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Prevention/intervention programs for students with or at-risk of emotional disturbances : a thesis ...

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Prevention/Intervention Programs for Students with or at-risk of Emotional

Disturbances

By

Mack Smith

A Thesis Submitted In Partial Fulfillment
of The Requirements For The Degree of
Masters of Arts In Education

California State University Monterey Bay

The School of Professional Studies

Department of Education

December 2005

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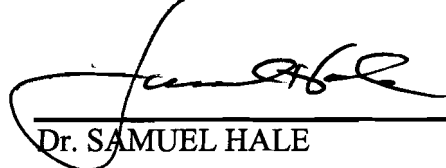
Action Thesis Signature Page

PREVENTION/INTERVENTION PROGRAMS FOR STUDENTS WITH OR AT-RISK
OF EMOTIONAL DISTURBANCES

BY


MACK SMITH

APPROVED BY THE DEAN OF THE COLLEGE OF PROFESSIONAL STUDIES

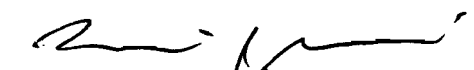


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Abstract

The purpose of this qualitative action research study was to examine prevention/intervention programs that: a) are widely used research based effective prevention/intervention programs; b) can be used within a school setting and/or day treatment program; c) can be aligned with the services provided by other agencies as the best suited program at this unique site that services 12 1st-12th grade emotionally disturbed youth. The procedures used was 18 pre-presentation interview questions answered by eight participants followed by a 30-minute powerpoint presentation on five prevention/intervention programs for students with or at-risk of an emotional disturbance. Data collection concluded with 18 post-presentation interview questions answered by six volunteer participants. An effective research-based program, “Why Try?” was selected, as it offered strategies for building self-esteem, fostering self-determination and self-motivation. In addition, “Why Try?” can be used in the classroom/day treatment setting and be aligned with the services provided by other agencies. The process being used to align services as a result of this action research case project has been a weekly meeting between the educational staff and day treatment staff. The impact of this action research project has 1) improved the relationships between staff and students; 2) stimulated and improved relationships between day treatment and educational staff; 3) and helped show all agencies involved with the care and education of the residents at Unity Care Group Home Inc. and students at Paradise School that we can work together efficiently to serve our children to our best abilities.

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CHAPTER I

Introduction

As a first year special education teacher, I wanted to learn everything I could about helping my 1st-12th grade emotionally disturbed students in the areas of social skills, prevention/intervention programs, academics, and the alignment of services between education and placement agencies. I currently have been a teacher at Paradise School for four years. Paradise School is one of seven Monterey County Office of Education (MCOE) programs for students with severe emotional disturbances (SED). Paradise School is a special school site because it is located on the grounds of a group home called Unity Care Group Inc. Unity Care Group Inc. is a short-term residential placement facility for residents/students with emotional disturbances. In many aspects the students that I teach are going through emotional hardships such as depression, family separation, sexual abuse, drug abuse, and neglect. Most of the students are wards of the State of California or have been placed there by parents because of problems in the home. All students receive services from Mental Health and the Department of Social Services (DSS) and it is their belief that these kids are emotionally disturbed regardless of school performance. These residents/students come from various cultural and situational backgrounds and may have been sexually abused, neglected, overdosed on drugs, and/or have recently been discharged from a psychiatric hospital. The maximum amount of time a student can spend at Unity Care Group Inc. is 90 days (short-term) with a possible one-month extension if there is difficulty with the resident/student and/or their return home, placement in a foster home, or placement in a long-term residential facility.

Unity Care Group Inc. houses a maximum of 12 residents from various counties and states. Rather than busing each student to their respective school, Unity Care Group Inc. has a contract with MCOE to educate these residents/students by leasing classroom space on their property. What makes Paradise School so unique is the wide range of student age/grade levels, disabilities, and placement agencies. The grade levels vary from 1st-12th grade, with all students having a severe emotional disturbance (SED) handicap. The Individuals With Disabilities Education Act of 1975 defines SED as “an inability to learn which cannot be explained by intellectual, sensory, or health factors” (Reddy, 2001, p. 670). Monterey County Mental Health places most of the students that reside at Unity Care Group Inc. after being hospitalized. Department of Social Services; Aid to Adoption; Foster Youth Services and the Department of Probation for various reasons place others. Because of the unique and diverse students and agencies I work with, the alignment of services can often be very difficult.

Statement of the Problem

Finding ways to help emotionally disturbed students in an academic setting can be challenging. Especially when multiple agencies are involved and diagnoses are varied. As an educator I see the necessity of incorporating some type of social skills program within the school because of the high rate of negative incidents such as students being suspended for profanity, fighting, remaining seated in class, lack of peer and staff respect, and the lack of positive communication skills with peers and staff. By incorporating programs that focus on parent and teacher training in the area of social skills building, can prove beneficial to children diagnosed as emotionally disturbed or those at-risk. McConaughy, Kay, and Fitzgerald, (2003) write that schools can be ideal sites for prevention programs

for children at risk for emotional and behavioral problems. Schools are major arenas for social interaction among children and between children and adults. Schools are also environments where children experience many tests of their academic and social competencies. Educational transitions (e.g., kindergarten to 1st-grade; elementary to middle school) also represent marked shifts in interpersonal relationships and academic expectations. There are numerous programs that teach behavioral modifications, involve parent involvement, and develop social skills. I am particularly interested in a program that works to enhance the social skills of students with emotional disturbances in order for them to have a foundation of good social skills that will aid them later in life.

The purpose behind building social skills is to give students the self-esteem, self-determination, and self-motivation they need to be successful in school and life. Most of these prevention/intervention programs incorporate one or more multiple agencies such as Mental Health; Department of Social Services; and Aid to Adoption; Department of Probation; Psychologists; Psychiatrists; and educational staff. Though the programs have shown positive results, the pitfalls usually occur when the collaboration between these agencies and parents rely on the educational system to follow through and be primarily responsible for carrying out the programs. Problems arise when a school is trying an intervention based on behavior, and at the same time, the other agencies involved with the student are following different guidelines for assessment, treatment, and diagnosis. Diagnostic batteries used to assess students as SED are created by the behavioral theorist and are lacking in teacher observation, curriculum based measurements and reporting, as well as the level of social skill development and self-esteem, and more important parent involvement. This inconsistency causes friction between psychiatric/social services and

education. The problems I've seen in my four years of teaching the 12 emotionally disturbed residents/students grades 1st-12th is the lack of communication between parents/surrogates, teachers, and the day treatment staff at Unity Care Group home Inc. Besides seeing the parent or guardian at IEP meetings, there is perhaps one to two phone calls per year between parents and teachers. These calls are usually negative in nature regarding student misbehavior. The shocking aspects of this miscommunication are the lack of parent involvement in their child's development; not only academic but social development and more important self-esteem. Furthermore, teachers of SED students need daily contact with parents or guardians to maintain an open line of communication to provide the best preventative or intervention strategies to combat problem behaviors. The questions I had to ask myself first were:

- 1) What type of program would best suit the needs of my emotionally disturbed students?
- 2) Are there prevention/intervention programs for students at risk of being classified as emotionally disturbed or anti-social?
- 3) Do any of these programs include parent involvement?
- 4) Is parent interaction necessary for the education and self-esteem building of students with emotional disturbances and those that are at risk?
- 5) Is it important for teachers to be concerned about a student's self-esteem?
- 6) Could I implement a program to help students raise their self-esteem?
- 7) Would I have administration, staff, and group home support in administering a self-esteem building program

After analyzing the questions I felt were important to my goal of trying to incorporate more parent involvement in the prevention/intervention of students at risk of being in my program, I began to see the many variables (students that are wards of the state, parents incarcerated, parental neglect) that would make my idea hard to realize. My best course of action was to research current programs that dealt with the prevention/intervention of students at risk of being emotionally disturbed, anti-social, exhibiting behavioral problems, and/or having low self-esteem. If I could find a program that I believed was suited to my special school site then I would send out the above questions to the clinical team; Mental Health; Unity Care Group Home Inc.; Department of Social Services; Aid to Adoption; Department of Probation; Foster Youth Services; Psychologists; and Psychiatrists to address and/or request feedback as to whether this would be something they see as being feasible to collaborate and implement with my students and students that are coming into my program daily.

Based on weekly staff meetings, I found there was a great interest in the area of collaboration and the implementation of a prevention/intervention program for students with or at risk of an emotional disturbance. The feedback was given at our weekly meetings. Every Tuesday afternoon the clinical team meets between 1pm and 4pm for an administration/clinical discussion about the residents at Unity Care Group Inc. The meetings consist of a collaborative discussion and environment about possible referrals, intakes, dismissals, short and long term residential placement, and educational placements for the residents/students. We problem solve issues and solutions that arise between the various agencies as well as the students involved in the program. The agencies at these meeting include representatives from the Department of Social

Services; Monterey County Mental Health; Aid to Adoption Services; Unity Care Group Inc.; Foster Youth Services; and the educational staff at Paradise School. The hot topic of discussion at the meetings for the past two months was the lack of collaboration (alignment of services) between the staff at Paradise School and the Day Treatment program at Unity Care. The point of discussions, as summarized by one day treatment therapist, has been, “How can the school and day treatment be on the same page?” This question reflects the current gap in the collaboration between day treatment and the educational staff at Paradise School. Paradise School students attend class from 8:30 am to 12:30 pm where only academics are being taught. The students then attend day treatment from 12:30pm to 4:30pm where social skills, individualized therapy, and therapeutic activities are administered.

As an educator I see the necessity of incorporating some type of social skills program within the school because of the high rate of negative incidents such as students being suspended for profanity, fighting, remaining seated in class, lack of peer and staff respect, and the lack of positive communication skills with peers and staff. My plan was to review and present prevention/intervention programs that have a social skills component that both the school and day treatment can use concurrently.

Purpose of the Study

The purpose of this action research project was to discover a prevention/intervention program for students with or at-risk of emotional disturbances. For the purpose of this action research project, a prevention/intervention program is a widely used comprehensive system of strategies and tools to help students with or at-risk

of an emotional disturbance. The strategies include building self-esteem, self-determination, social skills, and self-motivation needed to be successful in school and life combined with the supportive tools of parent-teacher involvement, interagency collaboration and consultation. The purpose of my research was to examine prevention/intervention programs that: a) are widely used and based on the comprehensive review of the literature are effective prevention/intervention programs; b) can be used within a school setting and/or day treatment program; and c) can be aligned with the services provided by other agencies to decide on the best suited program for this unique site. The intervention of this action research case study was to present various prevention/intervention programs that could be used at Unity Care Group Home Inc. and Paradise School, and then to collaboratively select one prevention/intervention program for this site. Ultimately this will bridge the gap between the collaboration of the day treatment staff and the educational staff at this school. For the purpose of this action research project I will not be implementing a program but rather researching possible programs and gathering data from the clinical team to collaboratively select and implement the program best suited to our situation for future implementation.

Research Questions

For the purpose of this research project the following research questions were explored:

1. What are some effective pedagogical practices in the building of social skills for students with or at-risk of an emotional disturbance?
2. What are some effective research based programs for students with or at-risk of an emotional disturbance?

3. What programs have the components necessary to align services with educational staff and residential placement staff?

I researched what currently is effective in the building of social skills for students with or at-risk of an emotional disturbance. I also reviewed the current research based programs available today. In addition, I investigated the programs that have the components necessary to align services with education and residential placement agencies.

Definition of Terms

Emotional Disturbance- an inability to learn which cannot be explained by intellectual, sensory, or health factors. For the purpose of this study emotional disturbance has the same meaning as stated above and includes students that are wards of the state, suffer from some type of psychological disorder, and have been expelled from regular education classes due to conduct.

Clinical Team- of, relating to, or conducted in or as if in a clinic: involving or concerned with the direct observation and treatment of living patients. For the purpose of this study Clinical Team means the above and incorporates the staff at Paradise School; mental Health; Department of Social Services; and Unity Care Group home Inc.

Collaboration- To work together, especially in a joint intellectual effort. For the purpose of this study collaboration means aligning services (agencies) together to serve students with or at-risk of an emotional disturbance.

Presentation- the activity of formally presenting something. For the purpose of this study presentation means a 20-minute power-point presentation.

Pre-Interview- the questioning of a person (or a conversation in which information is elicited). For the purpose of this study, pre-interview means the questioning of a person before the presentation.

Post-Interview- the questioning of a person (or a conversation in which information is elicited). For the purpose of this study, pre-interview means the questioning of a person after the presentation.

Short-Term Residential Placement- a 30-90 day out of home placement to evaluate whether destructive actions that disrupt family, school and other settings, or threaten the welfare of the child are assessed.

Long-term Residential Placement- a one to five year out of home placement to evaluate whether destructive actions that disrupt family, school and other settings, or threaten the welfare of the child are assessed.

Group Home- A small supervised residential facility, as for mentally ill people or wards of the state, in which residents typically participate in daily tasks and are often free to come and go on a voluntary basis. For the purpose of this study, group home means the above with the exception that it is a 30-90 day placement and students cannot come and go voluntarily.

Social Skills- is skills a social animal uses to interact and communicate with others to assist status in the social structure and other motivations. Social rules and social relations are created, communicated, and changed in verbal and nonverbal ways creating social complexity useful in identifying outsiders and intelligent breeding partners. The process of learning these skills is called socialization. For the purpose of this study social skills means socialization.

CHAPTER II

Literature Review

Meeting the social needs of the emotionally disturbed youth that we serve can be very difficult. Too often, children with emotional disturbances are pushed through the system very quickly by agencies such as mental health, education, and social services. Epstein and Quinn (1996) state, “services for children are delivered via a bimodal form of service delivery—moving very rapidly from low intensity (i.e., resource room, counseling) to high intensity (i.e., psychiatric hospitalization) services. The community initially does not provide midrange services (e.g., special classes, respite services, parent training) when they might have been more successful” (p. 21). Most of our students exhibit serious problem behaviors. The prevalence of mental health problems indicate that almost 12% of children are in need of mental health services, and that these numbers are increasing dramatically. Recent reports indicate that these children are likely to drop out of school, to have difficulty obtaining and maintaining a job, and to acquire a police record (Epstein & Quinn, 1996). Trying to serve emotionally disturbed children is very challenging. The students themselves are a challenge but trying to serve them can be very frustrating at times. The frustration comes from trying to serve one student with three to five different agencies (e.g. mental health, education, social services, foster youth services, etc). Epstein and Quinn (1996) state, “Outcomes associated with special education, mental health, community mental health, and child welfare have been disappointing” (p. 23). The disappointment stems from the lack of collaboration amongst the agencies in the teaching of positive behaviors (social skills), the implementation of a prevention/intervention program, and the alignment of services provided to better serve

our students. “Moreover, the problems of these children and the interventions that have received have been costly to the child, the family, and the community in terms of social and economic costs” (Epstein & Quinn, 1996, p.23). I feel the need for more social skills training that can help the students at Unity Care/Paradise School. In addition, I believe implementing a prevention/intervention program for our emotionally disturbed students would benefit the population of students we currently serve. Furthermore, by aligning services we may collaborate more efficiently such that services overlap and communication is open.

What are some of the effective pedagogical practices in the building of social skills for students with or at-risk of an emotional disturbance?

“The significant adjustment problems of these children and the limited effectiveness of treatments has forced policymakers and professionals to reevaluate the traditional approaches to serving this population. Recently much attention has been focused on developing comprehensive systems of care as a means of meeting the needs of these children” (Epstein & Quinn, 1996, p. 23). A system of care means a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of severely emotionally disturbed children (Epstein & Quinn, 1996). It is this type of coordination Unity Care/Paradise School can utilize a system that incorporates community-based services, interagency collaboration, family involvement, and intensive service coordination.

Social skills are an important aspect of development for all students. It is even more imperative when students have or are at risk of having emotional disturbances. The lack of courtesy among children is a societal trend that along with the decline of family,

the troubling character of some young people, and the lack of shared ethical values are of concern (Lickona 1993). At Paradise School, all students have some form of an emotional disturbance. Their emotional disturbance is caused by death in the family, parent incarceration, psychological disorders, and neglect/abuse. Too often the clinical team at Unity Care Group Inc. presumes that students know how to behave properly and according to societies expectations. McArthur (2002) states, “Teachers cannot assume that students will automatically act in an acceptable manner just because that is what adults expect” (p. 183). In order for students to be successful in school and in life, social skills need to be incorporated within the school setting. “When teachers stress social skills in the classroom and create a climate of cooperation and respect for others, there are fewer discipline problems and less negative behavior” (McArthur 2002, p.183). An effective pedagogical approach to teaching social skills for students with or at-risk of an emotional disturbance is cooperative learning. Successful exercises in cooperative learning help increase students’ academic achievement and social development. Cooperative learning helps build community in the classroom and teaches students basic life skills (Lickona, 1991).

Cooperative learning alone cannot help students learn positive social skills. Students need to be taught and have modeled qualities such as fairness, helpfulness, cooperation, self-discipline, courtesy, caring, diligence, self-respect, self-determination, and self-esteem. Lickona (1991) believes that educating for character is a moral imperative if we care about the future of our society and our children. McArthur (2002) points out that teachers model positive social skills by greeting students with a smile and creating a positive environment by using words that show affection for, and sincere

interest in children. With the use of role play and modeling, teachers can help students learn effective ways to use social skills within the school setting which can be transferred to everyday life outside of school. Other ways of teaching social skills is by incorporating responsibilities within the classroom. By having students act as monitors, taking attendance, taking care of pets, watering plants, and working as buddies to help keep the classroom clean, teaches students caring and service to others (Lickona 1991). The teaching of social skills within the classroom helps in the reduction of discipline problems, helps promote students self-esteem and self-respect, increases time for academics, and more importantly, establishes a positive learning environment where compassion for each other is reinforced (Lickona, 1991, p.187)

What are some effective research based programs for students with or at-risk of an emotional disturbance?

As I began investigating literature on the subject of preventing and establishing interventions for students with emotional disorders, I located five widely used comprehensive prevention/intervention based program models currently in use today. These programs were selected because they all showed positive results in the education of special needs students with or at-risk of an emotional disturbance (Reddy, 2001; Moore, 1996; Jendryka, 1994). The five programs researched were:

- The Incredible Years Series
- Parent Teacher Action Research Program
- First Step to Success
- Why Try Program
- Boys Town Social Skills Program

To provide information in which social skills programs can be used to help students build social skills, self-esteem, self-determination, and self-motivation, recent research on prevention/intervention programs for students with emotional disturbances discusses the numerous benefits, advantages, and pitfalls in the education of students with emotional disturbances (Reddy, 2001; Moore, 1996; Jendryka, 1994). All of these prevention/intervention programs are used in the education of special education students and they each work with one or a variety of agencies such as Mental Health; Department of Social Services; Aid to Adoption; Department of Probation; Psychologists and Psychiatrists. The programs that were researched are used for residents/students of all ages. Additional information relevant to building self-esteem, improving academic skills and promoting parent involvement is addressed in conjunction with each of the program's effectiveness and limitations.

The first, *The Incredible Years: Parents, Teachers, and Children Training Series* is a widely researched comprehensive set of programs designed to promote social competence and prevent and treat aggression in children aged 3 to 10 (Reddy 2001). The second, "Parent-Teacher Action Research" (PTAR) is a program that focuses on parents and teachers working as partners to design preventions, action plans, and goals for students at risk for SED placement. The third, "First Step to Success Program" combines home and school interventions for at-risk kindergartners that exhibit signs of antisocial behavior (Reddy, 2001). The fourth program researched was the "Why Try Program". The "Why Try Program" teaches youth that trying hard in life and putting effort into challenges at home, school and with peers is worth the effort. The program teaches skills in anger management, problem solving, dealing with peer pressure, living with rules and

laws, building support systems, and developing a positive view of the future (Moore, 1996). The last program I researched was “Basic Social Skills For Youth, A Handbook from Boys Town”. This handbook focused primarily on social skills. It also aligned compatibly with my current worksite location by providing shelter, instruction and education to wayward or troubled youth.

Based in Omaha, Nebraska, Boys Town has been carrying troubled teens to safety for more than 75 years. It was founded as a boys shelter in 1917 by Father Edward Flanagan, who used a \$90 loan for the first month’s rent and a stubborn desire to keep homeless, hungry boys from becoming homeless, jobless, hungry men. Since then, its skills-based, highly disciplined, and family-oriented philosophy has helped transform the lives of over 17,000 children-boys and girls with some of the most intractable of social and behavioral problems. (Jendryka, 1994, p.44)

The handbook contains eight essential social skills necessary to help students get along better with others, especially friends, family, teachers, and co-workers. The skills are following instructions, accepting “no” for an answer, talking with others, introducing yourself, accepting criticism or a consequence, disagreeing appropriately, showing respect, and showing sensitivity to others. Each skill has four to eight steps that can be taught to students which are easy to read, follow along, and practice.

In the following section of this chapter, I will review how each one of these programs are working to enhance the participation of parents, teachers, and state agencies in preventing and establishing interventions for students with emotional disturbances and those at-risk.

The Incredible Years Series

The Incredible Years Series is a prevention and intervention program that looks at all aspects of treatment for SED students. It is used to promote child social competencies, enhance parent competencies and strengthen families, improves teacher competencies

and strengthen home-school connections in the areas of assessment, intensive case-management, intensive parent training, home/class contingency management, accountability for implementation, building partnerships with families, schools, and agencies, and including cultural sensitive training material (Reddy, 2001). The Incredible Years Series is broken up into three parent training programs (Basic, Advanced, School age) designed for culturally diverse populations, a teacher training program, and two student training programs (Dina Dinosaur Social Skills and The Problem-Solving Curriculum). It was used in a case study (Webster-Stratton, Reid, & Hammond, 2001) that involved 272 Head Start mothers, their 4-year-old children and 61 Head Start Teachers to look at the effects of the program on students at risk for SED placement. For 12 weeks, participants were divided up into 14 classrooms randomly selected that included classrooms that were using the Incredible Years Series versus those that were not (controlled Head Start classroom). The findings were impressive. Mothers that participated in the Incredible Years Series had lower negative parenting and higher positive parenting scores than those in the control group. Children also showed a large reduction in conduct problems as well as noncompliant and aggressive behavior than those in the control group. Teachers also benefited by having better classroom management techniques. A multitude of constructs were used as measures to collect data on the findings such as positive and negative parenting, child conduct at home and school, teacher classroom management, and parent teacher bonding. It is important to note that a year later a follow-up with the participants was done and data collected shows that participants maintained their level of improved behavior, improved parenting, and improved teaching.

Parent Teacher Action Research Program

A Parent-Teacher Action Research (PTAR) program is designed to facilitate the bond between teacher and parent.

Parent liaisons (facilitator) support parents at PTAR meetings and make home visits to collect data and implement action plans. PTAR incorporates whole-class social skill instruction for first-graders that cover communication, interpersonal, personal, and response skills that are offered as a structure for parents and teachers to work as partners in identifying goals and designing and implementing action plans in an effort to prevent regular education students from getting referrals for special education based on misbehavior due to poor social skills and/or self-esteem. (Reddy, 2001, p.680)

PTAR was used in a case study (Reddy, 2001, p.680) to determine if students participating in PTAR were less likely to exhibit externalizing, aggressive, delinquent, antisocial behaviors. The results of the study were impressive. Students that had participated in PTAR showed a significant drop in delinquent and aggressive behavior compared to the control group. Data was collected using a teacher reporting form-TRF (teacher), Child Behavior Checklist-CBC, a parent checklist, Direct Observation Form-DOF (observer), and a Social Skills Rating System-SSRS completed by both parent and teacher. The use of rating scales was quite impressive. They helped provide evidence of observable data that can be analyzed and collected overtime. The TRF is the most common rating scales used in identifying, planning, assessing, and treating SED students (Mattison, 2001). The PTAR program in conjunction with social skills curriculum significantly reduced the number of problem behaviors in the classroom. However, there was no change in behavior of the K-12th grade students in the home reported by parents using the CBC and SSRS (Reddy, 2001).

First Step to Success

First Step to Success is a prevention intervention program created for at-risk kindergarteners that are showing signs of antisocial behavior and consists of three integrated modules: proactive, universal screening of all kindergartners, consultant-based school intervention involving the target child, peers, and teachers; and parent training for supporting and improving the child's school performance and adjustment. (Walker, Kavanagh, Stiller, Golly, Severson, & Feil, 1998). It is a very in-depth program that incorporates early screening of students (proactive), school intervention modules (teacher, peers, student), and parent training modules. The program is facilitated by a consultant (psychologist, behavior specialist, etc.) who works with teachers and parents from start to finish. The First Step to Success program was used in a case study involving 46 K-3rd grade children and their families (Walker et al., 1998). They were divided into two cohorts. Cohort 1 participated through 1st grade whereas cohort 2 participated through the third grade. There were significant gains made by the intervention group than the control group within the two cohorts. Walker et al., state "the students who participated in First Steps were rated by teachers as significantly more adaptive, less aggressive, and less maladaptive compared to control students." First Step to Success proved to be a success for the students, teachers, consultants, and parents. In every case antisocial, aggressive and oppositional behavior reduced drastically. The promising find from the case study was there was an 11% increase of positive behavior than that of the control group. "The First Step to Success intervention was particularly encouraging in that it moved target students to within the normative range on two of the most important measures used to evaluate the program (i.e., the CBC Aggression subscale)" (p.66).

Although the studies showed teachers could decrease rates of problem behavior in their classrooms by using positive reinforcement strategies, the impact of parent participation was unclear. Though the program improved child-parent relationships and increased parent-teacher communications, studies show that when parents can be taught how to help their child be successful, children behave better at school. "Intervention programs for parents of emotionally disturbed children can help these parents teach their children to behave appropriately before conduct problem result in peer rejection, well-established negative reputations, and school problems, not to mention academic failure" (Webster-Stratton, 1997, p. 432).

Why Try Program

The fourth program that I researched was the *Why Try Program* founded by Christian Moore in January 1996. Christian Moore was a counselor who noticed that many of his students were visual learners and that just talking to them was not enough. He developed the Why Try Program to meet the needs of students K-12th grade that were struggling with self-esteem and self-confidence.

The goal of the Why Try Program is to help youth answer the question "'Why Try in Life?'" when they are frustrated, confused or angry. The Why Try Program teaches youth that trying hard in life and putting effort into challenges at home, school and with peers is worth the effort. (Moore, 1996, p.1)

The program teaches skills in anger management, problem solving, and dealing with peer pressure, living with rules and laws, building support systems, and developing a positive view of the future. What makes this program different from other programs is that it incorporates visual analogies, music and experimental learning. The program can be conducted within a day treatment/school environment individually or in groups of

youth with a teacher, counselor, or day treatment therapist. Visual analogies are used and consist of ten pictures; each picture represents a certain lesson. “The program also uses music with positive lyrics which were specifically designed for this program and reinforces the lessons learned in the ten analogies”(Moore, 1996, p.2). The Why Try Program utilizes many different hands-on interventions as tools to teach youth life skills. The Why Try Program creates an environment where the youth feel they have value and worth especially if the teacher, therapist, and/or parent are involved and facilitate learning. The Why Try Program asserts that lasting change and motivation is directly linked to a supporting relationship between the facilitator (Teacher/ Therapist) and youth. The Why Try Program has been used widely around the world. “The Why Try Program is now in use in over 300 schools districts in the United States, Canada and Australia. It has now been demonstrated in a variety of research settings to reduce truancy, improve academic success, and increase graduation rates”(p.2).

In a case study based on the first Why Try class in August 2000 at Pleasant Grove High School, 114 students participated and completed the program. The control group consisted of 88 students selected with the same academic and attendance profile as the Why Try students at the start of each class. Both groups have been tracked since the Why Try class was completed, for up to 12 terms. Students who completed the Why Try Program showed a significant improvement in GPA, completing their high school careers with GPA's 0.62 points higher than the control group, had fewer absences than the control group, both cumulatively, and on average, and exhibited a significant reduction in failed courses as compared to the control group. The Why Try students and the control group were drawn from the same pool of at-risk students” (Moore, 1996, p.1). At the end

of their high school careers, the Why Try participants were three times more likely to graduate than the control group” (p.1).

The Why Try Program appears to be a very durable program that helps students build self-esteem, self-confidence, and be used to incorporate parents in the development of positive outcomes for their children.

Boys Town Social Skills

The last program researched was *Basic Social Skills For Youth, A Handbook from Boys Town*. This handbook focused primarily on social skills. It also aligns compatibly with my current worksite location by providing shelter, instruction and education to wayward or troubled youth.

Based in Omaha, Nebraska, Boys Town has been carrying troubled teens to safety for more than 75 years. It was founded as a boys shelter in 1917 by Father Edward Flanagan, who used a \$90 loan for the first month’s rent and a stubborn desire to keep homeless, hungry boys from becoming homeless, jobless, hungry men. Since then, its skills-based, highly disciplined, and family-oriented philosophy has helped transform the lives of over 17,000 children-boys and girls with some of the most intractable of social and behavioral problems. (Jendryka, 1994, p.44)

The handbook contains eight essential social skills necessary to help students get along better with others, especially friends, family, teachers, and co-workers. The skills are following instructions, accepting “no” for an answer, talking with others, introducing yourself, accepting criticism or a consequence, disagreeing appropriately, showing respect, and showing sensitivity to others. Each skill has four to eight steps that can be taught to students which are easy to read, follow along, and practice. The Boys Town Handbook also contains an intermediate handbook that builds upon the eight basic steps and contains 32 additional social skill-building techniques that can be used with all youth grades 1st-12th.

In conclusion, these five widely used prevention/intervention programs researched provided valuable information on social skill building, parent-teacher planning, self-esteem building, self-determination, and self-motivation. They have proven to be effective with emotional disturbed children of all ages and incorporate the use of social skills training that can be used within a classroom setting. Each one of these programs is working to enhance the participation of parents, teachers, and state agencies in preventing and establishing interventions for students with emotional disturbances and those at-risk.

What programs have the components necessary to align services with educational staff and residential placement staff?

All of the five widely used effective programs researched have shown positive results but pitfalls usually occur when the collaboration between educational staff, Mental Health, Department of Social Services, and parents rely on the educational system to follow through and be primarily responsible for carrying out the programs. Friend and Cook (2003) state, “Interpersonal collaboration is a style for direct interaction between at least two equal parties voluntarily engaged in shared decision making as they work toward a common goal” (p.5). Finding ways to help these children regardless of the various agencies and diagnoses is difficult. Incorporating programs that focus on parent, teacher, and state agency training in the area of social skills building can prove beneficial to children diagnosed as emotionally disturbed or those at-risk.

Collaboration, or for the purpose of this action research project, alignment of services at the researched site, consist of a collaborative discussion and environment about possible referrals, intakes, dismissals, short and long term residential placement,

and educational placements for the residents/students. We problem solve issues and solutions that arise between the various agencies as well as the students involved in the program. The agencies at these meetings might include representatives from the Department of Social Services; Monterey County Mental Health; Aid to Adoption Services; Unity Care Group Inc.; Foster Youth Services; and the educational staff at Paradise School. The hot topic of discussion at numerous meetings is the lack of collaboration between the educational staff and the Day Treatment program at Unity Care. The point of discussions, as summarized by one day treatment therapist, has been, “How can the school and day treatment be on the same page?” This question reflects the current gap in the collaboration between day treatment and the educational staff. Friend and Cook (2003) state, “ In a group without a strong commitment to collaboration, the focus is likely to remain on the apparently disparate goals, and the matter is likely to become contentious” (p.8). More importantly, teachers of emotionally disturbed students need daily contact with parents, guardians, and/or state agencies to maintain an open line of communication to provide the best preventative or intervention strategies to combat problem behaviors.

The current disparity of services has been linked to the beliefs of the separate agencies and the laws that govern these agencies. The Individuals With Disabilities Education Act of 1975 defines SED as “an inability to learn which cannot be explained by intellectual, sensory, or health factors” (Reddy, 2001, p. 670). The Center for Mental Health is not bound by IDEA, and it operates and makes diagnoses based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association) which defines SED as “a mental, behavioral, or emotional disorder that

impairs or interferes with a child's role or function in a family, school, or community activities" (Reddy, 2001, p. 670). "The IDEA definition is intended to determine eligibility for special education services, whereas the CMHS definition is intended to be used as a basis for comprehensive system planning" (p. 671). This inconsistency causes friction between psychiatric/social services and education. Diagnostic batteries used to assess students as emotionally disturbed are created by the behavioral theorist and are lacking in teacher observation, curriculum based measurements and reporting, as well as the level of social skill development and self-esteem, and more important parent involvement. It is clear that the process of assessing students as emotionally disturbed is deficient and lacks clear diagnostic/eligibility criteria between mental health and education. By collaborating to promote social and emotional competence, information must be provided to the clinical team in the areas of cultural awareness, learning styles, classroom management, social skill building, and modification strategies in order to bridge the gap between the collaboration of the day treatment staff and the educational staff at this school.

The research of the five widely used effective prevention/intervention programs for students with or at-risk of an emotional disturbance suggests that all of these programs could be aligned with the services of educational staff and residential staff. The Incredible Years Series promotes the collaboration of student, parent/guardian, placement agencies, and teachers (Webster-Stratton, Reid, Hammond, 2001). The Parent-Teacher Action Research program supports the alignment of services between the parent/guardian, teacher, and student in the prevention/intervention of students with or at-risk of an emotional disturbance (Reddy, 2001, p.680). First Step to Success aligns

services between parents/guardian, teacher, and students (Walker et al., 1998). The Why Try Program (Moore, 1996) and Boys Town Social Skills (Jendryka, 1994) both have the components necessary to align services between the educational staff and day treatment staff by promoting comprehensive support services administered by parents/guardians, Mental Health, Department of Social Services, and educational staff.

Summary

This literature review painted a clearer picture of the need to provide social skill training within a classroom setting. It supports the need for the implementation of an effective research based program for students with or at-risk of an emotional disturbance while addressing the alignment of services necessary for the selecting, implementing and training of social skills for students with or at-risk of an emotional disturbance.

CHAPTER III

Methodology

The purpose of my research is to examine prevention/intervention programs that:

a) are widely used and based on the comprehensive review of the literature are effective prevention/intervention programs; b) can be used within a school setting and/or day treatment program; and c) can be aligned with the services provided by other agencies, and to be decided collaboratively on the best suited program. The intervention of this action research case study is to present various prevention/intervention programs that could be used at Unity Care Group Home Inc. and Paradise School, and then to collaboratively select one prevention/intervention program for this site.

In order to provide information in which social skills programs can be used to help students build social skills, self-esteem, self-determination, and self-motivation, I have decided to use an intrinsic case study approach to my action research. This method allowed me to collect in-depth data collection using pre and post-interview questions over a two-month period, which helped me investigate the different perspectives of my participants and their beliefs regarding choosing a prevention/intervention program. Creswell (1998) states, “ I prefer to select cases that show the problem, process, or event I want to portray, the data collection is extensive, drawing on multiple sources of information such as observations, interviews, documents, and audio-visual materials” (p.62). My study is similar because it uses interviews, documents, and audio-visual materials. For this reason I have used an intrinsic case study approach to my action research. This allows me to analyze the perspectives of my colleagues using pre and post interviews. The process of selecting a prevention/intervention program through the action

of a 20-minute audio-visual PowerPoint presentation on prevention/intervention programs for students with or at risk of an emotional disturbance as the goal. It also paints the events that help portray a clearer picture of what it may take to select, implement, and work collaboratively in providing a prevention/intervention program.

Setting

I have been working as a special education teacher at Paradise School (on the grounds of Unity Care Group Inc.) for 4 years. I work in conjunction with another teacher and four paraprofessionals to provide academic instruction to emotionally disturbed students and those at risk of becoming emotionally disturbed. I have selected my worksite location as the main site of my research because every Tuesday afternoon the clinical team meets between 1pm and 4pm for an administration/clinical discussion about the residents at Unity Care Group Inc. Unity Care Group Inc. is a short-term residential placement facility for students with emotional disturbances. The maximum amount of time a student can spend at Unity Care Group Inc. is 90 days (short-term) with a possible one-month extension if there is difficulty with the resident/student and/or their return home, placement in a foster home, or placement in a long-term residential facility. Paradise School is located on the grounds of Unity Care Group Inc. and is responsible for the education of the twelve 6-17 year old residents at the group home.

The hot topic of discussion at numerous meetings has been the lack of collaboration (alignment of services) between the staff at Paradise School and the Day Treatment program at Unity Care. The point of discussions, as summarized by one day treatment therapist, has been, "How can the school and day treatment be on the same page?" This question reflects the current gap in the collaboration between day treatment

and the educational staff. Paradise School students attend class from 8:30 am to 12:30 pm where only academics are being taught by the educational staff of two highly qualified special education teachers and four instructional assistants. The students then attend day treatment from 12:30pm to 4:30pm where social skills, individualized therapy, and therapeutic activities are administered by the day treatment staff of four highly qualified therapists. As an educator I saw the necessity of incorporating some type of social skills program within the school because of the high rate of negative incidents such as students being suspended for profanity, fighting, not remaining seated in class, lack of peer and staff respect, and the lack of positive communication skills with peers and staff. My plan was to review and present prevention/intervention programs that have a social skills component that both the school and day treatment can use concurrently.

Selection Process

My action research case study is focused on the impact of a 20 minute Powerpoint presentation given to the clinical staff at Unity Care Group Inc. and the educational staff of Paradise School, both on the same site. On May 25th, 2005 at one of our weekly meetings, I asked all of the clinical staff of Unity Care Group Inc. and the educational staff to participate in the study and they all gave their written agreement. The clinical staff consisted of representatives from the: Department of Social Services; Monterey County Mental Health; Unity Care Group Home Inc.; Therapeutic Behavioral Support; and Day Treatment. The educational staff consisted of one teacher and four instructional assistants. The action/intervention portion of this case study incorporated an audio/visual powerpoint presentation on effective research-based prevention/intervention programs for students with

or at risk of an emotional disturbance. There were anonymous pre and post individual interviews given to the volunteer participants of the clinical team and educational team.

Procedures

In order to conduct my action research presentation and conduct pre and post interviews to the clinical and educational staff at Unity Care Group Home Inc., I needed to find out if the clinical and educational staff was generally interested in the topic of prevention/intervention programs for students with or at risk of an emotional disturbance. During a weekly meeting, I generated interest by verbally presenting an offer to the clinical and educational staff at Unity Care Group Home Inc. to discuss the current lack of social skills of the students within the school setting and how day treatment and the educational staff may work together in implementing a prevention/intervention program for students with or at risk of an emotional disturbance. I also verbally asked the clinical and educational staff if they would be willing to participate in an action research case study that would include a pre-interview, a 20 minute presentation on effective research-based prevention/intervention programs for students with or at-risk of an emotional disturbance, and a post-interview of their thoughts on the presentation.

After receiving a positive response from all 18 members of the clinical and educational staff, I asked permission from my principal (Monterey County Office of Education, Special Education, Emotionally Disturbed Program, Teaching Principal) and written permission was granted. Once written authorization was granted by both the director of Unity Care Group Home Inc. and the teaching principal of Monterey County Office of Education, I distributed a flyer asking for volunteers. The flyer asked for their participation in the action research case study on prevention/intervention programs for

students with or at-risk of an emotional disturbance (See Appendix A). Accompanied with the flyer was a consent form (See Appendix B) asking volunteers to consent to being interviewed before and after the audio/visual presentation of the five effective research-based prevention/intervention programs for students with or at risk of an emotional disturbance that I had researched.

Of the 18 consent forms that were distributed, only ten consent forms were returned back to me. The eight consent forms that went unsigned were from a representative of Monterey County Mental Health, three representatives from Paradise School, and six representatives from Unity Care Group Home Inc.. All gave reasons of time constraints; except for the representative from Monterey County Mental Health, who said she would participate in the beginning but did not follow through.

Interviews

Due to conflicting schedules, the final number of participants of the action research case study of prevention/intervention programs for students with or at-risk of an emotional disturbance were eight. They included a representative from the Department of Social Services; a representative from Unity Care Group Inc.; a representative from Therapeutic Behavioral Support (TBS); a representative from Day Treatment (DT); and four representatives from Paradise School, for a total of eight participants. The interviews were held after school hours, at 1pm in a quiet, well-lit area of my classroom. The interviews lasted 25 minutes, and participants were interviewed on a one-to-one basis. The participants were asked open-ended questions for both the pre and post interview questions. The interviews included discussions of the participant's ideas about social skills programs, past histories with any social skill building programs, the logistics of the implementation of a

social skills building program, and their views on collaboration.. The purpose of the in-depth interviews was to gain a perspective picture into the beliefs of the participants about the needs of the students at Paradise School and the possible selection and implementation of a social skills program that collaborates with the day treatment program at Unity Care Group Inc. All interviews were conducted face-to-face with participants writing their answers to each question.

Pre-Interview

Pre-interviews were conducted to find if the participants were interested in the idea of offering a social skills program to the emotionally disturbed youth that we serve (See Appendix C for pre-interview questions). The pre-interviews consisted of 18 questions and lasted about 20 minutes. Three of the eight participants stated that they were under time constraints and asked if they could fill out the pre-interview questionnaire rather than sitting down with me. I allowed them to do so with the understanding that I might have some follow up questions to their responses (no follow-up questions were necessary). All of the participants were asked the same questions and identities were coded for anonymity. Their answers were also coded to create themes around selection, implementation, and collaboration. The pre-interviews were held during a two-week period.

Presentation

After completion of the interviews, and studying the participants feedback, a powerpoint presentation was created. The 20 minute powerpoint presentation consisted of 30 audio/visual slides on effective research-based prevention/intervention programs for students with or at-risk of an emotional disturbance (See Appendix D for hardcopy of

presentation). The presentation was given 30 minutes before our weekly clinical staff meetings when everyone on the clinical and educational team would be present. The presentation was interactive with participants asking questions and being visibly engaged. During the presentation all participants were given a hardcopy of the presentation as well as additional handouts related to emotional disturbances. Six of the eight participants showed up for the presentation. Also present were copies of the researched programs included in the presentation for those who wanted a more indepth look into the case studies of the presented programs. There was a brief discussion at the close of the presentation for any further questions.

Post-Interview

Post-interviews were conducted to find out the effectiveness of the presentation. I wanted to find out if the participants learned anything new from the presentation and their thoughts on adopting a prevention/interventiopn program for the emotionally disturbed youth that we serve (See Appendix E for post-interview questions). The post-interviews with six participants, also consisted of 18 questions, yet different from the pre-interview questions, and lasted about 20 minutes (See Appendix E). Two of the eight participants stated that they were under time constraints and asked if they could fill out the post-interview questionnaire rather than sitting down with me. Both participants were unable to make the presentation and did not participate in the post-presentation interviews.

Data Collection

The findings of this study were gathered through in-depth individual pre and post-interviews consisting of 18 questions (See Appendix C & E). I chose to use an intrinsic case study approach to my action research. This method allowed me to be able to collect

in-depth data collection using a scripted interview questionnaire before and after a PowerPoint presentation of the five current, widely used effective research-based prevention/intervention programs for students with or at risk of an emotional disturbance that I have researched. The pre-interviews, presentation, and post-interviews were conducted over a two-month period between July 2005 and August 2005. The 20-minute presentation was given to participants of the clinical and educational staff at Unity Care Group Home Inc. during one of our weekly administrative/clinical team meetings held every Tuesday. The interviews were given individually at a time that was convenient to the interviewees with the exception of three participants that were under time constraints and filled out the interview questionnaires without my presence. All of the participants were asked the same questions and names were coded for anonymity. All interviewees were coded as follows: F=Female, M=Male, DT=Day Treatment, ES=Educational Staff, MH=Mental Health, DSS=Department of Social Services, FYS=Foster Youth Services, ADD=Aid to Adoption, TBS=Therapeutic Behavioral Support, WA=Wraparound Services, and P=Probation (please note: Day Treatment, Therapeutic Behavioral Support, and Wraparound Services are separate entities(they are separately funded) but fall under Unity Care Group Home Inc.). The purpose of this coding was to protect the identities of the research participants.

Coding was also used to create themes around selection, implementation, and collaboration in providing a prevention/intervention program for students with or at-risk of an emotional disturbance.

Data Analysis

Data analysis began when I started a verbal conversation with the clinical and educational staff at Unity Care Group Home Inc. until the completion of this action research case study. I had my preconceived notions about what everyone would say as well as my own beliefs and tried my best to look at the data as a separate entity. Mills (2003) states “If you approach your data with preconceived categories and assumptions, then you will likely begin analyzing your data by coding text units according to what you expect to find” (p.112). As I analyzed the data I have found myself shifting from my question to observing trends that were leading me in a new direction. “ If you approach your data with questions that you hope your research will illuminate but no clear sense as to what the findings might be then you will likely build themes as you read through your data then the analysis may be thought of as evolving or emerging from the data” (Mills, 2003, p. 112).

The three themes that became evident from the data were:

- 1) Serving our emotionally disturbed students better.
- 2) Effective research based program that will work for our students with emotional disturbances.
- 3) Aligning (collaborate) services to serve our emotional disturbed students.

Tables were used to analyze and display data using the coding above. All data in tables reflect the exact answers given by the participant. It is my hope that my analysis of the data presents an accurate account of the findings of this action research case study. The outcome that resulted from this project was to hear the different perspectives of the many agencies involved with the education, medication, and therapeutic services of the emotional disturbed youth at Unity Care Group Home Inc. and Paradise School. Through

these perspectives I hope we have gained a better understanding of how we can serve these students in the area of social skills in a positive, collaborative fashion.

CHAPTER IV

Results and Discussion

The purpose of my research was to examine prevention/intervention programs that: a) are widely used and based on the comprehensive review of the literature are effective prevention/intervention programs; b) can be used within a school setting and/or day treatment program; c) can be aligned with the services provided by other agencies as the best suited program.

The procedures used to reach this data was 18 pre-presentation interview questions answered by eight participants followed by a 30-minute powerpoint presentaion on five widely used effective research-based prevention/intervention programs for students with or at-risk of an emotional disturbance. Data collection concluded with 18 post-presentaion interview questions answered by six volunteer participants. The interviews were held after school hours, at 1pm in a quiet, well-lit area of my classroom. Each interview lasted 25 minutes, and participants were intervewd on a one-to-one basis All interviews were conducted face-to-face with participants writing their answers to each question.

Demographics

In order to present the data in clear and precise terms, it is important to provide the demographics of the participants of this action research thesis as exhibited in Tables 1 through 4. The purpose of showing the demographics is to show: 1) how the participants served the students; 2) the participant's years of experience; 3) the participants experience with prevention/intervention programs and 4) other experience the participants had working with children. The demographics of this study also help paint a background of the perspectives of the participants. Tables 1 through 4 correspond to the

first four questions of the pre-presentation interview questions (See Appendix C). Table 1 show that all participants work directly with the residents/students at Unity Care Group Inc./ Paradise School. Four of the participants are responsible for the care within the group home setting and the remaining four participants are responsible for the education of the students that attend Paradise School. Table 2 shows that six out of the eight participants had three or more years experience working with emotionally disturbed residents/students. The participants experience working with emotionally disturbed youth ranged from six weeks to eleven years. Table 3 shows that six out of the eight participants had various experience with prevention/intervention programs. The four participants that are responsible for the residents within the group home setting all had extensive experience working with prevention/intervention programs. Table 4 shows that five out of the eight participants had previous experience working with children. Two out of the three participants that did not state they had previous experience working with children stated having children of their own as their answer. All tables in this chapter reflect the exact answers given by participants during the pre-presentation interviews and the post-presentation interviews.

Table 1

Participants Role In Serving Students

In what capacity do you serve the residents/students at Unity Care Group Inc./Paradise School?	Participant
I am the gatekeeper for children placed through Monterey County Department of Social and Educational Services.	F, DSS
I do one on one Therapeutic Behavioral Services.	M, TBS
Campus Director	F, DT
Teacher	F, ES
Instructional Assistant	F, ES
School	F, ES
I work in Day Treatment as a therapist as well as an individual therapist	F, DT
I am an Instructional Assistant	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Table 2

Length of Time Working With ED Students

How long have you worked with emotionally disturbed youth?	Participant
Eight years.	F, DSS
11 Years going on 12.	M, TBS
Since September 1993.	F, DT
Ten plus years.	F, ES
Six Weeks	F, ES
19 Months.	F, ES
Three Years.	F, DT
Three years.	M, DT

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Table 3

Experience With Prevention/Intervention Programs

Do you have any experience with prevention/intervention programs? Please explain?	Participants
Yes, many resources and intervention programs are offered to clients through Monterey County Family & Children's Services.	F, DSS
Yes, I worked at Second Chance Youth program in Salinas for two years: specifically working with at-risk youth, gang awareness as target population.	M, TBS
Outpatient drug and alcohol programs, 1990-91, inpatient hospitalization for drug and alcohol, 1989.	F, DT
I have been trained in PROACT, MAB, Handle with Care, and Cornell; all of which are intervention/prevention trainings for aggressive/assaultive behavior.	F, ES
No	F, ES
No	F, ES
I worked for a year and a half with incarcerated youth with substance abuse issues before joining Unity Care Group Inc.	F, DT
ProAct, formerly known as PART Training	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Table 4

Experience Working With Children

What other experiences have you had working with children?	Participants
I was an academic counselor for deaf children.	F, DSS
Doing a 12-week Gang Intervention curriculum with youth at my church; Victory Outreach Salinas. The program was called Gang Members Alternative, G.M.A. between 1995 and 1997.	M, TBS
Parent to four children	F, DT
I have worked as a milieu activity therapist at a level 14 group home.	F, ES
I took R.O.P. childcare.	F, ES
I have worked with kids with severe handicaps, developmental delays, oppositional handicaps, and handicapped infants.	F, ES
I have three grown children	F, DT
I have worked with severe handicapped children for M.C.O.E for two years.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Results

Through the pre-presentation interview questions, the presentation, and the post-presentation interview questions, three themes were present and analyzed.

The three themes based from the research questions were:

- 1) Serving our emotionally disturbed students better.
- 2) Effective research based program that will work for our students with emotional disturbances.
- 3) Aligning (collaborating) services to serve our emotional disturbed students.

Research Question I

What are some of the effective pedagogical practices in the building of social skills for students with or at-risk of an emotional disturbance?

This question emerged as an important factor within this action research project. I wanted to identify the major problems at my worksite and this question would help thrust the perspectives of the participants to the forefront. For if everyone thought we were serving the residents/students as best as possible, there would be no need for an action or project for that matter. I conducted pre-presentation interviews as a gauge to help me find out what members of the clinical team thought about the way we serve our residents/students. Questions five through nine of the pre-presentation interview questions (See Appendix C) and question one of the post-presentation questions (See Appendix E) were used to find the answers. Tables 5 through 11 reflect the different perspectives of the participants and their beliefs on how we can serve the residents/students better.

Table 5

Serving Students to Our Best

Do you feel we are serving the residents/students to our best abilities? Please explain?	Participant
No, I believe better safety measures need to be implemented.	F, DSS
I feel we can do more if we had more resources available, financial, parental input, more integration of different youth entities (e.g. MCOE, Unity Care, and other community partners).	M, TBS
Aides should be much better trained and more responsive to Level 14 group home needs.	F, DT
Yes, although there are always ways to improve. Overall I feel most persons working here are trying to do the best they can.	F, ES
Yes	F, ES
No, Residents need more activities, outings, and exercise programs to keep them from getting bored when at home.	F, ES
We have shown great improvement over the past year. These outcomes can be demonstrated in an improvement in safety among the residents in	F, DT

our care, first and foremost. We are always striving to improve.	
Yes	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,
ES= Educational Staff

Based on the findings, three of the eight participants felt we are serving the students to our best abilities. Of the remaining five participants, two felt we were not, two felt we can do more, and one participant felt instructional assistants needed more training. The findings from this question suggest that there is a need to serve our students better but there is a lack of cohesiveness between the educational staff and the day treatment staff. Epstein and Quinn (1996) state, “Outcomes associated with special education, mental health, community mental health, and child welfare have been disappointing” (p. 23). The disappointment stems from the lack of collaboration amongst the agencies in the teaching of positive behaviors and those responsible for providing those services to better serve our students.

Table 6 reflects the findings of question six of the pre-presentation interview questions (See Appendix C).

Table 6

Can We Serve Students Better

In what way can we serve the residents/students better?	Participant
Alarm systems, better lighting on campus after dark.	F, DSS
More resources; financial, parental input, and integration of services	M, TBS
Better training on how to deal w/ level 14 group home residents/students	F, DT
Work as a team between residential care and school.	F, ES
Watch residents/students all the time.	F, ES
Having more staff to help with supervision.	F, ES
Increasing the level of teamwork between all levels of service on the campus would serve the residents better.	F, DT
Daily meetings with staff and students allow students to express self	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,
ES= Educational Staff

Based on the findings in Table 6, teamwork stood out as the most important factor in serving our residents/students better. Though answers varied widely, teamwork stood out as the prevailing issue as a way to serve the residents/students better. It was clear to all that the best way to serve our students better was to work as a team. Friend and Cook (2003) state, “Team approaches have long been a valued part of the special services professions and have become increasingly popular structures for addressing a wide range of school matters” (p.122).

Table 7 reflects answers to question seven of the pre-presentation interview questions (See Appendix C).

Table 7

What Preventions Will Work

What Preventions would work for our students at risk?	Participant
Alarm systems, better lighting on campus after dark	F, DSS
More family awareness prevention and intervention programs	M, TBS
One on one; structure; listen; expect and give work assignments to engage and challenge.	F, DT
Education about choices and consequences	F, ES
If you notice something going to happen, act on it right away.	F, ES
Kids are not put in proper placements. Therefore kids are at-risk. It would be helpful if kids were placed appropriately, preventing them from learning other behaviors.	F, ES
I think the introduction of the knowledge of skills needed for the future might help residents to begin address the issues they need to work on.	F, DT
One on one, staff work better, more adequate staff to student ratios at all times.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Based on the findings of Table 7, it is clear that there is a need to have some sort of prevention for our residents/students with emotional disturbances. Only two of the eight participants had similar answers (One-to-one instruction). All of the participants, except for DSS, felt educating students was the best way to prevent problem behavior. The DSS participant felt there was a need for better lighting and alarm systems because

she was addressing ways the group home could prevent/dissuade residents from running away (AWOL).

Table 8 reflects answers to question eight of the pre-presentation interview questions (See Appendix C).

Table 8

What Interventions Will Work

What intervention would work for our students with emotional disturbances?	Participant
Alarm Systems, better lighting on campus after dark	F, DSS
On-site Day Treatment included in school, school psychologist, and psychiatrist service on-site.	M, TBS
One on one; structure; listen; expect and give work assignments to engage and challenge.	F, DT
Provide a consistent, stable environment with structure. Teach students to identify triggers and new ways/behaviors to deal with their emotions.	F, ES
N/A	F, ES
N/A	F, ES
In my opinion, it is a team-based approach that would best work for our youth.	F, DT
Talking things out with students, explaining to students keeping all negatives out of sight.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Based on the findings of Table 8, all participants, with the exception of two believed that interventions were necessary as a way to better serve our students. The two participants that had no answer had no previous experience with interventions and chose to skip the question. The DSS participant felt alarms and better lighting would provide better interventions (reflecting her need to protect residents from AWOL). The other participants that answered the question felt a need for more one-to-one instruction and education within the school setting. The results suggest that interventions should be handled as a team approach. Friend and Cook (2003) suggest intervention assistance teams. “This team is premised on the belief that solving problems about students

experiencing behavioral and learning problems should enlist all of the resources available at a school, including those of special education and related service staff” (p.135).

Table 9 reflects answers to question nine of the pre-presentation interview questions (See Appendix C).

Table 9

How to Make a Difference

What are your ideas on how we can make a difference for our students with or at-risk of an emotional disturbance?	Participant
Keep children safe-Better monitoring, zero tolerance for assaultive behaviors.	F, DSS
Utilizing more onsite contact with children, on-site Day Treatment included in school, school psychologist, and psychiatrist service on-site.	M, TBS
Better training on how to deal with Level 14 residents/students	F, DT
Provide a consistent, stable environment with structure. Teach students to identify triggers and new ways/behaviors to deal with their emotions.	F, ES
N/A	F, ES
Have therapist available at all times to talk with the kids before outbreaks.	F, ES
Teamwork and reinforcements are key	F, DT
Having some sort of staff available to assist in either talking with students or helping student to cope with the situation.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Based on findings from Table 9, participants all expressed ideas on how to make a difference for our students with emotional disturbances. Four out of eight participants expressed a need for more on-site staff. Of the remaining four participants, one had no ideas, and the remaining three answers varied from better training for instructional assistants, teaching positive behaviors, and teamwork. Once again, the results suggest the need for a more comprehensive, cohesive system of care.

Table 10 refers to answers from question 1 of the post-presentation interview questions (See Appendix E). This question refers to how participants can serve

residents/students after participating in the pre-presentation interviews, the presentation, and the post-presentation interviews.

Table 10

What Capacity Can You Serve

After viewing the presentation, in what capacity can you see yourself serving the residents/students at Unity Care Group Home Inc./Paradise School?	Participants
Currently I do not work directly with the residents/students. I oversee their care at Unity Care.	F, DSS
By applying personally to the youth we serve preventative resources as: "Why Try," etc.	M, TBS
As Director of the campus, I support and encourage preventative programs that are consistent between school, residential, and clinical.	F, DT
Hopefully in a collaborative way.	F, ES
As an Instructional Assistant.	F, ES
More one on one working, assisting when needed.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Based on the findings from Table 10, five out of the six participants that responded stated that they would all support, in some fashion, ways to serve the students better. The results suggest the need for some action to take place in order to serve our students better. The result also shows the impact of the presentation of the five widely used effective research-based prevention/intervention programs. The presentation provided the participants with current resources that have been proven to be effective with our population of students. With the new knowledge gained from the presentation, participants were eager to find ways of implementing one of the programs. Participant TBS even named *Why Try* as a preventative program that we should implement as a resource to better serve our population of emotionally disturbed children. "The Why Try Program creates an environment where the youth feel they have value and worth especially if the teacher, therapist, and/or parent are involved and facilitate learning" (Moore, 1996, pg. 1).

Table 11 refers to answers from question five of the post-presentation interview questions (See Appendix E). This question reflects the participant's ideas on how we can serve the students better with a prevention/intervention program.

Table 11

Incorporating a Program

By incorporating one of the programs, how would we be serving the residents/students better?	Participant
I think the students can benefit from a new way of thinking about themselves.	F, DSS
Anything learned is better than nothing learned, A resource we can all use-consistently- across the board.	M, TBS
Teaching skills for ongoing success after discharge from Unity Care.	F, DT
Creating a consistent team that works collaboratively for better continuum of care.	F, ES
Teaching social skills.	F, ES
Incentives usually help the students to learn that good behavior usually results in some sort of reward.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Based on the findings from Table 11, all participants that responded to the post-presentation interviews felt that residents/students could be better served with a prevention/intervention program. The results suggest that the presentation of the five widely used effective research-based programs could have a positive effect on our student population. These programs were selected because they all showed positive results in the education of special needs students with or at-risk of an emotional disturbance (Reddy, 2001; Moore, 1996; Jendryka, 1994).

The results from Tables 5 through 11 show that all the participants agree that we can better serve our students with some type of prevention/intervention program and that they are willing to serve in some capacity with the implementation of a program. The results brought new light to the educational staff and day treatment staffs that teamwork

would be the best course of action to better serve our population of students. Currently, educational and day treatment staffs are working together on the logistics of implementing a program.

Research question II

What are some effective researched based programs for students with or at-risk of an emotional disturbance?

This question substantiated itself based on the results of Tables 5 through 11. Tables 5 through 11 show that all participants agreed there was a need to serve our students better and this could be accomplished by incorporating a prevention/intervention program for our students with emotional disturbances. If Tables 5 through 11 showed there was not a need to serve our students better and there were no pedagogical practices that could be incorporated in the educational/day treatment setting, there would be no need to address this question. The findings from the following tables are all the result of the presentation and the post-presentation interview questions (See Appendix D & E).

Tables 12-18 reflect the findings of the ideas of the participants on the selection of a prevention/intervention for our students with or at-risk of an emotional disturbance. Tables 12-18 reflect answers to questions 2, 3, 9, 10, 11, 12, and 13 of the post-presentation interview questions. Table 12 reflects answers to question two of the post-presentation interview questions (See Appendix E).

Table 12

Benefits From Programs

After viewing the presentation, do you see any benefits from any of the programs, and would you continue working with emotionally disturbed youth?	Participant
I think all of the programs are valuable. I especially like the idea of parents, teachers, and child being involved in the same program.	F, DSS
Yes I do, only if they are applied by all of the community partners (unity effort) consistency.	M, TBS
Yes	F, DT
I liked “Why Try”- incorporates necessary skill instruction with challenging motto, See myself working with these kids always	F, ES
Yes	F, ES
Yes, and yes	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Based on the findings of Table 12, all of the participants found some type of benefits from the programs for our students with emotional disturbances. One out of eight participant named the “Why Try” program as a benefit because of its skill instruction and challenging motto. The “Why Try Program” teaches youth that trying hard in life and putting effort into challenges at home, school and with peers is worth the effort. The program teaches skills in anger management, problem solving, dealing with peer pressure, living with rules and laws, building support systems, and developing a positive view of the future (Moore, 1996). The results suggest that all participants felt a program would benefit our students with or at-risk of an emotional disturbance.

Table 13 represents the answers to question three of the post-presentation interview (See Appendix E). These findings are a representation of a direct correlation of the presentation (See Appendix D) and a personal preference of what program the participant liked the best. It does not necessarily represent the most effective program suited for our worksite location but rather a personal opinion

Table 13

Favorite Program

What program did you like the best?	Participant
I think that all five are good programs.	F, DSS
Why Try.	M, TBS
A combination of Why Try and Boys' Town	F, DT
Why Try.	F, ES
Why Try Program.	F, ES
The Incredible Years Series.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services,

DT= Day Treatment, ES= Educational Staff

Based on the findings of Table 13, three of the six participants liked the “Why Try Program”. Of the remaining three participants, one liked a combination of “Why Try and Boys’ Town”, one liked the “Incredible Years Series”, and the last participant liked them all. The findings suggest that all the participants liked one or a combination of the five widely used effective research-based programs with four out of five naming the “Why Try Program”. The participants claimed that the “Why Try Program” had elements within its program that were integral to the population of students that we serve. As one participant stated, “each student exhibits one or all of the problems that Why Try addresses.”

The goal of the Why Try Program is to help youth answer the question "Why Try in Life?" when they are frustrated, confused or angry. The Why Try Program teaches youth that trying hard in life and putting effort into challenges at home, school and with peers is worth the effort. The program teaches skills in anger management, problem solving, and dealing with peer pressure, living with rules and laws, building support systems, and developing a positive view of the future. (Moore, 1996, pg. 1)

Table 14 reflects answers to question nine of the post-presentation interview and the presentation. Table 14 represents the participant’s ideas on which program serves as a preventative measure for our students with emotional disturbances.

Table 14

Prevention Program

Do you feel any of these programs would help prevent our students at risk? Which one and why?	Participant
Yes, more awareness for a different way of thinking and behaving.	F, DSS
The Why Try and Girl and Boys Town, because easy to understand, and very insightful, and helps to see, and weigh out negative & positive.	M, TBS
Combination of why try and boys town. Boy's town is more rote social skills. Why try is reasoning things out.	F, DT
Not actually prevent, but provide opportunity to learn skills to deal with their at-risk environment.	F, ES
Why try program because it helps kids who are dealing with challenges. This can help kids with support systems before it becomes a bigger problem.	F, ES
Yes, The Incredible year's series, everybody loves to be rewarded.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Based on the findings of Table 14, five of the six participants agreed that the programs presented some type of prevention component. The lone participant felt that the programs were not actually preventative but rather provided skills necessary to learn with dealing with at-risk environments. The findings also suggest that a majority of the participants liked the "Why Try Program" as well as "Boys Town Social Skills". I believe this was due to the nature of both programs ability to incorporate the use of social skills within the programs, as well the incorporation of multi-agency collaboration or system of care. A system of care means a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of severely emotionally disturbed children (Epstein & Quinn, 1996).

Table 15 represents answers to question ten of the post-presentation interview questions. Table 15 reflects the participant's ideas on which programs could serve as an intervention for our students with emotional disturbances.

Table 15

Intervention Program

Do you feel any of these programs would work as an intervention for our students with emotional disturbances?	Participant
Yes, any of them. They all have good components.	F, DSS
The Why Try and Girl and Boys Town, because easy to understand, and very insightful, and helps to see, and weigh out negative & positive.	M, TBS
Combination of why try and boys town. Boy's town is more rote social skills. Why try is reasoning things out.	F, DT
Why Try- provides challenging motto, which seems to underlie many youth's problems.	F, ES
Yes, First step to success because it involves screening of all students.	F, ES
Yes, The Incredible year's series, everybody loves to be rewarded.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Based on the findings of Table 15, all participants believed that some of the programs would serve as an intervention for our students with emotional disturbances. Two out of six participants believed *Why Try* and *Boy's Town* were the best. One participant felt "why try". One participant felt any of them would serve as an intervention. One participant felt "first steps to success" was the best and last participant felt "The Incredible Years Series" was the best. The findings suggest that the "Why Try Program" is the most popular prevention/intervention program amongst the participants. One of the participant's felt the incredible years series was the best as stated, "When everyone works together, the child is rewarded." This response was based on the *Incredible Years* series commitment to promote child social competencies, enhance parent competencies and strengthen families, improve teacher competencies and strengthen home-school connections (Reddy, 2001).

Table 16 represents answers from question 11 of the post-presentation interview questions (See Appendix E). Table 16 reflects the participant's ideas on what program will make a difference for our students with emotional disturbances.

Table 16

The Difference a Program Makes

In what way will these programs make a difference for our students with or at-risk of an emotional disturbance?	Participant
Consistency	F, DSS
They have the tools to use to help them make good positive choices.	M, TBS
Teach specific skills	F, DT
Why Try- with it's musical/visual-multi modal learning would benefit adversity of learners.	F, ES
In prevention and Intervention.	F, ES
Incentives usually help the students to learn that good behavior usually results in some sort of reward.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Based on the findings of Table 16, all participants felt a program would make a difference with our students with emotional disturbances. The major theme of their answers was "having the tools necessary to make the right choices." The tools being social skills. In order for students to be successful in school and in life, social skills need to be incorporated within the school setting. "When teachers stress social skills in the classroom and create a climate of cooperation and respect for others, there are fewer discipline problems and less negative behavior" (McArthur 2002, p.183).

Table 17 represents answers to question 12 of the post-presentation interview. Table 17 reflects which program the participant felt had a social skill-building component.

Table 17

Social Skills Component

Did you see any programs with a social skill-building component? Which one?	Participant
No	F, DSS
Why Try, First Steps To Success.	M, TBS
Boys Town.	F, ES
Boys Town.	F, DT
N/A	F, ES
No.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Based on the findings from Table 17, it was interesting to note that two out of the six participants felt there was no program with a social skill-building component. One of the participants had no answer. When I questioned them about the presentation, all three said they remembered there was some mention of social skills. These three participants are not teachers and have never taught children. It was my understanding that they were unfamiliar with what exactly were social skills. Two felt “Boys Town” had a social skill-building component. Boys Town focuses directly on social skills and the practical day-to-day use of them.

The handbook contains eight essential social skills necessary to help students get along better with others, especially friends, family, teachers, and co-workers. The skills are following instructions, accepting “no” for an answer, talking with others, introducing yourself, accepting criticism or a consequence, disagreeing appropriately, showing respect, and showing sensitivity to others. (Jendryka, 1994, p.44)

The last participant felt that both “Why Try” and “First Step to Success” had a social skill-building component. First Step to Success has shown positive results in the reduction of antisocial, aggressive, and oppositional behavior (Walker et al., 1998), which is a direct reflection of the teaching of social skills.

Table 18 represents answers from question 13 of the post-presentation interview questions (See Appendix E). Table 18 reflects the ideas of the participants on how they would incorporate social skills in an academic setting.

Table 18

Incorporating Social Skills

How would you incorporate social skills in an academic setting such as a classroom/school?	Participants
Discuss social skills and give examples through experience.	F, DSS
Group setting.	M, TBS
Utilized daily-overview skill-practice, opportunity to practice/use in classroom.	F, ES
Expect the skill to be incorporated (e.g. “please”, “thank you”).	F, DT
N/A	F, ES
Rewards for working well with peers.	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Based on findings from Table 18, one out of the six participants did not know how to incorporate social skills in an academic setting. This was due to the participant’s lack of training and experience with emotional disturbed students. It was also interesting to find that one participant “expected social skills to be incorporated in a school setting.” McArthur (2002) states, “Teachers cannot assume that students will automatically act in an acceptable manner just because that is what adults expect” (p. 183). The results suggest that not all participants knew how to incorporate social skills within an academic setting. Though it is not expected of instructional assistants to plan and implement programs for students, it is expected for them to be familiar with the curriculum of the teacher and be able to assist the teacher when necessary or when the teacher is absent. The participant that felt social skills should be expected within the classroom clearly needs a better understanding of the students in which we serve and the backgrounds from which they come from. Without this understanding or modeling, teaching students social

skills would be an uphill battle. McArthur (2002) points out that by modeling positive social skills and providing a positive environment, students can learn effective ways to use social skills within school that can be transferred to everyday life.

Tables 12-18 represent the results of all participants and their ideas about selecting a prevention/intervention program for students with or at-risk of an emotional disturbance. Though answers varied, which was to be expected with participants coming from different cultural and academic backgrounds, the “Why Try Program” was the favorite of the majority. What makes this program different from other programs is that it incorporates visual analogies, music and experimental learning. The program can be conducted within a day treatment/school environment individually or in groups of youth with a teacher, counselor, or day treatment therapist. Visual analogies are used and consist of ten pictures; each picture represents a certain lesson. “The program also uses music with positive lyrics which were specifically designed for this program and reinforces the lessons learned in the ten analogies”(Moore, 1996, pg. 2). When the clinical and educational staff was presented with the findings of this project everyone seemed to agree that the “Why Try Program” would be the best program to implement for our students with or at-risk of an emotional disturbance. During the course of completion of this project, day treatment staff has been collaborating with educational staff on ways to implement the “Why Try Program” within the daily structure at Unity Care Group Inc. and Paradise School.

Research question III

What programs have the components necessary to align services with educational staff and residential placement staff?

This question presented itself as a theme through the course of this action research project. Because of the multiple agencies involved in the placement, treatment, and education of the residents/students, it is important to find out how we can align all the services provided to the residents/students. Tables 19-23 reflect the participants' ideas on aligning services to create a positive work environment that serves the residents/students to our best abilities.

Table 19 represents answers from question 17 of the post-presentation interview questions (See Appendix E). Table 19 reflects the participant's ideas about collaboration.

Table 19

Collaboration

What are your ideas on collaboration?	Participants
It's necessary when dealing with complex issues.	F, DSS
Working together, communication, joining together's philosophies, goals, to meet a common need and produce an expected end product.	M, TBS
Necessary to help these kids succeed-in all areas of their lives.	F, ES
I like the idea.	F, DT
N/A	F, ES
None	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment, ES= Educational Staff

Based on the findings from Table 19, four of the six participants thought collaboration is a good thing, and more importantly it is necessary. This was a positive response because it showed that most of the participants believed that we need to collaborate in order to work effectively as a team to serve our students better. At our unique site, the clinical team functions as an interdisciplinary team, where professionals from different disciplines perform related, specialized functions independent of each

other. The ongoing sharing of information is instrumental in our efforts to develop and work toward a collective goal of service coordination. By achieving this we are more likely to develop and pursue interventions that support and complement one another and ensure that services provided to students are not duplicated or gaps do not occur (Friend & Cook, 2003). The two participants that had no response were from the educational staff and they felt apprehension about collaboration with the day treatment staff and refused to elaborate. Their response was taken as a negative attitude towards collaborating with the day treatment staff. Friend and Cook (2003) state, “One common source of resistance is professionals’ perceptions of the anticipated outcomes associated with collaboration” (p.263). This was evident in the case of the two participants that did not respond. The two participants stated that they were doing their part and that day treatment needed to pick up the slack.

Table 20 represents answers from question 14 of the post-presentation interview questions (See Appendix E). Table 20 reflects the participants ideas about day treatment and Paradise school collaborating in the teaching of one of the five widely used effective research-based programs for students with or at-risk of an emotional disturbance.

Table 20

Day Treatment & Paradise School Collaborating

Do you feel Day Treatment and Paradise School can collaboratively teach any of these programs? Which one and how?	Participant
Yes, any of them	F, DSS
Why Try	M, TBS
Why Try-Collaborate on skills to be taught so both are working together. Introducing, reviewing, and practicing.	F, ES
N/A	F, DT
Yes, Why Try. Teach how to Problem Solve and deal with Peer Pressure.	F, ES
No	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Based on the findings in Table 20, four out of six participants felt that day treatment and Paradise School could collaborate in the teaching of the “Why Try Program”. The Why Try Program (Moore, 1996) has the components necessary to align services between the educational staff and day treatment staff by promoting comprehensive support services administered by parents/guardians, Mental Health, Department of Social Services, and educational staff. Two of the participants felt there would need to be further discussions regarding the matter and refused to write anything more in detail. The day treatment participant did state, “I would need to check with the day treatment manager about how this would look.” The male, educational staff feared the collaboration would not work and that the responsibility of the implementation of the program would ultimately fall on the school.

Table 21 represents answers from question 15 of the post-presentation interview questions (See Appendix E). Table 21 reflects the participants feelings about day treatment and Paradise school collaborating in providing one of the five widely used effective research-based programs for students with or at-risk of an emotional disturbance.

Table 21

Feelings About Collaboration

After viewing the presentation, what are your feelings about Day Treatment and Paradise School Collaborating in providing a prevention/intervention program?	Participant
I think all staff are very competent and can work well together for the <u>Best Interest of the Child</u>	F, DSS
I feel it needs to happen	M, TBS
Tough Job, Someone should do it.	F, ES
I like the Idea	F, DT
N/A	F, ES
None	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

Based on the findings in Table 21, four out of the six participants felt collaboration needs to happen in order to provide a prevention/intervention programs for our students. Friend and Cook (2003) state, “Interpersonal collaboration is a style for direct interaction between at least two equal parties voluntarily engaged in shared decision making as they work toward a common goal” (p.5). The common goals being the implementation of a program to better serve the residents/students at our unique site. The two participants that had no response were from the educational staff and are employed as instructional assistants. They were very apprehensive to the word “collaboration” and especially when it involved day treatment staff. Instructional assistants do not have professional credentials and do not make the salary that a teacher makes as well as day treatment staff. Friend and Cook (2003) state, “Collaboration between professionals and paraeducators is recommended, but it must be tempered with an understanding of the difference in status among the individuals participating” (p.213). Questions 14 through 17 were asked to gain a clearer picture of the feelings of the participants regarding collaboration. These questions, though the same, were asked differently to provide a more reliable answer from the participants.

Table 22 represents answers from question 16 of the post-presentation interview questions (See Appendix E). Table 22 reflects the participant’s ideas on how day treatment and Paradise school collaborating will look like.

Table 22

Collaboration: What It Looks Like

What are your ideas on how this collaboration would look like once a program is selected?	Participant
Brainstorm on how you would like it to work. Follow-through	F, DSS
Both working together simultaneously in groups, check-ins, P.E., etc.	M, TBS
Lots of meetings; trainings, and work.	F, ES
N/A	F, DT
N/A	F, ES
No comment	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,

ES= Educational Staff

Based on the findings in Table 22, three of the six participants were able to give feedback on how the collaboration may work. The remaining three participants had no response to the question, with the exception of the male educational staff that stated, “No comment.” The three participants that gave responses were eager to “brainstorm”, “work together”, and “Lots of meetings.” With half of the participants showing a positive response to collaboration, and the other half, a not so positive response, shows there could be problems and/or a lot of work to be done. Friend and Cook (2003) state, “In a group without a strong commitment to collaboration, the focus is likely to remain on the apparently disparate goals, and the matter is likely to become contentious” (p.8). Hopefully in the near future, the educational staff and the day treatment staff will be able to work together in a positive collaborative manner with the focus of having the “best interest of the child” at the forefront.

Table 23 represents answers from question 18 of the post-presentation interview questions (See Appendix E). Table 23 reflects the participant’s ideas on their willingness to collaborate.

Table 23

Willingness To Participate

Would you be willing to participate in the introduction, collaboration, and implementation of a prevention/intervention program for students with or at-risk of an emotional disturbance?	Participant
If time allowed	F, DSS
Yes	M, TBS
Yeah, If extra \$ is involved or some type of substantial benefits.	F, ES
I'd be willing to support it.	F, DT
N/A	F, ES
Yes	M, ES

F=Female, M=Male, DSS=Department of Social Services, TBS=Therapeutic Behavioral Services, DT= Day Treatment,
ES= Educational Staff

Based on the findings from Table 23, five out of the six participants are willing to participate in the introduction, collaboration, and implementation of one of the five widely used effective research-based prevention/intervention programs for students with or at-risk of an emotional disturbance. I found this to be impressive. The one participant that decided not to answer gave a silent nod and stated, “Well if it happens here at the school then I guess I will be a part of it then.” This statement reflects the many challenges the educational and day treatment staff face in the future. Friend and Cook (2003) state, “Of all the many complex challenges facing schools in the early years of the twenty-first century, none is as demanding nor as critical as creating in education a culture of collaboration and ensuring that everyone who works there has the dispositions, knowledge, and skills to collaborate” (p.2).

Tables 19-23 represent the results of all participants and their ideas about collaborating (aligning services) in the selection and implementation of one of the five widely used effective research-based prevention/intervention program for students with or at-risk of an emotional disturbance. The findings show that five out of the six participants

are willing to collaborate (align services). During this project the one participant that was unwilling to collaborate decided to transfer to another site.

The results of the project, and subsequent discussions that have taken place since, have lead the educational and day treatment staff to select the “Why Try Program” as the widely used effective research-based prevention/intervention program that is best suited for our site. At this time, staffs from both day treatment and education are meeting informally to see how this can be funded such that all staff has access to a “Why Try” workbook. Educational and day treatment staff are talking about how to teach the program to the students and working collaboratively in how this implementation will look in the future.

The outcome that resulted from this project was 1) to hear the different perspectives of the many agencies involved with the education, medication, and therapeutic services of the emotional disturbed youth at Unity Care Group Home Inc. and Paradise School; 2) the selection of a prevention/intervention program and 3) the willingness to implement and work together as a team in presenting a widely used effective researched-based program for our students. Through these perspectives I hope we have gained a better understanding of how we are serving the students in the area of social skills in a positive, collaborative fashion.

The implications of the findings from this action research project have all been positive. The educational staff along with the day treatment staff is incorporating social skills within both settings as a pedagogical approach to teaching. This has led to a decrease in problem behavior amongst all residents/students in the past two months (October-November, 2005). The “Why Try program” has been selected as the

prevention/intervention program to be implemented collaboratively between the educational staff and day treatment staff. Funding for workbooks for all staff is still being researched and a projected date of January 2006 has been given as a start date for the program.

Alignment of services (collaboration) for our residents/students has gotten better. DSS has been given written notification by Unity Care Group Home Inc. of the alarm and light systems that were recently installed. Day treatment and educational staff now meet 15-minutes daily to discuss program planning, the implementation of the “Why Try Program”, and residents/students progress. The impact of this action research project has 1) improved the relationships between staff and students; 2) stimulated and improved relationships between day treatment and educational staff; 3) and helped show all agencies involved with the care and education of the residents at Unity Care Group Home Inc. and students at Paradise School that we can work together efficiently to serve our children to our best abilities.

CHAPTER V

Summary

The purpose of my research was to examine prevention/intervention programs that: a) are widely used and based on the comprehensive review of the literature are effective prevention/intervention programs; b) can be used within a school setting and/or day treatment program; and c) can be aligned with the services provided by other agencies as the best suited program for this unique site. The intervention of this action research case study was the presentation of the five widely used effective research-based prevention/intervention programs for students with or at-risk of an emotional disturbance that could be used at Unity Care Group Home Inc. and Paradise School, and then to collaboratively select one prevention/intervention program for this site. Working together to align our services, we could bridge the current gap between the collaboration of the day treatment staff and the educational staff at this school. More importantly, the ultimate goal of this action research project was to help the students. By creating a joyful home and classroom atmosphere, we are seeking to develop forms of self-control among students and staff that encourage nonjudgmental, nondisruptive venting of emotion. By creating a joyful home and classroom atmosphere, we can make students more apt to learn how to successfully solve problems in potentially stressful situations (Sylwester, 1994).

The participants in the study were from the clinical staff at Unity Care Group Home Inc. and the educational staff at Paradise School. The clinical staff consisted of representatives from the: Department of Social Services; Monterey County Mental Health; Unity Care Group Home Inc.; Therapeutic Behavioral Support; and Day

Treatment (staff of four highly qualified therapists). The educational staff consisted of one teacher and four instructional assistants.

The procedures within the study included investigating if the clinical and educational staff were generally interested in the topic of prevention/intervention programs for students with or at risk of an emotional disturbance. During a weekly meeting, I generated interest by verbally presenting an offer to the clinical and educational staff at Unity Care Group Home Inc. to discuss the current lack of social skills of the students within the school setting and how day treatment and the educational staff may work together in implementing a prevention/intervention program for students with or at risk of an emotional disturbance. I also verbally asked the clinical and educational staff if they would be willing to participate in an action research case study that would include a pre-interview, a 20 minute presentation on effective research-based prevention/intervention programs for students with or at-risk of an emotional disturbance, and a post-interview of their thoughts on the presentation, and its implications.

After receiving a positive response from all 18 members of the clinical and educational staff, I asked permission from my principal (Monterey County Office of Education, Special Education, Emotionally Disturbed Program, Teaching Principal) and written permission was granted. Once written authorization was granted by both the director of Unity Care Group Home Inc. and the teaching principal of Monterey County Office of Education, I distributed a flyer asking for volunteers. The flyer asked for their participation in the action research case study on prevention/intervention programs for students with or at-risk of an emotional disturbance (See Appendix A). Accompanied with the flyer was a consent form (See Appendix B) asking volunteers to consent to being

interviewed before and after the audio/visual presentation of the five effective research-based prevention/intervention programs for students with or at risk of an emotional disturbance that I had researched.

Of the 18 consent forms that were distributed, only ten consent forms were returned back to me. The eight consent forms that went unsigned were from a representative of Monterey County Mental Health, three representatives from Paradise School, and six representatives from Unity Care Group Home Inc.. All gave reasons of time constraints; except for the representative from Monterey County Mental Health, who said she would participate in the beginning but did not follow through.

The results of the project, and subsequent discussions that have taken place since, have lead the educational and day treatment staff to select the “Why Try Program” as the widely used effective research-based prevention/intervention program that is best suited for our site. Table 12 (See page 50) shows that all participants believe that a program would be beneficial for the residents/students at our unique site. Table 12 also shows that one participant names the “Why Try Program” as a program that would work within the school setting. Table 13 (See page 51) provides evidence that five out of the six participants preferred the “Why Try Program” to any of the other programs. Table 13 demonstrates that the selection of the “Why Try Program” came from participants of all the agencies that offer services to the residents/students at Unity Care Group Home Inc. and Paradise School. Tables 14 & 15 (See page 52&53) both show that four out of six participants felt the “Why Try Program” has a prevention/intervention component that could be useful with our students with emotional disturbances.

At this time, staffs from both day treatment and education are meeting informally to see how we can implement the “Why Try Program”. Table 19 (See page 58) indicates that four out of the six participants are willing to work together. Table 19 shows participants from both educational and day treatment think collaboration is necessary in working with our residents/students. Table 19 also shows that two of the educational staff were unwilling to collaborate with day treatment because they felt all responsibilities would eventually fall back to the educational staff. Table 20 (See page 59) reveals that four out of six participants from both day treatment and educational staff are willing to collaborate in implementing the “Why Try Program” within the residential and school settings. Currently, the topic of discussion is funding; such that all staff has access to a “Why Try” workbook. Educational and day treatment staff are talking about how to teach the program to the students and working collaboratively in how this implementation will look in the future. Table 23 (See page 63) exhibits that five out six participants are willing to work together in the introduction, collaboration, and implementation of a prevention/intervention program for students with or at-risk of an emotional disturbance. The program that was collectively selected by participants of this study and by staff that did not participate was the “Why Try Program”.

The process being used to align services as a result of this action research case project has been a weekly meeting between the educational staff and day treatment staff. These meetings are held fifteen minutes prior to our weekly clinical meetings to make it convenient for all participants to be present. Though all participants agree fifteen minutes is not much time, we all believe it is a start in a positive direction towards collaborating to better suit the needs of our residents/students.

The implications of the findings from this action research project have all been positive. The impact of this action research project has 1) improved the relationships between staff and students; 2) stimulated and improved relationships between day treatment and educational staff; 3) and helped show all agencies involved with the care and education of the residents at Unity Care Group Home Inc. and students at Paradise School that we can work together efficiently to serve our children to our best abilities.

The implications for further research are clearly defined from the findings of this action research project. First, in this study, educational and day treatment staff attitudes about how we can serve our students better varied greatly. This makes sense since educational staff is always looking to serve students better in the areas of academics whereas day treatment staff is looking at ways to serve students within the residence. Table 5 (See page 42) provides evidence of this fact. Day treatment staff is primarily concerned with the daily care and upkeep of the residence (e.g., maintenance, food, clothing, activities) as well as the behavior of the residents while in care. Future studies should use single-subject research designs (e.g., alternating-treatment, multi-treatment) or a between-group comparison design to compare the effectiveness of each treatment condition. This is evident by a response given by a day treatment staff in Table 5 (See page 42) where she states “Aides should be much better trained and more responsive to Level 14 group home needs.” Aides here refers to instructional aides within the educational setting not the day treatment setting.

Second, research is needed to examine the definition of social skills and the effects of a social skills program on our students with or at-risk of an emotional disturbance. Table 17 (See page 55) provides evidence that only three of the six

participants saw social skill building components within the five widely used research-based prevention/intervention programs for students with or at-risk of an emotional disturbance. Future research should focus on the definition of social skills and the effects of a social skills program for our students with or at-risk of an emotional disturbance.

Third, educational and day treatment staffs are looking at ways to incorporate the “Why Try Program” within both settings. Once implementation of the program begins, tracking of program effectiveness needs to be in place. Future research should examine effectiveness of the “Why Try Program” within the day treatment setting as well as the educational setting. Program effectiveness should also be tracked by monitoring generalization across both settings.

Fourth, future research is needed to evaluate the impact of the “Why Try Programs” on other residential and educational outcomes. Data should be collected for on-task behavior, achievement, social positive and negatives with peers and staff, as well as social competence across all spectrums of life.

Fifth, Monterey County Mental Health is responsible for placing half of the residents/students at Unity Care Group Home Inc. and Paradise School. Future research needs to include Mental Health as a participant because of the weight they carry as a major stakeholder in the care and education of residents/students with or at-risk of an emotional disturbance.

Last, Tables 19 through 23 show that most of the participants feel collaboration (alignment of services) is necessary in dealing with our residents/students, and most participants are willing to align services such that we may serve our residents/students better. Future research is needed to track effectiveness and accountability of

collaboration, responsibilities of agencies involved, and the follow through of services promised to the residents/students at Unity Care Group Home Inc. and Paradise School.

In summary, finding ways to help emotionally disturbed students in an academic setting can be challenging, especially when multiple agencies are involved and diagnoses are varied. Research findings suggest that to help students be successful, positive social skills need to be taught and modeled at home as well as school. There are numerous programs that teach behavioral modifications, involve parent involvement, and develop social skills. Most of these prevention/intervention programs incorporate one or more multiple agencies such as Mental Health; Department of Social Services; and Aid to Adoption; Department of Probation; Psychologists; Psychiatrists; and educational staff. Though the programs have shown positive results, the pitfalls usually occur when the collaboration between these agencies and parents rely on the educational system to follow through and be primarily responsible for carrying out the programs.

Although additional research is recommended, the outcome that resulted from this project were 1) acknowledgement of the different perspectives of the many agencies involved with the education, medication, and therapeutic services of the emotional disturbed youth at Unity Care Group Home Inc. and Paradise School; 2) the selection of a prevention/intervention program and 3) the willingness to implement and work together as a team in presenting a widely used effective researched-based program for our students.

Despite the limitations of this action research project, the findings provide positive results and support for our students with emotional disturbances. Through these perspectives we have gained a better understanding of how we are working together to

serve the students to our best abilities. By focusing on providing a prevention/intervention program with a social skills component and aligning our services in a positive, collaborative fashion, we have learned that by being united we are a stronger team; a team dedicated to helping children acquire and build upon the skills necessary to be productive self-confident adults.

REFERENCES

- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five Traditions*. Thousand Oaks, CA: Sage Publication
- Epstein, M., Quinn, K. (1996). A case study approach to analyzing the relationship between children and services in a system of care. *Journal of Emotional & Behavioral Disorders*, 4, 51-55.
- Friend, M. P., Cook, L. (2003). *Interactions: collaboration skills for school professionals*. Boston: Pearson Education, Inc.
- Jendryka, B. (1994). Flanagan's island: how Boys Town rescues troubled teens. *Policy Review*, n69, 44-52.
- Lickona, T. 1993. The return of character education. *Educational Leadership* 51: 6-11.
- Lickona, T. 1991. *Educating for character: How are schools can teach respect and responsibility*. New York: Bantam
- Mattison, R.E. (2001). Longitudinal use of the teachers report form in tracking outcome for SED students. *Journal of Emotional & behavioral Disorders*, 9, 86-94.
- McArthur, J. 2002. The why, what, and how of teaching children social skills. *The social studies* 183-185.
- McConaughy, S.H., Kay, P. J., Fitzgerald, M. (1998). Preventing SED through parent-teacher action research and social skills instruction: first-year.... *Journal of Emotional & behavioral Disorders*, 6, 81-94.
- Mills, G. (2003). *Action research: a guide for teacher researcher*. Upper Saddle River, NJ: Merrill Prentice Hall.

- Moore, C. (1996) The Why try program teaches youth. Retrieved November 25, 2005 from <http://www.whytry.org/index.html>
- Reddy, L.A. (2001). Serious emotional disturbance in children and adolescents: current status and future directions. *Behavior Therapy*, 32, 667-691.
- Ryan, A. K., Kay, P. J., Fitzgerald, M., Paquette, S., Smith, S. (2001). Kyle: a case study in parent-teacher action research. *Teaching Exceptional Children*, 33, p. 56-61.
- Sylwester, R. (1994). How emotions affect learning. *Educational Leadership*, 52, 2: 62.
- Walker, H. M., Kavanagh, K., Stiller, B., Golly, A. M., Severson, H. H., & Feil, G.E (1998). First step to success: an early intervention approach for preventing school antisocial behavior, *Journal of Emotional & Behavioral Disorders*, 6, 66-81
- Webster-Stratton, C., Reid, J. M., Hammond, M. (2001). Preventing conduct problems, promoting social competence: a parent and teacher training partnership in head start, *Journal of Clinical Child Psychology*, 30, 283-302.
- Webster-Stratton, C. (1997). Early intervention for families of preschool children with conduct problems. In M. Guralnick (Ed.), *The effectiveness of early intervention* (pp.429-453). Baltimore: Brookes.

APPENDICES

APPENDIX A

ACTION RESEARCH PROJECT FLYER

Action Research Project Flyer

Prevention/Intervention Programs for Students with or at-risk of an Emotional Disturbance

THIS SUMMER JOIN MACK SMITH ON A JOURNEY INTO THE WORLD OF PREVENTION/INTERVENTION PROGRAMS FOR STUDENTS WITH OR AT-RISK OF AN EMOTIONAL DISTURBANCE!

THIS ACTION RESEARCH CASE STUDY WILL BEGIN IN AUGUST AND END IN SEPTEMBER AND WILL BE IN THE FORM OF A PRE-INTERVIEW/QUESTIONAURE, A 20 MINUTE POWER-POINT PRESENTATION ON FIVE PREVENTION/INTERVENTION PROGRAMS FOR STUDENTS WITH OR AT-RISK OF AN EMOTIONAL DISTURBANCE, FOLLOWED BY A POST-INTERVIEW/QUESTIONAIRE!

***All VOLUNTEERS WILL BE REQUIRED TO SIGN A CONSENT FORM TO BE INTERVIEWED/QUESTIONED!**

APPENDIX B

CONSENT FORM

Consent Form

I _____, consent to taking various surveys in the form of questionnaires in regards to Prevention/Intervention Programs for Students with or at risk of an Emotional Disturbance. I also consent to participating in an in-depth interview taking approximately 30 minutes to one hour on the topic of Prevention/Intervention Programs for Students with or at risk of an Emotional Disturbance.

* Participation is voluntary and not all participants will be interviewed due to time constraints.

Participants Signature: _____

Date: _____

APPENDIX C

PRE-PRESENTATION INTERVIEW QUESTIONS

Pre-Presentation Interview Questions

- 1) In what capacity do you serve the residents/students at Unity Care Group Inc./Paradise School?
- 2) How long have you worked with emotionally disturbed youth?
- 3) Do you have any experience with prevention/intervention programs? Please explain?
- 4) What other experiences have you had working with children?
- 5) Do you feel we are serving the residents/students to our best abilities? Please explain?
- 6) In what way can we serve the residents/students better?
- 7) What preventions would work for our students at-risk?
- 8) What interventions would work for our students with emotional disturbances?
- 9) What are your ideas on how can we make a difference for our students with or at-risk of an emotional disturbance?
- 10) What are your ideas on how a social skill-building program would work at Unity Care Group Inc./ Paradise School?
- 11) What are your ideas on incorporating social skills in an academic setting such as a classroom/school?
- 12) Do you feel Day Treatment and Paradise School should collaborate? What would this collaboration look like?
- 13) What are your ideas on Day treatment and Paradise School collaborating in providing a prevention/intervention program?
- 14) What are your ideas on collaboration?

- 15) What experience can you bring to the implementation of a prevention/intervention program?
- 16) Are you interested in finding out more information about prevention/intervention programs for students with or at-risk of an emotional disturbance?
- 17) What are your ideas on acquiring the resources necessary to implement a prevention/intervention program?
- 18) Would you be interested in seeing a presentation on prevention/intervention programs for students with or at-risk of an emotional disturbance?

APPENDIX D

PRESENTATION

**PREVENTION/INTERVENTION PROGRAMS FOR STUDENTS WITH OR AT-
RISK OF AN EMOTIONAL DISTURBANCE**

Prevention and Intervention programs for Students with or at risk of an Emotional

Disturbance

By
Mack Smith

Paradise School

MCOE

Rationale

The Questions I want to answer from this research project are:

Are there any prevention/intervention programs out there that will work with our students?

Can we work collaboratively to select a program?

Rationale

Can we work collaboratively in the areas of executing, implementing, and financing a prevention/intervention program for our students/residents?

Do the students/residents need a prevention/intervention program?

Will we select one of the programs presented here today?

Are there any other programs we should look at?

Introduction

Psychologists, behavioral specialist, and/or mental health to often drive IEP meetings. Though parents and teachers are allowed to speak, psychologists, behavioral specialist, and/or mental health reports and/or assessments make most decisions.

Introduction

Since 50% of a student's day is spent at school, the parent and teacher are the most important people in a child's life.

My research was in the area of prevention and intervention programs for parents and teachers.

I wanted to see if there was any programs or research that gave more power to the parents and teachers.

Introduction

There are currently 8 widely used and clinically proven prevention/Intervention programs for Severely Emotionally Disturbed Students (SED).

New Directions (an integrated system of Wraparound Services)

The Phoenix School(Ventura System of Care)

Personal Education Program (PEP) in Cleveland

Introduction

The five I will be sharing with you are:

The Incredible years: parents, teachers, and children training series.

Parent-teacher action research (PTAR).

First step to success.

Why Try Program

Girls and Boys Town Social Skills Program

The Incredible Years Series

The Incredible years Series is a comprehensive set of programs designed to promote social competence and prevent and treat aggression in children aged 3 to 10 years.

The series includes three parent-training programs, a teacher-training program, and a child-training program. (Basic, Advanced, School Age)

The programs are geared to teach social competence. Enhance parent competencies and strengthen families, and improve teacher competencies and to strengthen home-school connections.

The Incredible Years Series

The teacher-training program pinpoints the importance of giving students attention, encouragement, praise, and motivation through incentives.

It also gives ideas and strategies in preventing problems, decreasing inappropriate behavior, and building positive relationships with students.

The children training program teaches kids school behavior, social competence, positive peer relationships and interactions, and conflict-management techniques.

The Incredible Years

In a 12 week case study involving 272 mothers and their 4 year-old children as well as 61 teachers, the incredible years was implemented and the findings were impressive.

Mothers, teachers, and children that used the series had a significant reduction in home and school behavior problems than the control group.

Data was collected utilizing a multitude of batteries such as Parenting Practices Inventory (PPI), DPICS-R, Center Impression Inventory (CII), CBCL, and etcetera.

Parent-Teacher Action Research

PTAR is based on 50 years of educational action research.

It is designed to prevent problems of students at risk for SED.

It utilizes the collaboration of teacher and parent to form goals, design plans and implement them with the use of a facilitator.

PTAR is used in conjunction with whole class social skills instruction

Parent-Teacher Action Research

Social Skills instruction covers specific communication, interpersonal skills, personal skills, and response skills.

In a year long case study of 36 students and 13 teachers, parents and teachers reported a significant reduction in externalizing, aggressive and delinquent behaviors than the control group. There was also an increase in on-task behavior and compliance than the control group.

Parent-Teacher Action Research

Data was collected using a teacher reporting form-TRF (teacher), Child Behavior Checklist-CBCL (parent), Direct Observation Form-DOF (observer), and a Social Skills Rating System-SSRS (parent and teacher).

The beauty of these rating scales is that they provide evidence of observable data that can be analyzed and collected overtime.

First Step to Success

First Step to Success is a home-school Intervention program designed to help at-risk kindergarteners that exhibit early signs of anti-social behavior problems.

It teaches children to learn how to actively interact with adults and peers.

It is presented in three modules:

First Step to Success

Proactive-involves screening all students.

Consultation- involves school-based interventions involving the target child

Parent training- involves support and training to improve the Childs performance and adjustments to the program.

First Step to Success

The first step to success program was used in a case study involving 46 children and their families. They were divided into two cohorts. Cohort 1 participated through 1st grade whereas cohort 2 participated through the second grade. There were no real differences in results between the two cohorts. First step to success proved to be a success for the students, teachers, consultants, and parents. In ever-case antisocial, aggressive and oppositional behavior reduced drastically. The promising find from the case study was during pre-intervention and post intervention, there was an 11% increase of positive behavior.

The Why Try Program

The Why Try Program” teaches youth that trying hard in life and facing challenges at home, school and with peers is worth the effort. The program teaches skills in anger management, problem solving, dealing with peer pressure, living with rules and laws, building support systems, and developing a positive view of the future (<http://www.whytry.org>).

Why Try

“The goal of the Why Try Program is to help youth answer the question "Why Try in Life?" when they are frustrated, confused or angry. The Why Try Program teaches youth that trying hard in life and putting effort into challenges at home, school and with peers is worth the effort”(http://www.why try.org). What makes this program different from other programs is that it incorporates visual analogies, music and experimental learning. The program can be conducted with a group of youth or a teacher, counselor, or day treatment therapist can use it individually.

Why Try

What makes this program different from other programs is that it incorporates visual analogies, music and experimental learning. The program can be conducted with a group of youth or a teacher, counselor, or a day treatment therapist can use it individually.

Why Try

There are 12 Chapters include direct instruction and guided practice on:

- Surrendering the one-up relationship
- Channeling Challenges into positive Motivation
- The Reality Ride
- Tearing off Labels
- Defense mechanisms
- Climbing Out
- Six Steps for jumping hurdles
- Desire, Time, Effort
- Lift the weight
- Getting Plugged In
- Seeing over the wall
- Why Try Music

Girls and Boys Town Social Skills

Basic Social Skills For Youth, A Handbook from Boys Town” is a handbook that focuses primarily on social skills. It also aligns compatibly with my current worksite location by providing shelter, instruction, and education to wayward or troubled youth.

Girls and Boys town

Based in Omaha, Nebraska, Boys Town has been carrying troubled teens to safety for more than 75 years. It was founded as a boys shelter in 1917 by Father Edward Flanagan who had a stubborn desire to keep homeless, hungry boys from becoming homeless, jobless, hungry men. Since then, its skills-based, highly disciplined, and family-oriented

philosophy has helped transform the lives of over 17,000 children-boys and girls with some of the most intractable of social and behavioral problems”

Girls and Boys Town

The basic handbook contains eight essential social skills necessary to help students get along better with others, especially friends, family, teachers, and co-workers. The skills are following instructions, accepting “no” for an answer, talking with others, introducing yourself, accepting criticism or a consequence, disagreeing appropriately, showing respect, and showing sensitivity to others. Each skill has four to eight steps that can be taught to students which are easy to read, follow along, and practice.

Girls and boys town

The complete handbook has 99 Social Skills that can be taught, for example:

Reporting Emergencies

Reporting Other Youth's Behavior

Resisting Peer Pressure

Showing Appreciation

Table Etiquette

Dealing with Frustration

Conclusion

Teachers today are under an enormous amount of pressure to follow guidelines passed down by the federal government.

Guidelines that could be avoided if more community based programs that link home and school are implemented.

The incredible years, PTAR, and first step to success, The why try program, and Girls and boys town are five widely used programs that have been tried, researched, and proven successful in the reduction of problem behaviors and the strengthen of new positive ones.

Conclusion

Most programs today are geared towards treatment and the practices are reactive in method (i.e. waiting for students to be referred for problems), these Five programs reviewed are proactive.

Preventative in nature all of these programs can and are being used as interventions for students with challenging behaviors.

Conclusion

preventative plans not only help students but also create a community that is geared towards positive communication and reinforcement for all.

I believe parents, educators, and behavior specialists need to push for more preventative type programs in the education of all students.

Conclusion

I have a post-presentation questionnaire for you to fill out in regards to your reactions to the different programs.

If you would like more detailed information about any of these programs I can make you a copy or email you anything you may need.

I hope you enjoyed this little presentation.

Work Cited

Mattison, Richard E., (2001), Longitudinal use of the Teachers Report Form in Tracking Outcome for SED Students. *Journal of Emotional & behavioral Disorders*, 9, 86-94.

McConaughy, Stephanie H., Kay, Pamela J., et al, (1998) Preventing SED through Parent-Teacher Action Research and social skills instruction: First-year.... *Journal of Emotional & behavioral Disorders*, 6, 81-94.

Reddy, Linda A., (2001), Serious Emotional Disturbance in Children and Adolescents: Current Status and Future Directions. *Behavior Therapy*, 32, 667-691.

Work Cited

Ryan, Amy K., Kay, Pamela J., Fitzgerald, Martha, Paquette, Sandra, Smith, Sonya, (2001), Kyle: A Case Study in Parent-Teacher Action Research. *Teaching Exceptional Children*, 33, p. 56-61.

Walker, Hill M., Kavanagh, Kate, et al, (1998), First step to success: An early intervention approach for preventing school antisocial behavior, *Journal of Emotional & Behavioral Disorders*, 6, 66-81.

Webster-Stratton, Carolyn, Reid, Jamila M., Hammond, Mary, (2001), Preventing Conduct Problems, Promoting Social Competence: A Parent and Teacher Training Partnership in Head Start, *Journal of Clinical Child Psychology*, 30, 283-302.

APPENDIX E

POST-PRESENTATION INTERVIEW QUESTIONS

Post-Presentation Interview Questions

- 1) After viewing the presentation, in what capacity can you see yourself serving the residents/students at Unity Care Group Inc./paradise School?
- 2) After viewing the presentation, do you see any benefits from any of the programs, and would you continue working with emotionally disturbed youth?
- 3) What program did you like best?
- 4) What components of the prevention/intervention programs have you had experience with in the past?
- 5) By incorporating one of the programs how would we be serving the residents/students better?
- 6) Do you feel we can serve the residents/students with a better program? Which one?
- 7) Do you feel we have the resources necessary to implement a prevention/intervention program? Please explain?
- 8) What experience can you bring to the implementation of a prevention/intervention program?
- 9) Do you feel any of these programs would help prevent our students at-risk? Which one and why?
- 10) Do you feel any of these programs would work as an intervention for our students with emotional disturbances? Which one and why?
- 11) In what way will these programs make a difference for our students with or at-risk of an emotional disturbance?
- 12) Did you see any programs with a social skill-building component? Which one?

- 13) How would you incorporate social skills in an academic setting such as a classroom/school?
- 14) Do you feel Day Treatment and Paradise School can collaboratively teach any of these programs? Which one and how?
- 15) After viewing the presentation, what are your feelings about Day treatment and Paradise School collaborating in providing a prevention/intervention program?
- 16) What are your ideas on how this collaboration would look like once a program is selected?
- 17) What are your ideas on collaboration?
- 18) Would you be willing to participate in the introduction, collaboration, and implementation of a prevention/intervention program for students with or at-risk of an emotional disturbance?