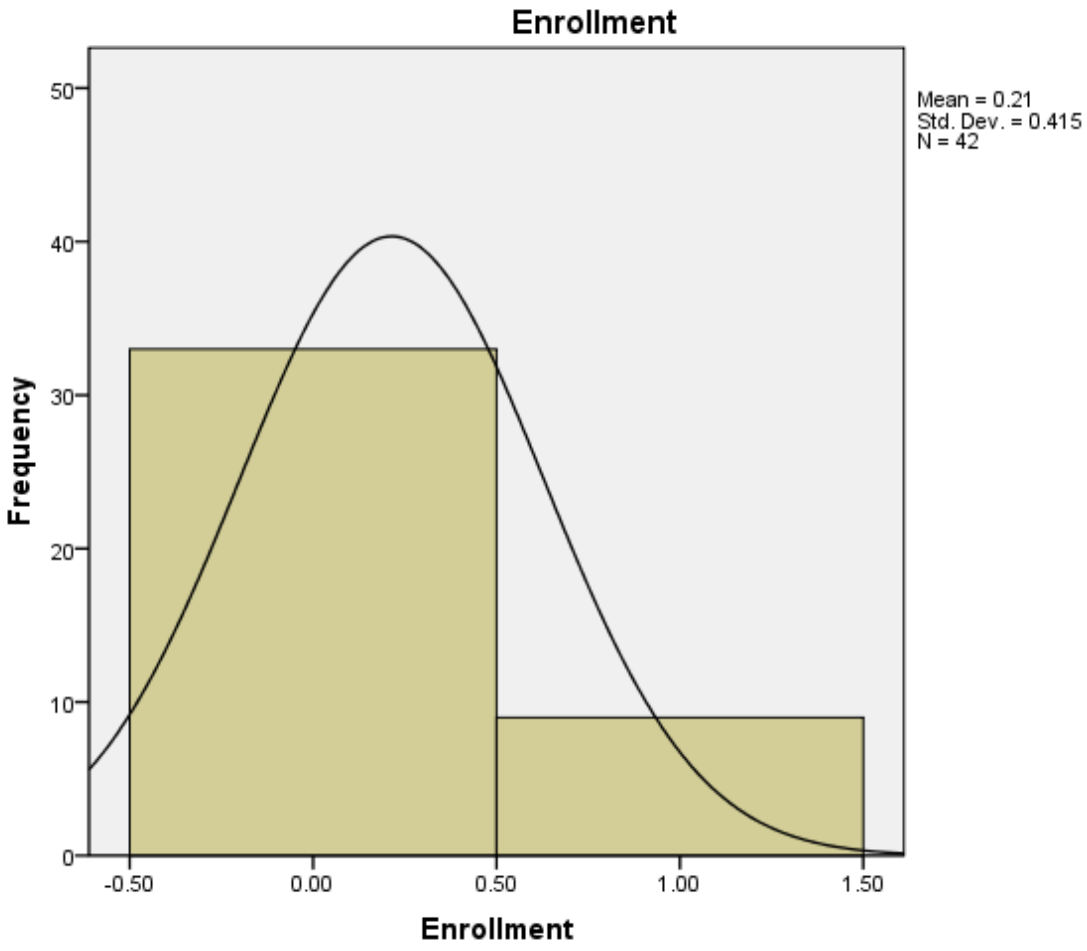


Figure 10: Histograms



Appendixes

Appendix A: Regression Age

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.061[a]	.004	-.020	69.92217

a. Predictors: (Constant), Age

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	761.346	1	761.346	.156	.695[a]
	Residual	205342.603	42	4889.110		
	Total	206103.949	43			

a. Predictors: (Constant), Age

b. Dependent Variable: TotalServiceHrs

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	120.718	159.198		.758	.453
	Age	-4.230	10.720	-.061	-.395	.695

a. Dependent Variable: TotalServiceHrs

Appendix B: Regression GPA 2009-2010

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.002[a]	.000	-.026	70.94925

a. Predictors: (Constant), GPA0910

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.679	1	.679	.000	.991[a]
	Residual	191284.265	38	5033.796		
	Total	191284.944	39			

a. Predictors: (Constant), GPA0910

b. Dependent Variable: TotalServiceHrs

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	63.662	18.810		3.385	.002
	GPA0910	.136	11.748	.002	.012	.991

a. Dependent Variable: TotalServiceHrs

Appendix C: Regression Disciplinaries 2009-2010

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.138[a]	.019	-.005	69.63745

a. Predictors: (Constant), Discplinaries0910

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3833.307	1	3833.307	.790	.379[a]
	Residual	198824.362	41	4849.375		
	Total	202657.669	42			

a. Predictors: (Constant), Discplinaries0910

b. Dependent Variable: TotalServiceHrs

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	51.606	13.759		3.751	.001
	Discplinaries0910	1.291	1.452	.138	.889	.379

a. Dependent Variable: TotalServiceHrs

Appendix D: Regression Absences 2009-2010

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.154[a]	.024	-.002	70.64582

a. Predictors: (Constant), Absences0910

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4577.863	1	4577.863	.917	.344[a]
	Residual	189651.631	38	4990.832		
	Total	194229.494	39			

a. Predictors: (Constant), Absences0910

b. Dependent Variable: TotalServiceHrs

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	71.112	15.026		4.733	.000
	Absences0910	-.069	.072	-.154	-.958	.344

a. Dependent Variable: TotalServiceHrs

Appendix E: Regression Dropout 2009-2010

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.061[a]	.004	-.021	70.82926

a. Predictors: (Constant), Enrollment

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	759.506	1	759.506	.151	.699[a]
	Residual	200671.345	40	5016.784		
	Total	201430.851	41			

a. Predictors: (Constant), Enrollment

b. Dependent Variable: TotalServiceHrs

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	60.780	12.330		4.930	.000
	Enrollment	-10.364	26.635	-.061	-.389	.699

a. Dependent Variable: TotalServiceHrs