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Intensive Mental Health Intervention and Incidence of Discipline

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Intensive Mental Health Intervention and Incidence of Discipline

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to the Graduate College
of Marshall University

In partial fulfillment of
the requirements for the degree of
Education Specialist

School Psychology
by
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Approved by
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Marshall University
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Acknowledgments

This thesis process has been a very long and trying one. I am not one to rely on others, but in this case, I had to. Because my study dealt with confidential information, I was not able to obtain the data myself. Thankfully, Dawn Page, a fellow graduate of my program came into my life and saved the day so to speak. Without her, I would still be without data. I am forever thankful for her and all her hard work, especially when it came down to crunch time. I also want to thank Dr. O'Keefe for being so patient with me the past year and a half. I started this journey in his research class never expecting it to take this long to complete. Thankfully he was supportive and helped me every step of the way. Last, I would like to thank Dr. Stroebel and Dr. Krieg for also being a great support. They were both there for me to vent and reassure me everything would turn out okay.

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Abstract

A new trend when dealing with behavior issues in the classroom is that of providing mental health services within the school systems. This study is researching an alternative school that offers mental health services for students that have been expelled from their home school. The purpose of this thesis is to determine if these mental health services provided within the alternative school helps reduce the amount of discipline issues in the school system. There are 77 participants, 33 receiving academic services plus intense mental health services and 44 receiving academic services plus minimal mental health services. Findings show no statistically significant effect on levels of intense treatment and discipline the year following treatment in an alternative school. There was no significant correlation between the hours of mental health services received and discipline issues after being placed in an alternative school setting.

Chapter I: Intensive Mental Health Intervention and Incidence of Discipline

A new trend in education occurred in the 1980's when mental health services were added to the traditional school setting (Carpenter-Aeby & Aeby, 2005). When the public noticed an increase in violence, weapons, drugs, and alcohol in the schools in the 1990's, this started the development of a separate school for disruptive children as an option for out-of-school suspension (Carpenter-Aeby & Aeby, 2005). Many school districts have now developed programs or alternative schools of their own for students with behavior or academic problems.

The program in this study, in a large urban school district, was established to help students with behavior issues that cannot be tolerated in the regular school setting. This alternative school contracted with a local mental health agency to provide mental health services for students who intend to have reentry into a traditional school (J. Durham, personal communication, September 3, 2010). Schools are attempting to address mental health issues of disruptive students rather than just suspending them. Studies have shown that repeated suspensions and expulsions lead to increased drop-out rates. Many believe that having an alternative program intended to prevent dropout starting in high school is too late (Reimer & Cash, 2003). Based on this rationale, the school in this study enrolled students at the middle school level.

Alternative Schools

According to the National Center for Educational Statistics (NCES), alternative schools tend to be located in urban areas with a high minority population and low incomes (NCES, 2002). There are many different styles of alternative schools for students to attend. For this study, we will be evaluating alternative schools that have mental health services provided within

the school. It has been reported, that by 1981, more than three million students have been educated in over 10,000 alternative school settings (Reimer & Cash, 2003), which is an astonishing number as the alternative school setting was once a choice for students with special needs. But now the alternative school is seen more as a placement for students that are being disruptive in the classroom (NCES, 2002).

According to research, suspension and expulsion only exacerbate the problems that arise due to disruptive behaviors (National School Resource Network, 1980). Out-of-school suspension tends to be a reward for students who have gotten in trouble in school rather than serve as a punishment. Thus, many districts have created new programs to keep students in a school setting rather than allowing them to cause problems in the community while they are suspended or expelled. Some districts have devised programs that will ultimately help students find a way to learn and to do so without disrupting others. There is no set structure for alternative school programs. Each program has a different theory behind its structure, students they serve, and goals of the program. The programs are, however, designed to create an environment that enhances a student's academic and social skills, work on decision making, and responsibility. Effective alternative schools tend to have similar designs that involve a small, personalized facility separate from a regular school, and a low ratio of students to adults (National School Resource Network, 1980). Instruction in these facilities should be designed to help with each student's behavior and academic needs.

Characteristics of students in alternative school placement. Many characteristics are common to those that attend an alternative school. These include twice as likely to have parents who have less than a high school education, more likely to live in a single parent household, more economically disadvantaged, and have repeated a grade, been suspended, or dropped out

(Reimer & Cash, 2003). According to DeRidder (1991), one of the top three causes of dropout in schools is due to suspension or expulsion. It is believed that dropouts had five times the severe disciplinary issues than those who do not drop out (DeRidder, 1991). Many alternative programs are designed to help prevent drop out in chronically disruptive students. The students in these programs tend to have a history of physical violence, abusive language, truancy, and police arrests or juvenile detention records. A study by Kleiner, Porch, and Farris (2003) identified the reasons why most school districts around the country sent their high school students to an alternative school: possession, distribution, or use of alcohol or drugs (52%); physical attacks or fights (52%); chronic truancy (1%); possession or use of a weapon other than a firearm (50%); continual academic failure (50%); disruptive verbal behavior (45%); possession or use of a firearm (44%); teen pregnancy/parenthood (28%); and mental health (22%). Franklin (1977) concluded similar characteristics for middle school aged students. He also included the term “dropins,” which are students who make it to school but do little but socialize (Franklin, 1977). An interesting finding by Duke and Perry (1978) is that students identified with severe behavioral dysfunctions by a traditional school tend not to demonstrate the same behavior problems in the alternative school setting.

Chronically Disruptive Students

The term “chronically disruptive” was coined to help educators better intervene with problem students. In the 1970s, the term went hand in hand with delinquency. Characteristics of a chronically disruptive student included: being rebellious, defying rules, and demonstrating poor academics (Carpenter-Aeby & Aeby, 2005). Because educators believed suspension was not the appropriate answer, the idea of alternative programs was brought to the forefront. The term “chronically disruptive” continued to change throughout the years. By 1994, the term added

school violence to the definition, which led to the idea of needing a separate school setting for these disruptive students (Carpenter-Aeby & Aeby, 2005). By the time the Safe Schools Act in the 1990's arrived, schools were paying a great deal of attention to identifying chronically disruptive students and requiring alternative settings for all of them. Identifying students as chronically disruptive became such a demand that federal and state funds are now given to help these students receive the mental health services they deserve (Carpenter-Aeby & Aeby, 2005).

Effects of group counseling. Nenortas (1987) conducted a study of group counseling in an alternative school that was designed to reduce absenteeism by 30%, increase self-esteem by 30% and also increase positive school attitude by 30%. This program had a teacher to student ratio of eight to one. Results from this study show that having the counseling aspect of the alternative program does indeed increase self-esteem and school attitude, and also reduces absence in school (Nenortas, 1987). According to Franklin (1977), the students that attend an alternative school are a special group of students who can be successful if given the right resources. That is why it is important to build rapport with these students especially in a therapy setting. Results from a study by Franklin (1969) concluded that the counselor's attitude was most related to their success with students. Gilbert (2003) stated that universality, group cohesiveness, and feedback on interpersonal skills are the most significant factors in adolescent counseling. Universality refers to the idea that others may be going through similar situations that allow giving and receiving support on these topics. Group cohesiveness refers to the idea of support and caring. Lastly, feedback on interpersonal skills allows changes in interpersonal interactions. A positive for student growth within group counseling is the opportunity to practice social and communication skills without scrutiny (Keenan & Tobin, 2008). Krieg, Simpson, Stanley, and Snider (2002) stated that the goal of group counseling is to increase self-esteem, increase self-

responsibility, and improve interpersonal skills. The best practices three-tiered model of intervention can be used to determine what kind of group is needed and what population to use. The three-tiered model includes: groups focused on prevention (universal), groups focused on students that may present certain problems (targeted), and solution- focused (intensive) (Keenan & Tobin, 2008).

Mental Health Services

Many barriers keep a child from receiving mental health services and may include financial difficulties, transportation issues, family stress, and stereotyped views on what mental health facilities provide (Weist, 1997). Barriers within the mental health facility also delay treatment of children and may include long waiting lists, high turnover rates of staff, long intake procedures, and a multitude of papers to fill out even before the child can be seen (Weist, 1997). All of these issues can keep children from receiving the mental health services they need and deserve. Several of these issues may subside when offered mental health services within a school setting. Parents may not have to worry about how these services will be paid for or how they will get their children to the facility. Unfortunately, there has always been a stigma associated with receiving mental health services. However, this stigma is somewhat diminished due to not having to go to the mental health facility and thus receiving the services within a school setting. Providing mental health services within the school allows the student to feel secure and hopefully more willing to talk to the mental health provider because he or she will not feel as if he or she is being looked down upon by peers. Another advantage is being able to get a higher rate of family participation because the family is more likely to come to a school for a family therapy session than to a mental health center. They may also prefer a conference at school to a home visit (Long, Page, Hail, Davis, & Mitchell, 2003).

Mental disorders in children. More than 20% of young people have a mental health issue; however, only 7%-16% of those students receive services (Maag & Katsiyannis, 2010). Children in foster care have an even higher rate (80% and up) of mental health issues that tend to lead to disciplinary problems (Maag & Katsiyannis, 2010). Thus, it is very important for mental health professionals and educators to work hand in hand to help alleviate the problems that arise in the school systems due to mental health issues.

Satcher (2004) found that 13% of children and adolescents have anxiety disorders, 6.2% have mood disorders, 10.3% have disruptive disorders, and 2% have substance abuse disorders, for a total of 20.9% having one or more mental health disorders. If these mental disorders go unnoticed, higher rates of juvenile incarcerations, school dropout, family dysfunction, drug abuse, and unemployment may occur.

Models of School Based Intervention

There are many styles of school-based intervention for one to choose from. The No Child Left Behind Act, which emphasized accountability, requested the need for “student access to quality mental health care by developing innovative programs to link the local school system with the local mental health system” (U.S. Department of Education Office of Elementary and Secondary Education 2002, p. 427). As one can see, there is demand from the federal levels for a link for education and mental health services. An estimated 70-80% of psychosocial services are provided through the school (Atkins, Hoagwood, Kutash, & Seidman, 2010). Satcher (2004) states that a three-tiered model is a great approach to understanding the need for mental health services within a school. The first tier involves screening and preventive measures for all students. Tier 2 provides a moderate level of services for students who are capable of being successful in many daily activities even though they have at least one identified mental disorder.

Tier 3 is intensive services used for the smallest group of individuals who have a severe mental health disorder (Satcher, 2004). However, there is little research on the effectiveness of a three-tiered mental health model. One study has shown positive outcomes with improved school attendance, school grades, and scores on the Child Behavior Checklist and the Behavior and Emotional Rating Scale. The Bridges Project is a model that has used this three-tiered model in a successful manner (Satcher, 2004).

School-based mental health services. In 1969, the first school-based health service center was created in a Dallas Public School. This program became so successful that 14 other similar programs were established within 6 months (Jennings, Pearson, & Harris, 2000). This program allowed for students to have classroom consultation and also afterschool sessions in which family members could participate. The school has an intricate data management system that tracks the students' success. The research collected by the data management system through Dallas public school found that students receiving mental health services have seen a 32% decrease in absences, a 31% decrease in failures, and a 95% decrease in disciplinary referrals (Jennings, et.al, 2000). Cox (1995) on the other hand, conducted a meta-analysis of effectiveness of alternative schools and found a small overall effect of school performance, attitudes toward school, and self-esteem. However, the above study showed no effect on delinquency. Hughes and Adera (2006) state that many successful alternative programs with integrated mental health services across the country are research-validated, and evidence based and follow a positive behavioral support viewpoint.

Previous Study

A previous study was conducted by Johnson (2011) who used the same population but from the 2008-2009 school year. There was no significant correlation between the hours of mental health services received and any of the following variables: days back at the home school, GPA, discipline incidences, absences, or dropout (Johnson, 2011). This study will build upon this research by examining the effect of the level of mental health services on discipline.

Does an alternative school that provides intensive mental health services reduce the disciplinary issues that occur once the student is placed in their next school environment?

The Current Study

The alternative school in this study was created to allow students that have been suspended or expelled access to an education outside of their home school. This alternative school services students from sixth through eighth grade; with an enrollment around 100 students each year. These students receive mental health services within their regular school curriculum. Each classroom may have up to eight students. J. Durham (personal communication, September 3, 2010) indicated that there are three phases of treatment for the students receiving intensive mental health services. Phase I is the most intense and lasts a minimum of six weeks. This phase is split evenly between therapy and regular classroom activities. Phase II is less intense but still deals with therapy when needed. This phase can last anywhere from three to nine months. Phase III is used to help transition students back into their regular school setting. This phase has minimal therapy and lasts a minimum of three months. The ultimate goal is to return students to the regular school setting with improved behavior. The purpose of this alternative school is to help students become well adjusted individuals. This alternative school helps their students to achieve this goal by using the three A's: attitude, attendance, and academics (J. Durham,

personal communication, September 3, 2010). Placement is usually for the remainder of the academic year. However, in some cases students remain in the alternative school throughout their middle school career. This study examined the relationship between alternative schools and mental health services provided within an alternative school.

Hypothesis

Students who receive intensive mental health services will have fewer discipline problems on return to their home school than those who have occasional mental health services. More treatment hours are expected to result in fewer subsequent discipline problems when they return to their home school setting.

Chapter II: Method

Participants

This particular study was archival, based on the electronic database student records. The data collected were confidential, so data was obtained by appropriate staff from the mental health agency and alternative school. The subjects' data were assigned to an arbitrary line number so that identity of the student was protected. Forty-three participants from the alternative school during the 2009-2010 school year were reviewed. There were 33, 23 males and 10 females, students that received minimal mental health services, and 44 students, 33 males and 11 females, who received intense mental health services from grades six to eight. Participation in the intensive treatment group was contingent on parental consent.

Design

The study uses a static group comparison in a time series design. The independent variable was the level of mental health treatment, intense or minimal. The dependent variable was number of discipline slips in the program. This study compares discipline, operationally defined as the number of discipline slips, before, during, and after their placement at the alternative school.

Measures

Baseline data for each participant were collected to determine progress throughout the participants' time at the alternative school. All participants will have data that include length of time at the school, gender, and current grade level. Participants who are also receiving intense mental health services will be tracked for their length of treatment, days absent from the program, and number of discipline slips given.

Chapter III: Results

The current study examined the relationship between alternative schools and mental health services provided within an alternative school. Based on the results from the univariate analysis of variance, the first hypothesis that receiving mental health services will lead to decreased school discipline in the school year following alternative placement was not supported.

The second hypothesis that the amount of treatment students receive will lead to decreased school discipline in the school year following alternative placement was not supported.

To examine a rival hypothesis of selection, this study examined discipline the year before placement, during placement, and the year after placement. Results from the independent t-test in this study do not support any difference in the number of students' discipline referrals before or during the alternative school placement.

The rival hypothesis of history was tested by comparing discipline slips given during the treatment year between the intensive treatment group and the minimal treatment group. There was no difference in the discipline actions taken by the principal against the students in these two groups.

Chapter IV: Discussion

Because mental health services being provided within the middle school system is a newer trend, little research has been done to determine its effectiveness; especially at the middle school level. The current study did not find a significant correlation between the services provided in the alternative school the level of discipline problems once students returned to their home school setting. A univariate analysis of variance determined that the variance within subjects in the intense mental health services group is too large to be significant.

Campbell and Stanley (1963) indicated 12 factors that could jeopardize internal and external validity of a study. The following are factors that were determined to not jeopardize the validity in this particular study. History was not a factor that jeopardized the internal validity in this study because discipline was the same for both the experimental and control group prior to the study. Maturation was not a factor because of the equal interval of time for each participant in this study. Instrumentation was not a factor because each student that received a discipline slip at the alternative school had the same effect. Finally, arrangements were not a factor because the classrooms for both the experimental and control groups were the same.

The following factors were indicated to possibly jeopardize the validity in this particular study. Statistical regression may be a limitation in this study because students could only be placed in the intensive group if parental consent was given and they go through all the proper stages of evaluation prior to placement. Only students who have a disorder that interrupts their function within a traditional school setting can receive the intense services. So that could leave students not receiving services that perhaps really do need them. Because the non-intense service group is the control group, perhaps it is not a completely accurate way to determine the effectiveness of the mental health services being provided. It also leads to selection bias because

not all parents of students who need the intense mental health services sign the consent. Because family involvement may be an issue, the students may not receive family therapy which is also offered through this alternative school. Finally, multiple-treatment interferences could play a role in the validity of this study since Medicaid is required for the experimental group. The control group does not require Medicaid, so it is possible the students could be receiving minimal services from the alternative school along with an outside mental health agency.

The results regarding impact on discipline levels from this study were different than the ones reported in the literature (Jennings, et.al, 2000). The study done with Dallas Public Schools demonstrated that, if the program is done effectively, then positive results can occur when dealing with discipline. The main reason why this program has become so successful is that it is a district-wide program. This district wide program has funding and support throughout, which makes it a lot easier for a program to remain a key component in the success of the students. Another effective program was that of the Bridges Project (Satcher, 2004) that used a three-tiered model when dealing with students with behavior problems. Each tier dealt with a different level of students needs. As a result, every student can benefit from the services being provided no matter how big or how little the problem may be. I believe if this alternative school can get the full support from the county it is in and also become a countywide rather than just one particular site program, then it will be a more effective program.

Changes have recently been made to the program structure in this study. For future studies, one should look at these new changes and use a population that has been effected by them.

One limitation for this study is determining whether discipline is evaluated the same at the alternative school as it is at a regular school setting. Many of the students in this study had

little to no discipline incidence while in the alternative school setting. Once they returned to their home school setting, such was not the case. It makes one think that perhaps the alternative school is a more tolerant environment to discipline issues than a regular school setting.

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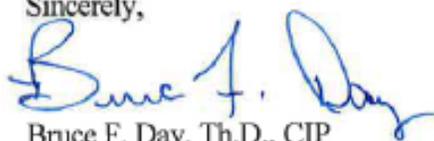
Stephen O'Keefe, Ph.D.
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Dear Dr. O'Keefe:

This letter is in response to the submitted abstract for your evaluation project for Psychology 692. After assessing the abstract it has been deemed not to be human subject research and therefore exempt from oversight of the Marshall University Institutional Review Board (IRB). The Code of Federal Regulations (45CFR46) has set forth the criteria utilized in making this determination. Since the information in this study consists solely of deidentified data provided by Pretera Mental Health Center it is not human subject research and therefore not subject to Common Rule oversight. If there are any changes to the abstract you provided then you will need to resubmit that information for review and determination.

I appreciate your willingness to submit the abstract for determination. Please feel free to contact the Office of Research Integrity if you have any questions regarding future protocols that may require IRB review.

Sincerely,



Bruce F. Day, Th.D., CIP
Director
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