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Educating adolescents with emotional and behavior disabilities: A Bottom-up approach

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EDUCATING ADOLESCENTS
WITH EMOTIONAL AND BEHAVIORAL DISABILITIES:
A BOTTOM-UP APPROACH

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EDUCATING ADOLESCENTS
WITH EMOTIONAL AND BEHAVIORAL DISABILITIES:
A BOTTOM-UP APPROACH

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Abstract

This study presents a review of the literature describing the characteristics of students with severe emotional and behavioral disabilities (SED). Studies examining the best educational practices for this population of students are also reviewed and discussed. The author concludes that the best educational programs for students with SED contain an emphasis on personal responsibility and academic success within a day treatment setting.

To test this hypothesis, the author examined one such program, the Avalon School of Rochester, New York, which exhibits many of the features correlated in the literature with student success. This study concludes that, given the choice to succeed or fail, some adolescents with SED will succeed; however, given the expectation of failure, many do not succeed.
PART ONE: FROM THE TOP DOWN...

An Overview of the Issues Surrounding Students with Emotional and Behavioral Disabilities

What is “Emotional Disturbance”?

“All deviant behavior is human behavior” (Clinard & Meier, 1989, p. 29).

The term “emotional disturbance” is a classification used in Special Education to describe children whose behavior prevents them from successfully learning and maintaining relationships in school (Kirk, Gallagher & Anastasiow, 1993). Federal educational law specifies that a child may be classified if he or she has: “...an inability to learn that cannot be explained by intellectual, sensory or health factors...an inability to build or maintain satisfactory relationships with peers and teachers...inappropriate types of behaviors or feelings under normal circumstances...a general pervasive mood of unhappiness or depression...[and/or] a tendency to develop physical symptoms or fears associated with personal or school problems” (Code of Federal Regulations 34, Parts 300 to 303, 1993). Students exhibiting these maladaptive characteristics are more generally known as “students with severe emotional and behavioral disabilities.”

Severe emotional and behavioral disabilities (SED) are suspected when teachers find themselves unable to reach or control a particular student through verbal cues or reasoning, or when students are defiant, aggressive, avoidant of others or immature in their behavior (Kirk, et al., 1993). More concisely, students with SED do not adequately adapt to the demands of the school environment (Henggeler, 1982). It is important to distinguish students with SED from those who are “socially maladjusted,” or those who do not conform to an acceptable code of conduct. Students may only receive special educational services if their behavior is detrimental to their learning. Thus, a student with
poor behavior patterns who nonetheless maintains an acceptable grade point average is not eligible for special services under current educational law, although intervention is certainly indicated at a building level (Kirk, et al., 1993).

**Understanding Students with SED: A Life-span Perspective**

SED can manifest in children of all ages. Maladaptive emotional and behavioral patterns very likely develop in early childhood (Lewis, 1965). Although the present study focuses on adolescents, it is necessary and appropriate to consider SED across all stages of the life span. Lewis (1965) reminds readers that SED falls along a continuum between perfect adaptation to the social environment and complete inability to function in society. It is imperative to explore the possible roots of SED to best understand adolescents who have developed maladaptive characteristics and tailor interventions accordingly (Lewis, 1965).

**Prevalence and Demographics of Students with SED**

Prevalence of students with SED is difficult to estimate for a number of reasons. As Zabel (1988) states, prevalence estimates differ because of the various definitions and criteria that are used to identify SED. The Federal definition of SED itself leaves much room for interpretive differences, and the lack of consistent definitions across federal, local and state service providers further complicates accurate accounting of students with SED (Bellamy, 1985). Prevalence estimates of students with SED, therefore, are mainly extrapolated from single-program studies and school district reports.

Current studies suggest anywhere from nine-tenths of a percent (Silver, et al., 1992) to twenty percent (Kirk, et al., 1993) of all school-age children are identifiable as students with SED. Among the Special Education population, students with SED are
said to comprise approximately 8.2 percent of all classified students (Gerber & Levine-Donnerstein, 1989). The 1990 National Longitudinal Transition Study of Special Education Students (NLTS) conducted for the U.S. Department of Education reported that, of a total sample of 10,369 respondents, 779 – about 7.5 percent – were students with SED (Valdes, Williamson & Wagner, 1990).

The NLTS found the ratio of male students with SED to female students with SED is approximately 3:1, suggesting the existence of strong gender differences within the SED classification (Valdes, et al., 1990). Algozzine and Curran (1978) propose that male students typically act out more than do female students. Since “disturbing” behavior is only as disturbing as it is perceived by school professionals, the implication is that rebellious males are easier to identify than withdrawn females because they attract more negative attention (Algozzine & Curran, 1978). Although social withdrawal can be equally maladaptive as acting out, the fact remains that SED is most often identified when teachers have perceived a loss of control (Algozzine & Curran, 1978). Gender differences are therefore difficult to reconcile in terms of prevalence.

The following percentages of ethnic prevalence in the NLTS sample were reported by 644 respondents (Valdes, et al., 1990):

- Black, not Hispanic: 25.1
- White, not Hispanic: 67.1
- Hispanic: 6.0
- Native American: 0.9
- Asian/Pacific: 0.1
Valdes, et al. (1990) report that 44.3 percent of 570 students with SED respondents reside in single-parent households. Of 591 respondents, the head of the household's highest educational attainment is reported by percentage as:

- Some High School: 43.7%
- High School Diploma: 29.1%
- Some College (2-yr): 18.0%
- 4-year College or More: 9.2%

(Valdes, et al., 1990). The annual household incomes reported by 552 respondents in the NLTS sample reflects the following percentages:

- Less than $12,000: 38.2%
- $12,000 - $24,999: 32.1%
- $25,000 - $37,999: 15.7%
- $38,000 - $50,000: 7.9%
- More than $50,000: 6.1%

(Valdes, et al., 1990). Of 618 questioned, the following percentages describe the type of school students with SED from the NLTS sample attended:

- Urban: 39.5%
- Suburban: 34.0%
- Rural: 26.5%

The demographic picture of the NLTS sample proposes that SED is most often found among white male students whose families have not engaged in extensive post-high school education. It is important to note, however, that the NLTS sample utilized a large proportion of white respondents relative to those from other ethnic backgrounds, and thus it is not assumed based on this sample alone that SED is only found among white students (Wagner, et al., 1991).

**Etiology of SED**

With the generality of the definition of SED and the great proportion of differences existing between individual students, it is difficult to pinpoint any definite or consistent cause-effect relationships. Duchnowski, et al. (1991) stress that the needs of students with SED are so diverse and unique to each individual that it is inappropriate to consider any single important factor to the exclusion of others. It is, perhaps, more practical to consider common contributing variables to identify and assist students at risk.

SED is a multifaceted display of maladaptive and undesirable behavior with complex interactions between biological, psychological, family, school and social factors. Jensen and Rojek (1992) note that social variables are at the heart of SED, as maladaptive social behavior is the hallmark of the disorder. A sample of several contributing variables includes:

**Biological Factors.** Kirk, et al. (1993) state that neurochemical imbalance, subcortical neurological damage and “difficult” natural temperament can all manifest in rebellious behavior. Diagnosed psychiatric disorders also have physiological roots. Conditions such as chronic hypoglycemia and genetic anomalies such as an extra “Y”
chromosome can result in emotional lability and/or aggressive tendencies in students (Jensen & Rojek, 1992).

**Psychological Factors.** Underlying emotional conflict and anger stemming from traumatic events, verbal abuse and organic psychiatric disorders can manifest in disruptive behavior (Jensen & Rojek, 1992). Defiance can also be reinforced when children find the consequences rewarding, such as the increase in attention that results from acting out (Jensen & Rojek, 1992). Students with SED may also have failed to learn appropriate problem-solving techniques in school and social relationships (e.g., Meadows, Neel, Parker & Timo, 1991), appearing on the surface to have uncontrollable emotions.

**Family Structure.** Jensen & Rojek (1992) report that American adults were asked in a 1989 Gallup poll which factor was most responsible for the rise in crime. The majority implicated a breakdown in family values (Jensen & Rojek, 1992). The family is typically where a child receives the most social nurturance through values training and role modeling. As family values, structures and roles have changed over several decades, so too have children changed in terms of their beliefs, values and behaviors. Perhaps parents themselves use or model socially inappropriate behavior, or are failing to instruct and guide their children in socially acceptable behavior. Parents who are overly strict or overly permissive may contribute to acting out behavior (Jensen & Rojek, 1992). Jensen and Rojek (1992) add that birth order and number of siblings can affect children’s behavior.

It has been shown that there is a higher incidence of students with SED in single-parent families than intact families (Valdes, et al., 1990), and there is a higher reported incidence of delinquency among children reared in broken homes than among those coming from intact families (Jensen & Rojek, 1992). Perhaps SED is one result of chronic attempts by
children to seek attention, or children without supervision finding less adaptive role models (Jensen & Rojek, 1992). In any case, it has been suggested that children behave in school according to the rules they have internalized at home: the rigid, demanding atmosphere of some schools may recapitulate struggles between children and parents (Musick, 1995), or children with SED may not be learning the traditional values of respect and obedience maintained by the long standing school institution (Jensen & Rojek, 1992).

Population Growth and Expansion. Jensen and Rojek (1992) propose that as American society has become increasingly larger, less organized, more unsettled and more diverse, close community bonds are more difficult to attain. As people feel increasingly isolated and independent, the sense of community and social support declines (Jensen & Rojek, 1992). With the dissolution of community comes a breakdown of shared rules, values and beliefs. Thus, “right and wrong” becomes increasingly subjective and debatable, suggesting that common codes of morality and conduct have given way to individual, self-centered definitions of morality without consideration of others (Jensen & Rojek, 1992). Musick (1995) notes that growing school populations mirror the same breakdown of the larger community within classroom walls, and students are becoming increasingly anonymous in the crowd.

As the population grows, more subgroups come into existence whose beliefs may be outside those of the traditional American culture (Jensen & Rojek, 1992). Students with SED may come from subgroups where “right and wrong” differs from the expectations of the mainstream American school system. Students with SED may also have been raised in violent neighborhoods where survival is assured to only the most
threatening individuals, and this “toughness” carries over into the school environment (Jensen & Rojek, 1992).

**Socioeconomic Status.** Increasing numbers of people are living closer to the poverty line, which in itself has been correlated with fewer educational opportunities and resources with respect to health care and nutrition (Kirk, et al., 1993). Behavior disorders occur more frequently among lower-class families (Erickson, 1992). It is unclear whether this reflects frustration with social structure (e.g., perceived inequality of opportunity leading to differences in culture and social learning) or subtle neurological changes in children precipitated by poor nutrition and greater prenatal risks (Erickson, 1992). Illicit drug use, particularly by expectant mothers, may lead to subtle neurological changes in children, manifesting in regulatory disorders such as Attention Deficit-Hyperactivity Disorder (Erickson, 1992).

**The Media.** Since children learn what is acceptable by observing others, the increasing portrayal of violence and rebellion in the media may lead some children to conclude that these are common and accepted forms of expression (Jensen & Rojek, 1992). The media’s influence also extends into family life in the instances where the television has replaced conversation and supervision in many homes. These are artificial role models, and may portray an inaccurate version of “acceptable” behavior since few of the consequences of fictional characters that are portrayed are those that would occur in reality (Jensen & Rojek, 1992).

**An Adolescent Phenomenon?** Adolescence is developmentally a time of questioning authority and desiring independence (Henggeler, 1982). Teenagers normally experience conflict between loyalty and desire for autonomy. In families that are
authoritarian or permissive, teenagers' behavior may become more extreme, contributing to behavioral problems at school (Jensen & Rojek, 1992). Parental insensitivity to children's signals creates a sense of indifference or animosity toward those in control, even from infancy. Klimek and Anderson (1987) suggest that adolescents raised amidst unhealthy family relationships often struggle with the natural drive for independence. Families that are overbearing may drive adolescents toward greater rebellion or precocious separation, and families that are too closely enmeshed tend to inhibit the development of social self-sufficiency in their children (Klimek & Anderson, 1987). Either of these factors may contribute to SED.

Ellis (1987) offers a different perspective, suggesting that adolescents as a whole are segregated from the mainstream culture since adult privileges and responsibilities are not entrusted to them. Thus, behavioral problems represent generational conflict, along with a desire to take risks and "manufacture excitement" in an otherwise stifling social position (Ellis, 1987, p. 191). Musick (1995) adds that rebellion may be the result of perceived denial of equal opportunity to function in the adult culture.

**Attitude Toward School.** Schools are the primary setting for identification of SED. Students who feel that school is not worth their personal investment may appear rebellious or withdrawn (Adelman & Taylor, 1983). Although school failure may contribute to maladaptive behavior and low self-esteem, it is nearly impossible to tease apart the influences of SED on schoolwork and the extent to which struggles in school contribute to SED (Adelman & Taylor, 1983).

The factors contributing to SED and the complexity of their interactions are seemingly endless. Despite the absence of a clean cause-effect relationship, it remains that
students’ behavior is based on their experiences and perceptions. What school professionals see as “acting out,” framed differently, is an inappropriate manner in which these students have learned to deal with the feelings of fear, distress, anger and frustration over which they feel little or no control (Kirk, et al., 1993). Special services, therefore, are designed to increase the behavioral repertoire of these students so that they can learn to “survive,” or succeed, in the school environment (Zabel, 1988).

**Confound: The “Problem of Adolescence”**

With the multitude of hurdles faced by students with SED, there is one additional factor to be considered in the course of this study: the “problem of adolescence” (Anderman & Maehr, 1994, p. 287).

Adolescence is a social phenomenon where children acquire the skills necessary to survive independent of their families (Kohen, 1988). It is a time of rapid physical development, hormonal fluctuation, the realization of formal reasoning and a fierce quest for one’s own identity (Kohen, 1988). It is expected that adolescents encounter conflict in their drive for independence and self-determination as they test the limits of the structures of the adult environment (Henggeler, 1982). With guidance, however, those who succeed learn that they are responsible for their own actions and begin to adapt their behavior both to their own needs and the demands of the environment (Kohen, 1988). Adolescents with SED are no exception, although the nature of their disabilities creates an additional obstacle to successful functioning (Koroloff, 1990). As Modrcin (1989) notes, “Adolescents with emotional handicaps [face] a number of major life changes for which they are frequently ill-equipped” (p. 219). O’Connell (1991) adds that these students frequently show concurrent deficits in problem solving ability and cognitive development,
and are at higher risk for substance abuse. While most adolescents prepare for employment, students with SED have a double disadvantage: not only do they struggle to acquire the prerequisite academic skills, but their maladaptive social skills further hinder their possibility of living independently (Bellamy, 1985). Services guaranteed under an SED classification are therefore designed to supplement the educational program for students with SED to acquire the skills of independent living.

Conclusions

Having developed an understanding of what adolescents with SED experience, the next step is to examine how these students function in the school environment. From there, professionals can begin to conceptualize what can be done to develop efficacious programs to increase the success of adolescents with SED.

PART TWO: FROM THE BOTTOM UP...

IS THERE A “BEST” EDUCATIONAL MODEL FOR ADOLESCENTS WITH SED?

I. Students with SED in the high school setting

Prerequisites for All Students

School is integral to the American culture, and despite growing individual differences between students, schools as an institution continue to reward students who conform to expectations and reject those who do not. Will (1986) states that "Americans put their faith in the power of education to enrich lives and make our nation strong" (p. 411). Fad & Ryser (1993) have defined the fundamental skills for students to successfully function in school: work habits, peer relationships and coping skills. Work habits include
completing assignments, listening to directions and staying on task. Since teachers expect attention and compliance, it is important that students are able to meet the demands of school structure. Student compliance is likely to result in positive reactions by teachers, which in turn will increase students’ sense of success in school (Fad & Ryser, 1993). Peer relationships reflect interpersonal skills and the ability to function cooperatively in a social system. Hollinger (1987) indicates a number of core competencies in order for students to build and maintain satisfactory relationships with peers and teachers, including social problem solving, initiation, seeing others’ viewpoints and giving positive feedback. Hollinger (1987) adds that principles for student success in school include being aware of normal and acceptable conduct, and the subsequent ability and motivation of students to behave in such a manner. Finally, Fad and Ryser (1993) identify coping skills as the management of the stress of the academic setting, finding acceptable channels of expressing frustration, anger, and anxiety. This includes the ability to accept rules and guidance from authority. Interpersonally, coping skills may entail dealing with teasing or provocation by peers (Fad & Ryser, 1993).

Broadly, students who are competent in each of these skill areas will likely experience success in school. Students with SED, on the other hand, are lacking on one or more of these skill areas, and as a result, do not fit into the traditional school model (Ruhl & Berlinghoff, 1992).

**Academic Characteristics of High School Students with SED**

By definition, students classified as “seriously emotionally disturbed” necessarily exhibit problems to such a degree that school success is suffering (Kirk, et al., 1993). Academic deficits are further aggravated by an inability to maintain working relationships
with school staff (Bell, Young, Blair & Nelson, 1990). If one considers "school success" to be the degree of achievement, it may be equally true that underachievement is a barrier to success as it is the result of other factors impeding achievement.

Students with SED are said to be the least academically successful of all those identified with disabilities (Meadows, et al., 1994). Estimates from the mid-1980s suggest that 33 to 81 percent of students with SED show severe academic deficits (Ruhl & Berlinghoff, 1992). In the NLTS, Wagner, et al. (1991) found that students with SED had the lowest overall grade point average among all those sampled with disabilities (GPA = 1.7), compared to an average expected GPA of 2.6 for students nationally. Within the same sample, Valdes, et al. (1990) found the following distribution among 451 secondary school students with SED:

<table>
<thead>
<tr>
<th>Percentage of Students with SED</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>3.25+</td>
</tr>
<tr>
<td>8.4</td>
<td>2.75 3.24</td>
</tr>
<tr>
<td>19.3</td>
<td>2.25 2.74</td>
</tr>
<tr>
<td>22.3</td>
<td>1.75 2.24</td>
</tr>
<tr>
<td>20.1</td>
<td>1.25 - 1.74</td>
</tr>
<tr>
<td>26.6</td>
<td>&lt; 1.25</td>
</tr>
</tbody>
</table>

Among 427 respondents, Valdes, et al. (1990) determined that the average IQ score for students with SED sampled was 86.4, with the following distribution overall:
<table>
<thead>
<tr>
<th>% Students with SED</th>
<th>IQ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8</td>
<td>&lt; 34</td>
</tr>
<tr>
<td>1.3</td>
<td>34 - 50</td>
</tr>
<tr>
<td>10.9</td>
<td>51 70</td>
</tr>
<tr>
<td>48.7</td>
<td>71 90</td>
</tr>
<tr>
<td>33.7 *</td>
<td>91 - 110 (*average range)</td>
</tr>
<tr>
<td>4.7</td>
<td>&gt; 110</td>
</tr>
</tbody>
</table>

Of 190 students with SED taking Minimum Competency Tests at the secondary school level, Valdes, et al. (1990) found that 36.4 percent of the students passed fully, 40.6 percent passed in part and 22.9 percent of the students failed the exams.

Epstein, Kinder and Bursuck (1989) assert,

"In our society, an individual’s adjustment is closely related to how well he or she acquires and uses information given at school... While academic competence and school performance are important to all youngsters. nowhere are they more critical than during adolescence. At this time, student must consolidate and build on their basic tool skills in reading, writing and arithmetic in order to become independent learners" (p. 157).

**Absenteeism and the Dropout Rate**

High incidence of truancy, suspensions and tardiness among students with SED contribute to underachievement and school failure (Attkisson & Rosenblatt, 1993).

Valdes, et al. (1990) report that, for 447 respondents sampled, the following distribution emerged regarding absenteeism among students with SED:
% Students with SED | Days Absent
---|---
23.6 | < 5
19.6 | 6 - 10
25.1 | 11 - 20
13.8 | 21 - 30
17.7 | > 30

These data show that nearly half of all students with SED respondents miss eleven or more days of school (Valdes, et al., 1990). With this amount of missed instructional time, students with SED experience greater difficulty mastering class material (Mintzies & Hare, 1985).

Zabel (1988) found that 55% of students with SED drop out of school, compared to 24% of students who are not classified as having a disability. In the NLTS, Wagner, et al. (1991) report that, at the end of the 1985-1986 academic year, 18.6% of students with SED had dropped out of school. This is the highest dropout rate among all students with disabilities sampled (Wagner, et al., 1991). Among the reasons reported for dropping out, the top three for students with SED were: dislike of school/boredom (32.3%), behavior problems (26.8%) and not doing well in school (19.1%; Wagner, et al., 1991). Less than half of the dropouts were subsequently able to find employment (Wagner, 1991).

**After The High School Years**

Edgar (1987) feels there is a drastic need for students with SED to develop adequate community living and adjustment skills. Surprisingly, there are few published studies detailing the efficacy of secondary programs for students with SED (Neel, Meadows, Levine & Edgar, 1988). Tissue and Korz (1993) state that “post school
outcomes such as adjustment to the community, personal skills, employment and living situation have received little attention” in the literature (p. 175). Edgar (1987) found that “secondary special education appears to have little impact on students’ adjustment to community life. More than 30 percent... drop out, and neither graduates nor dropouts find adequate employment opportunities” (p. 555). In a survey conducted in 1988 in the state of Washington, a comparison between former students with SED and non-handicapped (NH) graduates who finished school between the years 1978 and 1986 found the following percentages:

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>SED</th>
<th>NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending college or vocational school</td>
<td>17%</td>
<td>47%</td>
</tr>
<tr>
<td>Currently employed</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>No job &amp; not in school</td>
<td>31%</td>
<td>8%</td>
</tr>
<tr>
<td>Ever employed after high school</td>
<td>78%</td>
<td>85%</td>
</tr>
<tr>
<td>Living at home with family</td>
<td>58%</td>
<td>66%</td>
</tr>
</tbody>
</table>

(Neel, et al., 1988)

Where it is estimated that 76% of non-handicapped students earn a diploma, it is estimated that only 42% of those with SED complete their diploma requirements (Zabel, 1988). The most common reported post-school employment of students with SED is in general labor. Forty-one percent of students with SED sampled for the NLTS earned at least minimum wage, while only 6.1 percent earned more than $5 per hour (Wagner, et al., 1991). Of those pursuing post-secondary education (14.8%), the predominant mode of study was a two-year or vocational program (Wagner, 1991).
The data reported are as much a function national trends in education and the fluctuation of the job market as they are a call to improve outcomes for students with SED. That even a small percentage of students with SED can succeed is sufficient reason to strive toward improving these percentages.

Conclusions

The results of these data collectively suggest that students with SED struggle in the school environment. The next step is to understand the ways in which students with SED fail to adapt to traditional schooling, and from there, perhaps school professionals can better understand how the school environment can be adapted to better meet the needs of this group of students.

II. Why do adolescents with SED struggle in school?

As with the etiology of SED, the variables affecting school performance are numerous and complexly related. Mintzies and Hare (1985) and Schultz and Switzky (1993) identify the most common barriers to success for students with SED as:

Building and Maintaining Relationships in School
- Acting Out
- Withdrawal

Social Rejection by Others
- Peer Rejection
- Low Self-Image

Desire to Succeed in School
- Underachievement
• Poor Motivation
• Absenteeism
• Dropping Out

Other Factors

• Family Problems
• Inconsistency Across Treatment Modalities

These factors are interrelated, and as the data show, it is difficult to determine when they are causal factors themselves and when they are the outcomes of other factors.

Building and Maintaining Relationships in School

Do students with SED lack “social intelligence,” or is their behavior intentionally defiant? The myriad variables involved make this question nearly impossible to answer. Valdes, et al. (1990) found that 11.8 percent of students with SED in the NLTS were identified as having separate learning disabilities, and McLeod, Kolb and Lister (1994) state that students with learning disabilities often exhibit concurrent social skills deficits. From a Learning Disabilities perspective, Forness and Kavale (1991) report the Interagency Committee on Learning Disabilities recently proposed that the definition of “learning disabilities” include social skills deficits. Perhaps there exists a neurological anomaly which manifests in imperfect mastery of both academic and social skills – or, perhaps one can possess a social learning disability in the same way one can possess a language skills or mathematics disability (Forness & Kavale, 1991).

Social Rejection of Students with SED by Others

Among all students with disabilities, those with SED are the most likely to be rejected by their peers, and are nearly three times more likely to be rejected than students
with no disability (Meadows, et al., 1994). The fact that students with SED act more aggressively or withdraw more frequently from others certainly impedes peer interactions. Over time, students with reputations for being aggressive, immature or excessively introverted are labeled as such by their peers, carrying these negative stigmata through most of their academic years (Hollinger, 1987; Schweitzer, Seth-Smith & Callan, 1992). Not only does a "bad reputation" keep others at a distance, but it also creates a negative self-image for the rejected students (Mintzes & Hare, 1985) which reinforces existing low self-esteem (Schweitzer, et al., 1992). Hollinger (1987) has found that social rejection is further correlated with academic failure and delinquent behavior.

**Desire to Succeed in School**

Lane (1988) found that delinquent behavior is correlated with low commitment to education, dislike of school, low aspirations for the future and relatively low time spent on school work. As Anderman and Maehr (1994) have noted, it is common for adolescents to exhibit low motivation to participate in the rigors of academia. Where elementary school settings are highly personalized and encouraging toward students, the middle and high schools tend to be depersonalizing, task-focused and competitive (Anderman & Maehr, 1994). Anderman and Maehr (1994) describe a "developmental mismatch" between secondary schooling and adolescence: although adolescents develop best when they learn to make their own choices autonomously and benefit greatly from social collaboration, middle and high schools restrict self-determination with strict rules and structure and often promote competition over collaboration. Furthermore, younger students are educated to believe they can do anything if they try; adolescents, on the other
hand, are treated as though their abilities are fixed, dichotomous traits they either “have” or “don’t have” (Anderman & Maehr, 1994).

An academic cascade may occur for students who struggle in secondary educational settings where, if subject material is not readily mastered, adolescents identify themselves as “dumb” in this area and avoid the material to prevent further failure (Anderman & Maehr, 1994). Coutinho (1986) notes that failure to master reading has been correlated with school withdrawal, perhaps because reading ability is perceived as “the” defining line between useful and burdensome members of our society. This cycle is further maintained when teachers portray their expectations of failure toward students who are struggling (Coutinho, 1986). Low teacher expectations “confirm” student perceptions of their incapabilities to succeed (Coutinho, 1986). Conversely, students who are successful typically perceive higher expectations from staff, experience greater interest in their work by teachers and exhibit less problematic behavior (Jansen & Rojek, 1992).

Deci, Hodges, Pierson and Tomassone (1992) stress that all programs designed for students with SED should encourage and support activities that students do for themselves, rather than impose structure from those in charge. The school setting can be a highly effective arena for implementing social and academic interventions that increase the functional success of students with SED (Atkisson & Rosenblatt, 1993). Motivation has been defined as the degree of effort that students invested in these activities (Pintrich & DeGroot, 1990):

- Planning
- Monitoring
• Adjusting as necessary
• Persistence
• Ignoring distractions

Pintrich and DeGroot (1990) found that achievement can be increased by increasing students’ awareness of these cognitive and behavioral strategies. Motivation research has found that expectancies are formed based on the outcomes of experience (Bandura, 1977). There are two types of expectancies: Outcome expectancies (e.g., a behavior will produce an expected outcome) and efficacy expectancies (e.g., whether or not an activity can be done; Bandura, 1977). In order for a student to be motivated, therefore, he or she must assess whether or not the activity is something he or she can do, and then whether or not the investment of time and energy will produce an outcome worth the price of effort (Pintrich & DeGroot, 1990). Since people naturally avoid the threat of failure, if they believe they cannot do something, they tend not to try at all (Bandura, 1977). Those who try in spite of the fear of failing will learn from their outcomes and continually adjust their performance until the desired outcome is achieved (Bandura, 1977). Consequently, students who fear they will not succeed tend to give up, but in doing so, they fail to learn how to succeed (Bandura, 1977).

Motivation to perform an activity may come about through instruction from adults (internalized motivation), the promise of a reward (extrinsic motivation) or a personal desire to do the activity (intrinsic motivation; Chandler & Connell, 1987). The structure of the school setting imposes a great deal of extrinsic motivation by the use of grades and honor rolls as rewards for academic success (Chandler & Connell, 1987). Rules and restrictions are internalized by students as motivation not to pay the ensuing consequences
of infraction (Chandler & Connell, 1987). This lack of student self-determination contradicts the adolescent’s natural drive for autonomy (Chandler & Connell, 1987).

Schultz and Switzky (1993) propose that the “low academic performance of [students with SED] relative to their intellectual abilities are the result of deficits in intrinsic motivational orientation” (p. 32). Deci, Schwartz, Sheinman and Ryan (1981) found that “when students learn out of curiosity and desire, ... they are more involved in and satisfied with learning ... and integrate material more fully (p. 642). Deci, et al. (1992) suggest that, in contrast, the majority of programs can be summarized as “the control of student behavior through structures created by adults” (p. 457). Use of punishment, reprimands, close supervision of students and emphasis on deadlines, in fact, decreases intrinsic motivation by removing the sense that students are their own causal agents (Deci, Nezlek & Sheinman, 1981). Low intrinsic motivation has been broadly correlated with low scholastic achievement for students with SED (Schultz & Switzky, 1993).

As Adelman and Taylor (1983) state, “If a student is motivated to do something, (s)he often can do much more than anyone would have predicted was possible. Conversely ... resultant learning may not even come close to capability” (p. 384). Shifting toward greater student empowerment has been thought to increase mastery orientation (i.e., desire to succeed based on personal preference) and decrease performance orientation (i.e., desire to succeed to get the grade, finish the task or get recognition; Anderman & Maehr, 1994).

Related to motivation is the concept of schemata, which are described as one’s expectations that bias incoming information (Safran, Segal, Hill & Whiffen, 1990). Students with SED typically hold negative self-schemata, meaning that they have come to
expect themselves to fail or be rejected by their peers and anticipate undesirable outcomes (Safran, et al., 1990). This emotional lability may interfere with achievement, as Bandura (1977) has found that high emotional arousal detracts from performance.

Deci, Schwartz, Sheinman and Ryan (1981) found that, within the first six weeks of the school year, teachers set the stage for their students either as competent behavioral agents or irresponsible youngsters in need of control, based solely on these teachers’ attitudes and behavior toward their students. The authors state that “in responsive, autonomy-oriented environments, children have the opportunity to be self-determining...they feel better about themselves, they are more intrinsically motivated to learn and they seem to perform better” (p. 649). However, teachers who are overbearing implicitly portray their mistrust of student capability, and therefore establish expectations for student resistance (Deci, Schwartz, Sheinman & Ryan, 1981). Students need to feel that their efforts are valued in order for them to perceive school as worthwhile (Adelman & Taylor, 1983).

Koestner, Ryan, Bernieri and Holt (1984) suggest that giving students choice shifts obedience from an internalized motivation to a more intrinsic motivation, since students come to own their behavioral choice instead of mimicking orders. In offering this kind of choice, teachers are encouraged to acknowledge the student’s feelings, state what needs to be done, offer ways for this to be accomplished and help the student express his or her feelings about each of the choices (Koestner, et al., 1984). Furthermore, teachers who keep rules and consequences contingent and consistent help students internalize the knowledge that it is they who determine their own success in school (Skinner, et al., 1990). Obedience thus becomes a more guided lesson in social decision making and less a

In sum, students who feel they control their own success generally do better in school than students who feel controlled (Skinner, Wellborn & Connell, 1990). If students believe they can do something, they are more likely to find and use strategies, and their performance will improve over time (Pintrich & DeGroot, 1990). Students who are encouraged to monitor their own accuracy and productivity exhibit improved academic success and concentration (Carr & Punzo, 1993). Adelman and Taylor (1983) found that teachers who model self-evaluation, problem solving and coping skills with students increased academic outcomes. Frequent feedback, along with individual processing of feelings and options, boosts student autonomy and, consequently, achievement (Adelman & Taylor, 1983).

Other Factors

Koroloff (1990) states that mental health services are fragmented or nonexistent for most children between the ages of 16 and 21. More importantly, however, most subsidized funding ceases for mental health services when children turn 18 (Koroloff, 1990). Under normal circumstances, this might seem appropriate; however, given that students with SED often struggle with the natural transition into adulthood, it would seem that ceasing services at this point would be a liability (Koroloff, 1990).

III. Are alternative school placements appropriate?

Programming and placement of students with SED is determined by school district. Typically, students with SED exhibit problem behavior up to a point where teachers and Pupil Service personnel recognize that this behavior is an impediment to the learning
Educating Adolescents with SED may be placed in a continuum of programs ranging from least restrictive home district classrooms: blended with some regular and some classified students, to segregated, with student-to-staff ratios from 15:1 to 6:1; to intermediate levels of care such as day treatment schooling at an alternative school or children’s center; to the most restrictive and most intense residential and inpatient placements. Residential placements are reserved for the most severe cases, and are often perceived as a “last stop” for children who have failed to succeed in every other setting (Erker, et al., 1993).

**Most Restrictive: Residential placements**

Residential placements are recommended for students who pose a significant danger to themselves or others, or students with families that are literally toxic to their physical or emotional well-being (Erker, et al., 1993). However, up to one-half of all students admitted to inpatient therapy merely have unmanageable behavior – not serious mental illness (Henggeler, et al., 1994). Moreover, the efficacy of residential placements has been brought under critical scrutiny. Erker, et al. (1993) report that a ten-year follow-up study of students with SED found no significant differences between those having been placed in a residential setting and those receiving day treatment. Henggeler, et al. (1994) assert that inpatient therapy is a poor model of treatment for troubled youth, as it fosters dependence, increases feelings of helplessness, limits children to exposure to the most extremely troubled peer role models and leads children to believe they are the “throw-aways” of society. Out-of-district placements may also be reinforcing to districts who want the instant removal of these problematic students (Henggeler, et al., 1994).

In outcome studies, residential institutions have failed to show sufficient individualization of services to specific student needs, adequate nurturance, definitive
positive impact on outcome variables (e.g., social and academic success upon discharge) and cost-effectiveness (Gleeson, Telander & Tanner, 1992). Fad and Ryser (1993) note that isolating students with SED from the general population does not provide a framework for functioning under more realistic social conditions following discharge. In sum, residential placements seem the most costly, yet the least effective, alternatives (Gleeson, et al., 1992; Duchnowski, et al., 1991; Erker, et al., 1993).

With a majority of students being “overly restricted and underserved” (Henggeler, et al., 1994), Duchnowski, et al. (1991) and Trupin, et al. (1991) feel there is an over-reliance on residential treatment, with up to 75 percent of public funds being spent in these areas. Hoagwood and Cunningham (1992) found in their survey that the average monthly cost of residential care per student was $6,316. With an average length of stay of 18.2 months, the cost per student would be just under $115,000 for residential care (Hoagwood & Cunningham, 1992). Duchnowski, et al. (1991) suggest that insufficient funds remain for investigation of viable, cost-effective alternatives which may ultimately be more beneficial to students.

Less restrictive alternatives

In lesser restrictive placements, students are allowed to participate in as much of a regular setting as their behavior allows (Zimet, 1990). Meadows, et al. (1994) report that students who are mainstreamed are more attentive in class, work harder and are better adjusted than students with SED who remain in special classes. Students with SED in self-contained placements exhibited more severe behavioral problems, which may be why they had not been mainstreamed to begin with (Meadows, et al., 1994). With educational funds directed most often toward the most restrictive placements, Waugh and Kjos (1992)
note, “…the child who needs more than a weekly therapy session but less than full commitment, is simply out of luck in many parts of the United States” (p. 488). Zimet (1990) feels that schools “have not fully exploited the possibilities of the therapeutic classroom environment” (p. 86). Intermediate-level alternatives, therefore, are not only more desirable, but are actually quite necessary, given the wide range of student needs.

**Day Treatment**

Day Treatment (DT) is form of therapy conceptualized as a “prosthetic environment” to improve student functioning by compensating for lacking psychosocial deficits (Byalin & Lieberman, 1989). DT is designed to keep a student’s school experience consistent with the community in which he or she will ultimately reside independently, with the goal of helping students help themselves (Topp, 1991; Metzger, 1987). Orchard and MacLeod (1990) state,

“Day Treatment can provide effective but less restrictive therapy while avoiding the interference with community ties which occurs as a result of hospitalization. It may also be particularly responsive to the developmental needs of adolescents in terms of the range of programs that can be offered, including family therapy, which may be more effective since the youth continues to live at home... The cost-effectiveness in comparison with residential treatment adds additional appeal” (p. 554).

These alternative school settings are typically smaller than regular schools, with a lower student to teacher ratio and more schooling time devoted to active treatment and therapy for students (Stedman, et al., 1989). The maintenance of a school environment is seen as one of DT’s biggest advantages, since the school community is an approximation of the larger community in which it resides (Lewis, 1965). DT thus allows students with
SED to hone their social adaptation skills through interactions with staff and peers while learning ways to handle rules, structure and peer confrontation (O'Connell, 1991).

Kiser, et al. (1988) stress that, in order to best aid students in reintegration into the mainstream community, DT is suitable only for students with appropriate levels of impulse control, physical health, parental support, academic ability and funding (p. 258). The most effective DT programs, according to Byalin and Lieberman (1989) adapt to students’ individual developmental levels and gradually work toward change, keeping the environment simple but as close to the “natural” community as possible. Since the school environment is normally where adolescents spend a great deal of their days, keeping an academic focus can be “normalizing” for troubled youth while simultaneously working to remediate achievement (Byalin & Lieberman, 1989). The smaller size of DT schools additionally helps remediation efforts (Lane, 1988).

Efficacy is particularly difficult to assess for DT because the differences which exist between facilities make generalization nearly impossible (Stedman, et al., 1989; Gabel, Swanson & Shindledecker, 1990), and outcome studies have been “inconclusive” because of inconsistent definitions and measurement criteria between programs (Topp, 1991, p. 105). Thus, research has been limited to individualized descriptive studies, and are most useful in evaluating individual programs. DT programs can best aid future research by keeping databases on student progress, including pre- and post-admission measures of social and academic functioning (Metzger, 1987).

In 1963, there were just 10 DT programs in the United States, with 353 by 1981 (Metzger, 1987) and 1,300 alternative school settings by 1989 (Stedman, et al., 1989). In an extensive literature search, Kosturn, Brown and Brown (1990) found just six studies
citing DT outcomes. Satisfactory outcomes were indicated in 76 to 90 percent of the DT facilities reviewed across studies (Kosturn, et al., 1990). Burns and Friedman (1990) found that 65 to 70 percent of their DT student sample were reintegrated into normal, non-therapeutic settings after discharge, and 80 percent showed clinical improvement over the course of their stay (Burns & Friedman, 1990). A positive correlation was also found between post-discharge success and academic achievement while in program (Burns & Friedman, 1990). Kosturn, et al. (1990) generally conclude that DT works, and is a useful, cost-effective choice to consider when placing students with SED.

IV. Conclusion: Is there an “ideal” school environment for students with SED?

Any venture into the “ideal” assumes the proposition of a hypothetical model that does not take into account the complicating factors (such as financial and human resources) which in reality prevent such a program from being successfully implemented. However, based on the research to date and the conclusions of this author, a “best practice” might be for educators to adopt a core set of standards for programs serving students with SED, and to the greatest extent possible develop future programs around this core to best suit individual students’ needs with the resources available.

What are the Features of an “Ideal” Program?

The National Association of School Psychologists (NASP) issued a policy statement in 1989 detailing considerations in restructuring education for all students. Among these objectives:

- Involve parents at all levels of decision making
- Involve parents in the education of their children in meaningful ways
- Ensure a challenging curriculum for all students that can be adapted to individual needs
- Hold high expectations for all students
- Recognize that children learn in different ways, and incorporate experiential and participative learning strategies into instruction that promotes understanding and problem-solving
- Emphasize heterogeneous classes, cooperative learning, peer-assisted learning, and other adaptive education strategies that meet individual learning needs in diverse group settings
- Ensure a caring, personalized school environment that supports the social/emotional needs, as well of the academic needs, of students. This environment should be reflected in design of programs, curriculum and attitudes of all staff. High quality youth-adult relationships should be evident.
- Community supports to youth must be expanded: coordination among schools and community services to meet the health, welfare and social needs of children and families must be ensured
- Increased attention to school-work transitions
- Find creative and new ways to recognize and reward excellence among teachers and students

Following NASP’s lead, the Office of Educational Research and Improvement issued a very similar list of criteria in 1990 specifying the best educational programs:

- To be small communities offering a climate where learning is valued and where teachers know their students well, and have high expectations of these students
To teach a rigorous core academic program to these students

To ensure success for all students through flexible instructional strategies that can serve a diverse body of students

To re-engage families by providing regular information about school programs and students’ progress. Parents must be more interested and involved in their children’s education

To offer incentives that encourage and reward student engagement, high academic performance and improvement

Lane (1988) proposes that the best educational programs:

- Increase the relevance of academic material to students
- Give students autonomy and choices
- Have rules that are firm, fair and consistent
- Recognize student effort and achievement
- Increase individual attention rather than depersonalization
- Teach adaptive skills in social, recreational and academic areas
- Incorporate continuing education workshops for teachers and staff

Additional factors cited in the literature include:

**Multidisciplinary cooperation.** The development of an effective treatment plan is best accomplished through the cooperative work of administrators, teachers, parents, psychologists and social workers (Zabel, 1988).

**Raising Interpersonal Competencies.** One of the fundamental needs of children with SED is finding more adaptive interpersonal skills, both with classmates and teachers (Farmer & Hollowell, 1994; Fad & Ryser, 1993). Teachers should be prepared to deal
with student emotions and discuss them in a safe environment. This may be facilitated in small groups, which help model interpersonal relationship skills. For example, *perspective taking* is one such activity that helps increase empathy and self-understanding, and may be useful in blended class settings (Bell, 1987). A program utilizing peer interaction not only raises grades, but also allows students to use one another as positive role models and greatly reduces the degree of social isolation which so often is associated with SED (Bell, et al., 1990). Group work provides an environment where students can learn from each others’ feedback, modeling interpersonal skills, cooperation and academic risk taking (Bell, 1987). Finally, Schneider (1987) extols the virtues of using humor with students with SED:

"The nature of the classroom [for students with SED] can certainly be viewed as frightening...the educator comfortable with responding spontaneously with humor. acting silly, or beguiling him or herself can relieve aggression, anxieties and reduce stress that permeates the classroom... To employ humor is to link the pupils and teacher through enjoyment. A group of human beings become aligned when they laugh together" (p. 7).

**Boost Student Achievement.** When developing academic goals for children with SED, it is important to remember that these students most likely have a low frustration threshold and/or low self-confidence. Therefore, extremely high expectations may be setting students up for self-fulfilling failure, while extremely low expectations may lead children to feel they are only capable of minimal success. Goals are best designed to allow children to experience the challenge of trying, and the accomplishment of succeeding (Kirk, et al., 1993). Musick (1995) posits that making school more immediately relevant to students will increase success and student commitment. It is good practice to
incorporate psychological goals into educational goals, since the school setting so closely approximates the social community at large (Foster, 1987). For instance, Reynolds (1987) suggests instituting daily journal writing for students. Since writing may be a problem area for students with SED, this task encourages practice while including academic risk taking, self-disclosure and heightened awareness of students’ own attitudes, feelings and values (Reynolds, 1987).

**Be Consistent in Classroom Management.** Students whose behavior is maladaptive may nonetheless feel their behavior is adaptive to their perceptions of the environment. Therefore, one of the best practices is to teach and model behaviors that are “better” (that is, more congruent with the needs of the environment) and can accomplish the same objectives for the students (Henggeler, 1982). Decreasing the anonymity of students by offering positive attention may reduce the need for students to “act out” to be noticed (Clinard & Meier, 1989; Lane, 1988). Allowing students to have choice in their activities has been correlated with lower anxiety and greater self-esteem, creativity and conceptual understanding (Deci, et al., 1992). On the opposite extreme, excessive regulation of student behavior may reduce students’ sense of autonomy and self-assuredness, which in turn has been correlated with drops in achievement (Deci, et al., 1992). Teachers should be sensitive to student differences with respect to degree of impairment, nature of disability, openness to treatment and the availability of resources and supports (Trupin, et al., 1991).
Program Administration

Manburg and Goldman (1990) state, “Researchers have found in study after study that the variable associated with [school] success or failure is the quality of leadership” (p. 159). Their vision of the ideal administrative structure entails:

- Long range planning based on current research
- An adaptive, evolving attitude toward programmatic change
- Establishment of goals and objectives, with solicitation of staff
- Reward systems for staff accomplishments
- Concurrent involvement in all aspects of function by staff and administrators
- Supervision of staff by administrators, with specific individual feedback
- A safe and orderly environment
- Regular, relevant inservice training for staff and administration alike

Administrators who are energetic, innovative and collaborative with their staff have a greater likelihood of serving students more successfully than administrators who view their service of students with SED as a daily battle (Manburg & Goldman, 1990).

Parental Involvement

Parental involvement further enhances the academic program for students (Modrcin & Rutland, 1989; Foster, 1987). Waugh and Kjos (1992) found that parental involvement is positively correlated with increased student self-ratings and decreased intensity of psychopathology. Will (1986) writes:

“...parents should be deeply involved and their rights to due process and participation should be assured, especially in matters relating to the child’s individualized educational plan [IEP]. An appropriate mechanism for assuring parental involvement would be
parent advisory boards to assist schools in determining ways to more effectively involve parents in their children’s education. The establishment of school-parent programs... has been found to increase supervised homework; encourage parent-child conversations about school... encourage reading... and have an outstanding record of success in promoting achievement” (p. 414).

Parents can benefit from support, information, workshop training and decision-making empowerment provided by schools (Topp, 1991). However, families often receive inadequate information or resources from educational programs (Koroloff, 1990). Van Reusen and Bos (1994) found that parents and students feel minimally involved in educational planning, describing the process as “decision telling” by schools, rather than “decision making” (p. 467). Koroloff (1990) feels that including adolescent students with SED in IEP planning and development enhances their sense of worth and reinforces the areas in which these students need to concentrate. Van Reusen and Bos (1994) found that students who participated in their own educational planning exhibited greater motivation in school and a heightened sense of self-awareness.

Screening of Students?

Wolff (1987) describes a screening system which predicts the ability of students with SED to succeed in day treatment: Parents are asked to come in with their child to participate in social and academic assessment to determine the students’ current level of functioning. Students are then introduced to the day treatment school, sitting in on classes and interacting with those already enrolled. A multidisciplinary team then decides if the day treatment facility can adequately serve the child based on the data collected on-site (Wolff, 1987). Although no studies have been found attesting to the virtues of pre-admission screening, this practice appears to prioritize students’ success by eliminating the
possibility of failure right at the start. Outcome studies assessing the differences between “selective” programs and open enrollment schools are needed.

**What Does it All Mean?**

Taken together, the literature and studies examining adolescents with SED suggest the best treatment paradigms are those promoting parental involvement and student accountability in a day treatment setting. To examine this conclusion, the present study describes a facility meeting these criteria and compares its students’ achievement and demographic characteristics to those found in Valdes, et al.’s (1990) national survey of students with SED.

**Method**

**Treatment**

The Avalon School is a Day Treatment High School environment located in a suburb of Rochester, New York (for detailed program description and history, see Appendix). Avalon enrolls one class of six students for each grade, 9-12. Enrollment at Avalon is open to students at the high school academic level, with an age range from a minimum of 13 to a maximum of 21, as allowed by New York State Department of Education regulations. The school provides psychoeducational diagnostics, counseling, social work, transitional support and work/study programs for students and their families. Parents are mandated members of the treatment planning team. The program’s standards exceed those of most public high schools. Students must maintain 85% attendance (including excused and unexcused absences) and must maintain a 75% average in all classes in order to remain in the program. Students are eligible for discharge when they
have maintained 90% attendance and have been given ratings of "very good" or "outstanding" toward their individual development goals.

Subjects

The subjects in this study were 208 students whose records were on file and who have attended Avalon for at least one month between the years 1983 and 1996. No records on file at Avalon were excluded from this study. To have been admitted into the Avalon program, these students met the following criteria:

- Want to go to school and voluntarily participate;
- Live within fifty miles of the school;
- Have at least a fifth to sixth grade reading level;
- Have learning disabilities no more than the mild to moderate range;
- Be identified as having SED by their home school district;
- Not be actively psychotic;
- Have adequate independent living skills.

All students whose records were reviewed have been classified as SED by their home school districts according to Part 200 of the New York State Department of Education regulations (1993).

The current sample contained 159 males and 49 females. One hundred and eighty-four students were white, with 18 black students, 5 Hispanic students and one Asian student. Most students came from two-parent households (71 students living with two natural parents and 40 living with one stepparent). A total of 67 students came from single-parent homes. Eight lived with legal guardians, twelve lived with adoptive families
and eight came from foster placements. A summary of the demographic information obtained from the Avalon student records can be found in Table 1.

The data from these students' cumulative records were collected anonymously such that no student was identified or directly contacted for the purposes of this study.

Procedure

With permission from Avalon School administration, demographic and academic information from the 208 Avalon student records was tallied and compared to the data reported for the subsample of students with SED in the National Longitudinal Transition Study for Special Education Students (Valdes, et al., 1990). No student was identified through this record review. Information was recorded pertaining to gender, ethnicity, family structure, reason for discharge, status at discharge, length of stay and Wechsler IQ scores (Verbal, Performance and Full Scale).

Results

A number of demographic characteristics of the two groups of students were found to be significantly different, as can be seen in Table 2. The Avalon sample contained a greater proportion of white students \((z = 6.103, p < .01)\) and fewer black students \((z = -5.141, p < .01)\) with SED than found in the NLTS (Valdes, et al., 1990). There were fewer students with SED coming from single-parent families at Avalon than found in the NLTS \((z = -2.949, p < .01)\), and a higher percentage of Avalon students lived with neither natural parent than students with SED in the NLTS \((z = 3.248, p < .01)\). A significantly greater proportion of Avalon students exhibited IQ scores from 91 to 110 \((z = 5.629, p < .01)\) and higher \((z = 6.208, p < .01)\) than in the NLTS sample (Valdes, et al., 1990).
When compared to the NLTS sample of students with SED, the Avalon students' mean GPA was significantly higher ($t(483) = 30.927, p < .01$, effect size $r = 0.815$). The students with SED at Avalon also showed significantly lower percentages of failure on minimum competency tests than students with SED sampled in the Valdes (1990) study ($z = -3.117, p < .01$) (n.b.: "Minimum competency tests" for the Avalon sample refer to New York State Regents Competency Tests developed for each subject area. Since the NLTS refers to "minimum competency tests" for students with SED without specific identification, it should be noted that each state and locality has individual standards and formats for determining "minimum competency" in students that are not identical to the New York State Regents Competency Tests).

When comparing the mean grade scores earned in major subject areas by Avalon students prior to placement to the mean grade scores earned by the same students at Avalon, the results again show greater academic achievement during enrollment in the Avalon program, as can be seen in Figure 1 (n.b.: Mean GPAs did not include grades for Physical Education and Art/Music. Grades recorded as "incomplete" in student records were not included for the purposes of this study, and students' grades that were divided between placements as the result of a mid-year transition to Avalon from another school were also excluded from these comparisons.)

Discussion

This study found that students with SED attending the Avalon school differ from the students with SED sampled in the NLTS demographically, and that the mean GPA for students with SED at Avalon was significantly higher than reported for students with SED in the NLTS (Valdes, et al., 1990). Students purely within the Avalon sample showed
higher mean grade scores when they attended Avalon than when they attended prior placements. In sum, the sample of students with SED attending the Avalon program achieved better grade scores (and thus, perhaps, can be said to have achieved more) than the students with SED sampled in the NLTS (Valdes, et al., 1990).

The results concur with previous studies citing positive correlations between student success and variables such as individual attention from school staff, high expectations, mandatory attendance and encouragement of student autonomy – all of which are part of the Avalon program. One implication, therefore, is that a program whose features correspond to best practices cited in the literature is more likely to produce desirable outcomes. The selectivity of the Avalon screening process raises another question: Is the rate of student success linked to the entrance criteria, or do students with SED having the demographic characteristics of Avalon students generally perform better than those corresponding more closely to students with SED sampled in the NLTS (Valdes, et al., 1990)? Since adolescents naturally strive toward belonging to the most socially favorable groups, schools seen as privileged placements – such as Avalon – may naturally motivate these students to meet their school’s academic criteria. Again, it is not possible to discern if Avalon’s philosophy has any more of an effect on its students than the demographic characteristics of students most likely to meet Avalon’s strict entrance criteria. Considering that many of the Avalon School students have a history of truancy, there exists the possibility that Avalon’s mandatory attendance “forced” students to achieve to their potentials in subject areas at Avalon, where students’ grade reports from other schools reflect previous patterns of absence and missed material.
It is not possible at this time to determine if any one or any combination of these variables has significantly affected the degree of success of the Avalon students. Within-subjects variables, such as gender, personality characteristics, variability between teachers and individual skill variance in academic subject areas must also be more carefully accounted for before making any further conclusions. Nevertheless, it appears that the characteristics of the Avalon school and/or its students, in concert or individually, have somehow influenced the success of students with SED at Avalon.

Conclusion

The present study shows that students with SED are not by definition sentenced to failure. The Avalon school has demonstrated that its students are capable of a greater degree of success (as measured by mean grade scores) than has been achieved in their past placements, and has been reported for students nationally having SED in the NLTS (Valdes, 1990). Future studies can better identify the key variables associated with student success by examining schools with comparable standards to Avalon’s in other geographic settings and with student populations closer demographically to the students with SED sampled in the NLTS (Valdes, 1990).
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Table 1

Gender, Ethnicity and Family Type of the 208 Students with SED Who Attended the Avalon School from 1983 to 1996

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<thead>
<tr>
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<tr>
<td>Parents “Separated”</td>
<td>2</td>
<td>0.96</td>
</tr>
<tr>
<td>Lives with Guardians</td>
<td>8</td>
<td>3.85</td>
</tr>
</tbody>
</table>
Missing Page
Figure Caption

**Figure 1.** Comparison of mean grade scores earned in major academic areas by students with SED prior to and during their placement at Avalon. Academic Areas are labeled as follows: “Pre –” indicates classes were taken prior to placement in Avalon; “Post –” indicates classes were taken at Avalon; “-SS” refers to Social Studies coursework, and “-Sci” refers to Science coursework.
Mean Grade Scores Earned By Students with SED
Before and After Enrollment at Avalon

Academic Area

<table>
<thead>
<tr>
<th>Academic Area</th>
<th>PreEnglish</th>
<th>PostEnglish</th>
<th>PreSS</th>
<th>PostSS</th>
<th>PreSci</th>
<th>PostSci</th>
<th>PreMath</th>
<th>PostMath</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Grade Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>StdError</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Avg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix

**Description of the Avalon School Program and History**

**Program**

The Avalon School is part of the Saint Joseph’s Villa treatment facility in Rochester, which also houses a residential program, a campus school, a group home and a chemical dependency recovery program. The name of the school was chosen by its students as a symbol of “strength through knowledge,” and “a place of respite and rejuvenation, preparing all who come for the next steps in their life’s journey.” The Avalon School pamphlet describes its program as:

“...a fully accredited and state-licensed special education program... [combining] classroom instruction and therapy to enable the students to complete requirements for a high school diploma. Students focus on successfully completing the State Regents Competency Tests and gaining the academic credit necessary for graduation. Parents play a crucial role by forming a partnership with staff to set goals for the student and family. Parents are also active participants in the treatment process... In a structured and nurturing environment, the students learn to resolve problems, maximize their strengths and develop skills that lead to re-entry into community schools or independent adult life.”

Families are mandated members of each student’s planning team, and are required to participate in the development of individual treatment goals. Goals vary between students, and are written to encompass both academic (“graduate high school”) and social-emotional (“be able to relate successfully with others”) development. Students and families receive a copy of these discharge criteria along with their rights, and must sign a “Voluntary Participation Agreement” certifying their commitment to the Avalon program.
Approximately 30 percent of the students meet all of their discharge criteria, while 63 percent meet none of their criteria. The reasons for discharge for the students sampled, along with the numbers meeting discharge criteria, are summarized as follows:

<table>
<thead>
<tr>
<th>Students with Known Discharge Status</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met All of Discharge Criteria</td>
<td>51</td>
<td>30.36</td>
</tr>
<tr>
<td>Met Some of Criteria</td>
<td>11</td>
<td>6.55</td>
</tr>
<tr>
<td>Met None of Criteria</td>
<td>106</td>
<td>63.09</td>
</tr>
<tr>
<td>Planned date reached successfully</td>
<td>53</td>
<td>28.65</td>
</tr>
<tr>
<td>Needs surpassed Avalon resources</td>
<td>24</td>
<td>12.97</td>
</tr>
<tr>
<td>Chemical dependency / use of drugs/alcohol</td>
<td>9</td>
<td>4.86</td>
</tr>
<tr>
<td>Failed to meet academic standards</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Student was oppositional/threatening toward staff or peers</td>
<td>16</td>
<td>8.65</td>
</tr>
<tr>
<td>Student or family decided to leave program</td>
<td>36</td>
<td>19.46</td>
</tr>
<tr>
<td>Student refused to attend or ran away</td>
<td>35</td>
<td>18.92</td>
</tr>
<tr>
<td>Student was suspended and placed elsewhere</td>
<td>1</td>
<td>0.54</td>
</tr>
<tr>
<td>Court incident or arrest of student</td>
<td>6</td>
<td>3.24</td>
</tr>
<tr>
<td>Did not meet any criteria</td>
<td>2</td>
<td>1.08</td>
</tr>
<tr>
<td>Student moved more than fifty miles from Avalon</td>
<td>3</td>
<td>1.62</td>
</tr>
</tbody>
</table>

Selectivity

Although Avalon’s pre-selection of students naturally biases their population toward success, it necessarily excludes students with more severe needs, producing a different demographic picture than that of the population of students with SED sampled in the NLTS (Valdes, et al., 1990). In personal communication, William Carter, ACSW, Director of the Avalon School, has said that his goal is to set the very highest expectations for his students from the outset. Those who are motivated to succeed will rise to the
heightened expectations, and those who are genuinely not committed to success will essentially select themselves out. Recalling the Deci, et al. (1981) study, students given high academic expectations show greater signs of commitment to achieve in school. Carter explained that students who are insufficiently motivated to succeed are either impaired to the extent that they require services beyond the resources of Day Treatment, or they are not willing to pursue academic success. The former scenario, Carter feels, conserves resources by screening and identifying those genuinely needing more restrictive placements. Lack of motivation, however, is much less amenable to treatment. Carter says that many students come with histories of chronic truancy, suggesting their school failure may not necessarily reflect their true abilities. Carter adds that it is vital for these adolescents to experience the consequences of their actions, whether constructive or destructive, in order to work toward adulthood and independent living.

History

The Avalon School was founded in 1982. Five students made up the first classroom, and in 1985, the program celebrated its first high school graduation – one female student. By September, 1986, the emphasis shifted from getting students to graduate to getting students to graduate with honorable achievement. It was decided that students would therefore be prepared to take New York State Regents Competency exams (RCTs) like any other students their age.

Director William Carter has taken an active and collegial role in training, supervision and development of the Avalon program since its inception. In reviewing the criteria cited as “best practice” for educating adolescents with SED, the Avalon School appears to have been thoughtfully planned, in that it:
♦ Involves parents at all levels of decision making
♦ Involves parents in the education of their children in meaningful ways
♦ Ensures a challenging curriculum that can be adapted to individual needs
♦ Holds high expectations for all students
♦ Ensures a caring, personalized school environment that supports the social/emotional needs, as well of the academic needs, of students.
♦ Finds creative and new ways to recognize and reward excellence among teachers and students.

(NASP, 1989)

Additionally, the Avalon School:

♦ Is a small community offering a climate where learning is valued, where teachers know their students well, and have high expectations
♦ Teaches a rigorous core academic program to these students
♦ Engages families by providing regular information about school programs and students’ progress
♦ Offers incentives that encourage and reward student engagement, high academic performance and improvement

(Office of Educational Research and Improvement, 1990)

The administration, furthermore, corresponds to the Manburg and Goldman (1990) criteria listed for effective leadership:

♦ An adaptive, evolving attitude toward programmatic change
♦ Concurrent involvement in all aspects of function by staff and administrators
Educating Adolescents with SED

- Supervision and observation of staff by administrators, with individual feedback
- A safe and orderly environment

In meeting the above criteria, therefore, Avalon:

- Increases the relevance of academic material to students
- Gives students autonomy and choices
- Recognizes student effort and achievement
- Increases individual attention rather than depersonalization

(Lane, 1988).

Avalon’s promotion of multidisciplinary cooperation between administrators, teachers, parents and social workers and direct involvement of parents in educational planning are all features that have been correlated with increased student achievement and decreased signs of student pathology (Zabel, 1988; Waugh & Kjos, 1992; Topp, 1991). In addition, the guidance and collegiality of Director William Carter has undoubtedly bolstered the success of the Avalon School (Manburg & Goldman, 1990).

**Funding**

Attendance at Avalon is paid by each student’s referring Committee on Special Education. The approximate cost per student at Avalon is higher for a 210-day school year than the cost incurred for the same amount of time at the Rochester, NY regional Board of Cooperative Education Services (BOCES) alternative school (Avalon’s annual cost is about $33,447, compared to $20,084 to educate one student in a 6:1:1 classroom at BOCES). However, Avalon’s costs are considerably less than the approximate annual cost to house and educate adolescents in the Residential program at St. Joseph’s Villa in
Rochester, NY (the cost of residential care for 365 days is $65,713 per student). While more expensive than a typical 6:1:1 school setting for students with SED, the cost works out to be $63 greater per student, per day at Avalon (for reference, residential care would cost $138 more than Avalon per student, per day). The question, then, is whether the additional $63 per student, per day is a fair chance to take on outcomes shown to be successful in other studies nationally.