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Mental health treatment effects in an alternative middle schools

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MENTAL HEALTH TREATMENT EFFECTS IN AN ALTERNATIVE MIDDLE SCHOOLS

A thesis submitted to the Graduate College of Marshall University

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

in

School Psychology

by

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This thesis has been a great experience. I had the privilege of working at the alternative middle school while gathering the data for this thesis. This allowed me to experience the program first hand, see the inner workings, and get to know the staff and students. I would like to thank the school's School Psychologist, Dawn Page, for working with me so closely on this project and helping me gather data quickly. She was an extremely valuable resource throughout the process, and without her, I do not think things would have worked out as smoothly as they did. I would also like to thank the employees of the mental health center for allowing me to examine their program and provide the data necessary to complete the study. I would also like to thank my Committee Chair, Dr. O'Keefe, for getting me onboard with this project and guiding me through this process. Lastly, I would like to thank Dr. Stroebel and Dr. Krieg for all of their support.

Abstract

The purpose of this study was to examine the effectiveness of an alternative school in West Virginia. The school enrolled sixth to eighth grade students who had been suspended, expelled, or were facing expulsion. Using archived data, the academic performance of students who were in a mental health treatment program was compared to the performance of students who were in the alternative school but were not enrolled in the mental health program. All archival data was de-identified by the Psychologists on staff at the agencies so there were no identifiable human subjects. The research staff was provided access to existing administrative data that had no identifying student information, without the possibility of new data collection

This study compared the students who were enrolled in a mental health program to the students at the alternative school who were not enrolled to determine the impact of therapeutic intervention on academic success. Annual grades and standardized test scores of the students before, during and after enrollment at the alternative school were analyzed. The mental health treatment group had a significantly higher mean on math achievement than the mean of the group who did not receive mental health treatment. The study also examined the effects of mental health treatment on school drop-out. Two years after the treatment year. The mental health group was more likely to stay in school than the non-mental health group.

Mental Health Treatment Effects in an Alternative Middle Schools

Alternative schools were designed to meet the needs of students who do not perform well in a traditional academic setting. They began to arise in the 1960s to offer an alternative to students who were at risk of dropping out of traditional public high schools due to academic failure (Foley & Pang, 2006). Over time, these schools evolved into a dumping ground for students the public school system no longer wanted. Although there are many types of alternative schools today, most are still designed as drop-out prevention programs. Around 30% of America's students will drop out of traditional public school, so many of these alternative programs are the last chance of for youth to obtain an education (Darling-Hammond, 2010). This study examines the alternative education program at a local middle school to see if the program has an impact on the students' academic performance.

Types of Alternative Schools

As of 2001, there were approximately 10,900 alternative schools across the nation serving 612,000 students (Foley & Pang, 2006). Many of these students are referred to the schools as an alternative to expulsion or out of school suspension. A recent study shows that almost 50% of alternative school students have emotional or behavioral disorders and 30% are either learning disabled or have an attention deficit disorder (Foley & Pang, 2006). Given the variety of special needs located in a single school, alternative schools have adapted their programs in order to accommodate these students. Raywid (1994) identified three general types of alternative schools. Type I schools focus on changing the school. These are typically innovative schools with a unique curriculum and instructional approaches. They offer a positive school climate and foster a sense of community. They are usually popular among students and resemble magnet schools. Type II schools are known as last chance programs. These schools

are for students who are facing expulsion or in-school suspension. Many students do not have a choice about attending the program. These programs focus on behavior modification with little attention to curriculum. Most of the curriculum follows the pace of the public school system. The student is responsible for completing the work for the classes he or she has been removed from in his or her home school. Other Type II schools may focus their curriculum on basic skills. Type III schools focus on rehabilitating the student in either social/emotional areas or academics, or both. They are designed to take students temporarily and rehabilitate them to the point where they can return to their home school. They typically focus on remedial work and social/emotional growth. These schools also offer a variety of therapeutic interventions, such as group and individual therapy, as a routine part of the program. Although both Type II and Type III schools are designed to be temporary placements, some of the students will be placed there permanently because of lack of improvement or because they are denied re-entry from local mainstream schools.

Despite the types of programs they offer, alternative schools have several elements in common. Most schools are generally small in student body and offer low student to teacher ratios. Many schools have less than 200 students and only 10-15 students per class. This low ratio allows for more one on one time with the teacher, which is believed to improve academic performance (Lehr & Lange, 2003). They also typically provide supportive environments that are flexible with student needs (Foley & Pang, 2006; Lehr & Lange, 2003). Not only can the student receive more time from the teacher if needed, but many schools can accommodate the student's social/emotional needs through counseling or behavioral intervention.

The success rates for alternative schools are mixed. Type I alternative schools have the highest success rate. Some schools of this type have graduation rates of 90%, with 97% of those

students going on to college (Raywid, 1994). Type II schools have shown mixed results. Studies show that these programs do not decrease drop-out rates or disciplinary problems (Raywid, 1994). Type III schools also have mixed results. Although student behavior, attendance, and credits earned improve in these therapeutic schools, the success diminishes once the students return to their home schools. High truancy rates, an increase in disciplinary issues, and a decrease in academic performance returns once the student is placed back into the regular school system (Raywid, 1994).

Characteristics of Good Alternative Schools

Despite the surge of new alternative schools across the country, only some empirical data exists on the effectiveness of alternative schools (Foley & Pang, 2006; Franklin, McNeil, & Wright, 1990). Much of the research available is either state based or individual case studies on popular schools. Current research examines the impact of the schools in terms of academics, attendance, behavior, and/or drop-out rates. Of the research that is available, several themes emerge when evaluating an effective alternative school. In addition to the common characteristics, small class size, etc., the most cited theme is a supportive socioemotional environment (Dugger & Dugger, 1998; Franklin et al., 1990; Raywid, 1994). Research reveals that fostering a sense of community in the school has a positive impact on the attitude of students and staff alike. Other common themes are flexible/engaging academic programs, peers that model prosocial behavior, and psychological treatment that is available on-site (Franklin et al., 1990; Gettys & Wheelock, 1994; Raywid, 1994). Raywid (1994) goes further to insist that a school must have the proper organization and structure in order to sustain a caring environment and good academic programming.

Of the literature that was reviewed for this paper, most of it focused on Type I schools (restructured/magnet). There were several notable Type I schools that may give some indication to the key to their success. The schools focused on curriculum, student academic support, innovative programming, proper conduct, and continuing support for students after they left the school (Dugger & Dugger, 1998; Fenzel & Monteith, 2008; Gettys & Wheelock, 1994). There was one element each school had in common; they all screened their students. None of the schools were considered 'dumping grounds' and each carefully screened students for problem behaviors. Taking such an uncontrollable variable, such as behavior, out of the equation could be enough to explain such success with the at-risk, low-income population. Students with behavior problems need another type of alternative school.

Research on Type II schools (reform only) revealed very little. Results showed that the students who had jobs had higher grades, which led the authors to conclude that students do better when their time is structured (Franklin et al., 1990). A unique feature of one school was that it offered extra-curricular activities, which helped foster a sense of belonging among the students. No statistics were available on the graduation rate or the academic performance of Type II schools.

Research on Type III (counseling) schools revealed a variety of factors that could increase the success of alternative schools. One school utilized modeling behavior by placing the location of the school on a college campus (Franklin et al., 1990). Another school transformed itself from a Type II to a successful Type III school by hiring a strong principal that made some restructuring changes (King, Silvey, Holliday, & Johnston, 1998). The school also limited admissions to secondary students, denied placement based solely on behavioral factors, took an academic approach with the students, fostered a caring environment, allowed extra-

curricular activities, provided academic assistance, and allowed students to take home textbooks—something rarely seen for an alternative school. The school also worked to provide a caring environment and extra-curricular activities to the students. Student attendance rose to 82%, far above the national alternative school average of 65% (King et al., 1998). Grade promotion increased 40% and approximately 1/3 of the students were on the district-wide honor roll.

These schools indicate that it is possible to reach students with behavior problems. Although these schools are aimed at high school students, a growing number of alternative schools are attempting to reach out to middle school students. They believe that if they can intervene at an earlier age, then it will set the student on the proper path and he/she will be more likely to graduate and stay out of trouble.

Success at the Middle School Level

Research on alternative middle schools is very scarce. Research revealed that some schools have had success by having three levels of intervention and incorporating therapy into their program (Kafka, Chiovoloni, Kimmel, Tackes, & Uhler, 1984). The students worked their way through the levels with the goal of returning to a mainstream school. The majority of the research, however, showed dismal results. The results showed that classes on self-esteem and leadership had no impact on students (Dynarski & Gleason, 2002). Counseling schools had more students stay in school and increase slightly in academics, but overall they showed no major impact in grades (learning) or attendance (Dynarski & Gleason, 2002). The results also showed that the students did well while they were enrolled but that the results ultimately dissipated over time (Matthews & Swan, 1999). Although some students maintained results for up to two years, the results showed that over time grades decreased and discipline, suspensions, and drop-out

rates increased. These results are similar to previous studies that showed that Type III students tend to stop progressing once they are out of the program (Raywid, 1994).

Current research shows that alternative middle school programs do show promise at reducing dropout rates among at-risk students (Dynarski & Gleason, 2002). Research has shown that the 9th grade year is the most crucial for at-risk students due to the transition to high school (McCallumore & Sparapani, 2010). Educators can begin looking for warning signs as early as 6th grade in order to reduce the risk of dropout. Neild, Balfanz & Herzog (2007) found that sixth-graders that had one of the identifying characteristics had a 75% chance of dropping out of school. The identifying characteristics were an F in math or English, attendance below 80%, and at least one discipline slip for behavior (Neild, et al., 2007). One reason alternative programs may be successful at reducing dropout rates is due to the close relationships among staff and students and behavioral approaches. Rodriguez & Conchas (2009) reported that at-risk middle school students identified four areas that impacted their engagement with school. The students cited incentives within the programs, promoting peer relations, social networking, and a sense of community as factors that encouraged them to stay in school (Rodriguez & Conchas, 2009).

The Alternative Middle School

The purpose of this study is to examine the effectiveness of an alternative middle school in West Virginia. The school is a mixture of a Type II and Type III alternative school. The school primarily takes students, grades 6th-8th, who have been suspended, expelled, or are facing expulsion. Typical annual enrollment is around 100 students, with 5-8 students per class. The majority of the students have behavior issues and trouble in academics. The goal of the school is to stabilize the student so he or she can ultimately be transferred back into the home school. The school partners with a mental health center to provide therapeutic services to

students. To qualify for these services, the students must have a mental health or substance related DSM-IV diagnosis that interrupts their ability to function within a traditional school setting. The parent and the student must participate in an initial screening before the student can be enrolled the program. Students who are not admitted to the therapeutic intervention will attend the middle school's alternative program, which resembles a Type II school.

If admitted into the mental health center's program, the student will move through 3 Phases of treatment. Phase I is the most intensive with 2-3 hours of therapy and 2-3 hours of academics per day. The student attends therapy as part of his/her everyday schedule. This phase is designed to transition the student into the alternative school or back to his/her mainstream school. This phase lasts a minimum of six weeks. Phase II is less intensive and requires less therapy. Students are no longer required to attend therapy but can request a session with staff when needed. Students begin to attend class with the students who are not enrolled in the program. Staff continues to monitor behavior and do crisis intervention as needed. This phase typically lasts 3-9 months. Phase III is designed to transition the student back into mainstream schools. The student will receive a Case Manager who will work to return them back to their home school and continue to provide support for several months after he or she has left the program. This phase lasts a minimum of three months. The students move through the phases at their own pace. Some students can skip phases if approved by the treatment team. Although the goal is to transfer the students back to their home school, some schools refuse to accept them and the student stays at the alternative school until high school.

Mostly core subjects are taught to the students in the mental health program, with only two electives offered to Phase III students and those students who are not in the mental health program. The students are grouped by phase instead of grade. For example, a Phase I class may

teach reading to all of the students, but each student has a book that is appropriate for their grade placement. Each class typically has one teacher and one aide that must divide their time to teach each student at his or her own level. Phase II and III filter in with the rest of the students at the alternative school and may have more students of the same grade in their class. The students are not allowed to take home textbooks and are not assigned homework. There are no tutoring programs offered, although some teachers will stay after school if a student needs help. Most of alternative school's students are low S.E.S. and would not have transportation home if they stayed after school for tutoring. There are no extracurricular activities offered because the school is designed to be a punishment so that the students will want to go back to their home school.

School district procedures are in place to prosecute students who are absent from school. The mental health center takes a preventive role and contacts the families of the students who are enrolled in the program on their first absence. Students in the program are followed by a case manager who will contact parents every time a student misses school. The mental health center encourages parents to be involved through meetings and by offering family counseling, but involvement is relatively low.

Purpose of this Study

This study will examine the impact of the alternative middle school on student academics. The study will compare the academic performance of the students during their enrollment in the alternative school and their academic performance after they have returned to their home school to see if their academic achievement increased, decreased, or was maintained. Academic performance, as measured by grades and Westest scores, was chosen to be the definition of success since research shows that students with low academic performance are

more likely to drop out of school (Poyrazli et al., 2008). The study will also examine the effects of treatment on school drop-out at age 16.

Hypothesis

The first hypothesis is that students who receive mental health treatment do better academically than those who do not. The second hypothesis is that the more hours of treatment the students receive, the better they do academically than those who receive less treatment. The third hypothesis is that the dropout rate will be lower for students who receive mental health treatment than those who do not. The fourth hypothesis is that students who receive mental health treatment will be more likely to return to regular school upon completion of the program than those who do not receive treatment.

Methods

Participants

The data collected on the participants was archival. All of the identifying data was researched by the treatment staff. This study followed 59 students who were enrolled at the alternative school during the 2009-2010 school year. There were 27 participants in the group who received additional therapeutic services from the mental health center and 32 participants who did not. All students were enrolled into the alternative school as a result of a referral from their home school due to discipline issues. Students who were not enrolled in mental health program (control group) made of approximately 54% of participants. The rest of the participants (27 students) received additional mental health services and served as the treatment group.

Design

This study used a static group comparison in a time series design. The students were divided into two groups: those enrolled in the mental health program and those who were not. The students who are not enrolled in the mental health program served as the control group in an effort to measure the impact of therapeutic interventions on the student outcomes. The groups were compared using grades and Westest scores as the dependent variables and hours of treatment serving as the independent variable.

Measures

Baseline data on each participant were gathered in order to track the participant throughout the course of the study. Data on each participant included enrollment history, grades in reading and math, and Westest scores in reading and math. Students enrolled in the mental health program will also be tracked for their hours of treatment while at the alternative school.

Data Analysis

Data was compiled using SPSS 17.0 Statistical software. Before data was entered, groups were compared to ensure they are similar. The non-mental health service group served as the control group. The mental health group was measured against the control group. Linear Regression was used to determine the predictive capacity for the hours of treatment on academic performance. Logistic Regression was used to determine the predictive capacity for being enrolled in the mental health program on academic performance. To determine significance of group differences, an Anova was calculated on each dependent measure.

Results

The current study examined the impact that mental health services had, if any, on the academic performance of students at an alternative middle school. Based on the results, the first

hypothesis that students who receive mental health treatment do better academically than those who do not was not supported. There was no significant difference between the means of the control and treatment group on either reading or math grades.

The second hypothesis that the more hours of treatment the students received, the better they would do academically, had mixed results. Students in the mental health group showed significantly ($p < .05$) higher scores in Math on the Westest in 2009 than the students in the control group. The score differences were not significant in the following year. Overall, the hypothesis that the more treatment hours students received would lead to higher academic performance was not supported for overall academics.

The third hypothesis that the dropout rate will be lower for students who receive mental health treatment than the control group was supported. 7% of the treatment group dropped out by 2012 while 19% of the control group dropped out by 2012.

The fourth hypothesis that students who receive mental health treatment will be more likely to return to regular school upon completion of the program than those who do not was not supported.

Discussion

Since beginning alternative programs in middle school is a modern concept, little empirical data exists on the effectiveness of the program at this level. Results of this study show that neither being involved in a treatment group nor receiving treatment increased grade performance. There was an indication that students who received treatment did better on the math section in Westest while they were in the program. This is consistent with Matthews & Swan's (1999) results that students do well while enrolled in the program.

There are two schools of thought when determining the effectiveness of an alternative school program. The first theory is that as long as the students stay in school then the program was successful. Regarding this theory, results did demonstrate that mental health programs are successful at decreasing the dropout rate. 14% of the students in the study dropped out of school by the second year. Of the 14% of students who dropped out, only 25% were students who received mental health treatment. The 75% of students who dropped out of school had not received mental health treatment. The mental health program is successful in keeping students enrolled in school.

The second theory is that the alternative program is only successful if they send students back to their original home schools. Proponents argue that if the treatment were truly successful, then the student would no longer need therapeutic services and could function in a regular school the way the program intended. For this group, students who get “stuck in the system” are not considered a success. Results of this study show that 47% of all students went back to their home schools while 33% were sent to another alternative program; however, of the 47% of students who went back to regular school, 61% were students who did not receive mental health treatment. Of the 33% who were sent to another alternative program, 61% were students who did receive mental health treatment. These results indicate that those who receive mental health services begin to depend on those services and have trouble transitioning to situations without the extra support. The students who did not receive mental health treatment were more likely to go back to their home school, which is the way the program was designed. If the goal of the program is returning students to their home school, the alternative school program would be more successful without the extra mental health treatment. However, those students who return to their home school are more likely to drop out.

Academic performance was the measure used to determine if the program was successful and results show that treatment has little impact on performance. Research shows that students who are behind in middle school have a difficult time catching up in high school which increases their dropout risk (Neild et al., 2007). In cities with the highest dropout rates, up to 40% of students repeat the 9th grade and only 10-15% of those repeaters go on to graduate (Kennelly & Monrad, 2007). Grades and standardized test scores were used to determine academic performance, but if one considered getting any grade as academic performance (as opposed to dropping out), then the result of this study changes. The overall program was successful at keeping 86% of the students in the study in school. Of the students who received mental health treatment, 93% continued to stay in school. Of the students who did not receive treatment, only 86% stayed in school. In this study, mental health treatment clearly had an effect on student retention. This is congruent with the understanding that the close relationships formed with staff members decreased student dropout (Butts & Cruzeiro, 2005; Cooper & Liou, 2007).

Several limitations to this study exist. The first limitation is the small sample size. Many students were not at the alternative school long enough to gather data and some students transferred to other areas which prevented access to their data. Another limitation to the study is selection bias due to the criteria for enrolling in the mental health program. Parents must go in for an intake interview and receive Medicaid before a student can receive services. Parents who are uninvolved are unlikely to give consent for the program. A random control trial may be beneficial in future studies to randomize the assignment to treatment groups. Parental involvement is also a variable that can have a tremendous impact on the success of any student. A parent who provides structure and boundaries are more successful with children than those who do not. Another limitation of the study was that it only examined two years after the student

left the program. Since 9th grade is such a critical time for dropping out, some students would have been too young to drop out of school at that time if they wanted. Future studies should increase the longevity of the study to get a more accurate view of the long term dropout rate instead of just following the students for two years. The age of the students should also be examined to determine to what extent, if any, age impacts dropout rates. Future studies should also examine the grades and test scores before, during, and after the program to determine if any improvement was made. Mental health measures should also be taken to see if the students benefited psychologically from the program.

In summary, this alternative middle school program was a mixture of Type II and Type III programs. The results were consistent with other research (Dynarski & Gleason, 2002) that shows mental health treatment helped students stay in school but had no major impact on academic performance. Results of this study were also consistent with previous research that suggest that students do better while in the program but tend to stop progressing once discharged from the program (Matthews & Swan, 1999). This phenomenon may explain why students in the mental health group were more likely to stay in school, but were also more likely to stay in alternative programs. This result suggests some students do better with consistent support that cannot be provided in traditional public schools. The goal of this alternative school program was to treat students to where they were able to go back to their home schools and be successful. Results show that the alternative program overall was not successful in returning students to their home schools and that mental health treatment actually made them less likely to return to regular school. Success of this middle school alternative program is determined by one's definition of success. If one determines that good grades and test scores are the measure of success, then the school as a whole has some areas to improve upon. If one determines that simply returning to a

traditional public school is the measure of success, then the mental health program is not needed. If one determines just keeping the students in any school setting so they can receive an education and graduate, then mental health treatment is vital.

Perhaps to ensure success, it would be beneficial to put a larger emphasis on academics like the Type I schools do. Emphasizing academics, along with mental health treatment, would increase academic performance so those who do go back to traditional school will not be left behind. Higher academic performance also decreases the risk of a student dropout so those students who do not receive mental health services have a better chance of staying in school (Poyrazli et al., 2008). Research shows that middle schools that place a focus on career possibilities have lower dropout rates than those who do not (Orthner et al., 2010). Emphasizing academics will also give students a focus and increase their self-esteem as grades rise. Mental health treatment should continue to be provided as it has proven effective at keeping the students in school and teaches them important problem solving and social skills to function in life. Finding the proper balance between academics and mental health treatment should help make the student more successful.

Table 1. Means and standard deviations of grades

	2008				2009				2010			
	Reading		Math		Reading		Math		Reading		Math	
	Mean	Sd.	Mean	Sd.	Mean	Sd.	Mean	Sd.	Mean	Sd.	Mean	Sd.
MH	2.3	1.203	2.22	1.01	2.48	1.47	3.37	1.27	1.89	1.42	1.96	1.01
Non	2.56	1.162	2.53	1.32	2.66	1.5	3.06	1.56	1.87	1.54	1.68	1.37

*p < .05

Table 2. Means and standard deviations of Westest 2.

	2008				2009				2010			
	Reading		Math		Reading		Math		Reading		Math	
	Mean	Sd.	Mean	Sd.	Mean	Sd.	Mean	Sd.	Mean	Sd.	Mean	Sd.
MH	1.92	.615	1.85	.818	1.14	.456	1.40*	.888	1.14	.818	1.33	1.07
Non	1.96	.999	1.87	.975	1.34	.745	1.25	.803	1.15	1.16	.906	.856

*p < .05

Table 3. Placement outcome at the completion of the 2011/2012 school year.

	Regular School		Alternative School		Dropped Out	
	#	%	#	%	#	%
Mental Health Group N=27	11	41%	14	52%	2	7%
Non-Mental Health Group N=32	17	53%	9	28%	6	19%
Total N=59	28	47%	23	39%	8	14%

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Office of Research Integrity

May 9, 2013

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

This letter is in response to the submitted abstract for Beth Devilla to examine the effectiveness of an alternative school in West Virginia. 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 a program evaluation involving deidentified data 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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