ABSTRACT

FAULKNER, ANDREA COLE. “Keeping it in the Middle”: The Lived, Everyday School Experiences of Students with Emotional Disturbance in a Day Treatment Program. (Under the direction of Dr. Lance Fusarelli).

Students with ED are more likely to be placed in restrictive settings than youth with any other disability classification, according to the U.S. Department of Education (2002). Despite a report that states, without prevarication, that improvement in services for children with ED continues to be a U.S. Department of Education (2010) priority as it has been for the last four decades, the educational, behavioral, and social outcomes for students with ED remain the worst of any disability group (Bradley, Henderson, & Monfore, 2004). Although the number of students enrolled in day treatment continues to grow, very little information is available about the quality of education and behavioral supports provided while high school students are enrolled in day treatment and as they return to their home schools. Few studies upon few studies are written by the same few researchers. In addition, despite the large numbers of students involved, we know very little about them (Cullinan & Sabornie, 2004). Behavioral interventions outside of the school environment have been well studied, but very limited research has focused on special education services for students who have ED (Wagner et al., 2006). The issue of quality education in day treatment and residential schools is particularly critical in light of educational reforms such as the No Child Left Behind Act (2001) and most recently, the Every Student Succeeds Act (2016). By federal law, educators are required to ensure that all students have access to the appropriate grade level education curriculum; however, an overview of the literature suggests that schools and community agencies are not providing services that are effective in promoting academic or social success for students with ED (Shu-Fei, Douglas, & Walker, 2013). Because of the complexity and
often disruptive characteristics of emotional disturbance, school systems have historically educated students with ED separately from the regular education setting (Young, 2010).

This research examined a service delivery model—a day treatment program—which attempts to keep students with ED close to home in order to benefit from the school, family, and community resources that are so needed for student success. This study sought to make a contribution to practice by giving voice to students with ED, in hopes that their shared school experiences may add to the knowledge base about day treatment programs.

The research findings indicated that while teachers are committed to student success, student access to a quality curriculum is insufficient. Transitions for students with ED continue to be a critical component for students in day treatment, and the most challenging component of the program. For educational leaders who may consider implementing a program, staff agree that the single most important component in sustainability of a program is acquiring and maintaining the staffing position for a full-time, site-based mental health therapist.
“Keeping it in the Middle”: The Lived, Everyday School Experiences of Two High School Students with Emotional Disturbance in a Day Treatment Program

by
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A dissertation submitted to the Graduate Faculty of North Carolina State University in partial fulfillment of the requirements for the degree of Doctor of Education

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DEDICATION

This dissertation is dedicated to my husband, Don Faulkner. We were meant to find the first daylilies after the spring rains.
**BIOGRAPHY**

Andrea Cole Faulkner is a wife, mother of four children and grandmother of seven grandchildren…so far. She lives on a seven-generation family farm in Henderson, NC where she and her family raise pasture-raised pigs, the old way—pigs run free and feed on whatever is the latest green vegetable—buckwheat, rye, turnip salad, wheat. She and her husband live in a house that was built before 1875. “Papa” has rung out the battle cry often over the last several years when grandchildren arrived and asked, “Where’s Gramsy?” “She’s working on her dissertation,” Papa told them…one more time. Every room has been the site of the writing process for this dissertation—moving room to room while writing and writing stirs the creative juices.

Andrea has an undergraduate degree in English, with a concentration in Language, Writing, and Editing from North Carolina State University, a Master’s Degree in Counseling from North Carolina Central University, and a Master’s Degree in Administration from North Carolina State University. She has worked as a teacher, school counselor, school administrator, district director of accountability, and currently works as the National Assessment of Educational Progress and International Assessments Coordinator at the NC Department of Public Instruction.
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CHAPTER ONE:
INTRODUCTION TO THE STUDY

During his first 14 years of regular public education, John, a student with emotional disturbance (ED), spent more time out of class and in trouble than in class engaged in learning. By the time he reached 9th grade, John’s behavior had worsened dramatically, and his continuous threats to harm himself and others necessitated a change in his educational placement. Before the end of his freshman year, John found himself in an alternative, residential facility designed both to separate and educate students with ED. Within two months of John’s arrival, however, the facility was permanently closed due to state budget constraints.

On a late Wednesday afternoon, as the facility’s doors were closed and padlocked, John’s guardian arrived to retrieve him. That same night, John ran away, and the next morning was discovered asleep in a neighbor’s ditch. The neighbor provided a place for him to shower and found some clothes that were a pretty close fit. John’s guardian again retrieved him and drove straight to the local public high school to re-enroll him, again, in 9th grade. By 10 a.m. that same morning, John had threatened to kill a teacher and throw him in the ditch, shouted obscenities at a fellow student, kissed a girl in the hall, and in short order was once again out of class and in trouble. The school, however, could not remove John from school without following federal, legislative mandates established to protect the rights of students with disabilities.
Because John is identified as a student with ED, he qualifies for a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) to the maximum extent appropriate. Under federal statutory law, The Individuals with Disabilities Education Act (IDEA), the school system must provide special education services for John. The questions that this situation poses for this school and public schools faced with similar challenges are, “How can the school best educate John?” and “What is the most appropriate service delivery model to provide specially designed instruction that will meet John’s Individualized Education Program (IEP) goals?” This true scenario is increasingly commonplace at public schools throughout the United States as facilities that provide special education services for students with special needs close one after another (E. Sabornie, personal communication, July 28, 2011).

According to the Centers for Disease Control and Prevention (CDC, 2010), the parents of approximately 8.3 million children, aged 4–17 years (14.5%), have sought professional help from a health care provider or school staff regarding their child’s emotional or behavioral difficulties. Approximately 8% of children aged 12–17 years reported experiencing greater than 14 mentally unhealthy days in the past month (CDC, 2010), despite the CDC’s report that improving services for children with ED has been a priority with the U.S. Department of Education (DOE, 2010) for the last four decades. Even with increased attention to this issue, the educational, behavioral, and social outcomes of students with ED continue to be the worst of any disability group (Bradley, Henderson, & Monfore, 2004). Public schools, struggling to operate within the confines of perpetual budgetary crises, are
scrambling to provide appropriate services for students with ED, as well as comply with the federal guidelines established to protect students with disabilities’ civil rights under the law. Providing specially designed instruction for the ever-growing numbers of students with ED which meets the goals of the student’s IEP, is an ever-increasing challenge for public schools.

**Background of the Study**

Within the population of children with exceptionalities, the needs of students with ED are particularly poignant. ED is defined in the following terms:

(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
   (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
   (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
   (C) Inappropriate types of behavior or feelings under normal circumstances.
   (D) A general pervasive mood of unhappiness or depression.
   (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (IDEA Statute TITLE I / A / 602 / 30 / A, 2004).

Students with ED are the most academically unsuccessful of all categories within the population of students with special needs, and these statistics have been consistent over the last ten years. On average, students with ED perform well below grade level in both reading and math (Shu-Fei, Douglas, & Walker, 2013).
As with John, who could not seem to stay in class and out of trouble, students with ED are often educated separately from their peers, with as few as one third of students with ED spending more than 80% of their time in the regular education classroom. In addition, students with ED are three times more likely to be suspended for more than 10 days than any other category of students with disabilities (Smith, Katsiyannis, & Ryan, 2011). As a result of poor academic success in the regular education classroom, students with ED are four times more likely to be removed from this setting and educated in Alternative Learning Programs or Schools (ALPS). They are approximately five times as likely to be placed in residential settings (IDEA Data Accountability Center, 2010) and homebound, hospitalized, or incarcerated twice as often as students with all other disabilities combined. Those who do reach high school are often so alienated from adults or so entrenched in self-destructive behaviors that they simply drop out, resulting in the highest dropout rate of all other students with disabilities categories (Roberts et al., 2008). The final result of this abysmal journey through the education system is that less than 50% of students with ED graduate from high school (U.S. DOE, 2010).

Nationally, 15 million children in the United States are diagnosed with a mental disorder, but only a fraction of these students receive treatment for mental illness. Most students with diagnosable psychiatric disturbances do not seek mental health services (Burnett-Zeigler & Lyons, 2010). An estimated 70 to 80 percent of students who have mental health problems, which often show up as behavior disturbances, do not receive the services they need. The rest are often victims of an overwhelmed, under-funded, and
inefficient mental health care system. Those few students who do seek and receive services are most often treated at school (Roberts et al., 2008). Students with ED clearly have need of mental health care and few resources exist to address these needs.

Because of the complexity and often-disruptive characteristics of emotional disturbance, school systems have historically educated students with ED separately from the regular education setting (Young, 2010). Faced with inadequate resources to provide appropriate instruction, school districts have placed students with ED in Alternative Learning Programs or Schools (ALPS). Ironically, budget cuts and a national economic downturn have gone a long way in the educational “de-institutionalization” of students with ED, as ALPS have been forced to close their doors. With little fanfare and often virtually no notice, these programs are closed and metaphorically forced to “bus” students with ED back to the nearest public education school (E. Sabornie, personal communication, July 28, 2011).

As a result of the decreasing number of ALPS, an increasing number of students with ED arrive unexpectedly to re-enroll at regular education public schools which must provide on-the-spot services for students who are in need of immediate and often intense intervention. Although it is clear that students with ED are challenging for schools to manage and educate, reduced funding and ineffective ALPS treatment outcomes have compelled public schools to function as de facto mental health providers, while fulfilling their mission to provide a meaningful education (Roberts et al., 2008). Despite the rising number of students with ED re-enrolling at regular education public schools, despite the statutory intent of IDEA which requires FAPE, and despite the necessity for students with
ED to have access to an appropriate service delivery model — few such models which encompass these criteria currently exist (Simpson et al., 2008).

Day treatment is a service delivery model which has been developed to address the instructional and emotional needs of students with ED. This model combines intensive therapeutic intervention with specialized academic instruction in the student’s home community. In addition to academic instruction, students with ED receive social support through an intensive treatment program from highly qualified mental health professionals who report to work each day at the day treatment program. This model seeks to keep the student in his home community. In general, the day treatment model staff includes a mental health professional who provides both individual and group therapy. These professionals work collaboratively with teachers who are responsible for the students’ academic instruction. This team of professionals, each with their own expertise, works collaboratively to offer comprehensive services to their students (Roberts et al., 2008). The scholarly literature contains very few day treatment program studies which actually allow students to give voice to their everyday school experiences in this model. Teachers and mental health professionals are thus faced with the challenge of providing special education services to their students with ED, despite the fact that there is little information available from the perspective of the student, the recipient of these services. Programming for students with special needs requires specialized knowledge, and educators report that they often feel ill equipped to work with students whose disabilities are complex and often misunderstood and misinterpreted. Teachers report they lack the professional development that will enable them
to effectively work with students who often do not understand nor utilize appropriate behaviors in the classroom setting (Lewis & Sugai, 1999). Serving the needs of students with ED with an effective service delivery model which meets the guidelines of FAPE is exceptionally challenging for today’s educators; therefore, investigating the lived, everyday school experiences and giving voice to students with ED in a day treatment model in order to add knowledge to the scholarly research in this area is an appropriate inquiry.

This research inquiry is important for the following reasons: 1) The federal statutory law, IDEA, mandates FAPE for students identified with special needs; 2) The majority of students with ED are academically unsuccessful, engage in disruptive behaviors, currently spend most of their instruction time isolated from their regular education peers, and ultimately drop out of school; 3) The majority of children who experience emotional disturbance do not utilize mental health services; 4) Educators have very limited knowledge about how to provide services for students with ED in a day treatment model; 5) Information is very limited with regard to the lived, day-to-day school experiences of high school students with ED; and 6) Little data currently exists in the scholarly literature with regards to the day treatment model. A gap in the literature clearly exists.

Purpose of the Study

Public schools are currently faced with the central task of providing specially designed instruction for students who often exhibit challenging, disruptive behaviors. The purpose of this study is to gather real-life information about the lived, everyday school experiences of two high school students with ED in a day treatment program designed to
provide special education services. This is a story that needs to be told. In order to improve upon service delivery for students with ED in this model, teachers can benefit from learning more about their lived, everyday school experiences. Although this research does not purport to solve the great puzzle, that perplexing enigma called student success, this small study seeks to make a contribution to practice by sharing the school experiences of students with ED, to give voice to the student, in hopes that this information may add to the knowledge base about one specially designed instructional model—the day treatment program.

**Research Question**

The following research question was examined in this study: What are the lived, everyday school experiences of two high school students with ED in a day treatment program?

**Definition of Terms**

*Free Appropriate Public Education (FAPE):* The term “free appropriate public education” means special education and related services that--

(A) have been provided at public expense, under public supervision and direction, and without charge;

(B) meet the standards of the State educational agency;

(C) include an appropriate preschool, elementary school, or secondary school education in the State involved; and

(D) are provided in conformity with the Individualized Education Program required under section 614(d) (IDEA Statute: TITLE I / A / 602 / 9, 2004).
**Least Restrictive Environment (LRE):** In general, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with regular education peers. Special classes, separate schooling, or other removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disability of a child is such that instruction in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (IDEA TITLE I / B / 612 / a / 5, 2004).

**Behavior Intervention Plan (BIP):** In the case of a child whose behavior impedes the child's learning or that of others, the use of positive behavioral interventions and supports, and other strategies, to address that behavior: (v) utilizing strategies, including positive behavioral interventions, for addressing the conduct of children with disabilities that impedes their learning and that of others in the classroom (IDEA Statute: TITLE I / D / 662 / b / 2 / A / v, 2004).

**Day Treatment Model:** An intensive non-residential program provided over an extended period of time. Day treatment programs permit access to community-based or school-based mental health services in conjunction with and integrated into the child’s educational program. Day treatment brings together at one site, and in a coordinated manner, a broad range of services designed to strengthen individual and family functioning, and prevent students from requiring more restrictive services (LEA Academy Documents, Arkansas Department of Special Education Unit, 2014).
**Functional Behavior Assessment (FBA):** A process of gathering information to understand the function (purpose) of behavior in order to write an effective intervention plan. (iii) Obtaining, integrating, and interpreting information about a child’s behavior and conditions relating to learning (IDEA Statute: Part 300/A/300.34/c/10/iii, 2004).

**Inclusion:** For the purposes of this study, inclusion is defined as an instructional setting in which students with ED attend a regular public school, have access to the standard course of study, and participate in school activities with their regular education peers to the maximum degree appropriate (Bryant, Smith, & Bryant, 2008).

**Individualized Education Plan (IEP):** Each public school student who receives special education and related services must have an Individualized Education Program (IEP). Each IEP must be designed for one student and must be a truly individualized document. The IEP creates an opportunity for school staff, parents/guardians, and students to work together to improve educational results for children with disabilities (Office of Special Education and Rehabilitative Services U.S. Department of Education July 2000).

**Positive Behavioral Interventions and Support (PBIS):** A program designed to enhance academic, social, and behavioral outcomes for all students. School staff utilizes data to inform behavior management practices and provide on-going support and monitoring of student behavior (Sugai & Horner, 2010).

**Response to Intervention (RTI):** “When determining whether a child has a specific learning disability ... a local educational agency shall not be required to take into consideration whether a child has a severe discrepancy between achievement and intellectual...
ability" ... a school "may use a process that determines if the child responds to scientific, research-based intervention as part of the evaluation procedures..." [IDEA, Section 1414(b)(6), 2004].

**Significance of the Study**

Supporting and serving students with special needs within a student’s school community is viewed as an objective of inclusive practices (Kilanowski-Press, Foote, & Rinaldo, 2010). It is important to note however, that inclusion is not the answer for every student. Rather, each student must be individually assessed to determine the instructional best practices for that student in particular. The argument put forth by exceptional children’s author, Kaufman, for instance, is that educators must not rely on the “illusion of inclusion,” but instead, instruction must continue to be the educator’s primary focus (1989). This small study seeks to research a service delivery model which specifically addresses the needs of students with ED so they are able to access instruction. Little research is currently available which explores a student’s experience in the day treatment program model. In addition, no current narrative studies on the lived, everyday school experiences of the student with ED in this model were found in the scholarly literature. There is much to be learned about the characteristics of this program in order to improve instruction for students with ED in this model.

**Overview of Methodological Approach**

A qualitative methodology was utilized to research the lived, everyday school experiences of two high school students with ED in a day treatment program. A compelling
A case can be made for the choice of narrative inquiry, as the objective of this inquiry is to uncover themes related to the students’ perspectives on the day treatment model (Clandinin & Connelly, 2000). This inquiry seeks to give voice to students who are the recipients of special education services, but are often the last to be asked about their everyday school experiences. Currently, these students’ voices are not being heard as evidenced by the lack of information available in the scholarly literature with regard to their school experiences in a day treatment model.

**Theoretical Framework**

The theoretical lens which frames this proposed research inquiry is disability theory. The assumption upon which this study rests is that disability is a difference, not a defect (Creswell, 2007). Disability theorists’ “theoretical” journey is to, first and foremost, fundamentally understand the phenomenon of disability. Much of disability theory research is actually targeted towards understanding this exceptionally complex concept. Disability theory models have evolved over time from the medical model to the now more acceptable view of disability—the social model. In general, the medical model focused on disability as an individual problem. Those persons with disabilities who are sick, diseased, and/or traumatized, must be rehabilitated, fixed, and finally, made whole again. The social model, which is widely accepted, more accurately reflects the disability theorist’s perspective. The social model views disability mainly as a barrier put in place by society and reinforced by physical, social, and legal barriers in the environment. Current theorists contend that society has a collective responsibility to eliminate barriers for people with disabilities. Disability
rights are central to this model and the fundamental issue is one of human rights. The social model’s strength is the ability to encompass the larger picture rather than focus on the specifics of individual impairments. The social model is the shared platform upon which disability theorists can find common ground, advocate for inclusive practices, and combat disability discrimination (Nagata, 2012).

A second critical step for disability theorists, is to understand the very diverse special needs of students with disabilities within the framework of special education pedagogy. One issue is interwoven with another— regular education, special education, inclusion, separateness, fear, courage, pity, empathy, and of course, cultural rights. Students with disabilities add layer upon layer to the meaning of diversity. For each student, even with the same disability, there is a different effect, differing degrees of “disability-ness.” Because individuals experience disability differently, it is almost impossible for theorists to generalize an individual experience to the whole. The difficulty of generalizing “disability-ness” inhibits the articulation of disability theory (Dickson, 2012). The question at the forefront of all of these theorists, however, regardless of their lens is: How does one understand the phenomenon of disability without further contributing to the negative stereotypes which are often perpetuated by a labelling system that, ironically, was specifically instituted to support students with disabilities (Newbery, 2003)?

A fundamental component of disability theory is that every member of a community has lessons to teach us that we cannot learn elsewhere (Newbery, 2003). Thus, disability theorists agree without argument that students with disabilities have the right to be educated
appropriately. In addition, policy and lawmakers acknowledge that students with disabilities have the right to an education to the degree appropriate to each student’s unique needs (Dickson, 2012). Theorists may each approach disability theory very differently; however, in a word, they endorse the concept of — “diff-ability” (Edmonds, 2012), not “disability.” To that end, disability theory is inextricably linked with this study because it addresses the complexity and magnitude of the issues students with disabilities must face, and at the same time advocates for students with special needs, that they have the undeniable right to be educated appropriately. Conducting research through the lens of disability theory affects the types of questions asked, the data that will be collected, and the information that will be reported. Thus, disability theorists begin and end their research with targeted attention on the appropriateness of research methods and a respect for a population which continues to be marginalized and minimized (Creswell, 2007).

Figure 1: Disability Theory Lens
Chapter Summary and Organization of the Study

Each day in public schools across the nation, teachers and administrators are faced with the arduous task of meeting the academic and social needs of students with special needs, including the particularly challenging needs of students with ED. Schools have an explicit obligation to comply with IDEA which directs schools to provide FAPE for students who qualify for special education services. School systems have historically placed students with ED in alternative learning placement settings. The on-going budgetary crises and nation-wide recession has resulted in the closing of many of these ALPS (E. Sabornie, personal communication, July 28, 2011); however, schools must provide FAPE for students with special needs. In the model cited in this research study, education professionals, including teachers and mental health professionals, collaborate to provide services for students with ED. This inquiry seeks to give voice to students with ED by researching their lived everyday school experiences in a day treatment program. A robust discussion of FAPE should outline a service delivery model which links special education services with mental health services.

Chapter Two of this inquiry reviewed the scholarly literature and provided the theoretical lens of analysis for the historical research. This chronology is a recounting of significant events outlining the progression of disability rights, federal legislation, case law, an overview of service delivery models for students with ED, including an exploration of the day treatment model. Chapter Three outlined the proposal of a methodological approach to investigate the research question of this inquiry. In Chapter Four, I described the findings
and listed the strategies staff members employ which support the findings. In Chapter Five, I will more fully discussed the findings as well as linked the findings with the current scholarly literature.
CHAPTER TWO:

REVIEW OF THE LITERATURE

In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity, where the state has undertaken to provide it, is a right that must be made available to all on dual terms--Chief Justice Earl Warren, *Brown V. Board of Education* (1954), p. 493.

Introduction

In an effort to provide context for the stated purpose of this study, which is to examine the lived, everyday school experiences of two high school students with emotional disturbance (ED) in a day treatment program, I have systematically organized this review of the literature within the framework of disability theory. Disability theory is the lens through which one might come to understand disability rights, federal and state legislation, and special education case law through the perspectives of “disableyness” and what this means, in all of its complexity. In addition, this review seeks to link my study with similar research in order to determine if the inquiry is situated in the literature. The goal of this review is to be concise and focused and should point to the gaps in the literature as justification for this study (Merriam, 2002). A thorough synthesis of the literature should illustrate why this study may be the next logical step in the research process. In addition, this review should identify the need for my research and demonstrate how answering the research question might make a contribution to the scholarly literature. As such, I have made an effort to utilize the collected works most relevant to this inquiry.

Approximately six million students with disabilities currently receive special education services under the Individuals with Disabilities Education Act (IDEA). Providing
an appropriate education for students with disabilities is a complex and challenging
demand. For students with ED, the charge to provide a free appropriate public education
(FAPE) in the least restrictive environment (LRE) to the maximum degree appropriate has
proven to be particularly fraught with controversy. Regardless of this, however, IDEA and
subsequent litigation have made clear that the educational rights of students with ED must be
protected (Smith, Katsiyannis, & Ryan, 2011). Students with ED who are served under
IDEA face dismal outcomes both while enrolled and upon exiting the public school system.
Students identified as ED are typically male and disproportionately African American. Due
to their challenging behaviors, students with ED are less likely to be educated in the regular
education classroom with their regular education peers. Currently, only approximately one
third of students with ED spend more than 80% of their time in the regular education
classroom. In addition, students with ED are almost five times more likely to be placed in
residential settings than students with other disabilities. Students with ED are also more
likely than other students with special needs to be removed from school due to suspension for
discipline infractions, being almost three times more likely to be suspended in excess of 10
days (IDEA Data Accountability Center, 2010).

The number of students with ED has continued to grow, increasing by 10% to almost
one half million in the U.S. over the last 10 years (IDEA Data Accountability Center, 2010).
Only about 50% of students with ED receive much needed mental health services. This gap
in the number of students needing care versus the number of students receiving care strongly
suggests they encounter substantial obstacles to mental health care. Students with ED and
their families need support from public service agencies, their schools, and their communities in order for these youth to remain in their community settings (Mendenhall et al., 2013). Because the literature suggests that schools and community agencies are not providing services that are effective in promoting academic or social success for students with ED (Shu-Fei, Douglas, & Walker, 2013), this review seeks to make the argument for researching a service delivery model—a day treatment program— which attempts to keep students with ED close to home in order to benefit from the school, family, and community resources that are so needed.

This inquiry seeks to examine the lived, everyday school experiences of two high school students in one such model through qualitative narrative methodology. In an effort to paint a detailed picture of the issues encountered by students with ED, this review will: 1) provide an historical overview of students with disabilities; 2) examine the progression of disability rights within the conceptual framework of disability theory; 3) analyze the federal special education legislation which addresses the guiding principles of inclusive practices, including IDEA; 4) examine the special education mediation process; 5) explore the statutory law interpretations of special education legislation, and specifically those court decisions involving students with ED; 6) examine one service delivery model for children with special needs—the day treatment model; and in summary; 7) connect the literature review with the research question, “What are the lived, everyday school experiences of two high school students with ED in a day treatment program?”
Historical Overview

Before one can fully understand current 21st century educational philosophy with regard to the student with ED, one must first look at the history of events which led to disability rights with regards to delivering specialized instruction to students with special needs. The current federal mandate to provide FAPE is not an accurate representation of how students with disabilities have historically been treated in the United States. A review of the literature demonstrates that individuals with disabilities have long been the recipients of exclusive and isolationist practices. Prior to the 20th century, few individuals with disabilities had access to public education (Wright & Wright, 2010). For instance, in 1893, the Massachusetts Supreme Judicial Court ruled that a child who was “‘weak in mind’ and could not benefit from instruction, was troublesome to other children, and was unable to take ‘ordinary, decent, physical care of himself’ could be expelled from public school” (Watson v. City of Cambridge, 1893). With the onset of the industrial revolution, institutions that “cared” for people with mental illness, cognitive disability, and physical impairment became more prevalent in the United States, and individuals with a wide array of disabilities were often institutionalized for the duration of their lives. “Some persons with physical disabilities were even displayed as ‘freaks’ of nature, to be marveled at like exotic animals” (Young, 2010, p. 5).

Despite the passage of compulsory education laws in all states by the early 1900’s, the dawning of the new century did not diminish legalized human rights violations against individuals with disabilities. In 1927, for instance, in Buck v. Bell, the U.S. Supreme Court
supported state-imposed sterilization based on disability, arguing that persons with disabilities were “feeble-minded” and even possibly a “menace to society” (Young, 2010, p. 5). As late as 1969, state laws continued to discriminate against persons with disabilities. For instance, the state of North Carolina made it a crime for parents to persist in sending their children with disabilities to school after the public schools excluded the children from school (Yell, 2012). Travesties against people with disabilities continued into the early 1970’s with involuntary institutionalization, compulsory sterilization, prohibition of marriage, exclusion and segregation of children, declaration of legal incompetence, and prohibition of driving, voting, or filing a will (E. Sabornie, personal communication, July 28, 2011). Until the late 1970’s, there were basically two choices for students with disabilities—institutionalization or home (K. Brady personal communication, July, 2013). Congressional studies revealed that better than half of the nation's children with disabilities were still not receiving appropriate special educational services. For students with disabilities, one of every eight was excluded from the public school system altogether; many others were simply "warehoused" in special classes or were neglectfully propelled through the system until they were old enough to drop out. Among the most poorly served were children with ED. For the school year immediately preceding the passage of IDEA, the instructional needs of 82 percent of all children with ED went unmet (Wright & Wright, 2014). As late as 1999, the institutionalism of persons with disabilities was an issue litigated at the highest level. In Olmstead v. L. C. (1999), the U.S. Supreme Court found that unjustified placement or retention of persons in institutions constitutes a form of discrimination based on disability.
As wholesale institutionalization began to decline in the late 20th century, parents began to enroll their children with special needs in public schools, only to encounter, once again, a sort of “pseudo-institutionalization.” Students with disabilities often received inadequate instruction in separate, self-contained rooms, completely isolated from regular education peers. Thus, in effect, students with special needs were now “institutionalized” within the public school. In addition, if “placed” in a classroom with regular education peers, the instructional needs of the student with a disability often went unmet. In the late 1900’s, a congressional committee reported that only 20% of students with disabilities were being educated nationwide; special education services were often unavailable in the public school system; and in the last third of the 20th century, three million children with disabilities were still not receiving FAPE (Yell, 2012). In the 21st century, although the nation has made progress, students with ED are still much less likely to be served appropriately than all other students with disabilities (Smith, Katsiyannis, & Ryan, 2011).

Disability Rights

Throughout history, the right of every minority to have equal access has followed a different path depending upon the rallying point for the discriminatory practice. For persons with disabilities, the basic right to an education has been less of a scenic path and more of a rough-hewn road. One of the earliest groups which advocated for the right to an education for students with disabilities was The Council for Exceptional Children. Group members utilized compulsory attendance laws to argue their case, and thus, in the 1930’s, a movement for the civil rights for persons with disabilities began to take shape.
The first parent disability rights advocacy group for children with special needs was formed in 1933 by five mothers whose children had been excluded from public education (Young, 2010). Then in the 1950’s, the National Association for Retarded Citizens (ARC) was organized to advocate for the rights of people with disabilities (Yell, 2012). Both caregivers and individuals with disabilities began to recognize that services could be provided more inexpensively and at a higher level of quality at home than in institutions. Armed with this knowledge, a movement known as the independent living program gained momentum in the 1960’s and paved the way for the de-institutionalism of people with disabilities. This movement was a revolutionary shift in the social conscious about persons with disabilities. According to Young (2010), “Advocates argued that people with disabilities should not have to accommodate themselves to a society designed to exclude them. Instead, they encouraged people with disabilities to assert their right to join society and promoted reforms to facilitate participation” (p. 20). Reformers for disability rights demanded equal access and the opportunity to become active, vibrant members of society. A powerful shift from exclusion to more inclusive practices had begun (Young, 2010). Unfortunately, even after much documented progress for individuals with disabilities, the primary character of the disability rights movement has been one of two steps forward only to find itself one step back. The struggle for equal access continues even today. Special education cases are currently hotly contested in the courts and are the most litigated in education law. Clearly, students with disabilities remain among the last to receive relief from discrimination and human rights violations (K. Brady personal communication, July, 2013).
Federal Legislation with Impact on Special Education

The history of federal legislation, which culminated in specific education rights for students with disabilities, began with the passage of the 1964 Civil Rights Act. This landmark legislation which outlawed discrimination based on race, color, religion, sex, or national origin, was pivotal to the passage of future legislation for students with special needs. The Civil Rights Act (1964) fueled a disability rights revolution which began as a grass roots movement for independent living and culminated in several landmark federal laws. Early federal involvement through passage of the Elementary and Secondary Education Act of 1965 (ESEA), for instance, was the precursor to the 2001 reauthorization of No Child Left Behind Act (NCLB). In 1973, the passage of The Rehabilitation Act further empowered a generation of persons with disabilities to believe in the possibility of an inclusive society and compelled the public education system to include and educate all students with disabilities (Horrocks, White, & Roberts, 2008). Its purpose was to “to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging state academic achievement standards and state academic assessments” (Wright & Wright, 2010, p. 16). The Education for all Handicapped Children Act (EAHCA) enacted in 1975 was, in essence, the first iteration of IDEA.

Together, the Civil Rights Act and The Rehabilitation Act were the principal legal cornerstones for the Americans with Disabilities Act (ADA) which was passed at the end of the twentieth century (Young, 2010). On July 26, 1990, President George Bush signed ADA
into law and commemorated this historical event with this quote: “And now I sign legislation which takes a sledgehammer to another wall, one which has, for too many generations, separated Americans with disabilities from the freedom they could glimpse, but not grasp…. Let the shameful wall of exclusion finally comes tumbling down”. Historians view the ADA as one of the most influential pieces of American social policy legislation in the 20th century (Clinton, 1997).

**Individuals with Disabilities Education Act**

Although the Individuals with Disabilities Education Act did not provide reparation for the wrongs of the nation’s past, IDEA further codified an obligation to protect the rights of students with disabilities who had long been denied equal access to FAPE (Wright & Wright, 2010). As a result of IDEA (2004) and NCLB (2001), public school systems in every state are now required to adhere to federal legislation and provide FAPE for students with special needs in the LRE to the maximum extent appropriate through an Individualized Education Plan (IEP). LRE is defined in the statute:

A) In general.--To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (Statute: TITLE 1 / B / 612 / a / 5)

A student with special needs must be evaluated, and upon identification, the school must develop and deliver an IEP which confers meaningful educational benefit. The IEP is a function of FAPE. “The question that must arise out of every IEP is, ‘Has this process
satisfied FAPE (K. Brady personal communication, July, 2013)?” IDEA encapsulates the goals of the IEP, and schools must utilize scientifically-based practices and measurable goals and objectives when writing the IEP (Horrocks, White, & Roberts, 2008). IDEA mandates that school systems must work to integrate these students into the regular education setting before more restrictive settings are considered (Turnbull, Turnbull, & Wheeler, 2006). The statutory intent of IDEA is to increase access to the general education curriculum for all students with disabilities.

The guidelines for FAPE is that each placement must be determined based on the individual abilities outlined in the IEP. Under IDEA, the hierarchy of decision-making with regard to appropriate placement considers the following: First, the educational benefits available to the student with a disability in a traditional classroom, with appropriate aids and services, compared to the educational benefits of a special education classroom; second, the non-academic benefits in the traditional classroom gained from interacting with regular education peers; and last, the degree of disruption of the education of other students, thus resulting in the inability to meet the unique needs of the student with a disability. Schools may not make placement decisions based on category or severity of disability, availability of space or service, or administrative convenience (Wright & Wright, 2014).

For students with ED, school systems must provide services for those with bipolar disorder, depression, and other mental health conditions that impair their ability to remain emotionally steady throughout the school day (Crabtree, 2008). It is notable, however, that for students with ED, providing the LRE to the maximum degree appropriate is one of the
more controversial stipulations of IDEA (2004). Although by definition, IDEA extended inclusive practices to students identified with behavior problems, few areas in special education law have been the subject of more debate and controversy than the LRE mandate (Hueffner, 2006). For instance, although the statutory intent of the law is clear, even today, students with ED remain in separate instruction from their regular education peers to a far larger degree than other students with disabilities (U.S. DOE, 2010). Thus, the services provided in this setting continue to be a focus of the day treatment program.

IDEA rests on the premise that students with special needs must be educated with their regular education peers in the LRE to the maximum degree appropriate. Special education is based, in part, on two very important concepts—a continuum of services, and the least restrictive environment, which includes the full range of services or placement options necessary to meet the student’s educational needs (McDuffie, 2010; Murwaski & Swanson, 2001). Although IDEA does provide for the protection of all students when a dangerous situation is apparent, it is otherwise straightforward. Students with ED must not be excluded from instruction based solely on the potential for aberrant behavior. As ED is one of the 13 categories identified under IDEA, students with ED are unquestionably the guaranteed beneficiaries of FAPE. According to Yell (2012), “Persons have a right to be free of unnecessary restrictions when government undertakes actions that have consequences for those individuals” (p. 269).

Both IDEA (2004) and NCLB (2001) mandate an emphasis and inflexible accountability on improved academic outcomes. Because students with ED have historically
been excluded, sound procedures must be put in place to address problem behaviors because of the potential detrimental effect on the student’s learning. IDEA (2004) requires that Response to Intervention (RTI), and Positive Behavioral Interventions and Support (PBIS) must be included in a student’s IEP if her behavior impedes her learning or others’ learning. It also requires that schools conduct an FBA and develop a BIP for the student before certain disciplinary and change of placement actions can be put into place. Over the years, judgments by hearing officers, rulings by the Office for Civil Rights (OCR), and court decisions have established specific parameters which guarantee FAPE for students with ED. Therefore, a student must not be excluded because of a disciplinary infraction, without the required legal processes (Smith, Katsiyannis, & Ryan, 2011).

**Special Education Mediation Process**

Although equal access for students with disabilities has been predicated, legislated, mandated, situated, and adjudicated, the judicial interpretation of a much-nuanced federal statute is an unending process. Adjudicating a special education case can be an extremely length process, particularly for students with disabilities who are in need of a timely response to litigation. Fortunately for students, parents, and schools, a special education mediation process has been put into place to more quickly resolve special education disputes. The heart of IDEA lies in the procedural safeguards inherent in this legislation designed to protect the interests of students with disabilities. Several options are available through the dispute resolution process, which gives parents the option to avoid lengthy legal action. The first step for parents in dispute resolution is mediation. Both parties come together without filing
a lawsuit and work towards resolution of the issue. If the parties are unsuccessful, they can then move to a due process hearing in front of a hearing officer. During this process, the “stay-put” provision is in place so that the student will not lose valuable instruction time. Relying on the dispute resolution process is an important step on the way to resolving issues in order to prevent months and years elapsing without a satisfactory resolution for students with disabilities (Yell, 2012).

**Special Education Statutory Case Law**

Should the procedural safeguards put into place by IDEA not be sufficient to resolve special education disputes, adjudication is the next step. The judicial system is further charged with the clarification of both the legislation and the regulations, and through the deconstruction of this law, the courts look for emergent themes upon which to set precedent. Special education law is highly litigious. Case law builds, case upon case, with on-going analysis of the fact patterns that come before the court (K. Brady personal communication, July, 2013). Numerous cases could be listed to catalog the judicial interpretations of IDEA; however, several landmark cases rise to the top in illustrating the statutory intent of FAPE for students with special needs. This review will briefly consider *Brown v. Board of Education* (1954); *Mills v. Board of Education of the District of Columbia* (1972), *Pennsylvania Association for Retarded Children (PARC) v. Pennsylvania* (1972); and *Board of Education of the Hendrick Hudson School District v. Rowley* (1982).

Although clearly a civil rights proceeding, *Brown v. Board of Education* (1954) was a critical event in the individuals with disabilities’ movement. *Brown* (1954) unequivocally
equated segregation with inferiority (Wright & Wright, 2010), and the Court maintained that state sanctioned segregation on the basis of a person's race or disability is unconstitutional. As a result of Brown (1954), a series of court cases were brought on behalf of children with disabilities which challenged inequities similar to those named in this historic civil rights litigation. Brown (1954) ultimately resulted in far-reaching changes in public education for students with disabilities (Yell, 2012). Brown (1954) ushered out separate but equal and ushered in the practice of educating students with disabilities with their regular education peers to the maximum extent appropriate (K. Brady personal communication, July, 2013).

Mills (1972) and PARC (1972) are two seminal cases which also provided precedent for future special education litigation (K. Brady personal communication, July, 2013). Mills (1972) was brought on behalf of the more than 18,000 students with a multiplicity of disabilities who were not enrolled in public school. The court ruled that the District of Columbia violated the right of due process by excluding children with special needs from regular education when they received no notice before being removed from school or placed in programs separate from their peers. In PARC (1972), students with cognitive disabilities were also denied access to FAPE. The Pennsylvania court ruled that all students must receive educational access, even if their need was one of learning how to clothe or feed themselves (Hueffner, 2006).

After the revealing fact patterns disclosed in the PARC (1972) and Mills (1972) cases, Congress conducted an investigation whose outcome exposed pervasive educational travesties against students with disabilities. “Although the law is not a moral compass” (K.
Brady personal communication, July, 2013), many would find it unfathomable, that as late as the mid 1970’s most individuals with disabilities still received no educational services at all, with another 2.5 million students receiving an inappropriate education. As a result of the revelations exposed due to litigation, in 1975 the Education for All Handicapped Children Act (EAHCA) was enacted: Public school systems were mandated and obligated to evaluate and educate students with disabilities (Hueffner, 2006). Congress had been provided ample evidence that this legislative assurance was sorely needed when 21 years after the Court declared education to be one of the most important functions of government in Brown (1954), students with disabilities were still victims of exclusionary practices (Wright & Wright, 2014).

In 1982, Board of Education of the Hendrick Hudson School District v. Rowley set the standards of analysis for every subsequent special education case arising from state and federal courts (K. Brady personal communication, July, 2013). Rowley (1982) established the two-prong test with which the IEP must comply to assure FAPE for every student with special needs. Two questions must be answered: First, has the state complied with the procedures set forth in IDEA? Second, is the IEP developed through IDEA procedures reasonably calculated to enable the child to receive educational benefits (Rowley, 1982)? In addition, because students are unique, school districts must provide a complete continuum of service delivery options based on individual needs (Yell, 2012).
Students with Emotional Disturbance Statutory Case Law

A synthesis of court cases in the late 20\textsuperscript{th} and early 21\textsuperscript{st} century have further confirmed the judicial position that FAPE must be provided for students with emotional disturbance. For even the most violent of these students, the courts have maintained that the child must be educated in the regular education setting with regular education peers \textit{unless} proper procedure is followed and due process is provided with regards to the continuum of alternate placements. Recent litigation on behalf of students with ED has continued to interpret IDEA regulations to mean that schools have a responsibility to identify and provide services for students whose behavior is a result of their disability. A series of court cases focus on this very basic premise: Schools must find the children in need of specialized instruction—no excuses. School systems must address not only academic needs, but also maladaptive behaviors, as outlined in the “child find” provisions of IDEA (Smith, Katsiyannis, & Ryan, 2011).

Students with Emotional Disturbance Child Find Provision

In \textit{Delaware College Preparatory Academy and the Red Clay Consolidated School District} (2009), the defendants failed to abide by the child find provision for a student with ED. School staff utilized the Response to Intervention (RTI) process as a means to modify the student’s behavior, which they began to observe beginning with the second day of school; however, removal from the classroom was the primary strategy utilized to “support” the student. The state hearing panel ruled that the use of RTI did not relieve the school of its responsibility to provide special education services based upon research-based interventions.
When removed from the classroom, the child’s violent behavior escalated whereupon he hit, kicked, and bit his teacher on her wrist and leg. Excluding the child from the classroom did not qualify as a research-based intervention, nor was it considered even reasonable.

In two other cases, the U.S. District Court in Minnesota, *P.K.W.G.V. Independent School District* (2008), and the U.S. District Court in Western Texas, *El Paso Independent School District v. Richard R.* (2008), also found that the district could not simply utilize RTI strategies rather than evaluate the child for possible special education needs. In *Forest Grove School District v. T.A.* (2009), The U.S. Supreme Court confirmed that the responsibility to identify students with behavior needs rests with the district. The Court specifically addressed the potential danger if districts fail to appropriately identify children with special needs. School districts must not take the position that if they do not recognize the need, they are not responsible to address the need. This was further upheld in *Compton Unified School District v. Addison* (2010) when the district did not evaluate a 10th grade student who colored her desk with crayons, played with dolls, and urinated on herself while in class. In finding upon finding, the judicial system has clearly indicated that a student’s behavior must be attended to, evaluated, and special education services provided as needed (Smith, Katsiyannis, & Ryan, 2011).

**Behavior Intervention Plan**

Once a district evaluates a student for special education services and determines the child has emotional disturbance, IDEA (2004) requires that a BIP be developed to address the behaviors which may be a direct result of the child’s disability. Decisions rendered by
the court have made it abundantly clear that public schools must design and follow through with behavior plans in order to ensure that students with ED are able to fully benefit from FAPE. For instance, in *Watson Chapel School District* (1998), the courts found in favor of the student with ED who was experiencing significant behavior problems and was academically unsuccessful. The district never evaluated the student’s behavior nor developed an individualized BIP. In *Jonesboro Public Schools* (1997), the court deemed the BIP to be inappropriate because it was not based on a direct assessment of the student’s behavior. The district was ordered to conduct a behavior analysis and design a plan to be used not only at school, but also at home (Maag & Katsiyannis, 2006).

Finally, in a state level hearing in Minnesota in 2010, *North St. Paul-Maplewood Independent School District No. 622*, the school district neglected to address behavior in an IEP for a student with ED. Despite failing grades, an increase in severe behavior incidents, and five threats of suicide, the district did not conduct an FBA nor develop a BIP. As a result, the school was found to have egregiously violated the student’s right to FAPE (Smith, Katsiyannis, & Ryan, 2011). Students with ED, in clear need of behavioral supports, must be provided the services needed to provide social skills and manage behavior which impedes learning (Maag & Katsiyannis, 2006).

**Positive Behavior Intervention Support**

An essential function of the BIP, Positive Behavior Intervention Support (PBIS) is also outlined in IDEA as a benefit for all students with disabilities, and in particular, students with ED. In this process, school staff must utilize data, implement research-based
management practices, and provide on-going support in order for students to be academically successful (Sugai & Horner, 2010). Judicial interpretation of federal regulation spells out the specifics of behavioral support expectations. In *Neosho R-V School District v. Clark* (2003), for instance, the court ruled that behavior supports were not sufficient and the student with ED had not been afforded PBIS. Therefore, the IEP, otherwise sufficient, could not reasonably be calculated to provide an educational benefit. The court ruled that the school district was at fault (Maag & Katsiyannis, 2006).

**Continuum of Placements**

Clearly IDEA and judicial interpretation of the federal legislation has championed equal access for students with disability, and in particular, students with ED. One court case after another has established precedents which hold schools accountable for finding and identifying students with ED, assessing student behavior, developing a behavior plan, and providing the supports necessary to ensure the plan is a success. Even with this multiplicity of safeguards in place, judicial review established that additional protection of FAPE was needed. Although the intent of the law was to never allow a student with ED to hurt himself or others, as demonstrated in the *Carrollton-Farmers Branch Independent School District* (1998) court case, there are times when a school must use non-positive emergency removal of a student with ED. Overall, the court weighs in heavily on the side of *first* planning, then addressing behaviors, in order to maintain FAPE. Because of a long and grievous history of isolation and segregation when it comes to students with ED, IDEA has established specific safeguards to ensure the civil rights of students with disabilities are protected. A series of
cases with regards to providing FAPE indicates the court’s strong sanction against a school system’s denial of access to the regular education curriculum by employing a continuum of alternate placements. In the Mason City Community School District and Northern Trails Area Education Agency 2 (2003) cases, the court ruled that BIPs should be consistently implemented. The court ruled in the Lewisville Independent School District (2001) that school districts that routinely excluded students from class constituted an environment that was too restrictive (Maag & Katsiyannis, 2006).

A landmark case decided by the U.S. Supreme Court in 1988 cemented the court’s stand with regard to students with ED and their right to FAPE. Two issues were brought before the court. The first issue established what is known as the “stay put” provision. Honig v. Doe (1988) alleged that a California school district had violated the right of a student to FAPE when it suspended the student indefinitely during the discipline review process. The Court upheld the student’s right to continue to be the active recipient of special education services, and returned Doe to his educational placement during the discipline review process. The defendants were also ordered to provide compensatory education in the form of home tutoring. The ruling further stated that the “stay put” provision outlined in the federal legislation was written to singularly prevent schools from routinely suspending and excluding students as a means of discipline, particularly students with ED, whose behavior is a direct result of their particular disability. Federal legislation mandated procedural safeguards designed to protect the rights of the child so that FAPE would be provided to all children with disabilities, including those with ED (Maag & Katsiyannis, 2006).
The second issue of this landmark case argued before the U.S. Supreme Court with regards to the “stay put” provision featured respondent Jack Smith. Smith was a student with ED whose academic and behavioral struggles began as early as the second grade. The school determined his disturbance to be severe and increasing in severity and frequency, and in high school, Smith was removed from public school and placed in a “learning” center with other children with ED. Smith’s grandparents contested the placement, and the district agreed to reenroll the student in public high school. Smith alternated between half day and whole day schooling, but as his behavior continued to escalate, school officials threatened to expel him if his behavior did not improve. In due course, school officials made good on their threat and while the expulsion was under review, the student was excluded from school, receiving no special education services. The court ruled in favor of both defendants with full support of the intent of Congress “to strip schools of the unilateral authority they traditionally employed to exclude students with disabilities, particularly emotionally disturbed students, from school” *Honig v. Doe* (1988).

Judicial precedent has established that schools must exhaust all options before excluding students with disabilities from the regular education curriculum, and in particular, students with ED whose behaviors often position them to be the very candidates who are most often removed. In the *Mohave Valley (AZ) School District* (2008) case, school officials placed a student in an isolated setting during the school day stating that the student’s behavior was unacceptable. Although the district did utilize components of RTI, OCR ruled that the district was remiss in its legal obligations to the student in the following ways: A
variety of evidence-based resources were not utilized; information was not carefully considered and documented; and most importantly, the placement decision was not made by a team composed of the required membership clearly outlined in IDEA. The court also found in favor of the student in The Citrus County School District (2009) case; school officials did not consider a continuum of options nor address the specific needs of the student with ED when making the placement decision (Maag & Katsiyannis, 2006).

Finally, in 2008, Bateman conducted a case study of FAPE which described the experience of Greg, a high school student. School officials proposed that Greg be placed fulltime in a classroom in another district. The parents opposed the proposed placement, saying that Greg would be better served in his home community with additional supports. Despite this request, the district began the process to have the student placed in a neighboring district. The counsel for the parents argued that the district did not proceed through the continuum of alternate placements before moving their child out of his home community. The parents contended that the district had not developed an IEP that addressed behavioral concerns, thus Greg had been denied FAPE. The hearing officer found unequivocally on behalf of Greg—the IEP was deficient. Placing a student with ED in a neighboring district without following the continuum of placement options was found to be inexcusable on the part of the district. The IEP was both negative and punitive, with no attention given to an FBA, BIP, or PBIS (Bateman, 2009).

Schools cannot default on their obligation to provide FAPE because—a student could behave if he wanted to—as happened in a second state-level hearing in Delaware
(Family Foundations Academic Charter School, 2009). Needless to say, the hearing officer in this case ordered compensatory education and training for staff regarding the school’s legal obligations to provide FAPE for the student with ED. The evidence is clear. IDEA’s legal mandate and clear judicial precedent directs schools to provide FAPE. As such, schools should consider investing in multiple ways to keep students with disabilities, and in particular, students with ED, in their home communities, under-girded with the needed behavioral supports (Smith, Katsiyannis, & Ryan, 2011). The question of whether or not a day treatment program may be an option in the continuum of placements to provide FAPE in the LRE to the extent appropriate is a function of this research. Thus, this inquiry seeks to determine the school experiences of two high school students in one such program.

**Day Treatment Programs**

The current legislative mandates regarding FAPE clearly provide the potential for positive outcomes. If schools utilize careful planning, the dismal statistics regarding students with ED have the potential to be curtailed. Students with ED, with the benefit of behavioral supports, PBIS, and special education practices can be successful (Smith, Katsiyannis, & Ryan, 2011). Although students with ED often require specialized instruction due to disabling mental health conditions, time and again, the courts have upheld the belief that a child’s primary access to success is through education. Day treatment is one of a number of placement options considered when determining the service delivery option that will maximize instruction (Turnbull, Turnbull, & Wheeler, 2006). Students who are able to be served with specialized instruction may experience an opportunity to expand their learning
(Allen & Cowdery, 2005; Lerner, Lowenthal & Egan, 2003; Vakil et al., 2009). In a day
treatment model, students have the benefit of highly qualified, licensed general education
teachers while receiving the behavioral support they need from licensed mental health
professionals (McDuffie, 2010). This specialized instruction necessitates extensive
cooperation among the professionals, students, families, and community agencies (Salend,
2008). School personnel who work together to serve children with special needs in this
setting includes the regular education teacher, the special education teacher, related support
personnel, and school administrators. Their teamwork conveys a lesson in cooperation,
particularly when resources are scarce, and illustrates the day-to-day collaboration of those
who work with students with special needs. This team of practitioners and parents are able to
band together to meet the needs of their students (Friend & Bursuck, 2009), collaborate as an
interdisciplinary team in order to create meaningful learning experiences for the students
(Smith, Katsiyannis, & Ryan, 2011), and share resources and professional expertise to
enhance student learning (Ripley, 1997). For instance, the mental health professional may
develop a behavior intervention plan that allows the teacher to use positive reinforcement
with her student with ED. For these practices to be effective, the mental health professional
and teachers must collaborate. Although complex challenges must be overcome when
mental health and education orientations work in partnership, research has demonstrated that
children with special needs can be effectively served if the students themselves are the focal
point at all times (Vakil et al., 2009).
As decided in *Olmstead v. L. C.* (1999), the court was charged with ensuring that students with disabilities receive services to the maximum degree appropriate. This decision acknowledged the benefit for students with disabilities of being able to participate with their own communities. Because few models of day treatment models currently exist in the literature, there is a gap with regard not only to the model, but also to the student voice about school experiences in this model. The current research addresses community-based services and even school counseling services, but little is available in the literature about a model which educates students in their home school system, with mental health professionals on staff to provide on-going behavioral support and a social skills curriculum (Simpson et al., 2008). Students with ED who are enrolled in day treatment programs are educated in their own communities and have the opportunity to interact with community members and to acquire not only academic skills, but also the needed social/behavior skills. An environment rich in regular experiences in regular daily life provides a greater opportunity for learned skills to be generalized and to gain a foothold in their lives (Raab & Dunst, 2004). Treatment teams in day treatment programs track student progress, which in turn informs their educational and treatment decisions.

The day treatment program models researched for this study demonstrated both academic and treatment gains for students. Despite extreme symptoms leading to their placement, most students remained in their communities and were able to attend school regularly. The small number of day treatment models available to research precluded an in-depth look at this model; however, one such model appeared to produce noticeable
improvement in about 75% of students (Roberts et al., 2008). On the other hand, about 1 in 4 students showed persistent disability and were unable to successfully transition completely out of the program. The strategies which contributed to successful outcomes included collaboration between professionals, communication with guardians, use of behavior management plans, and research evidence-based treatment (Roberts et al., 2008). Parents, caregivers, mental health professionals, and teachers reported high levels of satisfaction with the day treatment model, and school administrators willingly allocated space in their buildings and provided the resources needed for a successful program implementation (Roberts et al., 2008).

Chapter Summary

The objective of this literature review was to create a connection between the stated purpose of the study and the existing empirical and conceptual literature. This critique demonstrates the legal, judicial, and moral imperative to provide a free appropriate public education in the least restrictive environment. The lack of information available on the day treatment model indicates there is a gap in the literature. Little is known about the specifics of the everyday school experiences of the student with ED in a day treatment program. A search of the literature determined that the knowledge base is thin in this area of research. A consensus exists in the literature with regard to the unique challenges of the student with ED and the necessity for more information about the lived, everyday school experiences of the student with ED in a day treatment program. This study is important in that it adds to the current, existing body of knowledge. The focus of this study was to examine the lived,
everyday school experiences of the high school student with ED in order to contribute to the knowledge base with regard to this service delivery model. This research seeks to give voice to students with ED and is worth conducting because more information is needed about their everyday school experiences in a day treatment program.
CHAPTER THREE: METHODOLOGY

Introduction

In order to abide by the Individuals with Disabilities Education Act (IDEA), all states must provide a Free Appropriate Public Education (FAPE) for students with special needs. Each day in public schools, educators are challenged with the task of meeting the academic and social needs of all special populations including students with emotional disturbance (ED). Regular education schools are currently scrambling to provide the interventions and specialized instruction which specifically address students’ needs based on their Individual Education Plans (IEP). As a result, schools are focused now more than ever on their legal obligation under IDEA to provide FAPE (E. Sabornie, personal communication, July 28, 2011).

Although public schools are mandated to provide FAPE for students with ED, few day treatment programs currently exist. In addition, little information is available in the scholarly literature with regard to the day treatment model or the everyday school experiences of students with ED in this model. The purpose of this study was to explore the lived, everyday school experiences of two high school students with ED in a treatment program. This study sought to fill the research space which currently exists with regard to the day treatment model.
Research Design

Disability theory is the theoretical lens which framed this study. Understanding the historical marginalization of persons with disabilities is essential. This study utilized qualitative methodology because of its potential to illuminate the world of the research participant by the use of thick, rich descriptions. “Qualitative researchers are interested not in prediction and control, but in understanding” (Clandinin, 2007, p. 4). The qualitative researcher conducts research in a natural setting, in an attempt to understand phenomena through which people attach meaning (Clandinin, 2007). The strength of qualitative research is that the data collected is complex, interactive, and takes into account perspectives over time (Rapp, 2005). It is an emergent design rather than a tightly conscripted one—the questions may change; data collection may shift.

As a result of this fluid process, the researcher, as a participant, is able to learn more about the issues under investigation. Qualitative research has, at its core, the capacity to conduct in-depth investigation. Simply stated, qualitative research is a clear approach which allows the researcher to focus on the details of the lived and everyday experiences of regular people. The methodology of the research is the implementation of its stated purpose which in turn answers the research question (Creswell, 2007).

Narrative Research Design

In order to accomplish the stated purpose of this study, I utilized a narrative research design. Narrative research is fundamentally a qualitative design; however, the “territorial markers” which distinguish narrative research from qualitative research is that story itself is
the fundamental unit of human experience (Clandinin, 2007, p. 4). Narrative research is the individuals’ lived and told stories which give an account of a series of events (Creswell, 2007). In narrative design, the researcher asks people to tell their stories, to gather their personal reflection of events. Narrative researchers use narrative in some way in their research; they ask participants to share their lived, everyday experiences, their story. The researcher then analyzes the shared story and seeks to understand and re-present these experiences through the stories the individuals tell. Narrative methodology does not simply take data and turn it into a story. This methodology sought to deconstruct text and language, re-story the data, and present the analysis in the findings. Narrative research was an appropriate approach to utilize for this study because its aim was to give voice to the study participants, to capture the lived school experiences of students with ED. The uniqueness of the narrative approach is that it enables the researcher to learn what cannot be learned from other forms of inquiry (Clandinin & Connelly, 2000). Through qualitative narrative research inquiry, I researched the lived, everyday school experiences of two high school students with ED in order to uncover themes related to the students’ perspectives on their everyday school experiences in a day treatment model. This proposed research gave voice to students whose voices often go unheard in an adult world (Creswell, 2007).

**Research Question**

The following research question was examined in this study:

What are the lived, everyday school experiences of two high school students with ED in a day treatment program?
This qualitative inquiry sought to understand and re-story the lived, everyday school experience of two high school students with ED in a day treatment setting (Creswell, 2007).

Site Selection

The purpose of the study, research design, and research question all combined to determine the site selection and the criteria for participant selection. My proposed research site was a day treatment program. The contextual setting for the study was the day treatment program and the lunchtime setting. The selected site was accessible which improved the feasibility of the study. Although very few models exist, this site was a representative site because it is similarly structured to the day treatment programs that are available and were examined in the scholarly literature. I obtained permission for the study from the district director of research, the day treatment program principal, the students’ guardians, and the students.

Selection of Interview Participants

Although this was not a random sample, the construction of this inquiry was based on the accessibility of the sample members and the fact that the participants represented, were consistent with, and had the characteristics of the research population. I chose to utilize purposive sampling because, in general, I sought to narrow my investigation in order to conduct a study that has depth of focus (Creswell, 2007). Due to the intensive nature of the program, a maximum of six students is enrolled in the proposed research site at any one time. An overview of the literature confirmed that conducting this study with only two participants does not set a precedent. For instance, I cited three other studies that utilize two participants
because of the limited number of available study participants. One of these studies also addressed school-age students with disabilities (Blom et al., 2011; Carrington & Graham, 2001; & Schneider, 2000). The number of students and school staff were chosen in order to allow for more intensive, face-to-face interviews and observations, versus choosing a larger number, which would allow for less time per participant. The participants in the program included: one program coordinator, one high school special education teacher, one mental health professionals and one school administrator. Although the scope of the study precluded data saturation, the interviews and observations provided the level of depth needed for this study (Merriam, 1995).

**Data Collection**

I utilized three methods to collect multiple types of quality data related to the research question. The data was triangulated in order to increase its trustworthiness: Method 1—Semi-Structured, Face-to-Face Interviews; Method 2—Observation; and Method 3—Document Analysis, Researcher’s Journal, and Audit Trail.

Method 1: Semi-Structured, Face-to-Face Interviews: I conducted face-to-face, one-hour, in-depth, semi-structured interviews with two high school students with ED; one mental health professional, one program coordinator, one high school special education teacher, and one school administrator. I offered an invitation to participate in the study by sending the letter which is listed in Appendix I. I obtained written permission from the district director of educational research and the building level administrator. I ensured that the interview participants were assured of confidentiality before the interview began, and I
abided by those conditions. I did not name the participants, the school, the district, or the state where the research took place. I referred to the participants by pseudonyms. I advised the participants of their rights as research participants to give consent to be interviewed before being interviewed. Participants were asked to sign an Informed Consent Form so that their right to consent to an interview was protected. The Consent Form is located in Appendices A-G. Because of the very limited availability of participants to interview, I selected the students enrolled and the staff members employed at the time of the study. I asked the essential questions that answered my research question. For the student interviews, the focus was their everyday school experiences in the day treatment program. For the school staff, the focus was their perceptions of the students’ everyday school experiences in the program and/or the social skills curriculum. These questions were based upon comparable questions utilized in narrative qualitative research (Clandinin, 2007).

At the beginning of each interview, I informed the participants of their rights, ensured confidentiality, and obtained signed informed consents for the study. With consent, I digitally recorded the interviews, wrote condensed notes during the interviews, typed expanded field notes immediately upon completion of each interview, and later transcribed the digital recordings. All identifying information was removed. I then conducted follow-up interviews as needed (Mendenhall et al., 2013).

Method 2: Observations: I conducted a minimum of six, one-hour observations of the day treatment program classrooms of which the two high school students with ED were members, and the lunchtime setting. I did not record my observation using either video or
audio. I did not interact with the other students or staff, nor identify them in any way; however, I did obtain consent forms as they were observed. I verified this procedure with both the district’s research office and the NCSU Institutional Review Board to ensure that I followed the ethical practices put into place at both of these institutions. The purpose of the observations was to gather explicit descriptions in order to make sense of the lived, everyday school experiences of the research participants in the day treatment program.

Method 3: Document Analysis: I conducted a document analysis in order to gather insight and data about the day treatment program model and the students’ academic and social history. I obtained consent from the district director of research, the building level administrator, and the participants’ guardians to access this information. In addition, I examined the day treatment program’s social skills curriculum and the program enrollment guide and handbook in order to better understand the components of the program.

*Interviews with Program Coordinator, High School Special Education Teacher, and School Administrator*

I conducted one face-to-face interview each with a program coordinator, a high school special education teacher, and a school administrator. Each interview lasted approximately one hour in order to focus on their perspectives of their students. For instance, I said, “Tell me about your perceptions of your students’ school experiences in this school.” The interviews were digitally recorded. An in-depth, semi-structured interview format was utilized in order to allow the participant some flexibility in determining the direction of the interview. I collected first-person accounts that documented their students’
school experiences in their own words. I wrote condensed field notes during the interview and typed expanded field notes immediately following the interviews. I transcribed the interviews in preparation for data analysis. Each participant signed an Informed Consent Form and was provided full disclosure about the purpose of the study. The Consent Form is located in Appendices A-G. All identifying information was removed. I then conducted follow-up interviews as needed. Interview protocols are included in Appendices J-O (Creswell, 2007).

**Interview with Mental Health Professional**

I conducted one face-to-face interview that lasted approximately one hour in order to focus on the perceptions of a mental health professional about the experiences of the students from a therapeutic perspective. For instance, I said, “Tell me about your perceptions of your students’ experiences with the Social Skills Curriculum.” The interview was digitally recorded. An in-depth, semi-structured interview format was utilized in order to allow the participant some flexibility in determining the direction of the interview. I wrote condensed field notes during the interview and typed expanded field notes immediately following the interview. I transcribed the interview in preparation for data analysis. The participant signed an Informed Consent Form and was provided full disclosure about the purpose of the study. The Consent Form is located in Appendix B. All identifying information was removed. I then conducted follow-up interviews as needed. The Interview protocols are included in Appendices J-O (Creswell, 2007).
Interviews with Day Treatment Students

I conducted one face-to-face interview each with two participants that lasted approximately one hour and focused on their everyday school experiences in the day treatment program. The interviews were digitally recorded. An in-depth, semi-structured interview format was utilized to allow the participants some flexibility in determining the direction of the interview. I collected first-person accounts that documented their experiences in their own words. For instance, I said, “Tell me about a typical day in your program.” Because of the age of the participant, if the participant did not respond to the initial question, I was courteous but rephrased and clarified the same question again. In addition, this strategy helped me retrieve the most information possible, especially if the question was important to my research. I ensured that the question was clear and that the participant was not confused in any way. I redirected, respectfully, if the interview was headed in the wrong direction in order to maintain the fidelity of the research question.

I asked follow-up questions with permission from the participant in order to get the participant’s full perspective (DeWalt, DeWalt, & Wayland, 1998). I wrote condensed field notes during the interview and typed expanded notes immediately following the interview. I transcribed the interviews in preparation for data analysis. The guardian of each participant signed an Informed Consent Form and was provided full disclosure about the purpose of the study. The consent forms are included in Appendices A-G. All identifying information was removed. I then conducted follow-up interviews as needed. I utilized the interview guide listed in Appendix H to ensure consistency in the interviews, and the protocols are included.
Observations

I conducted six one-hour observations in order to contextualize the story and capture the reality of the lived, everyday school experiences of two high school students with ED in a day treatment program. The observations for this narrative study were conducted in the day treatment program setting and the lunchtime setting. Details were gathered about instruction, setting, staff/staff, mental health professional/student, program coordinator/student, teacher/student, school administrator/student, and student/student interactions. In addition, I observed non-verbal communications and annotated these in typed notes in order to further contextualize the data.

I attempted to be exhaustive in recording details of the senses—seeing, hearing, and smelling, for instance, during these six observation sessions. I recorded body language, such as movement and facial expressions in order to capture the nonverbal. I remained a non-participating participant throughout the observations in an attempt to observe without influencing the observations. I drew a diagram of the area under observation in order to reflect upon this during the data analysis (DeWalt, DeWalt, & Wayland, 1998). I wrote condensed field notes during the observations and typed expanded notes immediately following the observations. All identifying information was removed.

I created Data Observation Forms, which are included in Appendices P-S. I did not record my observation using either video or audio. I did not interact with the other students or staff, nor identify them in any way; however, I obtained consent forms as they were
observed. I verified this procedure with both the district’s research office and the NCSU Institutional Review Board to ensure that I followed the ethical practices put into place at both of these institutions (DeWalt, DeWalt, & Wayland, 1998).

**Day Treatment Program Observations**

The day treatment program setting focuses on therapeutic intervention. A daily intervention, for instance may consist of group therapy sessions in which a Social Skills Curriculum is utilized. In addition, students utilize day treatment programming if they are experiencing a difficult day or if they need to practice skills learned in the curriculum. I observed the day treatment setting a minimum of four times—two times per student participant for at least 30 minutes each time in order to observe its dynamics and structure. Utilizing the Data Observation Forms listed in Appendices P-S, I observed the mental health professional/student and student/student interactions. Developing a complete picture of this therapeutic component added to the depth of the research inquiry. I wrote condensed field notes during the observations and immediately following the observation, I typed expanded field notes. All identifying information was removed.

**Classroom Observations**

I attended classes throughout the day for both students, on different days, and observed the physical properties of the classroom in order to provide rich details about the students’ environment. The observations allowed me to *see* the everyday school experiences of the students. I observed the students in these varied settings and at various times within the educational setting. Finally, I observed the program coordinator/student, teacher/student,
and student/student interactions. I wrote condensed field notes during the observation. Immediately following the conclusion of the observation, I typed expanded field notes. All identifying information was removed. I utilized the Data Observation Forms listed in Appendices O-S.

**Lunchtime Observations**

Lunchtime in a school is a social arena during which time students meet and talk with friends. This is an opportunity during the day when students are able to experience an unstructured environment, make their own choices about use of time, and choose with whom they wish to associate. Lunchtime may be valued as a school experience by the participants, and as such was an important time to observe. I observed the lunchtime setting on at least two occasions for approximately 30 minutes and gathered data about the environment to further understand their lived, everyday school experiences in this setting. I observed school administrator/student, teacher/student, mental health professional/student, student/student interactions. I wrote condensed field notes during the observation, and immediately following the observation, I typed expanded field notes. All identifying information was removed. I utilized the Data Observation Forms listed in Appendices P-S.

**Document Inspection**

I examined all documents utilized in the day treatment program, including the program handbook, referral forms, mission statement, and procedures. I also examined the Social Skills Curriculum that is utilized as part of the day treatment program model. In addition, I researched the current and past academic and social histories of the two high
school students in the day treatment program. I obtained permission from the district director of research, the building level principal, and the students’ guardians to access this information. These documents contextualized the study and were important to analyze so that I might more fully understand the students and their everyday school experiences in this program.

**Audit Trail**

I wrote a description of the research steps taken from the start of the research project through the end, including the development and reporting of findings. I kept records of the process of this investigation.

**Data Analysis**

The signature feature of qualitative research is that data collection, data analysis, and data interpretation are iterative. Each time the researcher collects additional data, the new information informs the previous analysis and the cycle continues. Although I am not purporting to represent the picture of the student with ED in totality, the purpose of this analysis was to design and conduct a review of different data points in order to accurately represent the participants’ experiences in a day treatment program. The analysis proceeded by developing appropriate measurement tools to analyze the lived, everyday school experience of the student with ED in the day treatment setting. I utilized narrative qualitative inquiry analysis methods in order to intuitively create categories and determine if themes/connections exist.
Although narrative research is loosely structured and the researcher is afforded a lot of latitude, the purpose of narrative analysis is to craft a story and re-story the participants’ experiences by analyzing the themes. After completion of the face-to-face interviews, I transcribed the data. I then analyzed interviews, observations, and documents in order to tell the story of the lived, everyday school experiences of the participants. The triangulation of data allowed for the analysis of a chronology of unfolding events, turning points, and epiphanies (Clandinin & Connelly, 2000). I transcribed the interviews and analyzed them without the use of computer software. This hands-on method of analysis allowed me to immerse myself in the data in order to be fully aware of all themes that emerged. As I transcribed the data, I also identified questions for follow-up based on participant responses that needed further consideration (Creswell, 2007).

During this inductive process, I compared the research question with the interview transcripts and looked for themes. I continued to think about the research question throughout the process to get an overall sense of the narrative and further coded emergent themes. I utilized Clandinin’s intuitive approach to ask, “What’s the story?” (Clandinin & Connelly, 2000). I developed categories, sorted, organized, and coded in an effort to flesh out the participants’ experiences. I then re-storied the categories into themes, which coincided with the research question: What are the lived, everyday school experiences of two high school students with ED in a day treatment program?

Upon completion of transcribing the data, I used open coding, color coding the data based on themes, and provided an explanation of the coding of the data. In addition, because
qualitative research is very context specific, I analyzed observations and documents in order to bring depth to the everyday school experiences of the student with ED in a day treatment program setting and determine the social context behind the story.

**Trustworthiness and Rigor**

I followed a research protocol to ensure the credibility and dependability of the data. Merriam (2002) described data collection and analysis as the knowledge gained in an investigation, and warned that it “faces hazardous passage from the writer to reader.” As a career educator, I guarded against subjectivity because of a lifetime of experience in education and in schools. According to Merriam (2002), the writer needs a way of “safeguarding the trip” (p. 24). To ensure trustworthiness, reasonableness, and rigor in this inquiry, I utilized the strategies suggested by Merriam (2002). I assumed the role of an investigative reporter, keeping a careful record of all research activities in order to ensure a credible research process. For instance, I kept a research journal as documentation of dates, times, and actions in the inquiry. I digitally recorded the interviews and transcribed the information immediately after the interview. I made careful notes which included impressions and body language, for example. Although the scope of this inquiry was small, I further endeavored to safeguard the trustworthiness of the data by conducting an audit trail which included an explanation of the methods of this study, the selection of sample size, and a description of how the data was collected and analyzed (Merriam, 2002).
Ethical Issues

One ethical issue which must be addressed is the employment of proper procedure and protocol when interviewing and observing students. I obtained informed consent from the district director of research, the building level administrator, the participants’ guardians, and the participants. These documents verified that I had permission to observe and talk with students and staff. An additional ethical issue is the obligation to protect the privacy of the student with ED, family, and staff. I ensured confidentiality by removing all identifying information from the interview and observation materials and from the written research. I did not reveal the identity of the participants or their location to eliminate any risk due to exposure. I completed the Institutional Review Board (IRB) process to fully ensure the protection of the study participants.

Limitations of the Study

One limitation of this study is the small number of participants. With two participants, the possibility exists that the two research participants may not be representative of the population, that they may be outliers; however, in qualitative inquiry, by definition, the researcher may construct an entire study around one participant. Small numbers for data collection can be trustworthy, depending upon the nature of the study. According to Merriam (2002), “Five hundred people reporting that they had seen a magician cut a person in half, for example, would not be as reliable a report as that of the lone stagehand who had witnessed the event from behind the curtain” (p. 54). Nevertheless, a limitation of this study may be its limit in scope due to the small number of participants.
An additional limitation is that this is not a random sample. However, I chose to utilize purposive sampling because the construction of this inquiry was based on the accessibility of the sample members and the fact that the participants represent, are consistent with, and have the characteristics of the research population. In general, the qualitative researcher looks for a picture that has depth of perception and distinction in tone. This narrative qualitative inquiry sought to understand and re-story the lived, everyday school experience of two high school students with ED in the day treatment setting (Creswell, 2007).

A third limitation is time. More time spent with the students and staff in the day treatment program could enhance the study and add to a depth of understanding; however, document analysis of the students’ academic and social history and the examination of a program description minimized the full impact of the time limitations of the study.

Chapter Summary

In Chapter Three, I identified qualitative methodology and narrative research design as a means to pursue an inquiry which answered the research question, “What are the lived, everyday school experiences of two high school students with ED in a day treatment program?” I followed an inductive plan of study which triangulated the data through the use of interviews, observations, document analysis, an audit trail, and a researcher’s journal. I employed rigorous methods to ensure consistent, reasonable, and trustworthy data. All information gained from the research inquiry remained confidential. This inquiry sought to give voice to students with ED by researching their everyday school experiences in a day
treatment model. It is my hope that the participants’ voices will be heard, that they will be the beneficiaries of a study which adds to the scholarly literature on service delivery models which provide a free appropriate public education for students with emotional disturbance.
CHAPTER FOUR:
DATA ANALYSIS AND FINDINGS

This chapter begins with a brief description of the purpose of the study and the methodology used to answer the research question: What are the lived, everyday school experiences of two high school students with Emotional Disturbance (ED) in a day treatment program? Then follows a detailed description of the data collection process, school site, program history and overview, participant introductions, and the lived, everyday school experiences of two high school students in the program. Interviews and observations revealed recurrent themes which emerged in answer to the research question. Findings were then organized according to the research question and the recurrent themes.

Overview of Research Question and Methods

The purpose of this study was to gather real-life information about the lived, everyday school experiences of two high school students with ED in a day treatment program designed to provide special education services. Because public schools are currently faced with the central task of providing specially designed instruction for students who often exhibit challenging or disruptive behaviors, teachers may benefit from learning more about the students’ unique school experiences in a therapeutic model. This study seeks to make a contribution to practice by sharing their experiences, giving voice to students, in hopes that their shared experiences may add to the knowledge base about a specially designed instructional model—a day treatment program.
In order to accomplish the stated purpose of this study, I utilized a narrative research design. Narrative research is fundamentally a qualitative design; however, the “territorial markers” which distinguish narrative research from qualitative research are that the story itself is the fundamental unit of human experience (Clandinin, 2007, p. 4). As a narrative researcher, I asked participants to share their lived, everyday school experiences, analyzed their shared story, and then sought to understand and re-present these experiences through the stories the individuals told. Narrative methodology does not simply take data and turn it into a story. Rather, the function of this methodology is to deconstruct text and language, re-story the data, and present the analysis in the findings. Narrative research is an appropriate approach to utilize for this study because its aim is to give voice to study participants, to capture their lived school experiences. Narrative design is fluid, which allows for changes during the data collection process. The uniqueness of this approach is that it is as much about the search as it is about the answer (Clandinin & Connelly, 2000).

Data for this study were gathered from interviews and observations of students and staff. In conducting the data analysis, I used the process of open coding to analyze the textual content. This involved importing the text into an Excel document, labeling the text, and defining and developing concepts and categories based on the sorting of this text. I then identified the emergent themes that were related to the research question. In addition, I analyzed documents related to the participants’ academic, social, and treatment information, and chronologically documented my investigation with a researcher’s journal and an audit trail. All names and places were assigned a fictitious name. The details of the everyday
school experiences of two high school students with ED in a day treatment program are presented in this chapter.

**Description of the Data Collection Process**

In order to introduce the research study and map out the details of the data collection, I first met with Ms. Campbell, the day treatment program coordinator at the Jones Program. During this one-hour meeting, we followed an agenda which outlined a tentative research plan and clarified the initial research objectives. Ms. Campbell provided the Jones Program history, program description, and important facts such as application process, number of students served, academic data, treatment information, program philosophy, and basic, general demographic information about students and staff. I provided a research protocol and copies of consent forms, assent forms, and observation forms which we agreed would be sent home to guardians via the students’ classroom teacher, Ms. Roberts. I also presented a proposed research calendar with potential dates for both observations and interviews in order for Ms. Campbell to determine its practicability. The calendar was understood to be tentative based upon the Jones Program’s need for flexible scheduling.

**School Site**

The Jones Program is a day treatment program in Smith School, an Alternative Education School (AES) for students who have not been successful in a regular public school. Smith School is located near a downtown area in a neighborhood of moderate homes and next door to a low-income housing development in a small city in the Southern United States. The Jones Program adjoins Smith School by way of a covered walkway. Although it is located on the Smith campus, in many ways it functions independently of Smith. One
principal is responsible for both, but the principal delegates much of this responsibility to the Jones staff because of their expertise in this therapeutic model, according to the principal. Prior to moving to the current site, Smith School was housed in a school building constructed in 1954. The Jones Program was located in the basement of this school. Ms. Campbell described Jones’ previous site as “the worst-case scenario for this population because they felt isolated and ostracized from their peers. There was actually a barbed wire fence around it (former location)”. The district closed most of this facility, deciding that Smith School needed a fresh start, and in 2012-2013, Smith students moved to a redesigned alternative educational program in the current facility. The Jones Program, however, remained in the basement.

Three years later, in 2015, the Jones Program was able to join Smith School at the current facility. “It’s funny because the kids that have been with us, when they came inside (at the new location), they were like, ‘This is great! We have windows and we don’t look at a barbed wire fence.’ It’s much better (here),” Ms. Campbell said. Inside are freshly painted walls and highly polished floors. The building and grounds are clean and well-maintained, and student art work is displayed throughout the building. Cognitive Behavior Therapy (CBT) materials which outline mindfulness strategies are displayed in the main hallway and illustrate CBT, the cornerstone of the Jones Program, according to Ms. Campbell.

**Program History**

The Jones Program is one of four alternative programs available in Southern Public School District for students who need options other than the regular public school setting.
These include: homebound instruction, abbreviated school day, Smith School, and the Jones Program. When the IEP team (Individualized Education Plan) determines that a student needs an alternative setting, the student’s parent/guardian completes an application and based on critical needs, the student is enrolled in one of these four programs.

Although Jones was re-located and restructured two years ago, the program has been in place since 1997, according to Ms. Campbell, who has been with the program since its inception. It first began with one classroom, two teachers, and a grade span of kindergarten through middle school. “That was a start,” Ms. Campbell said. Within the first few years of operation, Jones became accredited as a day treatment program which mandated affiliation with a Critical Access Behavioral Health Agency (CABHA). This was not a long-term solution for the program, according to Ms. Campbell, primarily for two reasons: 1) the massive amount of paperwork required for Medicaid payments to flow through the CABHA; and 2) student unfamiliarity with the CABHA staff. “It was technically a mental health day treatment program, but the paperwork was overtaking the care of students,” according to Ms. Hudson, the Jones Program mental health therapist. “We found that we were spending more time doing Medicaid paperwork than we needed to do.”

In addition, students worked closely and positively each day with the Jones Program staff, and intermittent participation from the CABHA created significant and on-going issues. “We were working with a mental health agency who was sort of there, not sort of there,” Ms. Hudson said. “It was difficult for students to build relationships with the staff from the CABHA when well-established relationships were already in place between Jones Program
staff and students. The mental health agencies weren’t the ones providing the service, we were,” Ms. Campbell said. A collaborative decision between Southern District and Jones Program leadership restructured the program, and it transitioned into the current therapeutic model. Jones Program remains closely connected with numerous community agencies in order to wrap their students in the services they need, but without dependence upon any one outside agency for day to day educational and therapeutic support for their students, Hudson explained. The program that is currently in place, with staff members employed by Southern School District, seems to the best model, according to Ms. Campbell. “This works,” she said.

Program Overview

The following overview of the Jones Program includes the school’s vision/mission statement, program description, student and staff introductions, and the daily schedule. Throughout this detailed narrative, emerging and recurring themes are revealed through the unfolding of the day in the life of a student in a day treatment program.

Vision/mission statement

As do many public schools, the Jones Program has a vision/mission statement which guides the school.

Vision: Find a way to offer new beginnings by implementing smaller learning communities of students who will be successful in the digital-based culture.
Mission: We will provide a safe and supportive environment that builds positive, meaningful, and real relationships with our students while encouraging academic success and self-managed behavior.

Throughout the research study, key words in the mission/vision statement resurfaced as emergent themes again and again and were addressed often and by all of the research participants. The thematic vision/mission words considered fundamental to the success of the program include: “safe,” “supportive,” “relationships,” “positive,” “self-managed,” “successful,” and “digital-based.” The phrase “new beginning” took on special thematic importance as the study progressed.

Program Description

The Jones Program has one classroom each of elementary, intermediate, middle, and high school and always maintains a maximum enrollment of 32 students, eight students per classroom. The number of referrals far exceeds the number of available spaces, according to Ms. Campbell. Students enroll at Jones only after all interventions and support resources are exhausted at the student’s home school. In order to qualify for enrollment at Jones, students enrolled in the program must have an IEP and a Behavior Intervention Plan (BIP) based on a Functional Behavior Assessment (FBA). In addition, students must have a diagnosis of multiple mental health disorder, including Post Traumatic Stress Disorder, Major Depressive Disorder, Schizoaffective Disorders, or other mood disorder such as bipolar disorder. These disorders can range from extreme withdrawal to overt aggression. Staff must be prepared to support and provide research-based interventions for all students—those who may not
verbalize at all; those who may kick, scream, or bite staff or classmates; those who may be self-injurious. Students may come to school in the morning after having slept on a bench the night before, as reported by one student during the research study. They may have learned to fear figures of authority such as policemen or teachers, or for that matter, may not trust any of the adults in their lives. For instance, on his first day in the program, one student said he saw an elementary student kicking and screaming and was convinced that he was being beaten and the same would surely happen to him. Students come with few to no coping skills to deal with false thinking, as most students who enroll at Jones have never had access to mental health therapy, according to Ms. Campbell. “They have lots of trauma, but no coping skills and never any therapy.”

Academically, students range from significantly below grade level to at or above grade level; however, most students arrive with significant gaps in their education. “They have had no prior academic rigor,” according to Ms. Campbell. “They are passed from grade to grade, given lots of presents in middle school—problem students—so they moved them on.” Schools promote students with serious emotional or behavior issues, regardless of whether or not they have acquired the necessary knowledge needed to be proficient in their current grade, Campbell said. “Add to this, our students also have a history of chronic absenteeism.”

In order to accommodate those students most in need of intensive support, the Jones staff triages according to a hierarchical model—those in most need are accepted first into the program. It is quite frustrating for parents and schools to be turned away, according to Ms.
Campbell, but certainly students must be allowed to proceed through the program until they are ready to transition to the next most appropriate setting. Once enrolled, many students do not want to leave the program, according to Campbell, but the Jones staff is looking always for opportunities for students to transition to other settings. The length of time a student spends daily at Jones varies from a full school day to a partial day, and some are co-served between Jones and their base school, or between Jones and classes at Smith School. The juxtaposition between fostering independence and providing a nurturing environment begins early and often and is a frequently occurring theme. Once accepted into the program, the Jones Program staff begins the very hard work of ensuring that the student’s connection to the home school remains strong throughout the entire time in the program. The staff must begin with the end in mind—the success of the students, should they return to their home school, is predicated upon the strength of the bond with their school while they are enrolled at Jones, Ms. Campbell said.

Except for physical education and small group therapy sessions, students receive online instruction in their classrooms and do not leave the classroom unless accompanied by a staff member. Each student has a laptop and earbuds and works independently on coursework. In general, high school students have a daily routine upon which they can depend. While flexibility is fundamental to the program, routine is also essential for students in that it allows them to anticipate and be prepared for what comes next.

The mental health treatment component at Jones is multi-faceted and seeks to wrap students in mental health support both in and out of school. These wrap-around program
components include: 1) CBT, 2) Social skills curriculum, and 3) Group therapy. Students may access some, all, or none of these therapeutic interventions as needed. In addition, Ms. Hudson collaborates with community partners to access services for Jones students such as psychiatric care, medical management, and transition services post-graduation.

Each day the Jones Program maintains scheduling that is consistent, but also flexible and customized based upon each student’s IEP. For instance, two of the elementary students attend Jones for one-half of the school day and then home-school for the remainder of the day. Several of the high school students take teacher-led classes at Smith School as well as on-line classes in the Jones program. Another high school student is currently hospitalized, but remains enrolled in the program until able to return. There is consistency in the Jones schedule so that students know what to expect; at the same time, there is the potential to change, to transition from one setting to another. This flow is possible because of the tractability of the program, Ms. Campbell said. This flexibility is recurring and is a hallmark of the Jones Program across time, resources, personnel, programming, treatment, academics, and scheduling. The juxtaposition of consistency and flexibility became apparent early and was often a theme referred to by research participants.

Students

This study sought to examine the lived, everyday school experiences of two high school students in the Jones Program. There were six students in the program at the time of the study, and one of these students left unexpectedly before the completion of the study. Of
the five remaining students, Jane and Mary were two of the students suggested by their teachers to respond to questions about their experiences in the day treatment program.

Jane

When Jane came to the Jones Program, it was hard to get to know her at first, according to Ms. Roberts, because she did not talk…at all. Jane’s previous school records indicated that although Jane was very capable of using language, she would not speak to anyone. She had completely shut down, Ms. Hudson said. If she needed to get water or go to the restroom, she would email her teacher. “She was emailing me asking me a question, and we were sitting 10 feet apart,” Ms. Roberts said. A potential roadblock to my research had surfaced immediately—whether or not Jane would talk with me in person. Ms. Roberts said she would ask Jane, and as a means of preparation for the possibility that the interview would be by email, I gave the questions to Ms. Roberts who in turn gave them to Jane. Ms. Roberts said that Jane is able to express herself fully on paper; therefore, her plan was to allow Jane to answer the questions ahead of time and bring them with her should Jane choose to be interviewed in person. In the end and despite the unlikelihood, I was able to interview Jane in person. Although she prepared written responses before she came to the interview and referred to them throughout, we were able to speak together face to face, and with her permission, I even asked additional questions. Jane smiled throughout the interview. In the initial planning stages, Ms. Roberts told me she would ask Jane and was confident that these days “she (Jane) would let her know. We’ll figure it out.” And they did. Ms. Roberts and
Jane figured it out together and created a workable plan based on one of their mottos, “Keep the conversations going.”

When asked about Jane, Jones staff members smiled warmly and described her as a very unique and complex person, and Jane agrees, “I am not a typical teenage girl.” She likes a lot of things which can be summed up as, “I like to ‘do,’” she said. “I want to play football…all sports. I love swimming in the pool. We went to the beach last year, and I went deep into the ocean. It was fun.” And if she is sitting, she is still doing, she said. She likes art and painting, preferring pastels. Then there are the animals. “I love animals.” she said. “I am not afraid of animals. I want to take care of all of them, big ones and little ones, sharks, dolphins, and jellyfish,” she added and laughed. As a future goal, she has set her sights on being a veterinarian and says she could start at a local community college. She also hopes to work in a veterinarian’s office to hone her skills, “I want to look around, volunteer; hopefully, they will hire me,” she said.

Academics are a means to an end, according to Jane. She is focused because she needs a diploma to take her next steps, but not unlike other students her age, she says she prefers to participate in her other interests. But she does enjoy taking classes at Smith School where two of her classes are teacher-led. Although she says both on-line and teacher-led classes work for her, it is nice to have a change.

Jane’s name/names further illuminate her statement that she is not typical. Jane has two names, according to Ms. Campbell, and how she is feeling and behaving at a given time determines which name she uses. Jane’s actual name is Janine, Ms. Campbell said. “We
were all like, that’s a beautiful name. Why don’t you use it?” But most of the time she
prefers Jane. “That’s a pretty good way to sum it up….The way she reacts a lot of times can
be Jane-ish or Janine-ish,” Ms. Campbell explained. Jane for the most part is friendly, quiet,
and calm, but Janine, on the other hand, has had episodes in which she has been disrespectful
and harsh to others. “This has been surprising to staff because she is typically very sweet,”
Ms. Campbell said. “At the beginning, she was very quick to say, ‘Get away from me,’ and
not in a kind way, not in a patient way, and it didn’t really seem to bother her that feelings
got hurt,” Ms. Roberts said. Staff monitoring of some of Janine’s choices have resulted in
disciplinary consequences for bullying. Over time, Jane has made progress. Ms. Roberts
said conversations are on-going with Jane, as with other students—conversations about
bullying. Even though Jane has at times intimidated her classmates, “She’s also been there;
she’s been that person that’s been bullied. She has felt what that feels like, so those are some
of the conversations we’ve had with her recently,” Ms. Roberts said. “There are times when
they (students) have said something or done something and are not even aware of how it
came across. We just try to keep the conversation going so that they are at least aware,” Ms.
Roberts added. The conversations have made a difference as Jane now reports she has
friends at school. “Keep the conversations going,” is a strategy that is working, and is a
consistent theme that continued to emerge over and over at Jones in numerous social,
academic, and therapeutic settings.

Like most of the students at Jones, Jane came to the program with negative prior
school experiences and significant trauma. Although Jane had been enrolled in similar
programs before coming to Jones, no therapy or coping skills strategies were made available.

“That piece was missing,” Ms. Campbell said. Also, like so many other students in the program, she has not been given the opportunity to participate in important family decisions, even at the most basic level, such as with whom they live—this parent or that parent. This can make for a volatile environment at home because the parents may not be making these choices either. There was “a lot of frustration on mom’s part to suddenly have ‘this girl.’ A lot of frustration on the girl’s part because there are different rules in mom’s house, and different things going on there,” according to Ms. Hudson. Probably most challenging of all for mother and child is when both are undergoing treatment for mental health issues. Moods, emotions, and reactions are all a struggle. “One is usually up when the other is down,” Ms. Hudson said.

As a result, one of the most critical components of the Jones Program is Ms. Hudson’s work with the family to attain community resources, including therapist-family interventions such as psychiatric and medical support. The reward, according to Ms. Hudson, is when Mom realizes she needs to make changes, and Ms. Hudson is able to get her connected with the support she needs. Fortunately for the family, because the Jones Program has community partners, Mom’s lack of insurance does not deter the process, according to Ms. Hudson. “That has been huge. I just connected … (Mom) to my favorite doctor and the therapist there to work on some trauma history. That’s all happened in the last month. For right now, I feel really good about what’s going on with her and her family.” Jane said she is
also happy about the direction things are going for her family. “My mama loves this school. She even comes to the meetings and stuff.”

Jane has been with the Jones Program for about a year now, and although she occasionally reverts back to nonverbal communication, most of the time she uses classroom strategies she has learned that empower her to talk with teachers and classmates. “There was that time when she would just hide or shut down or maybe email me that she needs to talk to Ms. Hudson, but the program has brought huge change. Huge, huge changes,” according to Ms. Roberts. “Just being willing to talk. Even if it’s not much… being willing to show emotion, because that was months in the making,” Ms. Roberts said. “I would say, that just in the past couple of months, we’re seeing her kind of open and blossom. Now she’ll just walk across the room, grab a note to see Ms. Hudson, come over, and hand it to me. And just that alone has been huge for her.”

The dynamic intricacies of relationship are complex and are well documented; however, friendships have now emerged for Jane. “Friends are good,” she said. Jones staff members have observed this development of relationships with others, saying that although she originally kept to herself, they have seen friendships emerge, which have been really good for all. Jane has gained self-confidence, particularly when as recent as a year ago, she would not talk or even say a word, according to Ms. Campbell. “…And now Jane is talking to the other kids and she was not talking to anyone,” Ms. Roberts added.
Mary

When Mary first came to the Jones Program, she made it very clear from the onset. “I don’t have any friends. I don’t want any friends,” Ms. Roberts said. And she got busy making sure this was the case. She was very quiet; she did not interact with the other students; she sat by herself at lunch; “she really kept to herself,” Ms. Roberts said. This was the pattern, even though her classmates became frustrated with her for her refusal to interact. Just when her teachers began to wonder if she would ever reach out, Mary slowly started branching out and asked one classmate, “Will you sit with me at lunch?” Ms. Roberts said. “And they began to have the most bizarre conversations. It was great!”

Mary has much to talk about at lunch with a friend. She has distinctive interests that most would find singular, and these interests are the subjects of her conversations. “I do like culinary arts,” she said. “I usually decide to go into the freezer or the frig or the cabinet and just take a bunch of ingredients and turn it into a meal. Whenever I do, it turns out surprisingly delicious. And I like to make different recipes and stuff. So every once in a while, if I like the recipe, I’ll try to create it. Like the other day I saw on YouTube channel, like, they make cheese crackers—like homemade, so I decided to make some too; so I made my own dough, and I put cheese in it, and I made crackers like they did. It tasted like Cheese-its.” She has also invented her own Philly cheese steak dip. She “used the meat bits…poured some milk into the pan, then cooked a roux with lots of cheese,” she said. Mary’s unique interests go well beyond cooking and range from sewing, by hand, to watching British soap operas and Medical TV. She’s the on-site medical person at home and
treats the simple wounds in her family, she said. Mary is known for her resourcefulness and ability to take any materials she has on hand to craft something remarkable. When asked if she has friends now, she said, “I don’t have friends,” but then clarified, “I meant I don’t have friends in my outside life.” This is progress, according to Ms. Roberts.

Mary makes a distinction between “inside the program” and “outside the program.” She does not like therapy in her outside life, but she likes the therapist and group therapy inside the program. “It’s hard at first to get situated in, but you have to give it a bit of time. The more time you give it, the less hard it gets,” she said about the Jones Program. “It seems that you get more comfortable as time goes by.” This is a theme spoken of often by students, the comfort level within the program versus outside of the program—the juxtaposition of the need for staff to foster independence while also providing a nurturing environment.

Although Mary has wide and varied interests, both Mary and Ms. Roberts agree that academics are still her primary focus. “She is very focused on her academics, very, very focused,” Ms. Roberts said. At the time of the interview, exams were coming up in two weeks, and Mary had the exam review details down pat. Mary breathed deeply and began, “…He said week after next week is exams, so next week, he said we’re just going to review everything we learned, since the class I am taking over there is a state test which means I have a 100 questions, and he said he doesn’t know what’s exactly going to be on the test, which material he went over, so I don’t know what’s going to be on the test either. I just know that some of the material that we learned, I know it’s going to be on the test, but I’m just hoping that if I take the test, I hope there’s nothing on there that he didn’t go over,
because that’s going to be harder…” and then she breathed again. Much like Jane, it’s not that she necessarily loves her classes, she said, but they are definitely the way to a new beginning in any number of different careers. “I don’t want to be a doctor. I’m trying to decide between culinary arts, medical examiner, or working in a funeral home. I want to be a mortician where I get to dress bodies and stuff.” Her most recent project would come in handy for this. She took the fabric from an old pair of pajama pants and made them into a pair of slippers, by hand, Mary said. And she is interested in becoming a medical examiner because she is interested in “anatomy… that’s why I like all of the medical shows. I like to see what diseases are out there, and maybe if I become a medical examiner, I can actually figure out how it started and get people to make a cure for it.” Mary stressed again that she has plans for her future.

For now, Ms. Roberts tells her she must be patient. Her family thinks the Jones Program is the best choice for her right now, according to Mary, and she agrees. “It’s helping me get ready to go back into regular school.” She has a whole table of friends now at lunch. “So that’s really good to see,” Ms. Roberts said. “I know that’s one thing her mom has been concerned about, her lack of socialization. We have definitely seen growth in that area. And fortunately for us,” Ms. Roberts added, “there’s never a dull moment with Mary.”

**Staff**

So who are these teachers who work each day in an environment that requires them to go well beyond the teaching of reading, writing, and arithmetic? “You have to have a heart…. Having people (on staff) that it’s not just a job. That’s the struggle,” Ms. Campbell
said. “You can’t work in this environment and get twisted much…” she added. As in most high needs, intensive care programs, the Jones Program must recruit and retain a staff highly qualified to deal with an often-fragile population—not an easy task, according to Ms. Campbell. In addition, all teachers who work at Jones must be certified in special education. Educators who work in intensive treatment programs such as the Jones Program often share similar views of their work and adopt their own words to live by. Ms. Hudson described one of their basic philosophies: Jones must be a safe space. Because students come with significant trauma, they must feel safe at school first and foremost. Ms. Hudson explained further, “So a lot of what we all do is to try to let them, first of all, feel safe in the school. That is our first couple of months with them (new students).” Next, and only then, when students begin to feel safe, the Jones Staff must teach them how to be students. “Students come with a lot of gaps in education. When they have (coping) strategies we push a little more academically,” Ms. Hudson said. “(Staff are) really being a part of blending the therapeutic with the academic,” Ms. Roberts said. Teacher and therapist must work as a team, balancing academics with treatment, providing these services simultaneously, providing individualized strategies and coping skills that work for each student.

Therein lies one of the leading premises, one of the drivers of the Jones Program’s educational philosophy—the continual necessity to prudently juxtapose the academic goal and the treatment goal, moment by moment, point by counterpoint. Ms. Campbell described this delicate dance very honestly, “We have had struggles here with clinical people and teacher folks, struggling with, ‘This is a mental health issue,’ (on the one hand), ‘but they
(students) are still accountable for school,’ (on the other hand); and we’ve had to really compromise and come to ‘in-betweens’ where the clinical person may go, ‘I’m not worried about the academics; we just need to survive today.’ And the academic person is going, ‘Yeah, but that’ll put us a day behind.’ Trying to find that balance. It is the adults that have to get that worked out for the sake of the kids…or it will bomb very quickly.” Ms. Campbell said. The principal, Mr. Brown, was explicit in his characterization of the Jones Program. “Our primarily purpose here is not academics. And people are like, ‘Well, it’s a school!’ We are working on basic needs, behavior. We have got to get that squared away first and teach them how to cope and how to communicate effectively or appropriately. So that’s our focus.”

Jones is fully staffed in order to address the intensive needs of their students. The Jones Program staff who work directly with the two student study participants are: Mr. Brown, principal; Ms. Campbell, program coordinator; Ms. Hudson, mental health therapist; Ms. Roberts, high school teacher; and Ms. Banks, behavior support assistant.

**Mr. Brown, Principal**

Mr. Brown serves both the Jones Program and Smith School, and has been the principal for the last four years. His first degree was in elementary education with a minor in music and a specialty in pipe organ. He began his career in education as an elementary teacher in Kentucky, but after one year, he said he knew that was not for him. His next job was working with high school students with special needs and here he knew he had found a home. An interesting and varied career found him working for an alternative school, selling
professional development materials for a promotional company, and finally working as a flight attendant. This last job allowed him to fly to his interview for the Smith School, and here is where he has been ever since. Although he had much experience working with students with disabilities, he had never worked with students with mental health diagnoses.

(This is) “My first experience with a day treatment program myself, and I didn’t really know what to expect when the district said we’re going to move them to that building. I didn’t have any experience with mental health and what I’ve found is that behavioral and mental go hand in hand. It (Jones Program) serves only those students who have a mental health diagnosis. They’re all identified as exceptional children and it’s some pretty severe issues before they’re admitted there. Some of those students, to me it’s a miracle they can even get up in the morning and function,” Mr. Brown said. Although he is the principal, he said he has wisely assigned the management of Jones program to Ms. Campbell and the Jones Program staff. The dynamics are very different in the Jones day treatment setting than Smith School, and he said his role is to be available to provide support in any way, every minute of every day. “They (Mary and Jane) have done really well, and that is a big positive for us adding them to our campus. Prior to that (Jones Program move to the Smith School) they had to stay over there, but they can transition to a different environment. Even though we’re on the same campus, delivery is very different over here. They can interact with a real teacher. Over there, they’re on-line. We’ll do a slow transition. Maybe a class or two over here. Add more as time goes on. Like next year, they’ll probably be over here ½ day if not
the entire day. (There are times) when the transition doesn’t go well, but we never know until we try, Mr. Brown said.

**Ms. Campbell, Program Coordinator**

Ms. Campbell could be considered the master maestro of the Jones Program. Each morning she begins acappella, the tempo a smooth adagio. In very short order, however, the tempo increases significantly and by midday the theme can often be arpeggio-like with multiple discordant chords in need of rearrangement. Naturally dissonant notes can be the rule of day treatment, and the conductor must orchestrate skillfully to create a harmonious refrain. During my initial interview with Ms. Campbell, we had knocks on the door and visitors about every 15 minutes. Ms. Campbell welcomed these staff and student comings and goings because she has learned that a 5-minute conversation can prevent a half day calamity. Consistency is key, but flexibility is golden. During the research study, Ms. Campbell rescheduled my visits a number of times in order to put the interests of students and staff first. That is the nature of day treatment, she said. Ms. Campbell has a teaching certification in exception children’s education and regular education and has been with the Jones Program since its inception and through its multiple metamorphoses. She was the first elementary teacher in the program, taught in the middle school program for 5 years, and has been the coordinator for five years. Ms. Campbell says she understands the critical juxtaposition of academics and treatment. “I’m from both worlds. I started in mental health, so I have that background, and then I got my teacher certification, so I am seeing both sides.”
Ms. Hudson, Mental Health Therapist

During a group therapy session, one of the students said, “Ms. Hudson, as soon as you become a therapist, things just ooze out of your brain.” Although not similarly phrased, there was unanimous agreement among all staff members interviewed that the single most important component which determines the success or failure of a day treatment program is the on-site presence of a full-time mental health therapist. If Ms. Campbell is the master maestro, then Ms. Hudson is the master juggler. All agree there must be a central figure that can keep all of the balls in the air. She begins each day juggling with a manageable few. But usually, 30 minutes into the day, several more balls have been thrown in. Midday brings an additional six balls, two more per hour. By the end of the day one can imagine Ms. Hudson juggling a boatload of balls, with the absolute necessity to keep them all in the air.

According to students and staff, Ms. Hudson is up for the task.

This assessment was agreed upon by principal, staff, and students. “She is always there for you, you know. She listens. She doesn’t judge you, or anything,” Jane said. “She is the only therapist I can tolerate. She’s nice,” Mary said. Students can access mental health services by simply filling out a yellow slip by the classroom door which indicates they need to see her, according to Ms. Roberts. Ms. Hudson has an undergraduate degree in mental health, an undergraduate degree in mental health counseling, and a master’s degree in agency counseling. She is a Licensed Professional Counselor (LPC) in addition to other mental health therapist certifications. “And I have all of the other certifications,” she stated. Her role at Jones is comprehensive and includes individual therapy, group therapy, child and
family therapy (CFT) meetings, case management which connects students and families with agencies, and the close monitoring of medications prescribed by the psychiatrist who works with about 75% of Jones Program students on a consistent basis, according to Ms. Hudson.

Working with the psychiatrist has been a critical aspect of the daily process of ensuring that students are stabilized and able to move forward, Ms. Hudson said. “We even go to (psychiatric) appointments with our families,” she said. “So it’s been nice to be able to wrap our kids completely with the mental health component.” This is a lot of balls. She gives her cell phone number to all who wish to contact her because you will rarely find her in her office. At any given time during the day, she may be in the classroom working with a student in crisis, talking with a social worker, or responding to yellow card requests.

Numerous school leaders have visited the Jones Program, and the staff’s primary recommendation to the visiting educators is to, first and foremost, ensure that an on-site mental health therapist is a member of the team. Ms. Hudson says she is where she needs to be. “That’s kind of who I am—school mental health. (This) component has always been my interest and my strength because that’s who I am. I am the therapist here.” Staff agree that having a therapist on staff can be the single determining factor on how a day goes. “And the group therapy and the time she is available to pull them individually can make or break a day,” Ms. Roberts said.

Ms. Roberts, High School Teacher

If Ms. Campbell and Ms. Hudson are master maestro and juggler, an apt metaphor for Ms. Roberts is tightrope walker—strong and agile, swift and measured, always in balance,
exhibiting that careful combination of composure and divination, her craft so recognizable in seasoned educators. She must plan the next step, yet remain present in the moment; be ready to act, yet proceed with measured actions. The day treatment teacher encompasses the absolutes of effective day treatment. The themes which emerge throughout Ms. Roberts’s day mirror the overall themes of the Jones Program. Ms. Roberts must monitor while providing choice; she must be both consistent and flexible; she must teach while providing treatment; and she must foster independence while nurturing. And this delicate dance, performed on a tightrope, is a new dance every day. “One thing that the BSA (Behavior Support Assistant) in my classroom and I talked about at the very beginning of the year was that we don’t feel like we have to have the last word. That eliminates a lot of the power struggle that could happen every hour of the day. It’s not about winning or losing. It’s about learning and continuing to move forward whatever the situation is. We really try to focus on those two pieces and when they (students) do have a fresh start every day, it just allows them to have the space to come in and know they can find success that day,” Ms. Roberts said.

Ms. Roberts is in her 19th year in teaching, her second year at the Jones Program, and she says she never really saw herself working in day treatment. Before coming to Jones, she worked for nine years with high school students in a multiple disabilities (MU) class, and she loved this work. “So this was going to be just completely different from anything I’ve done,” she said. Ms. Campbell asked her to consider visiting the team at Jones for a few days to learn about the program. “So I came and it just kind of fell into place,” Ms. Roberts said. The element that captured her attention, because it was completely new to her, was the
therapeutic component which was blended with the academic. “I was really pleased that this was available,” she said.

**Ms. Banks, Behavior Support Assistant (BSA)**

It was about noon, and classical music was playing. Noteworthy, however, is that Ms. Banks routinely offers students a choice of music during lunch, clearly a juxtaposition of monitoring and choices. One student said he didn’t really like the music on “relaxation” radio. He said it made him sad, and Ms. Banks changed to a station that was acceptable to all. Ms. Banks is a partner with Ms. Roberts in the delicate dance of day treatment. They work together to facilitate both instruction and social skills, interweaving always these two curriculums. They work with their other team members to teach a different way of thinking—demonstrating and modeling that students have choices, fundamental even to the way they think and speak.

Lunchtime is often the venue for language learning as Ms. Roberts, Ms. Banks, and the students have lunch together in their classroom each day. In one observation, students were socializing and having casual conversations, and one of the students said she was concerned because her hair had gotten messed up earlier in the day. “My mom is going to kill me,” she said. Without hesitation, Ms. Banks responded, “Remember, don’t use the language of extremes.” The student changed the word to angry, and lunch went on without disruption. This interchange between Ms. Banks and her student—a 30-second intervention about word choice—illustrates the numerous on-going scenarios literally every minute of
every day. Each conversation is an opportunity to monitor, in order to talk about choices, to talk about language.

**Daily Schedule**

The Jones Program schedule is predictable, detailed, and consistent. Each day begins the same and ends the same; however, a juxtaposition of consistency and flexibility within the parameters of this schedule provides an opportunity to adapt and adjust as needed. The Jones Program routine, can be “routine-ish,” if needed, depending upon a need to be flexible. So what is a typical day at the Jones Program? How do students and staff begin and end each day, and what are the students’ lived, everyday school experiences in the Jones Program?

The daily schedule for the high school class is as follows:

- **8 a.m.—8:30 a.m.**
- **8 a.m.—8:20 a.m. Check-in/Breakfast/Point sheets**
- **8:20 a.m.—8:30 a.m. Morning meeting**
- **1st period: 8:30 a.m.—9:55 a.m.**
- **2nd period: 9:55 a.m.—11:45 a.m.**
- **9:55 a.m.—10:10 a.m. (MWF) Movement break**
- **9:55 a.m. — 10:25 a.m. (TH) Physical education**
- **11:15 a.m.—11:45 a.m. Lunch**
- **3rd period: 11:45 a.m.—1:05 p.m.**
- **12:55 p.m.—1:05 p.m. Movement break**
- **4th period: 1:05 p.m.—2 p.m.**
8 a.m. – 8:20 a.m. Check-in/Breakfast/Point Sheets

When the buses and cars roll onto campus between 8 a.m. and 8:30 a.m., staff members greet students on the sidewalks outside, giving high-fives, welcoming them to a new beginning, a new school day. Every teacher has a role to play even before students enter the classroom. It’s important to “check-in” with students in the morning, according to Ms. Hudson. Eye contact, facial expressions, and body language forecast sunshine or a potential storm in the classroom. What has gone on at home the evening before or that morning as families get ready for the day is a pretty good predictor of the day to come, she said. From the time students arrive, staff members intentionally engage students in the therapeutic component of the Jones Program. “We do a check-in process when the (high school) kids come in,” Ms. Campbell said. Jane’s day routinely begins with what happened at home that morning or the night before.

It’s not unusual for Jane to get off the bus ready for combat. “It’s almost like she comes in already ramped up from the battle at home. She gets here and has to unwind,” Ms. Roberts said. Only then can she begin, once again, with a new beginning. “I look at her face
every day when she comes in, and if she’s making eye contact, she’s okay. If she’s looking around, saying, ‘I’m fine,’ then I know she’s not so fine,” Ms. Hudson said, “and I drag her right in my office and say, ‘Okay what’s really going on? How come the eyes are rolling up and you won’t make eye contact with me,’ and we can usually get to what is going on. Usually it’s a spat between Jane and her mom. We work that through, and then she’ll go to class.”

This time in the morning is the new beginning, the “every day is a new day” Jones Program mantra, the judicious juxtaposition between academics and treatment. It’s an established procedure that demonstrates daily that Jones is a safe space. “We start each day the same way,” Ms. Roberts said. “Then we separate based on what the need is.” Students with good eye contact, good nonverbal signs head to class. Students who look as though things may have been a bit rocky before they got to school may choose to meet with Ms. Hudson to begin the day with a fresh start.

Once in their classroom, students are greeted by Ms. Roberts and Ms. Banks and begin a 20-minute period during which they eat breakfast, visit with friends, and listen to music. This has turned into a positive social time, with opportunities for students to apply skills learned during a class time devoted to a social skills curriculum, according to the teachers. Although Mary’s day begins in much the same way as her classmates, she often misses the morning socialization so critical to student success. “She actually comes in a little bit later than the rest. She gets in pretty close to 8:30 a.m., so she has very little time in the
morning for that weaning in or socializing first thing in the morning. She eats her breakfast and gets right to work,” Ms. Roberts said.

Ms. Roberts also meets with students individually in the hall during this time, and the first thing she does is another check-in. “How are you feeling? How was your evening? What kind of day are you having so far?” We have point sheets that we start in the mornings. They fill it out to say what kind of mood they’re in to start with,” Ms. Roberts said. Students are afforded another opportunity for a new beginning while in the classroom and before academics begin. “As far as day to day, really one of my goals in the classroom is to give each kid a fresh start every day. We do our best to do that.”

8:20 a.m.—8:30 a.m. Morning Meeting

At 8:20 a.m., Ms. Roberts leads a morning meeting in which the teachers and students all state something positive for the day. “Sometimes they have to dig really deep,” Ms. Roberts said smiling, “But I make them dig. Even when it feels terrible there’s always something positive you can find.” Students give positives such as ‘19 days until the end of school.’ Jane and Mary both participate in the morning meeting and said they understand its meaning and relevance, both agreeing it is important to talk about what they called “positives for people.” Ms. Roberts and Ms. Banks add their positives to the group as well. “Another positive,” Ms. Roberts told the students during one observation, “John earned his computer back.” Loud, spontaneous applause broke out among the students and John smiled. After making a choice that caused him to lose the use of his computer, he worked steadily for three days to earn it back. Even before 1st period, a student experienced the natural consequences
of bad choices. With the conclusion of the check-ins and the morning meeting, both implemented to provide skills and strategies for the day, it is time for 1st period and academics. Ms. Roberts says the same thing to the students she says consistently each day, “We are ready to get started.”

1st Period: 8:30 a.m.—9:55 a.m.

Imagine a classroom in which there is a teacher, a BSA, and six students learning as many as six different subjects… and it’s just first period. At 8:30 a.m., students begin their individualized classes, and by the time six students rotate through four periods, they have potentially accessed 24 subjects. Add to this, differentiated, specialized instruction which must be provided for students through their federally mandated IEP’s. How does a teacher manage such a complex and intensive academic environment? “The majority of them (students) are all doing on-line classes,” Ms. Campbell said. “The way our class is set up, they’re all taking different subjects, and they’re not on the same page during academics,” Ms. Roberts said. At this time, the student’s on-line classes are not interactive or instructor-led, so it is important for Ms. Roberts and Ms. Banks to provide timely and targeted support to their students. In order to become proficient in the academic content, students proceed through a number of on-line activities and then test for understanding. Students make choices about which subjects to tackle that day, the amount of time they will dedicate to each task, and finally when they will be ready to test for proficiency. Students may choose to list their academic successes on the classroom whiteboard as a means of self-monitoring and teacher monitoring and also as a way for classmates to celebrate one other’s successes. The
teachers, who consider themselves to be instructional facilitators, work with students throughout the day, monitoring progress and assisting where needed. During my research, I observed that Ms. Banks focused primarily on providing math support, using the whiteboard and other strategies to illustrate the concepts. Ms. Roberts provided a wide array of support. When students are taking math, it is a given, according to Ms. Roberts, that one of the teachers will be sitting with the student. The concepts in mathematics are very complex and can be the most difficult to understand in an on-line environment, she added.

Jane described the on-line environment, “There’s either a woman or man (teacher). It (the on-line course) like, takes you step by step what you’re learning. You can replay it.” Jane also reported that she is satisfied working virtually, although she doesn’t have a preference between teacher-led and on-line learning. Jane has gained academic independence in several subjects, which allows her to take two classes outside of the program. She takes art and English 2, both teacher-led, at Smith School. Jane is very positive about these classes and described her art class in detail. “At the beginning of art, we learned about contrast which is two different elements coming together to make one. And we are learning about impressionist art right now. Before the impressionist art we learned about the renaissance art.” Hands on activities in art include painting, which Jane says is her absolute favorite. Mary too has transitioned to two classes at Smith and is working to transition to all four classes there and ultimately return to “regular school,” she said. “I miss regular, big high school because I actually get to move more and go to my classes. I miss that,” she said. According to Ms. Roberts, these classes at Smith mark the beginning of
transition for Mary and Jane. Teacher and students are taking measured baby steps toward this goal, and it is not always all baby steps forward—rather, there is once again that delicate dance—that juxtaposition between fostering student independence and the need to provide a nurturing environment.

Overall, the students work very independently, according to Ms. Roberts. Students focus on their academics and agree they do not have a lot of time to waste—they have goals to meet. This does not preclude teachers working right alongside the students. During the research observations, teachers remained actively engaged in their students’ learning. Students who asked for help received help. Mary and Jane also both reported that their teachers help them as needed. There have been a few issues with inappropriate internet use, and of course “that’s going to happen anywhere,” Ms. Campbell observed. The student who lost computer privileges before the research study regained access. He had been using paper and pencil for his studies and appeared to be very relieved to be on-line once again.

Regaining the privilege of computer access was a process over days, and once accessed, his screen was visible on the classroom whiteboard as another monitoring measure to ensure good choices. Once more, the academic dance, the juxtaposition of monitoring and choice is one of many emotional tug-of-wars that students faced throughout this study—a careful balance and counterbalance with just the right amount of weight resting on each side of the scale, “Keeping it in the middle,” another Jones refrain.
2nd Period: 9:55 a.m.—11:45 a.m.

The academics and activities that occur during 2nd period are: Movement break or physical education, and lunch.

9:55 a.m.—10:10 a.m. (MWF) Movement Break

On Monday, Wednesday, and Friday, the students take a “movement” break at 9:55 a.m. They really enjoy walking, according to Ms. Roberts and have learned to use it as an effective coping strategy for mental disorders such as anxiety, for instance. Weather permitting, students and teachers will walk in the parking lot, but if weather keeps them inside, or it is just not a good day for the students to be out of the room, they conduct exercises in the classroom, including stretches, squats, lunges, or arm rotations. Students must pick two, according to Ms. Roberts. They may also take a “brain break” such as listening to music, but movement must come first. Even a 15-minute movement break becomes an opportunity to learn. Leading the exercises doubles as a means to increase social skills, and Jane, who would not speak when she first enrolled at Jones, is now leading a movement group. “Feel the burn?” She asked. “Five more times. You can do it. You get an F. You fail,” she joked to a student who was not fully participating. Ms. Banks who often jokes with her students and never misses an opportunity to hone in on language choices said, “Jane, you are the leader, not the drill sergeant.” Ms. Roberts said she appreciates the opportunity to observe students in leadership roles because it provides valuable insight into their progress over time.
Although this “movement break” is scheduled, additional and even on-going movement breaks are interspersed throughout the day whenever needed, once again demonstrating the juxtaposition of consistency and flexibility in the Jones Program. One student I observed during the research study spent much of the day walking—walking to the trash can, the window, the kitchen sink, the bathroom sink, back to his seat, and then another similar loop. Classmates were apparently accustomed to this walking as evidenced by the fact that not once did any of them comment or even look while the student walked and walked. After the movement break, the students return to their academics.

9:55 a.m. — 10:25 a.m. (TH) Physical Education

Physical education is another opportunity for social skills learning and for movement. But as with other scenarios in which student leave the classroom, flexibility is golden. “If someone is struggling in PE, maybe they need to go ahead (to the gym) and help set up. Go set up. Couple laps. Then when the class comes, come back to room. Not in good spot today, come back to the room,” Ms. Hudson said.

11:15 a.m.—11:45 a.m. Lunch

Each day, students and teachers bring lunch from the cafeteria and eat together in the classroom. This is a favorite time for students because they crave more social time, Ms. Roberts said. Students sit in groups of two or three, which was a prevalent arrangement for quite some time. Then the whole group began to come together at one table for several weeks until there was an incident during PE that divided the group into smaller segments once again, according to Ms. Roberts. Jones Program students have a very difficult time with
group interaction, Ms. Roberts said, so lunchtime will continue to be an important but challenging time to navigate. Student interactions reveal the day-to-day relationships among students, and lunch is a good time for teachers to observe, assess, and work on social development. “It’s been interesting to see the dynamics of lunch,” Ms. Roberts said.

A staff philosophy that reoccurs at Jones, is “keep the conversation going,” so teachers also take this opportunity to work on the use of appropriate language and choices. This is done unobtrusively, in a conversational manner so that students feel that lunch is still their time. If students are talking with their teachers and to others, they are learning. Ms. Banks, in particular, has the gift of gab and will talk with students about their favorite contemporary music, TV shows, and movies—but some days they have to cut lunch short because of inappropriate conversations which must be consistently redirected or take a nosedive because the students get too amped up, Ms. Roberts said. “We try to give them as much of their own time, still supervised, but I know they get frustrated. (Students say) ‘If we were in a regular school we could talk about this.’ But they’re not in regular school, so sometimes we really have to break it down. ‘If you and your best friend are outside at your house, you can talk about that stuff. Who cares? But you have to know your setting and you have to be able to judge what’s appropriate and what’s not,’” Ms. Roberts reminds them, once again judiciously juxtaposing monitoring and student choices.

Mary, who at first sat alone and would not interact with her classmates, now has friends and participates in conversations most days. “We tell jokes and hang out and play games on the computer,” she said. “Some of us continue to do work, like me, but sometimes
we tell funny jokes and stuff. Like one of my friends, sometimes his jokes are inappropriate, so he gets in trouble, but it’s still funny.” Jane said she often works during lunch so she can get her credits and graduate, but also says that when she can, she and her classmates often eat and talk together.

3rd Period: 11:45 a.m.—1:05 p.m.

After lunch, students begin their on-line courses again until the beginning of 4th period. Each student works individually on subjects such as English, World History, or Mathematics, depending upon grade level, curriculum, and credits already earned. Jane attends class at Smith in the afternoons, but Mary is back at Jones from her classes at Smith in the morning, and she is all business. “I have to go to Smith School for business and finance. But I have two other classes—American History 2. I finished that, and physical science. I got a 100% a couple of times, but they had to re-set it (the course), because I need to get my grade up. They (my teachers) are nice, Ms. Roberts and Ms. Banks. They try to help me with my work. They try really hard.”

One must contextualize the setting, however, to better understand the classroom dynamics. The time designated for academics is not just academics. It’s the juxtaposition of academics and treatment, the balance of the two needed to sustain academic time on task. Students may work for the entire period, or they may work for five minutes, according to Ms. Roberts. “One student has a hard time sitting for that length of time, so he typically will get up, halfway between that morning break and lunch and just walk the classroom a couple of laps, go back to his seat. One strategy is, he uses a stress ball a lot. He’s got one of those
strategy fidget cubes. He’ll mess with that. He needs something most of the time. He gets really fidgety and anxious. But classmates understand each other since we’ve all been together, the other kids don’t pay attention to him when he gets up and walks around the room,” she said. “My first thought,” Ms. Hudson said, “is if you don’t have coping skills for anxiety, you are going to bomb. So that’s the first thing. That’s the advantage of this (treatment), and the second thing is that it just goes with stabilizing kids. If they can’t recognize they are getting anxious, then they’re going to bomb. They need to be able to recognize their thoughts and feelings and use a strategy to get them back to baseline.”

12:55 p.m.—1:05 p.m. Movement Break

“We usually stop short of 1, so maybe 12:55 and we’ll do another movement break. It looks similar to the one in the morning. Little bit shorter,” Ms. Roberts said. But this time is not to be underestimated. It’s a coping skills time, time to move. Students also use this time to socialize and enjoy the laughter that usually abounds during this later afternoon time. During one observation, one student was getting closer and closer to Jane during the exercises and she said, “I love you but not that much.” Everyone laughed.

4th Period: 1:05 p.m.—2 p.m.

The academics and activities that occur during 4th period are: Group therapy, social skills/experiential, and the end of the day classroom meeting.

1:05 p.m.—1:50 p.m. (MWF) Group Therapy

It is 1:05 p.m., and students have gathered in a small meeting room around a table. Throughout the day, several students had already inquired about group, “Do we have group
today?” Ms. Roberts gave a thumbs up. And later, another student asked, “Is today group day?” Both Jane and Mary agree that they like group now, although when first enrolled in the program, they did not. Ms. Hudson welcomes everyone and wastes no time before beginning today’s topic: ‘How do you use kindness as a coping skill? If your body is tense, it’s because you are feeling something or thinking something, so you try to figure out what it is. The thinking is usually something that’s gone wrong. Might have been thinking I’m a stupid person. Why can’t I do this right? Or it’s his fault. He made me do it. Then you figure out—that’s an irrational thought. Let’s come back down and get rational thinking.’”

The group is very interactive, and students begin to participate immediately. The following dialogue interchange between Ms. Hudson and her students is characteristic of group therapy. At this point in the session, Ms. Hudson has presented a potential scenario in which the student is beginning to feel out of control. Perhaps there has been an argument or something happened at home that morning before school and the student is feeling angry or sad.

“‘Any ideas how you get yourself back together?’ Ms. Hudson asked the group. ‘What can you do to control your body? What can you do to take care of your body?’”

Students responded:

“‘Play a video.’”

“‘Take a shower.’”

“‘Meditation.’”
“‘What else can we do? What can make you feel kind and loving? Things you can do to make you feel happy?’” Ms. Hudson asked.

“‘Loving animals,’” Jane said.

“‘Physical contact,’” Jane added, at which point, Ms. Hudson gave her a hug.

Ms. Hudson monitored responses, and when students provided inappropriate answers, Ms. Hudson quickly interjected with a statement about language and choices. The juxtaposition of monitoring versus choices continued to be a crossroads at which Jones teachers took every opportunity to model and teach.

“‘Slasher movies,’” a student said.

“‘Not slasher movies,’” Ms. Hudson corrected.

“‘Tattoos,’” Jane said.

“‘We’ll come back to that,’” Ms. Hudson said. Some topics were better left until later, as indicated by Ms. Hudson’s response.

The students fully engaged in the group activities, and Ms. Hudson monitored conversations, addressing language issues, encouraging, correcting, juggling multiple juxtapositions all at once. Immediately following the discussion portion of the session, Ms. Hudson distributed materials such as color paper, markers, pens, pencils, and students drew a coping wheel designed to encompass the strategies learned today. Ms. Hudson said she has found that it’s good for students to leave with a visual reminder of the group topic.

“Students arrive at the Jones program with no ability whatsoever to solve problems. They have learned no strategies and don’t know what to do if they are upset. They have not
learned how to read their own body language, Ms. Campbell said. So at 1:05 p.m. each Monday, Wednesday, and Friday, students attend the CBT group. “Group days we usually talk about group coping skills and our thinking traps,” Jane said. Three times a week they practice…in a safe space during group therapy, which is the vehicle by which students learn the CBT coping skills. “We work on the thinking errors, really push coping skills,” Ms. Hudson said. Staff members reinforce the skill throughout the week in the classroom, in the bus line, gym class, and during their social time at lunch.

CBT is the primary mental health intervention that undergirds the Jones day treatment program. “Group therapy and CBT are the keys that makes this a mental health day treatment model,” Ms. Hudson said. At the beginning of each school year, Ms. Hudson develops a comprehensive, weekly CBT curriculum. The syllabus begins with a basic understanding of “What are feelings? What are thoughts? What happens to your body?” Ms. Hudson explained, “And what are coping skills that empower you to make appropriate choices throughout your day?” Every two weeks, Ms. Hudson introduces a coping skill and students begin the process of internalizing the strategy. For instance, “they made a tool box that they can use right in the classroom,” according to Ms. Hudson. “It might have a stress ball in it, bubbles, anything, practicing deep breathing.” The students appear to be clear on the role and function of group therapy. “We just talk about different things and how we feel and stuff on different subjects like stress. She has a theme for each week. We do different activities,” Mary said.
The teachers are looped in as well. Ms. Hudson trains all teachers at the beginning of the year and works consistently with them throughout the rest of the year. It’s a team effort, according to Hudson. “We teach the teachers at the same time so they can reinforce what we are doing in group. ‘Okay, are you feeling angry? Are you feeling happy? Are you frustrated? What’s a level?’” Ms. Hudson explained. When students first enroll, they start at level one. Their time frames are really short. For instance, they can earn points every fifteen minutes. Students work to earn levels and can move from 1 to 2 and work their way up to as high as level five. The CBT point system is a concrete system for identifying progress in the management of thoughts or feelings, which can often be nebulous and intangible for students. Points are an earned currency that can be traded in for a desired commodity. Students earn points for four areas—verbal control, physical control, following directions, and respect. As students move up in levels, the staff expects students to manage their behavior for longer periods of time, according to Ms. Roberts. The positives of this program include incentives that the students find valuable. The most popular in their classroom, according to Ms. Roberts, is when they earn the reward of listening to music during the day. “That’s HUGE,” Ms. Roberts said. “They all work for that.”

1:05 p.m.—1:50 p.m. (TH) Social Skills/Experiential

Tuesday and Thursday, Ms. Roberts and Ms. Banks work with the students in a social skills or experiential activity in the classroom. The Individual with Disabilities Education Act (IDEA) codifies a social skills curriculum instruction for all students with disabilities. Exceptional Children’s teachers across the county work with their students on skills critical
to school readiness, such as learning to say please and thank you; how to play a game with someone; how you read body language, facial expressions, or how to learn to make choices even when none of the options are very good ones, according to Ms. Hudson. Because the Jones staff express resolute determination to work as a team with clear and focused messaging, Ms. Roberts works to ensure that the social skills or experiential curriculum classroom activities mirror Ms. Hudson’s group therapy theme each week. Ms. Hudson shares her lesson plan template for the upcoming two weeks which includes the “thinking trap” and the CBT coping tool that staff will highlight with students. For instance, when Ms. Hudson’s therapy group focused on using nature as a coping strategy, Ms. Roberts dedicated classroom activities to the study of nature. They went outside, gathered items, and made a self-portrait using those items. Students pretended they were something in nature such as an animal, mountain, river, and wrote about what they felt, saw, and experienced. Another practice, as intrinsic to Jones as team messaging and consistency, is flexibility. So on those days when a group activity that supports Ms. Hudson’s theme will not work, the classroom activity will be “…whatever it seems we need that day. Or sometimes when nothing is really connecting, we’ll take a long walk outside,” Ms. Roberts said.

1:50 p.m.—2:00 p.m. End of Day Classroom Meeting

Jones staff begin every day with the end in mind, and end every day as they began. In the same way staff welcome students to school with “check-ins,” staff say goodbye for the day with a 10-minute “check-out” time. How are you? Did the day go well? Anything we need to talk about before you go home?
2:00 p.m.—Student Dismissal

Staff and students go to the buses and cars together, which gives staff an opportunity to see parents if students are car riders, check in with the bus drivers, and communicate with students as they step out of the day treatment world.

2:10 p.m.—2:30 p.m. Daily Staff Debrief

When an older student began to demonstrate inappropriate behaviors when hugged, staff members eliminated what they thought was the problem—hugging. A new school-wide rule was implemented—no more hugging; however, this new policy had the unintended consequences of the “whack a-mole” phenomenon. Issues with the high school student was eliminated, but serious issues with an elementary student popped up unexpectedly. Behaviors among the “littles,” as Ms. Campbell calls them, began to worsen. During the next daily staff debriefing, staff members addressed this subject, and one of the BSA’s reminded the group that the disruptive behaviors now occurring for the elementary students started when the “no hugging” policy started. Because of this conversation during a daily staff debriefing, they re-grouped and split hugging down the middle—hugging for the younger students; check-ins with the older students.

All staff members interviewed agreed that daily staff debriefings round out the day treatment program, and without this regular interchange between teachers, the program could not work. The students leave at 2 p.m., and staffers spend the next 20 minutes each day discussing two high school students per day, whoever has the most pressing challenges. They brainstorm; they strategize. “The cool thing here, we do these daily staffings,”
Campbell said. “It works so well because everybody’s on the same page. ‘Okay, we tried this but it didn’t work. Somebody else give me some ideas.’ You aren’t having one person make all of the decisions, and that has worked so well,” she added.

Ms. Roberts considers the daily staff debriefing to be critical to teacher retention. “I think one of the things I appreciate most is at the end of every single day, we process. We talk about each kid. What their day looked like; what we need to be aware of for tomorrow or prepare for or whatever—if there are any shifts that need to take place. That is an incredible piece of the puzzle. There have been days, if we had not had that processing time, then the next day would have been very different and much likely worse. And also personally because I would take it home in my head and be trying to figure it out the rest of the night, and it’s exhausting. It’s been really important for logistics and keeping everybody on the same page and then personally and professionally just being able to leave those things here and be able to come back the next day for a fresh start. We get to brainstorm, bounce ideas. Like, ‘Hey we’ve been doing this, or this hasn’t been working. This is what we saw today, and do we need to do something different, or do we need to keep plugging away.’ It’s been a great resource,” Ms. Roberts said.

Findings

Many people are familiar with the 19th century fairytale, Goldilocks and the Three Bears. As this is a narrative dissertation, here I will take poetic license to share the overarching theme of the Jones Program in terms of a literary application. Though adapted several times, the universal theme remains the same. It’s the “theme of middles.” As
Goldilocks walks through a house that is unfamiliar and even a little scary, she has options. Granted, some are better than others; nevertheless, she does have choices. The intrigue that keeps the reader sitting on the edge of her seat is, “What will she do?” There is porridge that is hot and porridge that is cold. Upon further investigation, she discovers there is also porridge that is “just right.” She gobbles down the porridge that is “just right.” Good choice. She wanders through another room in the bear’s house, and finds a chair that is really big, a chair on the smallish side, and chair that is “just right.” Again, she chooses the one that is “just right.” Goldilocks continues on her travels through the house, but the overarching theme is that each time when making a choice, Goldilocks chose the option that was “just right.”

The story of The Three Bears is a story of middles. According to Author Christopher Booker, much has been written about this story. It is characterized as the “dialectical three…This idea that the way forward lies in finding a middle path between opposites. This concept has spread across many other disciplines, particularly developmental psychology, biology, economics, and engineering where it is called the ‘Goldilocks Principle.’ It states that something must fall within certain margins, as opposed to reaching extremes. The Jones Program developed a theme to help those students who struggled to find a way forward that was “just right.”

“There are students that are extreme kids. They love the shock factor. So you never know what’s going to come out of their mouths. Ninety percent of the time (they’re) enjoyable, silly. That’s part of their pasts too. Their past was, they had no limits, no
boundaries. One thing they are learning is not too far left. Not too far to the right, let’s come on in the middle, and that’s what we’ve been working on, and we’ve got a ways to go on that,” Ms. Roberts said. Sometimes the most promising answer to a daily struggle is born of pain, and that is the case with this phrase used over and over like a mantra. “We had a couple of episodes and we had to strategize,” Ms. Hudson said. Students become anxious or experience panic attacks. They say inappropriate things to students and staff. “They’ll go say something here and saying something there. So we came up with something, ‘Keep it in the middle.’ Some kids are definitely all or none. Teachers now know what to say, ‘Come back in. Keep it in the middle.’ ‘Oh right. Ms. Hudson said I need to keep it in the middle.’” That’s how we coordinate.

The overarching theme which answers the research question, “What are the lived, everyday school experiences of two high school students in a day treatment program,” is “Keep it in the middle,” always looking for that middle path, the path that’s “just right” through the myriad of juxtapositions they face at every turn every day.

Four subthemes emerged early and recurred often throughout the participants’ individual narratives which ultimately led to the overarching theme, “Keep it in the Middle.” I will describe these findings and list the strategies that Jones staff members employ which support these findings. In Chapter Five, I will more fully discuss the findings as well as link these findings with the current scholarly literature. The four subthemes are:

Finding 1: Juxtaposition of Monitoring and Choices

Finding 2: Juxtaposition of Consistency and Flexibility
Finding 3: Juxtaposition of Academics and Treatment

Finding 4: Juxtaposition of Fostering Independence and Providing a Nurturing Environment

Finding 1: Juxtaposition of Monitoring and Choices

The time of day makes no difference. There is no delay in the balancing of opposites, the weighty decisions that must be made on a daily basis. “We had one this morning,” Ms. Campbell said in our first interview. “Somebody walked in and said, ‘Tell Ms. Campbell that they’re smooching in the cafeteria.’” So I pulled them aside, and the girl (Jane) said, ‘Seriously! Now I’ve got MORE supervision?’ And I said, ‘Yes, because guess what? You made a decision that now requires us to watch you pretty much every minute you’re here.’ It happens,” Ms. Campbell said. Tough words, so early in the morning, but illustrative of the push and pull, the balance of not only one, but several of the findings, intersecting even before 1st period begins. The juxtaposition of monitoring and choices, of fostering independence and providing a nurturing environment.

Jones staff routinely employ three strategies when they find themselves at the crossroads of monitoring and choices: 1) Keep the conversation going, 2) Provide space, 3) Natural consequences.

Keep the Conversation Going

Ms. Roberts and Ms. Banks consider it teacher craft to keep the conversation going with their students. Lunch is the most opportune time, because student socialization is often fraught with peril. Monitoring is requisite because of the opportunity for students to engage
in a wide array of choices. Throughout the research study, teachers were observed making every effort to keep the conversations going, whether as a de-escalation method, a method to teach the use of appropriate language, or as a means to improve students’ social skills.

Keeping the conversation going means that as a staff member you remain present in the moment. You must monitor so that you are prepared to observe students’ choices, understanding that a five-minute conversation can prevent a five-hour calamity, remembering always that keeping the conversation going does not mean you must have the last word.

**Allow Space**

Students need to know where they are in space and time—not only what is happening right now, but what is about to happen and how will it affect them. Giving advanced notice of an upcoming change gives students space to make choices. “We have three minutes left. How are you doing with your lunch?” Ms. Banks routinely said to students when transitioning from lunch to the next academic block.

**Provide Natural Consequences**

Students often make good choices at Jones, but when students make inappropriate choices, the resulting natural consequences which flow as a result are incredibly powerful learning tools. Jones is a safe place for students to express themselves without causing panic or extremely harsh consequences, Ms. Campbell explained. “(One student) has done something that did result in a pretty harsh consequence, but in another incident, they didn’t actually follow through with some things that they stated, and we let them know what would happen…” Ms. Campbell said. “I think they’re seeing this is a place where we care about
kids and kids care about each other. We’re trying to help them always move forward and handle these things that they usually react to, and think about it for a second. They tend to be a reactor. ‘Choices? Thinking good? Oh wow.’ Then when they sit back and thinks about it—it’s, ‘oh wait a minute; that was not a good choice.’ It’s a safe place. I think they see this as a safe place.”

**Finding 2: Juxtaposition of Consistency and Flexibility**

However you choose to phrase it, “You must be consistently flexible” or “You must be flexibly consistent, it’s an oxymoron. This contradiction in terms defines a day at Jones. Staff routinely employ three strategies when they find themselves at this junction between consistency and flexibility: 1) Maintain a routine “ish”, 2) Work as a team, and 3) Communicate with one voice.

**Maintain a Routine “ish”**

As I conducted research at the Jones Program, I regularly received emails such as this:

“I really do appreciate you understanding our situation here. I was actually going to contact you about seeing if we could look at next week for the visit. We have had several interesting situations happen in the past couple of days which has put us behind.”

“Are you ok with us rescheduling for one day next week? I just want your time to be used efficiently. I don't think that today will be a good day for you to visit.”

“I personally think we should wait until next week when we have all staff present.”
“If you can come at 2:30 today that would be great, just because we are down a
couple of staff and spread thin…. Thanks for understanding!! It must be a full moon!
...We will probably be working double time to cover both programs.”

These were appropriate emails from a team that puts students first. The staff members
maintain a daily schedule, a routine that students know well, but because they are mindful of
the needs of their students, teachers remain ready always to regroup.

Work as a Team

Regardless of how scattered a day may be, despite the many different directions staff
members may find themselves headed in the course of their work, there is a time in each day,
every day, where they turn to the same page—the daily staff debrief meeting—to make sure
their focus is clear. “We all do the same thing. So whatever Ms. Campbell is working on in
her CBT Group, we reinforce in the classroom,” Ms. Roberts said. Working together as a
team ensures that no one person must make decisions alone, but has the valuable input of the
other members. Anytime there’s an issue, there’s a discussion, “so it’s not a one person
decision; so it helps tremendously,” Ms. Campbell said.

Communicate with One Voice

Keeping the conversation going creates a contagious environment, with the potential
for all of Jones staff and students to begin to speak with one voice. “We’re all talking the
same language,” Ms. Campbell observed. This culture of shared ideas and words was one of
the first things Ms. Roberts observed when she began work at Jones. “One thing that kind of
impressed me right away coming in, was just how the kids learn how to use the language.
One thing I’ve seen a lot of the kids do that have been here for a while, is they start to use the language. They start to use the therapeutic language. So I’ve seen a 6-year-old say, ‘I need to take a timeout and use my coping skills.’ That just blows my mind. I didn’t know what coping skills were at that age. So even just seeing them be able to do that, and not hit a wall instead. (They say) ‘I am feeling really anxious. I need to….do this.’ That’s huge. Huge. So I see that as a huge part of their experience here, being able to put words to what they’re feeling, and what they need, and then see that they have options,” Ms. Roberts said.

**Finding 3: Juxtaposition of Academics and Treatment**

It seems counterintuitive, that mental health should have a higher priority than academics. This is a school, after all. There is a recognition among Jones staff, however, that if mental health treatment is not prioritized, there will be no academics. To that end, academics are an end goal at Jones. Principal Jones concurs. “I don’t look at our test scores and that’s not my focus. And our current administration right now really supports that. Our focus is to get their mind right. We do have an academic focus, for sure, but we have to get the behaviors under control before we move on. That’s why we’re here. They can’t learn when they have all of these external issues going on.” Staff members employ three main strategies to support this juxtaposition so that student have the best chance for academic success: 1) Mental health first, 2) Communicate Cognitive Behavior Therapy, and 3) Individualize each student.
Mental Health First

Mental health treatment begins the moment students arrive on campus with daily check-ins and is interwoven with academics throughout the day. Students know this and ask for help when needed, and teachers honor their requests. “There may be days where they may be focused on academic 20 minutes of the day. Their feelings keep them from doing more. Without a way to cope with that, they are not going to get the academics,” Ms. Roberts explained. Jane provided her understanding of access to therapy at Jones. “Therapy is a strategy to avoid violence. I like it because during some of the day, some of the little kids, and some of the big kids too, they start to like freak out, start yelling, hitting stuff, and they can just go (to therapy) if before that point, they can go talk to Ms. Hudson to see why you’re feeling this way, and it’s a good way to make sure it doesn’t like affect it this much again.”

Communicate Cognitive Behavior Therapy (CBT)

The components of Cognitive Behavior Therapy are the steel supports which undergird the Jones program including working as a team, using the same language, and prioritizing mental health treatment. “I explain to teachers what the coping skills we are working on, what mindfulness strategy we are working on, and this is what we are doing in group, and these are the classroom social skills I’m asking teachers to supplement. That’s my curriculum. So what I encourage the teachers to do is reinforce what we’re doing in group. So if we’re working on—‘How do you use kindness as a coping skill,’ they can reinforce kindness in the classroom by trying to do kind things,” Ms. Hudson explained.
Jane said CBT has helped her manage anger. “I have anger problems,” Jane said. “We’ve learned coping skills to deal with our mental mind. And I’ve learned breathing, walking, and talking. Like I’m starting to learn about how to talk about my feelings.”

**Individualize Each Student**

No one day is like another, and certainly no student is like another. Each student has an IEP, and staff members extend the meaning of this to encompass every facet of the day in order to individualize student learning and provide positive behavior interventions. Ms. Campbell provided an example of how they personalize learning for each student, keeping the beginning in mind—the start of the day. “Typical day for them. Kind of got a routine. Made some accommodations for them. Gets a mountain dew in the morning. It’s kind of to help them get going. They smoke, so to avoid some of that need. Flexibility. We said, ‘Okay, we’ll work you a deal.’ Way I kind of look at things—we as adults have things we need that get us through our day so kids should be allowed the same.”

**Finding 4: Juxtaposition of Fostering Independence and Creating a Nurturing Environment**

When the plan is complete and the team decides the student is ready to transition, there’s still the possibility that staff and students will need to begin again with a new beginning. “We’ve been here, been together, Ms. Hudson and other staff, and we see kids go from an extreme to really minimal things in terms of behavior and mental health, so we see that huge progression into more appropriate behaviors,” Ms. Campbell said. The problem is, it doesn’t take but one or two things to flip them back if they’re not getting that level of
support. That’s the frustration. It truly causes us the biggest struggle, trying to get our kids transitioned back to schools. Jones staff use three approaches to transition, whether it’s transition back to regular school, transition to a class at Smith School, or even transition to a new table at lunch: 1) Take baby steps, 2) Involve family, and 3) Access community resources.

**Take Baby Steps**

The Jones staff have found that if they do not take baby steps with each child, they may end up heading straight for a cliff. The transitions need to begin small and sometimes require several new beginnings. Jane, for instance, began her transition by attending class at Smith School. When she was successful with this transition, they added a second class.

“She’s doing well with that,” Ms. Campbell smiled. “Branching out but keeping things the same also. We were testing a little transition for her. It went really well and the teacher even asked if they could have her for more time because she was doing so well and they enjoyed having her. So she takes English and art.”

**Involve Family**

The Jones Program does not operate in isolation; rather, it is integrated with the student’s home and community life. The involvement of the Jones staff with home and community is intentional; the program would be completely ineffective without this relationship. “With ninety percent of the population here, it’s the home world,” Ms. Campbell said. “We typically see how they are when they get off the bus. That’s a good predictor of how their day might go,” Ms. Campbell said. “The school day is often pre-
determined by home last night. Their typical day for them—it truly depends on how their weekend or home situation has gone, Ms. Hudson said. Student success means including the entire family early and often.

**Access Community Resources**

On any given day at Jones, there is a steady stream of community partners coming and going, meeting with parents, students, and staff. Because the Jones Program has been in place since 1997, the staff has established long and lasting community partnerships. There are a lot of options on the table for students while at Jones and upon graduation, including opportunities such as post-secondary education, medical treatment, psychiatric care, family therapy, and apartments for young adults with ED. Ms. Hudson, in particular, works to put together these resources, according to Ms. Campbell. She sets up innumerable meetings at Jones, or she meets with families and community agencies when parents finish work for the day or early in the evening. Mary recently talked about a meeting that has her looking towards her future. “We had a meeting for me, my mom, and this lady from New Days came. We are basically trying to get me into the program so that she can help me get everything I need to get done to go to college and move out. It’s for 16 to 19 year-olds. They help people who are disabled like me.... She helps us start our lives as adults.”

**Summary**

Ten minutes into my first meeting with the Jones Program Coordinator, Ms. Campbell, there came a light tapping on the door and in strolled a 6-year-old. His eyes went to a bookshelf on his left and Ms. Campbell immediately knew why he was there. “Come
here. You just need emojis. Are you going to head back to class?” “I found those things, she said. “They are soft and mushy and kids love them.” (They are about 10 inch by 10 inch bright yellow cubes.) The child cuddled both of them in his arms and headed out. He was struggling mightily with issues this particular school day, and the stuffed emojis on her shelf were what was called for in his world in order to “keep it in the middle.” This picture captures the Jones Program academic philosophy, which mirrors the Jones vision: “Find a way to offer new beginnings….” Nothing about Jones or this philosophy is traditional. Because students have often moved a lot from school to school or have missed much school because of suspension or absenteeism, academic gaps are the norm. Teachers must begin at the beginning with each student, first determining the academic level.

At Jones, new beginnings must start not every day, nor every hour; rather it is imperative that teachers find a way to offer a fresh start every few minutes if necessary according to Ms. Hudson. If a student is sitting and staring in front of her computer and does not get started on English 2—find a way to offer a new beginning. If a student gets off the bus in the morning angry or sad and refuses to even turn on his computer—find a way, offer a new beginning. If a six-year-old is looking for a new beginning to his academic day, perhaps stuffed emojis will help him find the way. “If there’s a crisis in class, we (therapists) are in there trying to work it through,” Ms. Hudson said. “If they need help, we help. We’ll teach or show them a different way,” Ms. Roberts said. This calls for teamwork and consistent messaging across the entire staff from principal to teacher to therapist to custodian to police officer, according to Ms. Hudson, all conveying a vision of a new beginning again.
and again and again. The emojis, which were back on the shelf before the end of my meeting, are there, once more poised for yet another new beginning.

This chapter presented the finding for the research question which guided this study: What are the lived, everyday school experiences of two high school students with ED in a day treatment program? The day to day experiences were represented by four subthemes, each of which could be considered a contradiction in terms, but represent the “everyday” of the Jones Program. These themes are:

Finding 1: Juxtaposition of Monitoring and Choices
Finding 2: Juxtaposition of Consistency and Flexibility
Finding 3: Juxtaposition of Academics and Treatment
Finding 4: Juxtaposition of Fostering Independence and Providing a nurturing environment

The results support the overarching theme which undergirds their experiences, “Keeping it in the middle.” Chapter Five will discuss the key findings, identify the limitations of the study, describe practical implications, and recommend directions for future research.
CHAPTER FIVE:

DISCUSSION AND CONCLUSIONS

This chapter highlights the major findings for this study of the lived, everyday school experiences of two high school students with emotional disturbance (ED) in a day treatment program. This chapter also addresses the practical implications and limitations of the study and concludes with recommendations for future research on a specially designed instructional model—the day treatment program.

Review of the Purpose of the Study

The purpose of this study was to gather real-life information about the lived, everyday school experiences of two high school students with ED in a day treatment program. The purpose is significant because of the deplorable academic and non-academic statistics that continue to plague students within this particular disability group. Students with ED are more likely to be placed in restrictive settings than youth with any other disability classification, according to the U.S. Department of Education (2002). Despite a report that states, without prevarication, that improvement in services for children with ED continues to be a U.S. Department of Education (2010) priority, as it has been for the last four decades, the educational, behavioral, and social outcomes for students with ED remain the worst of any disability group (Bradley, Henderson, & Monfore, 2004). Although the number of students enrolled in day treatment continues to grow, very little information is available about the quality of education and behavioral supports provided while high school students are enrolled in day treatment and as they return to their home schools. Few studies upon few
studies are written by the same few researchers. In addition, despite the large numbers of students involved, we know little about adolescent students with ED (Cullinan & Sabornie, 2004). Behavioral interventions outside of the school environment have been well studied, but very limited research has focused on special education services for students who have ED (Wagner et al., 2006). The issue of quality education in day treatment and residential schools is particularly critical in light of educational reforms such as the No Child Left Behind Act (2001) and most recently, the Every Student Succeeds Act (2016). By federal law, educators are required to ensure that all students have access to the appropriate grade level education curriculum; however, an overview of the literature suggests that schools and community agencies are not providing services that are effective in promoting academic or social success for students with ED (Shu-Fei, Douglas, & Walker, 2013).

Because of the complexity and often disruptive characteristics of emotional disturbance, school systems have historically educated students with ED separately from the regular education setting (Young, 2010). This research examined a service delivery model—a day treatment program—which attempts to keep students with ED close to home in order to benefit from the school, family, and community resources that are so needed for student success. This study also sought to make a contribution to practice by giving voice to students with ED, in hopes that their shared school experiences may add to the knowledge base about day treatment programs.
The following research question guided this study: What are the lived, everyday school experiences of two high school students with emotional disturbance (ED) in a day treatment program?

To answer the research question, I did the following: 1) selected a site in the southern United States; 2) obtained permission and consent for the study; 3) interviewed study participants; 4) conducted observations of students and staff; 5) analyzed social and academic information; and 6) completed a researcher’s journal and audit trail. In order to analyze the data, I used open coding to identify emergent themes that were related to the research question. The results, which provided details about the everyday school experiences of students with ED in a day treatment program, were presented in Chapter Four. The key findings will now be discussed and expanded upon in the context of the current scholarly literature.

Summary of Findings

In order to frame the issues confronting students with ED, programs such as Jones must adopt a school philosophy and theoretical orientation. It is important for leadership, staff, students, and parents to understand a program’s unique characteristics and the evidence-based practices employed in pursuit of student success. A common school philosophy provides a shared vision and cohesion among school personnel. The significance of establishing and maintaining a solid theoretical base and firm philosophical framework upon which to work with students cannot be overstated; however, despite their importance,
researchers continue to be unable to identify any current theoretical orientations because they are generally unformulated or remain largely unknown (Gable, et al., 2012).

The Jones Program staff members have identified Cognitive Behavior Therapy (CBT) as their theoretical orientation; but this CBT is distinctly Jones CBT. They have customized CBT evidence-based practices based on their school culture, essentially creating their own therapeutic language—words and phrases that are unique to their students’ lived, everyday school experiences. Jones staff has established a “contextual fit,” proven effective practices that are mapped onto the culture of a school (Gable, et al., 2012). Ms. Roberts, Ms. Campbell, Ms. Hudson, and the other team members said they became motivated to establish a distinctly Jones CBT as the result of a medley of extremes in the daily experiences of their students—behaviors and words that were likely to crop up on a regular basis and were nowhere near the middle, but on the fringe, past the outer limits of acceptability. The Jones staff said that evidence-based practices were called for to safeguard the program from an escalation of behaviors such as extreme withdrawal or extreme aggression—every-day-isms such as the, “My-mom-is-going-to-kill-me;” kind of extreme thought, gesture, or feeling. If you are a sentry, charged with the task of standing guard against extremist behavior or thinking traps, it is understandable why you might craft a “Keep It in the Middle” motto. Students identify with Goldilocks and her bear problem, and can relate to the principle of, “Not too hot; not too cold, but just right.”

The four subthemes identified in Chapter Four emerged early and recurred often throughout the participants’ individual narratives, revealing the overarching theme which
answered the research question about the students’ lived, everyday experiences in day
treatment: “Keep it in the middle,” always looking for the path that’s “just right” through the
countless juxtapositions that students face each day:

1. Key Finding 1: Juxtaposition of monitoring and choices
2. Key Finding 2: Juxtaposition of consistency and flexibility
3. Key Finding 3: Juxtaposition of academics and treatment
4. Key Finding 4: Juxtaposition of fostering independence and providing a nurturing
   environment

Much research has been done to determine which academic and non-academic
practices are evidence-based—that is, reliable research which empirically documents positive
outcomes for students with ED. One study in particular focused on several important
measures to determine trustworthiness of the study: 1) two or more students with ED, 2) a
minimum of three supporting empirical studies, 3) published in peer-reviewed journals, and
3) recommended in textbooks written by experts in the field. In addition, post-research, the
authors gathered feedback from nationally recognized experts. More than 20 evidence-based
practices were identified, then grouped into categories including academic, non-academic,
classroom, and/or school-wide (Gable, et al., 2012). The following chart correlates Jones
Program practices with evidence-based practices and is then further developed in the key
findings.
<table>
<thead>
<tr>
<th>Evidence-Based Practices (Gable, et al., 2012)</th>
<th>Jones Program Practices/Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice-making opportunities for students;  Pre-correction instructional strategies</td>
<td>Juxtaposition of Monitoring and Choices</td>
</tr>
<tr>
<td>Clear rules/expectations</td>
<td>Juxtaposition of Consistency and Flexibility</td>
</tr>
<tr>
<td>Instruction in self-monitoring: non-academic behavior and student performance</td>
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<tr>
<td>Social skills instruction taught as part of regular class instruction</td>
<td>Juxtaposition of Fostering Independence and Providing a Nurturing Environment</td>
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**Key Finding 1: Juxtaposition of Monitoring and Choices**

Ms. Banks, the Behavior Support Assistant (BSA), walks kids everywhere they go on campus. Going to get breakfast? Ms. Banks is going too. Going to a transition class at Smith School? Ms. Banks is also going. One hundred percent supervision comes first, and then, little choice by little choice is presented. The process of introducing choices to students is a get-to-know-you kind of introduction, as students are unacquainted with the idea of choice—that they actually, quite literally have a choice about how they feel, think, and act. The principle of choice-making is the preferred practice, the practice of choice at Jones, and it begins daily as students arrive on campus. “How are you feeling today? See Ms. Hudson the therapist, or ready for class?” Teachers are giving choices, modeling choices, and students are learning that they have options and lauding one another’s successes. For instance, one student said in a group therapy session, “I can control whether I cut or not.” Her classmates smiled, clapped, shouted, “Yay, Way to go!”
Each conversation is a learning opportunity to demonstrate not only different ways to behave, but also different ways to use language, and students have, not just a few options, but an infinite number of options. Offering choices doesn’t cost a thing, and the dividends can be high as illustrated by an interaction observed between Jane and another student. Jane touched the student’s fingers playing chopsticks on the table, and he said, “Ow. She assaulted me.” The BSA was ready with a choice, conveying there are better ways to joke around than by using inflammatory words. There was no confrontation, only monitoring, and then the sharing of possibilities about word choices. Discovery comes first, however. Students slowly begin to realize they are in control, they are in charge of many choices, minute by minute. Many students with disabilities need social skills instruction as they do not necessarily have the skill of demonstrating appropriate social behavior (Sabornie & Beard, 1990).

With offering choices comes allowing space—the evidence-based strategy of a pre-correcting strategy. Giving prior notice of an upcoming transition, for instance, gives the students an advantage in decision-making, allowing her the time and space to make an appropriate get-ready-for-the-coming-change choice. All day long, Jones staff are the keepers of increments of time. “Jane, we have two minutes before we get started,” Ms. Banks says. Another student wants to listen to just one more song. The teacher prepares the student for the possibility that he may not have time to listen to the song, “If there is time. If the computer comes on in time. We have two minutes before 1st period,” she says. If a student is leaning towards an inappropriate behavior, a pre-correcting strategy can help re-
direct. “If they need a time-out or need a break, a good first choice is walking outside—a really good strategy,” Ms. Hudson said. “So the teachers are really good about making sure there’s a choice, a good first choice.”

Disappointment is real, and students with significant challenges may be disappointed daily. Mistakes are inevitable. For those days, students may experience “hard-knock life” consequences, those which are a direct result of the student’s action. Minus an angry adult, the student will likely, on his own, come face to face with Newton’s Law: For every action, there is an opposite and equal reaction. Choice equals reward or consequence, your choice. Jane almost always chooses reward over consequence; however, on days when Jane felt more like Janine, a scenario such as the following might play out as it did during one observation. Ms. Roberts and Ms. Banks were circulating, working with all of the students, one at a time. Janine got up, went to the door and said, “Lunchtime. Bye bye.” Ms. Campbell described such days, which are much fewer now, “The other Jane—Janine—has her moments where she feels there are too many rules. This causes difficulties. She’s 17. (She thinks) she’s old enough now that people shouldn’t tell her what to do, or what she can and cannot do, so we can see a pretty noncompliant child once in a while. I think there are times kids think this is the perfect place. ‘This is where I want to be.’ Then, ‘Ya’ll have too many rules. I need more freedom.’ Typically, when she gets more freedom, sometimes it’s a struggle. I think she views us kind of two-fold.” That same day after lunch, Jane left the room again. She stood in the hall, not far from the door, but outside of the room, nevertheless. Ms. Banks
“Kept it in the Middle” monitoring from the classroom door, allowing space for Janine to make a Jane decision.

**Key Finding 2: Juxtaposition of Consistency and Flexibility**

On the Friday that I was scheduled to interview Jack, one of the original student participants in the program, Ms. Campbell wrote to let me know that he was gone. I had observed Jack for weeks, interviewed the teachers and staff about Jack’s experiences in the Jones Program, analyzed information about Jack, and I was ready to interview Jack. Both Jack and his guardians had agreed he could participate, and Jack had told his teachers he was looking forward to it. I never asked any questions about Jack, except to make sure he was okay. They said he was okay. He did not return to the Jones Program before I concluded the research. In many ways, Jack’s story illustrates the Jones narrative, the juxtaposition of clear and consistent rules and expectations versus the need for flexibility with the agility to execute a 180 degree turn because a different direction is essential.

Jones Program staff members have learned how to maintain what is known as a routine-“ish,” best defined as the evidence-based practice of clear and consistent rules, the exception made when “ish” is an absolute requisite. Jane and Mary can both describe the routine—state the times of their classes; when they go to group therapy; which days are P.E., and which days they have a movement activity. They understand academic and non-academic expectations; guesswork is not involved. Schools grounded in the evidence-based practice of clear expectations can identify the length of the school day in hours and minutes, the instructional time allocated to each subject, the time devoted to group and individual
therapy. There is structure (Gagnon & Leone, 2005). Mary and Jane also very clearly understand the “ish” of it all. Mary not only understands but also depends on the fact that the schedule at Jones is predictably flexible should she arrive at school in need of a new beginning. There is a flexible process for getting help when needed; there is an alternate to the immediacy of math. Ms. Hudson said simply, “Sometimes they just can’t be in the class.”

Also intrinsic to clear expectations is working as a team. One is a lonely number if you are a classroom teacher, particularly if you are working with a challenging population. Unfortunately, however, most teachers who work with students with ED are given almost no information and very little support (Wagner et al., 2006). Jones counters this potential for isolation with afterschool time dedicated to daily debriefs. The result of this—they speak with one voice, work as a team, and communicate a shared vision with their students. The team is everyone, not an “us versus them;” staff versus students. Rather, “We are all the team.” The team understands their processes in both academic and non-academic settings. For instance, students learn how to welcome new students and the importance of welcoming with one voice. Ms. Roberts characterized these expectations, “And so we’ve had lots of conversations. Every time we get somebody new coming in. Of course, we let them know we’re getting a new student. We’ll say remember when you first started here. It’s hard walking into a brand-new setting. When kids have already been together for a time and you’re the new person. Remember how nice it felt to be welcomed. And to be patient with the new people while they adjust because everybody has an adjustment period. They may
not act the same as they normally would in a new situation, so it was important to hear that over and over.”

**Key Finding 3: Juxtaposition of Academics and Treatment**

It is 1:05 in the afternoon, and at first glance it appears that Ms. Hudson is introducing a new CBT thematic unit in group therapy with a paper doll, perhaps? That is, until she took off one of his arms. Thus began the group dialogue. “Some of you have seen this person before,” Ms. Hudson told her group of six high school students. “The way we are put together we are self-connected and balanced. Then we have stuff that happens in our life. Maybe your mom is screaming, ‘Get out of bed,’ and you feel like you’re coming apart. At this point, Ms. Hudson took off an arm. “You are off balance. Maybe the next thing that happens, you miss the bus. Everyone is screaming.” Ms. Hudson took off another arm. “You start getting more stressed and more frustrated. You get to school. ‘If you have to make so much percentage’ (on a test), and you’re overwhelmed and Ms. Roberts is in a grumpy mood.” Ms. Hudson removed a leg. “You’re feeling like…”

“Like I want to kill someone,” Buddy interrupted and Ms. Hudson non-verbally corrected the interruption.

“You walk in the door after school, your parents or group home are fighting, and then you lose your head and we’re done.” Ms. Hudson removed the head. “That doesn’t feel good. To get yourself back together, you have to be connected again. All within yourself. What do you do?” Hudson and the students then spent the next 45 minutes in conversation about control of thoughts, feelings, and actions. “Let’s brainstorm together,” she said.
“Play basketball,” John said.

“Medication,” Mary said, then continued. “What can I control and what can I NOT control. My mother and grandmother are grumpy. I can’t control that. What my Mom and Grandma think about me, I can’t control that.”

“Can you control what they say or do?” Ms. Hudson asked.

“They’re disrespectful towards me,” Mary said.

“But can you control your own thoughts?” Ms. Hudson asked.

“It depends,” Mary said.

“We still have some work to do,” Ms. Hudson responded.

“If you keep calling me names, I am going to get you or run out the house,” Mary said.

“Yes! Walk out,” Ms. Hudson said. “That’s their actions. That’s their voice. (Instead, say to yourself), “I am turning off a switch. I am not listening. I am controlling myself.”

“I can control how to think, how much sleep, how I treat myself—actions, responses, thoughts, reaction, mindset, brain function,” Mary said.

And after each of Mary’s statements, Ms. Hudson is emphatically saying, “Yes! We need to keep the happy, kind, loving side strong so we can handle it. Use our strategies. Also, disconnect from them.”

“I go in my head,” Mary said. “Flip my off switch. It’s my coping skill. I don’t let her into my heart where she’ll hurt me. I can control that part.”
The on-going juxtaposition of ensuring students are mentally and emotionally prepared and ready to learn versus time-on-task to ensure academic success is a theme that runs throughout the Jones narrative. Ms. Hudson is implementing the evidence-based practice of providing instruction in student self-monitoring of non-academic behavior and academic performance (Gable, et al., 2012).

Although some studies do focus more on the necessary relationship between academics and treatment (Gagnon & Leone, 2005), much of the literature tends to focus on the calculation of academic time on task, versus time away from the academic time on task—because of time in treatment. No child is to be left behind, and every student shall achieve. Equal access to grade level curriculum is mandated. A commitment to student success is espoused. Although there is no dispute among educators that academic success is of unquestionable consequence, the journey, mode of transportation, and time of arrival are in dispute. The Jones teachers and therapist turn to mathematics to explain the relationship between treatment and academics. They formulate the relationship between academics and treatment as a logical if/then statement, a conditional statement. If there is not treatment, then there will be no academics, according to Ms. Hudson. Put another way, if academics are to be a possibility, then treatment is a must. “I feel like if they didn’t have this program, then their minds wouldn’t be able to absorb the academics….” If they aren’t able to get to a better place emotionally and mentally,” Ms. Roberts said. “There may be days where (the student) may be focused on academic 20 minutes of the day,” Ms. Roberts observed. For students who have been at Jones for a longer period of time, Ms. Hudson often sees the end result of a
new beginning with CBT. “Jane doesn’t stuff down emotions. She has finally figured out that stuffing all her emotions isn’t exactly the right thing to do. So when she’s had enough, she’ll come in, vent, cry and she’s almost figured out that when I cry, I feel better. That for her is amazing. She’s come a long way. She’s participating. She gets it.” The Jones professionals, each with their own expertise engage in the instruction of their students in self-monitoring their academic and non-academic skills. Professionals that work collaboratively are able to offer comprehensive services to their students (Roberts et al., 2008).

**Key Finding 4: Juxtaposition of Fostering Independence and Providing a Nurturing Environment**

The process of transitioning students begins upon enrollment and is much like the “Mother-May-I” activity in which young children participate. The person in charge of the game, the mother, gives directions to the other participants, and they advance toward the goal, starting with baby steps. If they follow the rules and expectations, and if they have learned the social skills required to play with others, they have a chance of reaching the finish line. Upon enrollment in the Jones Program, students begin with baby steps. They may transition from non-speaking, as Jane did, to speaking; from violent physical aggression to verbal outbursts; from self-mutilation to less frequent harmful behavior. Students may transition to another room, another class, or another table in the classroom, for that matter. The therapist and teachers analyze the frequency, duration, and intensity of students’ thoughts, feelings, and behaviors encourage them to take baby steps in a positive direction.

The evidence-based practice of teaching social skills as part of the regular class instruction is
integrated daily into the curriculum (Gable, et al., 2012). Adjusting to school transitions is particularly difficult for students with ED (Wagner et al., 2006). “They don’t want to (transition). We have a struggle transitioning kids,” Ms. Campbell said.

Family involvement is a critical component of transition. Parents and guardians are part of students’ conversations from the beginning through the end of the day. Students love their families and need their support. During repeated observations, the parents, guardian, or group home leaders were the subject of conversations. One student told another, “I get to spend the whole weekend with my mom. Our (group home) staff might be taking us to the church for spring fling, so I’ve got to go to the store to get her (Mom) a box of chocolates.” The other student asked, “What kind of chocolates does she like?” The first student replied, “You know, the big red box of chocolates? That’s what she likes. I just say, ‘What kind of candy do you (Mom) like?’ Then I go to store and buy her what she likes.” Families are central to student success, and learn early the value of their participation as indicated by a student conversation with Ms. Hudson. “That strategy, my mom is using a new parenting strategy. I’ve had a good day, but I don’t want to go home and wash baseboards,” the student laughed. Jane said her mom “Wishes she had school like this for her (Jane) when she was younger.” Ms. Hudson works directly with families, and there is no beginning or ending to her day when it comes to supporting families. “You have to get the parents in a good spot too so they aren’t sabotaging the effort. Parents love their kids, but if you’re running out the door and are screaming at your child, saying maybe some not so nice things, that’s going to lead right into your child having a bad day, then they can’t focus.” They just
can’t,” Ms. Hudson added. “She (Ms. Hudson) connects families with community health services, and as a direct result, the home is much better,” Ms. Campbell said.

**Practical Implications**

Students with emotional disturbance are identified as having some of the most complex and challenging academic and mental health issues among all children (Reddy & Richardson, 2006). “This is my world,” Ms. Hudson said. As the master juggler of the Jones Program, one of the most important things she does when families enroll students is give her cell phone number and encourage them to call. Ms. Hudson gets texts and calls day and night. For Jane and Mary, who shared their world, their lived, everyday school experiences in a day treatment program, the obvious overarching implication is the absolute imperative for maintaining equilibrium, the urgency to “Keep it in the Middle.” The following three areas have particular significance for students with ED: 1) academic instruction, 2) transition, and 3) school-based therapy.

**Academic Instruction**

As I began the data compilation in preparation for reporting the results, it became obvious early on that it was difficult to find something to write about during academics. The courses are not interactive; no dialogue between instructor and student, no communication whatsoever. Students work on-line with text. In biology, for instance, there is no virtual chemical reaction, no virtual beakers, no simulated smoke, no steam. No petri dish is virtually present in which to place your experimental findings. Students are presented with electronic worksheets. Because the teachers are the facilitators of dozens and dozens of
potential high school courses, there is also no rich discourse between instructor and student. Jane said, “They (my teachers) are nice, Ms. Roberts and Ms. Banks. They try to help me with my work. They try really hard. But if they can’t understand—I understand they can’t because learning is different from what they were learning. It’s more complicated to them than their work they did when they were my age. Ms. Roberts tries to help me. If I can’t get help from them, I usually look to the internet.” On-line learning is a resource that is essential to the basic construct of the Jones Program. Because of the nature of day treatment, each student is potentially accessing a different course throughout the day. “Keeping it in the Middle” for Jane and Mary means providing on-line learning, but with a rich, exciting interactive platform rather than drill, fill in the blank, repeat. A recent study revealed systematic deficiencies in day treatment programs for students with ED. These inadequacies in practice demonstrate that students with ED enrolled in day treatment may not be receiving the educational opportunities and support they need. There continues to be a history of inadequate educational services in day treatment (Gagnon & Leone, 2005).

**Transition**

Most students enrolled in day treatment programs eventually return to their home school. But many teachers do not want them in their classes. When teachers are asked specifically about students with ED, they generally note that such students are among the least desirable to have in general education classrooms. And students do not want to leave day treatment. “There’s a window of opportunity to transition, and I think if we miss that, they get too comfortable, and they don’t want to leave and don’t feel like they can,” Ms.
Campbell said. As the magician of the Jones Program, Ms. Campbell finds the process of fostering independence and encouraging students to move forward, even in baby steps, is magical and almost mystical in its elusiveness. Because students often continue to exhibit behavioral and educational problems upon return to their home schools, a scaffolding of support must be available. At the present time, it does not exist (Gagnon & Leone, 2005).

Ms. Campbell, who works with schools every day in the transition of her students understands the reality of these hypothetical implications. “The biggest… Probably the thing that I wish more people would understand, and that includes the schools in our district, that includes everybody from central office to the community, is that we have a population of kids that needs this level of support. That being said, once they come to us and once they’ve gone through the process and made it through the levels, it can’t be, ‘I’m just going to drop you back in.’ There’s all kinds of names for it—wrap-around, transition; but what we find is happening is that they go from massive support; we get them in a place where they’re able to manage stress, anxiety, anger, all the things that got them here, and then they kind of get back into the real world, whether it’s at a school, or in the community, and it (support) is minimal. As an example, I went to a school this morning, to check on one that was with us. Did great, transitioning back. Part of what we do is, we create a transition summary that says specifically, ‘Here’s what works well. Here’s what doesn’t work at all. Here’s the plan you need to put in place.’ So for this kid, so I get there, half of the things we said, ‘Do,’ other things we said, ‘Not do,’ it’s happening. The plan we said to put in place, it’s not happening. At the same time, they’re emailing us saying, ‘What are ya’ll going to do. He’s doing this,
this, this, and this.’ If there’s anything I would hope that people get from this, is that this level of support is desperately needed, but there has got to be a gradual ease back into the real world. What we do—this whole place has truly impacted a kid’s life positively, so I’d like to see that keep going, once they leave us.”

**School-Based Therapist**

Districts from around the nation come to visit the Smith School, Principal Brown said. The Jones Program has had a lot of visits since 1997. Educational leaders say they want to understand how the program works and see how they might implement a similar model in their own system. There are fits and starts—new day treatment programs come online—and then fizzle within a year or two. Principal Brown points to the one factor integral to the Jones Program, and not present in other, now defunct programs—a school-based therapist, hired by the district, assigned specifically to the day treatment program, and considered part of the day treatment family. “We are like a family here, Ms. Roberts said. Mary and all of the kids say, ‘We’re friends.’ I have heard a lot of the kids say at different times, we’re like family. A lot of them have not felt that in school or in another program. And so I definitely think they feel that peace, and that it’s safe here.” When asked about the importance of having a therapist colleague on staff, Ms. Roberts added, “Crucial. Huge. I think too, that’s a big part of where my learning has come in—there is a therapist.” Ms. Hudson has been a participant in several programs which did not last, and the demise of the program was directly related to the fallacy of a dispensable school-based mental health therapist, she said. “I feel like it fits in,” Ms. Roberts said. I don’t know how to measure
that. I don’t know how to measure the therapeutic part, but I think it’s absolutely necessary for these kids to be able move forward.” A team of professionals, each with their own expertise, working collaboratively to offer comprehensive services to their students (Roberts et al., 2008).

**Limitations**

One limitation of this study was the limited number of participants. With two participants, the possibility exists they may not be representative of the population; however, in qualitative inquiry, by definition, small numbers for data collection can be trustworthy, depending upon the nature of the study (Merriam, 2002). In addition, there was a change in a participant near the end of the study. I resolved this by extending the study, adding a new participant, and re-interviewing the Jones staff about this student’s experiences in day treatment. Another limitation was the inability to interview parents, as originally planned. Every effort was made to include parents/guardian; however, in the end, they were unavailable for interviews, according to the Jones staff, who made every effort to include them in the study. An additional limitation is that this was not a random sample. I chose to utilize purposive sampling, however, because the construction of this inquiry is based on the accessibility of the sample members and the fact that the participants represent, are consistent with, and have the characteristics of the research population (Creswell, 2007).

Time was also a limitation. More time spent with the students and staff in the day treatment program could have enhanced the study and added a depth of understanding;
however, information about student academic and social history and the examination of the program description may minimize the full impact of the time limitations of the study.

Finally, a potential limitation is that member checks were not included in the study. Because of the fragile nature of the population, questioning students about their interviews and re-interviewing them to ensure the text was correctly transcribed was a serious challenge. In order to mitigate this limitation, I recorded all interviews with permission from the participants. I then carefully transcribed the data myself from the tape recordings, stopping the recording to transcribe every word spoken. In addition, during the interview, the participants agreed to allow me to take notes. I was able therefore to record affective and nonverbal speech during the interviews. During observation time, there was much student conversation student to student, student to teacher, and student to therapist. The text notated and recorded during the observations validated the interpretations of the student interviews. It is also important to note that I although I did not re-interview the two students, I informally re-interviewed the adults on a number of different occasions, with their permission, asking questions about the students or requesting additional information about observations, student interviews, and student conversations. In addition, as evidenced by the interview protocols, the adults were interviewed expressly about the student’s experiences in the Jones Program. This information assisted in validating the information shared by the students.

**Directions for Future Research**

At a rudimentary level, research about students with ED is woefully inadequate. Little is known about the eligibility characteristics of adolescent students with ED because so
little research has been conducted (Sabornie, Evans, & Cullinan, 2006). Directions for future research may be less about where to start and where to go, and more about just getting started. In addition, most studies on classroom practices of teachers of students with ED are dated and include few teachers (Wagner et al., 2006). And no national studies have yet addressed the characteristics of elementary day treatment and residential schools for students with ED (Gagnon & Leone, 2005).

Several areas of future research particularly critical for Jane and Mary and their peers with ED emerged in my study: 1) academic instruction, and 2) transition. Evidence-based practices which show promise in academic instruction are choice-making opportunities for students, pre-correction instructional strategies, clear rules/expectations, instruction in self-monitoring of non-academic behavior and student performance, and social skills instruction taught as part of regular class instruction. Too few evidence-based strategies are in common practice. Future research should examine the characteristics of day treatment programs that lead to an increase in student achievement (Ferrell, 2013). Future research should also question a district’s choice of vendor for on-line learning. Why is a particular on-line curriculum chosen? What are the characteristics of on-line learning for students with ED? What is the evidence that the on-line learning curriculum promotes academic success?

A second important potential for future research is transition. A review of the literature indicates there are currently no studies that examine the long-term effectiveness of day treatment, including transition back to their home schools (Ferrell, 2013). Researchers have identified post-discharge follow-up procedures for day treatment and residential schools
as the program area most in need of improvement (Gagnon & Leone, 2005). An additional function of transition important to future research is the tracking of career paths and the academic trajectory of students with ED returning to traditional schools.

Last, important future research for students with ED would focus on the family impact on success in day treatment, academic success, and transition to regular education for students with ED.

**Conclusion**

This qualitative case study describes the lived, everyday school experiences of two high school students with ED in a day treatment program in the Southern United States. The following research question guided the study: What are the lived, everyday school experiences of two high school students with ED in a day treatment program? Data for this narrative, qualitative study were collected from Jones Program staff interviews, including the principal, program coordinator, mental health therapist, teachers, BSA, and students. Additional relevant information such as the school improvement plan, mission and belief statements, and academic and social history was considered. Interview transcripts were analyzed for common themes and four findings emerged: 1) Juxtaposition of monitoring and choices; 2) Juxtaposition of consistency and flexibility; 3) Juxtaposition of academics and treatment; and 4) Juxtaposition of fostering independence and providing a nurturing environment. These findings supported one overarching theme about the lived, everyday experiences of two high school students in a day treatment program—“Keep it in the Middle.” The findings have practical implications for 1) academic instruction 2) transition,
and 3) school-based therapy. While teachers are committed to student success, student access to a quality curriculum is a must. Working on virtual worksheets is no different than working on paper worksheets. An interactive, on-line curriculum and a real-time instructor need to be provided at a minimum. Access to quality instruction for students with ED to the maximum extent appropriate is required by the Individual with Disabilities Education Act. Transitions for students with ED also continue to be a critical component of the program, and the component with which they have had the least success, according to the Jones staff. Jones staff highly recommended professional development for the regular education teachers who will be receiving students transitioning from day treatment. Much needs to be learned in order for these students to be successful. For educational leaders who may consider the Jones Program to be a model, the single most important component is to acquire and maintain the staffing position for a full-time, site-based mental health therapist.

The results of this study indicate Jane and Mary and their classmates face formidable challenges. Students not yet able to find a place in day treatment face even greater obstacles. Jane shared her wish list for students that need more help, “I wish the school was bigger so they can fit more people that need to go to this school. I wish we had more schools like this.” Ms. Roberts, tightrope walking a daily delicate dance with her students, explained things this way to Jane about day treatment programs such as Jones, “‘when they first start, we have them very much cocooned, but as soon as they’re showing that they are ready for more independence we keep trying to give it to them.’ We were in a meeting and we were talking about transition, and she was like, ‘What am I going to do next year?’ Well, it’s a continuous
conversation, so I said, ‘You know,’ because she really likes animals, I said, ‘You know your puppy was in a really little crate when he was a puppy, and that’s kind of how it was when you first came here. We kept you pretty close and tight. But the puppy is growing. He can’t stay in that crate forever.’ So I told her, ‘We are ready to let you out into a bigger world.’ She was like, ‘Oh okay.’ I said, ‘Smith is the bigger size crate,’ but she wants to even move further than that, which is great to see, because some of them don’t ever want to leave here.”
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APPENDICES
Appendix A

Mr. Brown (Principal)
North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: The Lived, Everyday School Experiences of Students in a Day Treatment Program

Principal Investigator: Andrea Cole Faulkner, Ed.S.  Faculty Sponsor: Dr. Lance Fusarelli

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
The purpose of this study is to learn more about the everyday school experiences of students in a day treatment program. Learning about the school experiences of students and the adults in the students’ lives may help researchers as they strive to learn more about how to help students with special needs. This research study is a requirement for a doctoral student’s dissertation for the Ed.D. Degree at NC State University.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with approximately 15 questions that should last no longer than one hour. In addition, you will be asked to be available by phone after the interview should any answers shared in the interview need clarification. With this possible follow-up, the total time required should be no more than one hour and 15 minutes. The personal interview will be held at the location most convenient to you, or by phone, taking into consideration the busy schedules of those who agree to participate. If you agree, interviews will be audio-recorded and transcribed in order that the most accurate representation of your answers is recorded. All identifying information will be removed from data sources.
**Risks**  
There are minimal risks to the participants in this study. The researcher will make every effort to create a warm and welcoming interview environment and to ensure that you feel comfortable during the interview process. Careful steps will be taken to ensure that your identity will not be revealed. No research participant, nor school, nor school district, nor county, or even any state will be identified by any description of any kind. No personal information will be requested from the subjects. Careful steps will be taken that none of the study procedures will produce stress or anxiety, or be considered offensive, threatening, or degrading in any way.

**Benefits**  
While there are no direct benefits to the participant as a result of this study, there are expected benefits to the field of education. The possible benefits of this research include better-informed practices with regard to how to provide service delivery to students with special needs. An important element of this research is to give voice to the students who participate in the day treatment model and how they perceive their everyday school experiences in this program. This research may help to inform the implementation and facilitation of this program in public schools.

**Confidentiality**  
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in computer files that are password protected. Once the information is utilized, it will be deleted. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write his/her name on any study materials in order that no one can match his/her identity to the answers that you provide.

**Compensation**  
Participating in this study is voluntary, and you will not receive compensation.

**What if you have questions about this study?**  
If you have questions at any time about the study or the procedures, you may contact the researcher, Andrea Cole Faulkner at 252-432-2523.

**What if you have questions about your rights as a research participant?**  
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.
Consent to Participate
“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature_________________________ Date ________________
Investigator's signature_________________________ Date ________________
Appendix B

Ms. Hudson (Mental Health Professional)
North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: The Lived, Everyday School Experiences of Students in a Day Treatment Program

Principal Investigator: Andrea Cole Faulkner, Ed.S.  Faculty Sponsor: Dr. Lance Fusarelli

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What is the purpose of this study?
The purpose of this study is to learn more about the everyday school experiences of students in a day treatment program. Learning about the school experiences of students and the adults in the students’ lives may help researchers as they strive to learn more about how to help students with special needs. This research study is a requirement for a doctoral student’s dissertation for the Ed.D. Degree at NC State University.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with approximately 15 questions that should last no longer than one hour. In addition, you will be asked to be available by phone after the interview should any answers shared in the interview need clarification. With this possible follow-up, the total time required should be no more than one hour and 15 minutes. The personal interview will be held at the location most convenient to you, or by phone, taking into consideration the busy schedules of those who agree to participate. If you agree, interviews will be audio-recorded and transcribed in order that the most accurate representation of your answers is recorded. All identifying information will be removed from data sources.
Risks
There are minimal risks to the participants in this study. The researcher will make every effort to create a warm and welcoming interview environment and to ensure that you feel comfortable during the interview process. Careful steps will be taken to ensure that your identity will not be revealed. No research participant, nor school, nor school district, nor county, or even any state will be identified by any description of any kind. No personal information will be requested from the subjects. Careful steps will be taken that none of the study procedures will produce stress or anxiety, or be considered offensive, threatening, or degrading in any way.

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While there are no direct benefits to the participant as a result of this study, there are expected benefits to the field of education. The possible benefits of this research include better-informed practices with regard to how to provide service delivery to students with special needs. An important element of this research is to give voice to the students who participate in the day treatment model and how they perceive their everyday school experiences in this program. This research may help to inform the implementation and facilitation of this program in public schools.

Confidentiality
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in computer files that are password protected. Once the information is utilized, it will be deleted. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write his/her name on any study materials in order that that no one can match his/her identity to the answers that you provide.

Compensation
Participating in this study is voluntary, and you will not receive compensation.

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If you have questions at any time about the study or the procedures, you may contact the researcher, Andrea Cole Faulkner at 252-432-2523.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.
Consent to Participate
“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature __________________________ Date __________________
Investigator's signature __________________________ Date __________________
Appendix C

Ms. Campbell (Program Coordinator)
North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: The Lived, Everyday School Experiences of Students in a Day Treatment Program

Principal Investigator: Andrea Cole Faulkner, Ed.S.  Faculty Sponsor: Dr. Lance Fusarelli

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The purpose of this study is to learn more about the everyday school experiences of students in a day treatment program. Learning about the school experiences of students and the adults in the students’ lives may help researchers as they strive to learn more about how to help students with special needs. This research study is a requirement for a doctoral student’s dissertation for the Ed.D. Degree at NC State University.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with approximately 15 questions that should last no longer than one hour. In addition, you will be asked to be available by phone after the interview should any answers shared in the interview need clarification. With this possible follow-up, the total time required should be no more than one hour and 15 minutes. The personal interview will be held at the location most convenient to you, or by phone, taking into consideration the busy schedules of those who agree to participate. If you agree, interviews will be audio-recorded and transcribed in order that the most accurate representation of your answers is recorded. All identifying information will be removed from data sources.
Risks
There are minimal risks to the participants in this study. The researcher will make every effort to create a warm and welcoming interview environment and to ensure that you feel comfortable during the interview process. Careful steps will be taken to ensure that your identity will not be revealed. No research participant, nor school, nor school district, nor county, or even any state will be identified by any description of any kind. No personal information will be requested from the subjects. Careful steps will be taken that none of the study procedures will produce stress or anxiety, or be considered offensive, threatening, or degrading in any way.

Benefits
While there are no direct benefits to the participant as a result of this study, there are expected benefits to the field of education. The possible benefits of this research include better-informed practices with regard to how to provide service delivery to students with special needs. An important element of this research is to give voice to the students who participate in the day treatment model and how they perceive their everyday school experiences in this program. This research may help to inform the implementation and facilitation of this program in public schools.

Confidentiality
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in computer files that are password protected. Once the information is utilized, it will be deleted. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write his/her name on any study materials in order that that no one can match his/her identity to the answers that you provide.

Compensation
Participating in this study is voluntary, and you will not receive compensation.

What if you have questions about this study?
If you have questions at any time about the study or the procedures, you may contact the researcher, Andrea Cole Faulkner at 252-432-2523.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.
**Consent to Participate**

“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature_________________________________________ Date_________________
Investigator's signature______________________________________ Date_________________
Appendix D

Ms. Roberts (High School and Special Education Teacher)
North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: The Lived, Everyday School Experiences of Students in a Day Treatment Program

Principal Investigator: Andrea Cole Faulkner, Ed.S.  Faculty Sponsor: Dr. Lance Fusarelli

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
The purpose of this study is to learn more about the everyday school experiences of students in a day treatment program. Learning about the school experiences of students and the adults in the students’ lives may help researchers as they strive to learn more about how to help students with special needs. This research study is a requirement for a doctoral student’s dissertation for the Ed.D. Degree at NC State University.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with approximately 15 questions that should last no longer than one hour. In addition, you will be asked to be available by phone after the interview should any answers shared in the interview need clarification. With this possible follow-up, the total time required should be no more than one hour and 15 minutes. The personal interview will be held at the location most convenient to you, or by phone, taking into consideration the busy schedules of those who agree to participate. If you agree, interviews will be audio-recorded and transcribed in order that the most accurate representation of your answers is recorded. All identifying information will be removed from data sources.
**Risks**
There are minimal risks to the participants in this study. The researcher will make every effort to create a warm and welcoming interview environment and to ensure that you feel comfortable during the interview process. Careful steps will be taken to ensure that your identity will not be revealed. No research participant, nor school, nor school district, nor county, or even any state will be identified by any description of any kind. No personal information will be requested from the subjects. Careful steps will be taken that none of the study procedures will produce stress or anxiety, or be considered offensive, threatening, or degrading in any way.

**Benefits**
While there are no direct benefits to the participant as a result of this study, there are expected benefits to the field of education. The possible benefits of this research include better-informed practices with regard to how to provide service delivery to students with special needs. An important element of this research is to give voice to the students who participate in the day treatment model and how they perceive their everyday school in this program. This research may help to inform the implementation and facilitation of this program in public schools.

**Confidentiality**
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in computer files that are password protected. Once the information is utilized, it will be deleted. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write his/her name on any study materials in order that that no one can match his/her identity to the answers that you provide.

**Compensation**
Participating in this study is voluntary, and you will not receive compensation.

**What if you have questions about this study?**
If you have questions at any time about the study or the procedures, you may contact the researcher, Andrea Cole Faulkner at 252-432-2523.

**What if you have questions about your rights as a research participant?**
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.
Consent to Participate
“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature___________________________________ Date _________________
Investigator's signature_______________________________ Date _________________
Appendix E

Ms. Banks (Behavior Support Assistant)
North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: The Lived, Everyday School Experiences of Students in a Day Treatment Program

Principal Investigator: Andrea Cole Faulkner, Ed.S.  Faculty Sponsor: Dr. Lance Fusarelli

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
The purpose of this study is to learn more about the everyday school experiences of students in a day treatment program. Learning about the school experiences of students and the adults in the students’ lives may help researchers as they strive to learn more about how to help students with special needs. This research study is a requirement for a doctoral student’s dissertation for the Ed.D. Degree at NC State University.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with approximately 15 questions that should last no longer than one hour. In addition, you will be asked to be available by phone after the interview should any answers shared in the interview need clarification. With this possible follow-up, the total time required should be no more than one hour and 15 minutes. The personal interview will be held at the location most convenient to you, or by phone, taking into consideration the busy schedules of those who agree to participate. If you agree, interviews will be audio-recorded and transcribed in order that the most accurate representation of your answers is recorded. All identifying information will be removed from data sources.
**Risks**
There are minimal risks to the participants in this study. The researcher will make every effort to create a warm and welcoming interview environment and to ensure that you feel comfortable during the interview process. Careful steps will be taken to ensure that your identity will not be revealed. No research participant, nor school, nor school district, nor county, or even any state will be identified by any description of any kind. No personal information will be requested from the subjects. Careful steps will be taken that none of the study procedures will produce stress or anxiety, or be considered offensive, threatening, or degrading in any way.

**Benefits**
While there are no direct benefits to the participant as a result of this study, there are expected benefits to the field of education. The possible benefits of this research include better-informed practices with regard to how to provide service delivery to students with special needs. An important element of this research is to give voice to the students who participate in the day treatment model and how they perceive their everyday school in this program. This research may help to inform the implementation and facilitation of this program in public schools.

**Confidentiality**
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in computer files that are password protected. Once the information is utilized, it will be deleted. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write his/her name on any study materials in order that no one can match his/her identity to the answers that you provide.

**Compensation**
Participating in this study is voluntary, and you will not receive compensation.

**What if you have questions about this study?**
If you have questions at any time about the study or the procedures, you may contact the researcher, Andrea Cole Faulkner at 252-432-2523.

**What if you have questions about your rights as a research participant?**
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.
**Consent to Participate**

“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature_____________________________ Date __________________

Investigator's signature__________________________ Date ________________
Appendix F

Mary (Day Treatment Student)
North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: The Lived, Everyday School Experiences of Students in a Day Treatment Program

Principal Investigator: Andrea Cole Faulkner, Ed.S.  Faculty Sponsor: Dr. Lance Fusarelli

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
The purpose of this study is to learn more about the everyday school experiences of students in a day treatment program. Learning about the experiences of students and the adults in the students’ lives may help researchers as they strive to learn more about how to help students with special needs. This research study is a requirement for a doctoral student’s dissertation for the Ed. D. Degree at NC State University.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with approximately 15 questions that should last no longer than one hour. In addition, you will be asked to be available by phone after the interview should any answers shared in the interview need clarification. With this possible follow-up, the total time required should be no more than one hour and 15 minutes. The personal interview will be held at the location most convenient to you, or by phone, taking into consideration the busy schedules of those who agree to participate. If you agree, interviews will be audio-recorded and transcribed in order that the most accurate representation of your answers is recorded. All identifying information will be removed from data sources.
Risks
There are minimal risks to the participants in this study. The researcher will make every effort to create a warm and welcoming interview environment and to ensure that you feel comfortable during the interview process. Careful steps will be taken to ensure that your identity will not be revealed. No research participant, nor school, nor school district, nor county, or even any state will be identified by any description of any kind. No personal information will be requested from the subjects. Careful steps will be taken that none of the study procedures will produce stress or anxiety, or be considered offensive, threatening, or degrading in any way.

Benefits
While there are no direct benefits to the participant as a result of this study, there are expected benefits to the field of education. The possible benefits of this research include better-informed practices with regard to how to provide service delivery to students with special needs. An important element of this research is to give voice to the students who participate in the day treatment program model and how they perceive their everyday school experiences in this program. This research may help to inform the implementation and facilitation of this program in public schools.

Confidentiality
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in computer files that are password protected. Once the information is utilized, it will be deleted. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write his/her name on any study materials in order that no one can match his/her identity to the answers that you provide.

Compensation
Participating in this study is voluntary, and you will not receive compensation.

What if you have questions about this study?
If you have questions at any time about the study or the procedures, you may contact the researcher, Andrea Cole Faulkner at 252-432-2523.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.
Consent to Participate
“"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature ____________________________ Date __________
Investigator's signature _________________________ Date __________
Appendix G

Jane (Day Treatment Student)
North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: The Lived, Everyday School Experiences of Students in a Day Treatment Program

Principal Investigator: Andrea Cole Faulkner, Ed.S.    Faculty Sponsor: Dr. Lance Fusarelli

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
The purpose of this study is to learn more about the everyday school experiences of students in a day treatment program. Learning about the experiences of students and the adults in the students’ lives may help researchers as they strive to learn more about how to help students with special needs. This research study is a requirement for a doctoral student’s dissertation for the Degree at NC State University.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with approximately 15 questions that should last no longer than one hour. In addition, you will be asked to be available by phone after the interview should any answers shared in the interview need clarification. With this possible follow-up, the total time required should be no more than one hour and 15 minutes. The personal interview will be held at the location most convenient to you, or by phone, taking into consideration the busy schedules of those who agree to participate. If you agree, interviews will be audio-recorded and transcribed in order that the most accurate representation of your answers is recorded. All identifying information will be removed from data sources.
**Risks**
There are minimal risks to the participants in this study. The researcher will make every effort to create a warm and welcoming interview environment and to ensure that you feel comfortable during the interview process. Careful steps will be taken to ensure that your identity will not be revealed. No research participant, nor school, nor school district, nor county, or even any state will be identified by any description of any kind. No personal information will be requested from the subjects. Careful steps will be taken that none of the study procedures will produce stress or anxiety, or be considered offensive, threatening, or degrading in any way.

**Benefits**
While there are no direct benefits to the participant as a result of this study, there are expected benefits to the field of education. The possible benefits of this research include better-informed practices with regard to how to provide service delivery to students with special needs. An important element of this research is to give voice to the students who participate in the day treatment program model and how they perceive their everyday school experiences in this program. This research may help to inform the implementation and facilitation of this program in public schools.

**Confidentiality**
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in computer files that are password protected. Once the information is utilized, it will be deleted. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write his/her name on any study materials in order that no one can match his/her identity to the answers that you provide.

**Compensation**
Participating in this study is voluntary, and you will not receive compensation.

**What if you have questions about this study?**
If you have questions at any time about the study or the procedures, you may contact the researcher, Andrea Cole Faulkner at 252-432-2523.

**What if you have questions about your rights as a research participant?**
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.
Consent to Participate

“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature____________________________ Date _______________
Investigator's signature_________________________ Date _______________
Appendix H

Interview Guide for Personal Interviews of Day Treatment Study Participants

Purpose of Study: Public schools are faced with the important task of providing specially designed instruction for students who often exhibit challenging behaviors. The purpose of this study is to gather real-life information about the lived, everyday school experiences of students in a day treatment program model. In order to improve upon service delivery, teachers can benefit from learning more about their students’ experiences in this program. This small study seeks to make a contribution to practice by giving voice to the student, in hopes that this information may add to the knowledge base about day treatment programs.

Research Question: What are the lived, everyday school experiences of two high school students in a day treatment program?

Participant Selection Criteria: Participants included in this study will be students in a day treatment program.

Procedures: Purposive sampling will be used to identify eligible participants. Potential participants will be contacted via letter. Details about the study will be shared, and once participants have confirmed their participation, the interview will be scheduled. The principal investigator will follow all IRB guidelines and ensure full and informed consent of the research participants.

Your signature on the informed consent form signifies your consent to participate.
Appendix I

Invitation to Participate in a Day Treatment Study

Date:

Dear (Participant Name),

My name is Andrea C. Faulkner, and I am currently a North Carolina State University student working on my dissertation research. I am also the National Assessment for Educational Progress (NAEP) State Coordinator for NC Department of Public Instruction. I am writing in hopes that you might be interested in participating in my study. The purpose of my study is to gather real-life information about the everyday school experiences of students in a day treatment program. In order to improve upon service delivery, teachers can benefit from learning more about their students’ experiences in this program. Public schools are faced with the important task of providing specially designed instruction for students and my hope is that I might be able to gain insight that would help educators as they work with students.

This letter is requesting your assistance in gathering information that would help with this understanding. If you agree to participate in this study, I will record and transcribe the information after the interview. This information will be utilized to help more fully understand the students’ experiences in the program. Your responses will remain completely confidential. You do have the right to refuse to answer any question during the interview. You may terminate the interview at any time or choose to have any or all responses deleted from those given. Once the participants have completed the interviews, the information will be included in my dissertation which will be on public file. However, no one who reads the study will be able to conjecture by the information given any information that will identify you, the school, the district or the state.

If you choose to participate in the study, your commitment would be approximately one hour with one personal interview. Please let me know if you are interested in participating in the study or would like to discuss the opportunity in more detail. If you have questions or concerns about this proposed research study, please contact me at (252) 432-2523. You may also contact me via email at acfaulkn@ncsu.edu. Also, please feel free to contact the IRB Regulatory Compliance Administrator at North Carolina State University, Deb Paxton, at (919) 515-4514 should you have concerns.

If you are not interested in participating in a study at this time, I understand and thank you for reviewing my invitation to participate.

Let me thank those in advance for your assistance with this study. I do realize that your time is very valuable. I am sure the results of this study will be valuable to educational leaders.

Sincerely,

Andrea Cole Faulkner, Ed.S.
Appendix J

Interview Protocol
Mr. Brown (School Administrator)

I. INTRODUCTION
Introduce myself and my interest in pursuing this research. Thank the participant for participating in the study and review the stated purpose of study.

II. INFORMED CONSENT
Review and sign the informed consent document. Ask the participant if there are any additional questions before beginning the interview.

III. BACKGROUND/DEMOGRAPHIC INFORMATION
Collect the following information from the participant: age and number of years employed as a principal.

IV. INTERVIEW QUESTIONS:

1. Tell me about yourself.
2. Tell me about your experiences as the school administrator in this program.
3. Tell me about your perceptions of Mary’s experiences in this program.
4. Tell me about your perceptions of Jane’s experiences in this program.
5. Tell me about a typical day for Mary.
6. Tell me about a typical day for Jane.
7. Tell me about your perceptions of Mary’s experiences with his classmates.
8. Tell me about your perceptions of Jane’s experiences with her classmates.
9. Tell me about a typical day in general in this program of which Mary is a member.
10. Tell me about a typical day in general in this program of which Jane is a member.
11. Tell me about parent/guardian involvement in your school for Mary.
12. Tell me about parent/guardian involvement in your school for Jane.
13. Tell me about having a therapist as part of the program.

14. Tell me about your school’s use of CBT.

15. Tell me about group therapy sessions for your students.

16. How does the therapeutic model fit in with the accountability of academics?

17. Are there special interventions for students who are not making adequate progress?

18. What about teaching students in this setting most influences teaching and students?

19. Tell me about collaboration in your school? Working as a team?

20. Tell me about PBIS in your school.

21. What would you like others to know about your experiences as a school administrator for this program?

22. Is there anything else you would like to add?

23. May I ask you to talk with me some more about some of your answers from the above questions?

24. If I have any more questions, may I get back in touch with you?
Appendix K

Interview Protocol
Ms. Hudson (Mental Health Professional)

I. INTRODUCTION
Introduce myself and my interest in pursuing this research. Thank the participant for participating in the study and review the stated purpose of study.

II. INFORMED CONSENT
Review and sign the informed consent document. Ask the participant if there are any additional questions before beginning the interview.

III. BACKGROUND/DEMOGRAPHIC INFORMATION
Collect the following information from the participant: age and number of years employed as a Mental Health Professional.

IV. INTERVIEW QUESTIONS:

1. Tell me about yourself.

2. Tell me about your experiences as a therapist in this program.

3. Tell me about your perceptions of Mary’s experiences in this program.

4. Tell me about your perceptions of Jane’s experiences in this program.

5. Tell me about a typical day for Mary.

6. Tell me about a typical day for Jane.

7. Tell me about the Social Skills Curriculum.

8. Tell me about your perceptions of Mary’s experiences with the Social Skills Curriculum.

9. Tell me about your perceptions of Jane’s experiences with the Social Skills Curriculum.

10. Tell me about your perceptions of Mary’s experiences with his classmates.

11. Tell me about your perceptions of Jane’s experiences with her classmates.
12. Tell me about a typical day in general in this program of which Mary is a member.

13. Tell me about a typical day in general in this program of which Jane is a member.

14. Tell me about parent/guardian involvement in your school for Mary.

15. Tell me about parent/guardian involvement in your school for Jane.

16. Tell me about your school’s use of CBT.

17. Tell me about group therapy in your school.

18. How does the therapeutic model fit in with the accountability of academics?

19. Are there special interventions for students who are not making adequate progress?

20. What about teaching students in this setting most influences teaching and students?

21. Tell me about having a therapist as part of the program.

22. Tell Me about PBIS in your school.

23. Tell me about collaboration in your school? Working as a team?

24. What would you like others to know about your experiences as a therapist for this program?

25. Is there anything else you would like to add?

26. May I ask you to talk with me some more about some of your answers from the above questions?

If I have any more questions, may I get back in touch with you?
I. INTRODUCTION
Introduce myself and my interest in pursuing this research. Thank the participant for participating in the study and review the stated purpose of study.

II. INFORMED CONSENT
Review and sign the informed consent document. Ask the participant if there are any additional questions before beginning the interview.

III. BACKGROUND/DEMOGRAPHIC INFORMATION
Collect the following information from the participant: age and number of years employed as a program coordinator.

IV. INTERVIEW QUESTIONS:

1. Tell me about yourself.

2. Tell me about your experiences as the coordinator for this program.

3. Tell me about your perceptions of Mary’s experiences in this program.

4. Tell me about your perceptions of Jane’s experiences in this program.

5. Tell me about a typical day for Mary.

6. Tell me about a typical day for Jane.

7. Tell me about the Social Skills Curriculum.

8. Tell me about your perceptions of Mary’s experiences with the Social Skills Curriculum.

9. Tell me about your perceptions of Jane’s experiences with the Social Skills Curriculum.

10. Tell me about your perceptions of Mary’s experiences with his classmates.
11. Tell me about your perceptions of Jane’s experiences with her classmates.

12. Tell me about a typical day in general in this program of which Mary is a member.

13. Tell me about a typical day in general in this program of which Jane is a member.

14. Tell me about parent/guardian involvement in your school for Mary.

15. Tell me about parent/guardian involvement in your school for Jane.

16. Tell me about your school’s use of CBT.

17. Tell me about group therapy in our schools.

18. How does the therapeutic model fit in with the accountability of academics?

19. Tell me about PBIS in your school.

20. Are there special interventions for students who are not making adequate progress?

21. What about teaching students in this setting most influences teaching and students?

22. Tell me about having a therapist as part of the program.

23. Tell me about collaboration in your school? Working as a team?

24. What would you like others to know about your experiences as the coordinator for this program?

25. Is there anything else you would like to add?

26. May I ask you to talk with me some more about some of your answers from the above questions?

If I have any more questions, may I get back in touch with you?
Appendix M

Interview Protocol
Ms. Roberts (High School and Special Education Teacher)

I. INTRODUCTION
Introduce myself and my interest in pursuing this research. Thank the participant for participating in the study and review the stated purpose of study.

II. INFORMED CONSENT
Review and sign the informed consent document. Ask the participant if there are any additional questions before beginning the interview.

III. BACKGROUND/DEMOGRAPHIC INFORMATION
Collect the following information from the participant: age and number of years employed as a teacher.

IV. INTERVIEW QUESTIONS:
1. Tell me about yourself.

2. Tell me about your experiences as a high school special education teacher in this program.

3. Tell me about your perceptions of Mary’s experiences in this program.

4. Tell me about your perceptions of Jane’s experiences in this program.

5. Tell me about a typical day for Mary.

6. Tell me about a typical day for Jane.

7. Tell me about your perceptions of Mary’s experiences with his classmates.

8. Tell me about your perceptions of Jane’s experiences with her classmates.

9. Tell me about a typical day in general in this program of which Mary is a member.

10. Tell me about a typical day in general in this program of which Jane is a member.

11. Tell me about having a therapist as part of the program.

12. Tell me about your school’s use of CBT.
13. Tell me about group therapy in your school.

14. How does the therapeutic model fit in with the accountability of academics?

15. Tell me about PBIS in your school?

16. Are there special interventions for students who are not making adequate progress?

17. What about teaching students in this setting most influences teaching and students?

18. Tell me about collaboration in your school? Working as a team?

19. What would you like others to know about your experiences as a high school special education teacher in this program?

20. Tell me about parent/guardian involvement in your school for Mary.

21. Tell me about parent/guardian involvement in your school for Jane.

22. Is there anything else you would like to add?

23. May I ask you to talk with me some more about some of your answers from the above questions?

If I have any more questions, may I get back in touch with you?
Appendix N
Interview Protocol
Mary (Day Treatment Student)

I. INTRODUCTION
Introduce myself and my interest in pursuing this research. Thank the participant for participating in the study and review the stated purpose of study.

II. INFORMED CONSENT
Review and sign the informed consent document. Ask the participant if there are any additional questions before beginning the interview.

III. INTERVIEW QUESTIONS:

1. Tell me about yourself.
2. Tell me about a typical day in your classroom.
3. Tell me about a typical day in your other classes.
4. Tell me about a typical day with your classmates.
5. Tell me about your parent/guardian’s involvement in your school.
6. Tell me about your teachers.
7. Tell me about what you are learning.
8. Tell me how you feel in your school.
9. Tell me about having a therapist as part of the program.
10. Tell me about your experiences with the therapy group that meets three times a week.
11. Is there anything else you would like to add?
12. May I ask you to talk with me some more about some of your answers from the above questions?

If I have any more questions, may I get back in touch with you?
Appendix O

Interview Protocol
Jane (Day Treatment Student)

I. INTRODUCTION
Introduce myself and my interest in pursuing this research. Thank the participant for participating in the study and review the stated purpose of study.

II. INFORMED CONSENT
Review and sign the informed consent document. Ask the participant if there are any additional questions before beginning the interview.

III. INTERVIEW QUESTIONS:

1. Tell me about yourself.

2. Tell me about a typical day in your classroom.

3. Tell me about a typical day in your other classes.

4. Tell me about a typical day with your classmates.

5. Tell me about your parent/guardian’s involvement in your school.

6. Tell me about your teachers.

7. Tell me about what you are learning.

8. Tell me how you feel in your school.

9. Tell me about having a therapist as part of the program.

10. Tell me about your experiences with the therapy group that meets three times a week.

11. Is there anything else you would like to add?

12. May I ask you to talk with me some more about some of your answers from the above questions?

If I have any more questions, may I get back in touch with you?
Appendix P

Observation Form: Mary (Student)

<table>
<thead>
<tr>
<th>Category</th>
<th>Includes</th>
<th>Researchers should note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Clothing, age, gender, physical appearance</td>
<td>Anything that might be of interest to the study</td>
</tr>
<tr>
<td>Verbal behavior and interactions</td>
<td>Who speaks to whom and for how long, who initiates interaction, languages, dialects spoken, tone of voice</td>
<td>How participants use verbal behavior and their voices to communicate, different emotions, what verbal interactions indicate about their interactions, emotions, behaviors</td>
</tr>
<tr>
<td>Physical behavior and gestures</td>
<td>What participants do, who does what, who interacts with whom, who is not interacting</td>
<td>How participants use their bodies and physical behavior and gestures to communicate different emotions, what participants’ behaviors indicate about their feelings toward one another</td>
</tr>
<tr>
<td>Personal space</td>
<td>How close participants stand to one another</td>
<td>What participants’ preferences concerning personal space suggest about their relationships</td>
</tr>
<tr>
<td>Environment Description</td>
<td>Full, rich description of space</td>
<td>Perspective using senses—hearing, smelling seeing, feeling</td>
</tr>
</tbody>
</table>
Other | Additional details that give life to narrative research | Expand notes immediately upon end of observation

(Mack et al., 2005)

Observation Notes (Continued)
Appendix Q

Observation Form: Jane (Student)

Date __________
Time___________
Place___________
Type of Data Collection Event_____________________________________

General Things to Observe

<table>
<thead>
<tr>
<th>Category</th>
<th>Includes</th>
<th>Researchers should note</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Other</td>
<td>Additional details that give life to narrative research</td>
<td>Expand notes immediately upon end of observation</td>
</tr>
<tr>
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<td>---------------------------------------------------------</td>
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</tbody>
</table>

(Mack et al., 2005)

Observation Notes (Continued)

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Appendix R

Expanded Notes Observation Form: Mary (Student)

Date __________

Time___________

Place___________

Type of Data Collection Event__________________________________________________

Expanded Observation Notes

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Appendix S

Expanded Notes Observation Form: Jane (Student)

Date __________
Time___________
Place___________

Type of Data Collection Event__________________________________________________

Expanded Observation Notes____________________________________________________
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