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Day treatment: development of a model program and determination of its effects on 13-21 year olds

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Day treatment: Development of a model program and determination of its effects on 13 – 21 year olds

by

Thomas Joseph Gehlsen

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This is to certify that the Doctoral dissertation of

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has met the dissertation requirements of Iowa State University

Signature was redacted for privacy.

Major Professor

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For the Major Program

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For the Graduate College

DEDICATION

This study
is dedicated
to my wife Susan.

Your constant love,
encouragement and support
have enabled me to prevail and
complete this research.

You are my love
forever!

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ABSTRACT

For decades there has been a need in communities to provide a collaborative series of services to the emotionally and behaviorally disordered adolescent. These services need to be provided in a lesser restrictive environment other than a residential setting but more restrictive that a mainstream educational setting. In this completed study, the purpose was to describe an ecological treatment program for Behavior Disorder/Severely Emotionally Disturbed adolescents. The question, "How did the development of this type of treatment program come about and how did the effects of the program make the coordinated efforts of various local agencies a state and national model?" was answered. The major outcomes were cost efficiency, youth being able to remain in the local community, and the effectiveness of a multi-disciplinary approach.

The research questions and the subsidiary questions were suggested by a collaborative effort in attempting to develop a day treatment program bringing together a multi-disciplinary team to address the educational and family needs of the emotionally and behaviorally disordered adolescent from the ages of 13-21. This study focused on the collaborative efforts to establish a lesser restrictive environment, but at the same time to be restrictive enough to produce effective outcomes for the students.

Heaviest reliance for evidence in the study was placed on two sources: relevant literature pertaining to the needs for this type of programming, and the local

community in which this type of program was developed. The collaborative nature in which this research was conducted and the resulting development of a new model for serving BD/SED have led to the formation of a planning committee that is responsible for developing and implementing the new model based on this study.

CHAPTER I. INTRODUCTION

In her book *Unclaimed children*, Knitzer (1982) reported that two-thirds of all severely emotionally disturbed children and youth do not receive the services they need. Many others receive inappropriate, often excessively restrictive care. Recently, there has been increasing activity to improve services for severely emotionally disturbed children and adolescents. The National Institute of Mental Health (NIMH) launched the Child and Adolescent Service System Program (CASSP, 1982) to assist states and communities to develop comprehensive, community-based systems of care, and coalitions of policymakers, providers, parents and advocates are being forged to promote the development of such systems of care.

In 1969, The Joint Commission on Mental Health of Children published a report entitled *Crisis in child mental health* (1969). Since that time, there has been a growing recognition of the serious unmet needs of children and adolescents with mental health problems. It has been repeatedly documented that a large proportion of emotionally disturbed children and adolescent do not receive adequate, comprehensive care (Knitzer, 1982). Despite some attempts to address this problem, there continues to be a "crisis" in child mental health (NIMH, 1993).

The Joint Commission (1969) found that millions of children and youth were not receiving needed mental health services. Many of the children that were served received inappropriate, unnecessarily restrictive care, often in state mental hospitals

(NIMH, 1993). The President's Commission on Mental Health (1994) echoed the Joint Commission's conclusions, finding that few communities provided the volume or continuum of programs necessary to meet children's mental health needs. Both Commissions recommended that an integrated network of services be developed in communities to meet the needs of severely emotionally disturbed children and youth.

Knitzer (1982) asserted that the needs of severely emotionally disturbed children have remained largely not addressed. She reported that two-thirds of this group are not getting the services they need, and that many others receive inappropriate or excessively restrictive care. Knitzer considers these children to be "unclaimed" by public agencies with responsibility to serve them. She also noted the lack of an organized planning process for children in most states.

The range of mental health and other services needed by severely emotionally disturbed children and adolescents is frequently unavailable (Knitzer, 1982). Many children are institutionalized when less restrictive, community-based services would be more effective. Additionally, there have been few attempts to get mental health, child welfare, juvenile justice and education agencies to work together on behalf of disturbed children and youth. This has left children and youth with serious and complex problems to receive services in an uncoordinated and piecemeal fashion, if at all.

Currently, the NIMH stresses the critical need to improve both the range and coordination of service delivered to severely emotionally disturbed children and their

families (NIMH, 1993). The result is the development of a comprehensive, coordinated "system of care" for children and youth to meet the national, state, and local needs. A focal point of this goal is the development of an effective Day Treatment Program coordinated by several local agencies for emotionally and behaviorally disordered youth, with the purpose and focus of an ecological treatment program for behavior disorder/severely emotionally disturbed adolescents.

Ecological Theory

Theories of ecology have examined the tremendous historical shift from modern industrial culture to a post-industrial culture, and its implications for the understanding of education in general and in the arena of special education (Orr, 1992). Education in the modern world was designed to further the conquest of nature and the industrialization of the planet. It tended to produce unbalanced, under-dimensional people tailored to fit the modern economy. Postmodern education must have a different agenda, one designed to heal, connect, liberate, empower, create, and celebrate. It must be life-centered (Orr, 1992). If education for our youth is to be a "life-centered" culture, there must evolve a process that will enable education to immerse youth in the natural world and in the local community rather than to continue to present an education comprised of "abstraction piled on abstraction" (Orr, 1992). This holistic, experiential approach is now a vital necessity for humanity to survive in any decent way in a ruptured and depleted biosphere.

The ecological approach to day treatment programs is a morally and experientially engaged way of knowing and involving a sense of wonder and respect for life and the realization that all human activities have consequences for the larger ecosystem and for later generations. It is a knowing that cultivates a sense of place, not a rootless analytical intellect. Orr (1992) conceives that this "environmental education" offers a discrete subject within conventional schooling not currently producing this experience.

This theory gives way to perspectives in day treatment planning related to holistic education. In *Holistic education*, Carol Flake (1996) presents principles that can be applied as stimuli in developing curricula that meets the needs of individuals youth as they face an ever changing and challenging world. Exploration of the following merits consideration in developing an integrated behavior disorder curriculum:

- Educating for Human Development
- Honoring Students as Individuals
- The Central Role of Experience
- Holistic Education
- New Role of Educators
- Freedom of Choice
- Educating for a Participatory Democracy
- Educating for Cultural Diversity and Global Citizenship
- Educating for Earth Literacy

- Spirituality and Education

An integrated curriculum is more than the mere combination of subject areas, and more than another passing educational fad. By examining hidden assumptions about human potential, learning and intelligence, the nature of the universe, and the effectiveness of organizations, the established education structure is not equipped to cope with the major changes taking place in the world today (Clark, 1997). Edward Clark calls for a systemic restructuring.

Clark (1997) believes that an integrated curriculum begins with important, open-ended questions about students' places in society, history, their community, and the ecosystem. Integrated teaching is attuned to natural processes of learning, such as constructing meaning and understanding context, relationships, and concepts within a genuine community of learning. In a systemic, ecological perspective, the purpose of education is not to pile up facts but to cultivate inquiry, meaningful understanding, and direct personal engagement (Clark, 1997). Clark concludes that such goals are vital to the survival of democratic citizenship. Systemic, ecological thinking is increasingly relevant today because of the complexity and speed of social, cultural, and technological change. An integrated curriculum enables students to address their world with imagination, creativity, and purpose, rather than making them passive consumers of textbooks and media-packaged information (Clark, 1997).

Need for Services

A study in 1987 sponsored by the Rock Island County Mental Health Board and entitled, *A survey of comprehensive youth services*, showed that no services were available to those youth needing special education and therapy services in order to remain in their home community and not be placed in a restrictive residential setting. A response was made to this critical situation by various agencies located in the Illinois portion of the Quad Cities. From this study, the involved agencies committed themselves to developing a multi-disciplinary approach to resolve the shortage of services.

Bethany Home, Inc., a comprehensive Child Welfare agency located in Moline, Illinois, along with Blackhawk Area Special Education District in East Moline, began to jointly sponsor a program to meet the needs as specified previously. The program is designed to provide services for those students who are experiencing significant behavior problems in their home, school, or community. The goal of the program is to provide educational services and therapeutic treatment within the community that will enable students to function within less restrictive environments in a productive and positive way, with the results being a return to the mainstream school, graduation leading to further vocational or career education, or entrance into the community college system. There are several kinds of services available within the program, each having some rules or guidelines unique to that part of the program.

The applications for community colleges could have a positive impact. A new group of students for the community college system will now be available. The community college system will need to further develop and refine programming for students with special needs. This will enable this focus group to eventually enter into communities and be productive members of society. Community college systems will have to become better visionaries as to an integrated, systemic curriculum that not only meets the needs of special students, but also the needs of communities in general.

Statement of the Problem

For decades there has been a need in communities to provide a collaborative series of services to the emotionally and behaviorally disordered adolescent. These services need to be provided in a lesser restrictive environment other than a residential setting but more restrictive than a mainstream educational setting.

The main purpose of this study was to describe an ecological treatment program for Behavior Disorder/Severely Emotionally Disturbed (BD/SED) adolescents. As evidenced by this researcher's involvement as the director of the day treatment program for BD/SED adolescents in Rock Island County, there were no specific collaborative services existing to address these needs. A multitude of duplicated services were in place in other community agencies to meet the needs of individuals and families, without the component services for BD/SED adolescents.

Utilization of an ecological model would extend of educational treatment beyond the classroom (Clark, 1997; Flake, 1996; Kerr, 1989; Kerr & Nelson, 1983; Orr, 1992), essentially putting the model into practice in other settings in which the behavior occurs. This rationale was based on meeting the needs of BD/SED students beyond the classroom:

1. BD/SED students have problems in more than one setting;
2. Persons in all settings need assistance in dealing constructively with BD/SED students;
3. Meaningful change in BD/SED students must involve persons in all settings (i.e., in order to make an effective change in behavior, all participants must be actively involved);
4. The problem must be seen as "improved" by those who have experienced it. That is, change in behavior must be "socially validated ... within the ecological settings where the problem has existed" (Kerr & Nelson, 1983, p. 274); and
5. Generalization and maintenance training must be provided within the ecological setting for the behavior to change.

The questions, "How did the development of this type of treatment program come about and how did the effects of the program make the coordinated efforts of various local agencies a state and national model?" were addressed in this study. The major outcomes were cost efficiency, youth being able to remain in the local community, and the effectiveness of a multi-disciplinary approach.

Research Questions

More specifically, the study was designed to answer the following research questions:

1. What are the common beliefs within the agencies regarding services for behavior disorder and severely emotionally disturbed (BD/SED) students?
2. What are the strengths of these common beliefs?
3. To what extent do community agencies work collaboratively to provide services to the BD/SED population?
4. To what extent do multi-disciplinary services answer the needs of the BD/SED population?
5. What is the influence of day treatment programs within the community on the BD/SED population?

The research questions evolved when this investigator began to realize there was no currently existing framework to address the needs of BD/SED students in Rock Island County. Through a thorough review of the literature it became evident that an ecological model would provide the foundation for developing a countywide day treatment program. This theory served as the basis for bringing together a collaborative multi-disciplinary team to address the educational and family needs of the emotionally and behaviorally disordered adolescent from the ages of 13-21. According to Kerr and Nelson (1983), it is not only practical but essential to extend educational treatment for such students beyond the classroom, within the ecological setting of the students, because not only do the BD/SED students have problems in

their communities, but the communities need assistance in dealing constructively and consistently with these students to effect meaningful change (p. 274).

In addition to the literature review, the investigator used his personal expertise as well as that of his colleagues and members of the faculty at Iowa State University to develop the research questions. This study focused on the collaborative efforts to establish a less restrictive environment that would still be restrictive enough to produce effective outcomes for the students. The heaviest reliance for evidence in the study was placed on two sources: relevant literature pertaining to the needs for this type of programming, and the local community in which this type of program was developed. A life-centered, collaborative ecological program would provide the opportunity for students to progress through less restrictive environments while ensuring the consistency (Fishman, 1997; Johns, 1996) that is essential to generalization and maintenance across ecological settings (Clark, 1997; Kerr, 1989; Kerr & Nelson; Orr, 1992). In addition, the current researcher saw collaboration as a way of assuring success because of the stakeholders' involvement (Steinberg & Fleisch, 1990; Stroul & Friedman, 1994; Zimet, 1991) throughout the evolution and practice of the model.

History and Description of Bethany Home

The major sponsor of this program is Bethany Home, Inc. This agency has a long history that began over 95 years ago. Bethany is a private, non-sectarian, not-for-profit social service welfare agency guided by a 28 member Board of Directors.

The agency has defined and redefined its services to meet the needs of children and families in an ever-changing society. Bethany Home provides service in the areas of adoption, foster care, child protection, in-home counseling, teen parenting, as well as residential treatment, day treatment, and education for youth ranging from 6-21 years of age with behavior, emotional, and learning disorders.

The Bethany history is one of community effort and community concern for the welfare of children. The agency began with a dream of a man, who found a baby abandoned in a woodshed. In 1898, Gottlief Germann, a Rock Island, Illinois resident, was so stirred by finding this infant, that he began working towards establishment of a home for neglected children. The interest of this man and his wife caught the imagination of the community, and through community efforts, the Union Mission League was established.

In 1899, The Union Mission was incorporated and its first home, in the city of Rock Island, was purchased. In 1903, a meeting was held with the Board of Associated Charities, Moline, Illinois, which led to the support of interested people of that city. At that time, the name of the agency was changed to Bethany Protective Association and the residential center was called Bethany Home. This alliance with Moline became firm, and soon the custom developed of electing half the Board members from Rock Island and the other half from Moline. In 1941, the agency moved its location to 11th Avenue in Moline where it is currently located. Since 1942, the agency has been officially known as Bethany Home, Inc. For over 60 years, Rock Island and Moline shared equally the responsibility of Bethany Home.

Currently, the entire Quad City area actively supports the agency through the United Way of Rock Island and Scott Counties, and through representation on the Board of Directors.

Bethany Home is different in comparison to the majority of children's agencies across the country, many of which are associated with church organizations, county and state government. From the very first, it was supported and managed by volunteer citizens from within the community, citizens interested in the welfare of children in need. Through the years, this agency, supported and controlled by the local community, has attempted to live up to the name, so aptly chosen by its founders. The name refers to the Biblical village to which Christ traveled for rest and shelter.

In its first years of history, the superintendent of Bethany Home and Bethany Protective Association Board members attended court sessions and investigated cases of neglect. The superintendent would personally call at every home where a case of child neglect or abuse was reported. If the home situation did not improve, a court order was sent to permit Bethany Home to care for the child.

The mission of Bethany Home has changed over the years. The agency no longer makes investigations. This responsibility has shifted to the Illinois Department of Children and Family Services, and the Iowa Department of Human Services who, in turn, refer children to Bethany Home through contractual arrangements. The responsibility has also changed in many other ways. In the early history of Bethany Home, emphasis was on food, clothing, and shelter for the

children. In more recent years, Bethany Home and other collaborative agencies have seen that children who have suffered need something more than a roof over their heads, hence the focus has been placed on understanding the child and family as people with hopes, fears, and expectations for the future.

Children and families referred to Bethany Home have been witness to every conceivable family disaster as recorded in treatment plans and the goals/objectives of these plans. Though they may continue to need food, clothing, and shelter, they also need someone personally interested in them and in their future; someone with skill and knowledge, able to take the time to understand how they feel about all that has happened to them. Today, according to its Mission, Bethany Home is not just a children's institution, but a comprehensive child and family welfare agency, serving children and families in a variety of ways, with a plan tailored to the individual needs of each.

The 28 member Board of Directors, representative of the total community numbering 450,000, meet monthly to establish the broad base of policies necessary for the agency's administration. They also act as representatives of the agency within the community. The professional staff includes social workers, teachers, and childcare counselors, who with their training and care for children, work skillfully in mending shattered lives.

Bethany Home, Inc., is licensed by the state of Illinois as a child care institution, and by both Illinois and Iowa as a child welfare institution. The private school that serves as an integral part of the residential and day treatment programs

is licensed and approved by the Illinois Board of Education. The agency is accredited by the Council on Accreditation of Services for Families and Children.

The membership of Bethany Home in the Child Welfare League of America attest to the quality of the agency's programs in meeting child and family needs, and to the dedication of the agency in strengthening not only their own programs, but to working with others to improve the child welfare system of services. Programs at Bethany Home are funded by purchase of service contracts through the state of Illinois and Iowa; contributions from private donors; United Way of the Quad Cities; Rock Island County Mental Health Board (708); agency resources, and fees for services.

The adoption program enables children to become members of a permanent family, who are able to give them the love, care, protection, nurturing, and opportunity for growth every child deserves. In all Bethany placements, the wellbeing and needs of the child are the primary focus. There are always more than enough families ready to adopt a baby, so the greatest concern is for the children who are difficult to place. The emphasis in adoption continues to be on developing family resources for these placements. Special needs children include: (1) minority children of all ages; (2) older children who have significant emotional or physical handicaps; and (3) groups of brothers or sister who wish to remain together. Married or single persons are considered as adoptive parents for these special children. Age and other factors are not as restrictive as in the infant adoption

program, and financial assistance is available for many of the children requiring special care.

The Bethany foster care program works together with the adoption program, providing short term care for children prior to adoption. Foster homes may also be used while a parent makes the difficult decision of whether or not to place the child for adoption. Foster homes used in this program must meet state standards and are licensed through Bethany Home. Financial, education and supportive services are provided to the foster home by Bethany staff. Additional foster care services are available through the Contractual Services program, with the Illinois Department of Children and Family Services, and Iowa Department of Human Services. This program is for children of all ages, who are not necessarily awaiting adoption.

Teen parenting can be difficult for both parent and child. Bethany offers a single parent counseling program to help the children get the best possible start in life. These services assist teenage parents in exploring the various options and concerns relating to pregnancy, and provide information about existing community resources, such as housing or medical help. Ongoing supportive services from the staff are also available. This service is available regardless of the parents' decision to parent the child or release the infant for adoption. Childbirth classes are scheduled on a regular basis. They are designed to reduce the anxiety and discomfort associated with labor and delivery, and focus on the unique issues of single parents.

The residential treatment program serves children with behavioral and emotional disturbances severe enough to prevent adjustment in a family setting. This is a therapeutically structured, group living environment, coupled with intensive individual social services, for the child in residence and the youth's family. A special education program provides personalized instruction. Each child is given all necessary support, including psychiatric and medical services as needed, to bring about the intellectual and emotional growth necessary to move the child back to the family setting as soon as possible.

Day treatment is a family-centered, community-based program providing a treatment alternative for children and youth at risk of being removed from their homes because of difficulties they have at home, at school, and in the community. Through the outreach staff and cooperative links with several agencies, the program is able to provide parent support, counseling, recreation, education and respite care for children and youth, and their families.

The history of Bethany Home and its mission in the child welfare field give the agency the opportunity to work with other Quad City agencies in Illinois and Iowa through contractual services. This is funded under purchase of service contracts with the Illinois Department of Children and Family Services, Iowa Department of Human Services, and the Council on Children at Risk. Under contractual services program, clients are referred by, and are clients of, the contracting agency. These services deal with child protection (abuse/neglect), aftercare, adoptions, foster care, and alternatives to foster care. The basic goal of all services is, whenever possible,

to reunite and strengthen the family unit. In cases where this is not possible, the staff is responsible for developing an alternate plan for the child.

Limitations

This study by no means encompasses the total realm of various models related to day treatment. This collaborative model has been proven to be successful in the local community and has been viewed both on the state and national level as a model program due to the cooperation of various agencies willing to get involved and place the need of behavior-disordered youth as a priority within an ecological treatment program.

This study is limited since the basic, relevant structure has emerged as a product of local concern and not necessarily from outside the community. This program is also limited due to the fact that it has not been developed, in its current structure, beyond the local Quad City area. The gathered data reflect only the views and needs of the local community.

Definition of Terms

The following definitions were defined for use in this study:

Behavior disorder (BD): Those children and adolescents who manifest aggressive, acting-out behavior directed toward self, others, or physical objects and have been diagnosed as BD.

Day treatment: A service that provides an integrated set of educational, counseling, and family interventions that involve a youngster for at least five hours a day or

longer. This program frequently involves collaboration between mental health and education agencies with a focus on behavioral and emotionally disturbed children and adolescents.

System of care: This term connotes a range of services or program components at varying levels of intensity. The term not only includes the program and service components, but also encompasses mechanisms, arrangements, structures or process to insure that the services are provided in a coordinated, cohesive manner.

CHAPTER II. REVIEW OF LITERATURE

National and State Data

The comprehensive study of literature revealed the tremendous need for day treatment programs across the country (OTA-BP-H-33, 1993; Stroul & Friedman, 1994; Zimet, 1991). Day treatment is not a new concept, but studies reveal the lack of success for this type of program due to various outcome studies.

A review of the literature revealed the demand for day treatment due to the ever growing numbers of behavior disorder/severely emotionally disturbed (BD/SED) youth (Halpern & Gold, 1994; Isaacs & Goldman, 1995). It also revealed a number of reasons why day treatment has not been as successful as it could be (Stroul & Friedman, 1994; Zimet, 1991):

- lack of collaboration and other turf issues;
- clearly defined administrative responsibilities;
- funding issues; and
- question of academic outcomes vs. therapeutic success.

On the national, state, and local scene a great demand is present for day treatment services due to the numbers of BD/SED youth, cost efficiency, and the need to keep the youth in their community and, therefore, to avoid use of a more costly and restrictive environment.

In the 15th Annual Report to Congress on Implementation of the Individual with Disabilities Act (1994), the U.S. Department of Education revealed that the total

population needing special services was 4,336,302 from the ages of 3-21. BD/SED youth numbered 40,535 or 21.6% of this population. Of this number 41.8% graduated, 54.7% dropped out before completing the program and 3.6% aged out of programming. Those who graduated focused in various directions:

- 12% went on to other training;
- 9% went on to vocational school;
- 4% went on to a community college; and
- 1% went on to a 4-year college.

From 1989-1993 an increase of an additional 94,578, or 38.5% needing special services, entered the ranks of special education. Of these 47.6% were in need of BD/SED treatment or services (OTA-BP-H-33, 1993). In Illinois those youth served under Chapter I ESEA (State Operated Programs) numbered 78, 965. Those served with SED services number 14,649 or 19% of the total. From 1989-1995 alone an increase of 12.94% needing BD/SED services was seen.

Program Development and Treatment Centers

Throughout this century, people in the United States have been concerned about the serious deficiencies in the mental health and special education care of our children. Despite eloquent needs assessment and recommendations for remediation, most of the unserved needs and deficiencies of our mental health and special education delivery systems have remained the same (Stroul & Friedman, 1994). In 1993, The United States Congress, from the Office of Technology

Assessment, cited the problem with service delivery to at-risk children. The Congress (OTA-BP-H-33) drew the following conclusions:

1. Many children do not receive the full range of necessary and appropriate services to treat their mental health problems effectively.
2. A substantial theoretical and research base suggests that, in general, mental health interventions for children are effective.
3. Although shortages exist in all forms of children's mental health care, there is a particular shortage of community-based services, case management, and coordination across child service systems.

Fishman (1997) and Johns (1996) described the need, formation, and structure of day treatment programs for adolescents with severe emotional disturbances. They stated, that without this service, these adolescents run the risk of being place in a more expensive residential setting often out of the local community. They believed that, to solve this issue, the need for day treatment services can be successful if the focus is placed on intensive community-based services. Fishman saw more restrictive placements being used and overused and therefore raising concerns about the usual negative aspects of removal from the home and community: stigma, regression, institutional dependency, lack of skill generalization to the community, lack of family involvement in treatment, and high costs.

Liddle (1996) reviewed and presented a general philosophy and characteristics of day treatment. He indicated that the trend for the increase in the

number of day treatment programs resulted from a shift to family focused services, the cost of residential care, the need for a midrange of community-based services and legislative developments in various states.

Along with this philosophy, Magnuson (1994) reviewed the current status of mental health and educational services to children, youth, and families to highlight the necessity of an integrated system of care. Such a system would involve collaborative efforts by state departments in developing policy, initiating programs, sharing management and support services, and staffing service programs with representatives from all systems. In such a system each agency responsible for providing care to children and youth with emotional and behavioral problems (i.e., Mental Health, Public Schools, Social and Court Services, etc.) would offer an array of interventions ranging from least to most intensive. Based on the individual needs of children and families, these services would be carefully coordinated beginning with assessment, throughout the course of intervention, to follow-up.

Decisions to provide day treatment services have been grounded in the concept that these services, in order to be effective need to be continually linked with the community (Fishman, 1997). As Fishman indicated, individual, group, and family therapy need to be offered. Other vital activities include art, music, photography, video-taping, and physical exercise. Outings, community meetings, life skills development, tutoring, and vocational counseling round out the services as provided. The philosophy states that when not at the treatment center, the youth would be involved with appropriate community structures. Duplication of services

can be avoided be assisting the adolescents in connecting with schools, job training programs, and leisure time activities. Hoag, (1997) indicated the factors determining success of this type of program are based on continued community support, secure funding, positive atmosphere, staff selection, and training and program flexibility.

No matter how the programming and treatment center is viewed, there is a need for interdisciplinary cooperation (Kazdin, 1993). When cooperation is the hinge on which programming is based, results indicate that the great majority of day treatment children can be successfully reintegrated into public schools (Greenbaum, 1996). Initially, most students moved to special classes within the neighborhood school and later were integrated into the regular classroom. It is believed that day treatment is an appropriate vehicle for preparing children with emotional and behavioral disturbance for reintegration into mainstream settings (Greenbaum, 1996).

Steinberg and Fleisch (1990) examined the ways in which schools and mental-health agencies, separately and in tandem, have been trying to better meet the complex needs of children and adolescents with emotional and behavioral disturbances and their families. Their findings were based on: (1) two national surveys developed with the help of both the National Association of State Directors of Special Education (NASDSE) and the State Mental Health Representatives for Children and Youth (SMHRCY) and completed by both state directors of special education and child mental health officials; (2) site visits to 26 programs in 13 states; (3) reviews of written program materials and phone conversations with staff of over

130 programs across the country; and (4) responses by 200 parents of children with behavioral and emotional disorders to a specially prepared questionnaire, and (5) a review of the relevant policy and research literature.

Based on their findings, Steinberg and Fleisch (1990) generated 10 recommendations:

1. Prevent the inappropriate identification of students with behavioral and emotional handicaps.
2. Conduct reviews, both within school districts and on a statewide basis, of the scope and quality of the current mix of educational and mental health services available for children with identified behavioral and emotional disorders.
3. Improve the quality of school life for students with behavioral and emotional handicaps identified under the mandate of the IDEA.
4. Strengthen the policy commitment to enhance collaboration between schools and mental health agencies.
5. Encourage the formation of parent support and advocacy groups and expand opportunities for parents to collaborate in school related efforts to help their children.
6. Examine current fiscal strategies at all levels of government to ensure that all available dollars for services are being used in the most cost effective ways, and to develop strategies to increase resources as appropriate.

7. Generate strategies involving state, local, and federal agencies, working wherever possible with parent groups, to raise the level of awareness among mental health professionals, educators and staff of other public agencies about new developments in meeting the educational and mental health needs of students with behavioral and emotional disorders.
8. Ensure that all children in the care and custody of state agencies who should be receiving special education and related services because of behavioral and emotional problems are identified and appropriately served.
9. Ensure an adequate supply of appropriately trained educators and mental health personnel.
10. Encourage research that adds to practice knowledge about the impact of different intervention strategies (and different mixes of strategies) on real outcomes to children and adolescents in terms of school competence, vocational skills and general coping ability.

Given the above recommendations and the call for collaborative services there are several barriers to interagency agreement: lack of clarity of responsibility, lack of coordination between agencies, lack of coordination between state and local agencies, failure to coordinate budgets with service mandates, inconsistent service standards, and conflicting views of constraints on confidentiality (LaCour, 1994). LaCour proposed a process to overcome these barriers: (1) review pertinent law and regulations; (2) get to know the leadership of the involved agencies; (3) learn how the other agencies work; (4) teach special education or mental health mandates to

other agencies; (5) identify resources to be exchanged; (6) point out the mutual benefits of a resource exchange to the participating agencies; and (7) develop a draft agreement.

These barriers can also make the political environment complex (Greenbaum, 1996). The delineation of authority and responsibility vague, and put the various special programs in jeopardy of political manipulation. It appears that if more planning and cooperation were to occur between public and private sectors a true continuum of care might be established.

Given the barriers and other issues, coordination seems to be the most rational answer to the problem that no single worker can provide all the services needed by any unique client at any time (Carter, 1994). Katz (1978) believed that the best service delivery model needs to have aspects of coordination in it, needs to incorporate a team approach, at times needs to use referral, needs some degree of centralization as well as decentralization, and needs the client to be involved.

The adoption of a general program philosophy is necessary to unify service providers from various disciplines (Moore et al., 1994). A developmental approach is needed to emphasize viewing children's maladaptive behavior as an adapted attempt to get their needs met in a dysfunctional environment. These unacceptable need-fulfilling techniques elicited further negative responses, from the environment, creating a vicious cycle, and leading to development of a poor self concept. Teaching appropriate need-fulfilling behavior and improving self-esteem is the focus of treatment. Services provided by an interdisciplinary team includes individualized

education, individual group and family therapy, crisis intervention, and recreational activities (Scholte, 1996).

A review of the literature indicated that results have shown that the great majority of day treatment children can be successfully reintegrated into public schools (Johns et al., 1996). Initially, most students moved to special classes within the neighborhood school and later were integrated into the regular classroom. The literature indicated that day treatment is an "appropriate vehicle" for preparing children with emotional and behavioral disturbance for reintegration into mainstream settings.

Cost Justification

Historically, there has been a debate as to the cost justification of day treatment programs. In the best of collaborative programs the cost has been absorbed by the participating agencies and institutions (Weissbound, 1996). This trend in funding is due to the fact that proponents of extended hospitalization for the most seriously disturbed children and adolescents face an uphill battle in obtaining funds for such expensive care. Recent public policy developments have emphasized little or no use of this restrictive, expensive option of care.

Moore (1996) advocated for a comprehensive system of community-based care. This type of system would improve current practices by providing a midrange of services between outpatient care and hospitalization. This is where day treatment fits in the cost factor as well as the system of care. It has been

demonstrated that when costs were averaged for all children treated within this type of system, the cost per child drops dramatically when compared with systems lacking midrange services (Moore, 1996). The focus here is having participating agencies and institutions absorb the cost since it can be justified that treatment effectiveness is found in creative treatment programming and this itself will reduce cost as a midrange service of education and mental health.

Carter (1994) determined that this midrange service in the system of care is a viable alternative to hospitalization based on both treatment and cost effectiveness. Her study found that on a daily basis day treatment is significantly less costly, and hence participant sponsors as well as third party payers are most interested in this type of service give outcomes showing significant improvement in behavior in the home, school, and community (Fishman, 1997).

Mental health, education and third-party reimbursers have acknowledged day treatment as a therapeutically sound, cost effective alternative to more restrictive, expensive inpatient services (Fishman, 1997). Placements in day treatment avoid the usual negative aspects of removal from the home and community: stigma, regression, institutional dependency, lack of skill generalization to the community, and lack of family involvement in the program.

The development of this type of programming that includes family participation greatly reduces the number of adolescent placements by public county welfare agencies. Hence, a substantial cost savings was associated with day treatment programming (Greenbaum, 1996). While data did not indicate that

alternative services achieved superior behavioral outcomes, they did indicate alternative services prevent residential placement and reduce costs without creating adverse consequences for children (Rosenthal & Glass, 1990).

Profile of a BD Student

Given the fact that there are many ways to identify behavior disorder (BD) youth, it seems reasonable to expect that disturbed individuals could be grouped into subcategories according to the types of problems they have. Still, there is no generally agreed upon system for classifying behavior disorder/severely emotionally disturbed (BD/SED).

The specific problems cited by LaCour (1994) in classifying (BD/SED) children are: (a) lack of reliability and validity of the classification system; (b) significance of etiology; (c) special legal considerations; and (d) differences between classification systems for adults and children.

A reliable profile is one in which a certain child or behavior is classified the same way over a span of time, under different conditions, and by different classifiers. In such a system a child will not be placed in one category today and a different one next week; in one category if classified at home and a different one if classified at school; or in one category by psychologist A and a different one by psychologist B. Unfortunately, most classification systems for disturbed children are quite unreliable (Hibbs, 1995). A valid classification system is one in which a child's assignment to a certain category is predictable using other reliable and valid

devices, or is predictable on the basis of theory and has sound implications for how the child's behavior should be managed. The validity of most systems is very poor. A child's placement in a certain category means almost nothing as far as treatment or education is concerned.

Psychiatry places great emphasis on identifying the etiology of mental "disease". The hope of psychiatrists and other mental health professionals is that identification of the causal factors underlying emotional disturbance will result in a classification system. Then assignment of a child to the proper category might lead directly to a prescription for treatment. It is true that finding the causes of children's emotional disturbances would be a significant accomplishment. It is also true that in the vast majority of cases one can only guess why a child is disturbed. That is, even though many mental health specialists have attached supreme importance to the task of finding out why children become disturbed, and even though a vast amount of research has been aimed at the problem of etiology, there is still no sound empirical evidence linking (BD/SED) to certain causes (Hoag & Burlingame, 1997). Therefore, classification according to causes is not possible at present.

Today's classification systems have been widely criticized. Hoag and Burlingame (1997) commented:

> It is important to note that competent clinicians would seldom use for treatment purposes the categories provided by diagnostic manuals; their judgment would be more finely modulated than the classification schemes, and more sensitive than any formal system can be to temporal, situational, and developmental changes. (p. 24)

Johns et al. (1996) noted that if diagnostic labels or categories do not lead to improved or appropriate educational intervention, they should not be used in schools. Clearly, the usual diagnostic categories, for example, those found in publications of the American Psychiatric Association and the Group for the Advancement of Psychiatry, have little value for educational intervention. Some psychologists and educators have recommended relying on individual assessment of the child's behavior and situational factors rather than traditional diagnostic classification (Johns, 1997).

One approach that as been proposed in recent years is called *dimensional classification*. The work of Halpern (1994) and his associates is representative of this approach. Halpern and others have used behavior ratings by teachers and parents, children's life history characteristics, and the responses of children to questionnaires to derive four "dimensions" or clusters of interrelated traits: conduct disorder, anxiety-withdrawal, immaturity, and socialized aggression. The dimensions were found by using a statistical procedure known as factor analysis. Children whose behavior fits the conduct disorder category are likely to exhibit such characteristics as disobedience, destructiveness, jealousy, and boisterousness. The life history characteristics associated with conduct disorder include defiance of authority and inadequate feelings of guilt. Children with conduct disorders frequently give questionnaire responses indicating that they do as they like regardless of what other people think, that they do not trust other people, and that they like to think of themselves as "tough".

Anxiety-withdrawal is characterized by feelings of inferiority, self-consciousness, social withdrawal, anxiety, depression, expressions of guilt and unhappiness. Immaturity, a third dimension, is associated with short attention span, clumsiness, passivity, daydreaming, preference for younger playmates, and other behavioral characteristics of children lagging behind their age-mates in social development. The dimension of socialized aggression is made up of characteristics such as associating with and being loyal to bad companions, being active in a delinquent group, stealing, and habitual truancy. In addition, these children exhibit behavior traits like fighting and destructiveness that result in violation of the law.

The four dimensions do not by themselves provide a satisfactory system of classification; they merely describe the major types of behavior (BD/SED) children may exhibit. Therefore, they are not an adequate basis for designing intervention programs. However, similar dimensions have been found with remarkable consistency in many samples of children, so the dimensions do provide a relatively reliable basis for description (Scholte, 1996).

It is much easier to identify disturbed/disordered behaviors than it is to define and classify types and causes of behavior disorder/severely emotionally disturbed (BD/SED). Most BD/SED children do not escape notice. Occasionally a disturbed child will not be a bother to anyone and thus be "invisible," but it is usually easy to tell when a child needs help. The most common type of BD/SED children, those with conduct disorder, attract attention with their behavior, so there is seldom any real problem in identifying them. Immature children and those with personality

problems may be less obvious, but they are not difficult to recognize. BD/SED children are so readily identified by school personnel that few schools bother to use systematic screening procedures. Another reason for not using systematic procedures is that special services for disturbed children lag so far behind the need. There is not much point in screening children for problems when there are no services available to treat these problems (Ager, 1997).

This should not be interpreted to mean that there is never any question about whether or not a child is BD/SED. The younger the child, the more difficult it is to judge whether or not that child's behavior signifies a serious problem. In addition, some BD/SED children do go undetected because teachers are not sensitive to their problems or because they do not stand out sharply from other children in the environment who may be even more disturbed. Even sensitive teachers make errors in judgment. It also needs to be noted that some disturbed children do not exhibit problems at school.

Formal screening and accurate early identification for the purpose of planning educational intervention are complicated by the problems of the various types of definitions used. Informal teacher judgement has served as a fairly valid and reliable means of screening children for emotional/behavioral problem. When more formal procedures are used, teachers' ratings of children's behavior have turned out to be quite accurate (Carter, 1994). Children's ratings of their peers and their own behavior have also proved effective (Bower, 1981).

In the final analysis there are no adequate instruments for measuring BD/SED and, because identification of disturbed children depends on subjective judgments, few attempts to measure the behavior of such children were made before the 1960s. Prior to 1965, behavior was typically described in rather general terms of specified in occasional anecdotal reports; there were very few cases in which the specific troublesome behavior of children was pinpointed and recorded accurately over a period of many days. Since the spread of behavior modification methods in the 1960s it has become common to see reports that include a graph showing the frequency with which certain behaviors have been exhibited by a child each day before, during, and after treatment. Although pinpointing a problem behavior, observing that behavior directly, and recording instances of that behavior over an extended period of time do not in themselves constitute an adequate basis for definition or identification of ED/BD, this does, however, provide a very useful description of behavior and responsiveness to intervention techniques. Precise behavioral data can be a valuable supplement to subjective impressions obtained through interviews and informal observation (Brier, 1994).

Given the above mentioned literature along with the local survey determining local services as being non-existent for behavior disordered youth, Bethany Home agreed to enter into a joint venture with the Special Education District located in East Moline, IL. Four factors reflect the major points cited in the literature:

- Lack of collaboration;
- Funding issues;

- Unification of academic services with family therapeutic services; and
- Educational and mental health interventions are successful.

Developing Inter-agency Collaboration

As stated before, behavioral issues related to BD/SED students must consider the natural environments in which the behaviors occur (Kerr & Nelson, 1983; Kerr, 1989; LaCour, 1994; Rosenthal & Glass, 1990). Therefore, any program for this population must involve interagency cooperation and planning (Kerr, 1989; LaCour, 1994). The failure of public school and human service agencies to collaborate has resulted in failure to achieve continuity of services provided to BD/SED students. It also has contributed to the overwhelming failure (less than 25% rehabilitation) of school-based as well as interagency programs to successfully rehabilitate BD/SED students (Burchard, 1993; Carter, 1994).

Four guidelines have been suggested by Kerr (1989) to develop interagency collaboration:

(1) *Be aware of political realities.* This issue focuses on the need to develop credibility that demonstrates the effectiveness of programs.

(2) *Let the program lead rather than yourself.* Success is based on the outcomes. The program is as strong as the collaborative network.

(3) *Communication issues are understood by all participants.* Use of meaningful, non-technical words should enable everyone to share the same or common perceptions of issues and needs.

(4) *Communication among agencies need clear direction and focus that is sincere and overtly acknowledged.* The program is headed by a specified individual or group of individuals under one leader who clearly acknowledges the contributions of others.

These guidelines should be used to develop a written collaborative agreement that points out the roles and responsibilities of those involved in the program. *"There is a greater likelihood that interactions will be efficient, productive, and mutually reinforcing"* (p. 383).

Successful collaborative efforts between community colleges and other agencies have been noted in the literature. McGrath (1998) noted,

> "Collaboration permits organizations to leverage scarce resources, reduce costs, link complementary competencies, and increase speed and flexibility ... These relationship have fostered efforts such as customized job training, tech-prep courses, and transfer articulation agreements and also a variety of community service offerings. (pp. 1-3).

According to McGrath, these collaborations are central to the mission of community colleges.

A study by Gillespie (1998) demonstrated the ability of community colleges to provide access and education opportunity of at-risk students through the development of neighbored-based collaborations. In the study, a collaborative venture with Bronx Community College and two elementary, one intermediate, and two high schools, provided at-risk minority students at institutions that had poor attendance, low academic achievement and high

dropout rates, with a window to the future. Dubbed "The Corridor Initiative," its purpose was to provide education, health and socio-economic opportunities through a host of program offerings physically involving minority students enrolled at Bronx Community College and the K-12 minority students. The prognosis for success was based on a holistic approach to effect reform over a period of time by providing essential achievement, academic preparation and personal attainment goals of the students.

Other successful collaborative efforts between community colleges and K-12 have been conducted to serve rural students (Garza & Eller, 1998), and form a partnership between the community and the community college (Lundquist & Nixon, 1998). The ability to maximize cooperative planning and problem solving in these ventures. The focus of these strategies provide evidence that collaborations with community colleges can assist at-risk and under-represented students to successfully complete high school and successfully complete postsecondary education. According to Lundquist and Nixon (1998): "The partnership paradigm promises educational benefits to the college and the community more powerful than those any single department in the college or single institution in the community can realize.

Merren, Hefty, and Soto (1997) developed a collaborative program linking high schools to community colleges in order to provide services that meet the needs of BD/SED high school students who are moving on to college-level programming. Although they found that they were successful in

meeting the college academic standards, there were still unresolved behavioral issues within the community, school and family. The BD/SED students were unable to develop everyday relationships with their siblings, family, peers, teachers and social service providers.

The needs of BD/SED students should be focused within the ecological environment in which the behaviors are manifest (Kerr & Nelson, 1983; Kerr, 1989; LaCour, 1994; 1994; Rosenthal & Glass, 1990). As noted in the discussion of their profile, BD/SED students exhibits one or more of the following behavioral characteristics: (a) anxiety-withdrawal characterized by feelings of inferiority, self-consciousness, social withdrawal, anxiety, depression, expressions of guilt and unhappiness; (b) immaturity; and (c) socialized aggression. On the other hand, BD/SED students are, for the most part, of average or above average intelligence, but lack the necessary social skills required within the ecological environment (Brier, 1994; Burchard, 1993; Crespi, 1998). As such, the contributions BD/SED students can make to society are the same as the same as those who successfully complete a mainstreamed program (i.e., they are contributing members to the ecological environment). There are no research studies illustrating the successful completion of a collaborative program for BD/SED students. If at-risk populations and other special needs populations can be successful served such as described by Garza and Eller (1998), Lundquist and Nixon (1998), and McGrath (1998), it seems reasonable to propose that BD/SED students can be successfully served through an inter-agency collaborative effort.

CHAPTER III. METHODOLOGY AND DATA ANALYSIS

Qualitative Research

Over the last decade a new language of research methodology has emerged. Conferences and journals contain papers and articles on topics such as naturalistic research, qualitative methods, and ethnographic and field research. Earlier research focused on simple associations between single variables in isolation from their environment. A more recent and promising approach is the discovery and study of patterns. New methods have been generated to address this research goal of examining patterns. Now there is confusion concerning exactly what these new research methods are, how they may be used, and what they can contribute to the study of human behavior (Marshall & Rossman, 1989, 1994; Patton, 1990; Whitt, 1991).

This study utilized qualitative research methodology to collect data. Qualitative research is an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world. Qualitative research seeks answers to questions by examining various social settings and the individuals who inhabit those settings. The research is conducted in a natural setting. The data are words rather than numbers. The researcher is concerned with process and outcomes. The data are analyzed inductively and meaning is an essential concern of the researcher. According to

Whitt (1991), a precise and generally agreed definition of qualitative research is at this item, perhaps for all times, elusive.

The paramount objective of qualitative research is understanding, rather than the ability to generalize or the identification of causes and effects. Thus, the qualitative researcher seeks to understand the ways in which participants in the setting under study make meaning of and so understand their experiences. In addition, the researcher's findings and interpretations must be presented in a way that helps both insiders and outsiders achieve greater understanding of the phenomena being studied.

In order to understand, the researcher must also study behaviors where and as they occur and hear the thoughts and words of participants firsthand. Most qualitative researchers describe what they do as fieldwork. This means that they go to the setting or persons under study and immerse themselves in what is happening. Fieldwork is said to be one answer to the question of how the understanding of others is achieved. In this way, researchers can obtain numerous insider perspective, observe many and varied events and behaviors, and, as a consequence, hope to obtain an accurate picture of what is going on in the setting.

Case Study for Model Development

Case studies have been and are currently used extensively in social science research, including the traditional disciplines (psychology, sociology, political science, anthropology, history, and economics). Case study methodology is also

widely used in practice-oriented fields such as urban planning, public administration, public policy, management sciences, and education.

As a research endeavor, the case study contributes uniquely to the knowledge of individual, organizational, social, and political phenomena. In all instances where the case study method is used, it illustrates the distinctive need for an understanding of complex social phenomena. According to Patton (1990), A qualitative case study, "...seeks to describe that unit in depth and detail, in context, and holistically." (p. 54). A case study enables an investigation to retain the holistic and meaningful characteristics of real-life events. In the present case the development and maturation of day treatment programs as a collaborative educational adventure is best studied from the case study perspective.

The single-case study is the appropriate design for this study due to the fact that the single case is that which best represents the critical case in testing the theory of day treatment programs. According to Patton (1990), the holistic and comprehensive nature of descriptive data enable the research to gather information having multidimensional qualities by weaving factors, variables and categories into an ideographic framework. A clear set or propositions as well as the circumstance has specified the propositions to be true regarding day treatment programs. These prescriptions include:

- The ability to maintain behavioral disordered youth in the community for treatment at a lesser cost;

- Effectiveness of the multi-disciplinary approach in developing treatment plans;
- Cost effectiveness; and
- Transitioning back to a mainstream school in the same community.

Another feature of case study methodology is the ability of the researcher to triangulate the data from various sources to derive a full, rich meaning which serves to strengthen the reliability, validity, and generalizability of the research. According to Merriam (1989), these concepts are as vital to qualitative research as to quantitative research, and allow the reader to trust the results of the research. In the study, this researcher took the information provided by the agencies and inspected it for interrelationships among and between programs, provided not only at each agency but also at the others, to determine various program offerings or lack thereof for BD/SED adolescents. By doing so, this researcher could identify areas that were redundant and, thus could better serve the clients through collaboration.

Data Sources

The Quad City area consists of cities in Eastern Iowa and Western Illinois that are located on the banks of the Mississippi. The total population in the metropolitan area is 400,000 people. This study focused on the Illinois side of the Quad Cities due to the various differences in state legislation as it applies to

education and in this case special education. In addition, Iowa has not addressed with any depth the topic of this study as of yet.

The focus of this study was the absence of clearly defined adolescent inpatient services and the fragmentation of existing services to troubled youth. Ten agencies were interviewed by questionnaire regarding services available to adolescents in Rock Island County, Illinois. The responding agencies were: Arrowhead Ranch, Bethany Home, Comprehensive Community Mental Health Center (CCMHC), Department of Children and Family Services (DCFS), Lutheran Social Services of Illinois (LSSI), Riverside Mental Health, Rock Island County Commission on Alcoholism (RICCA), Youth Service Bureau (YSB), Youth Guidance Council, Marriage and Family Counseling Service. A comprehensive list of the addresses and the contact persons within the agencies is provided in Appendix A.

In 1982, the Illinois State Legislature passed Senate Bill 1500, which provided for the transfer of juvenile justice and delinquency prevention services from the Illinois Law Enforcement Commission to the Department of Children and Family Services (DCFS). It also provided for a system of more comprehensive and integrated community based youth services in Illinois. This bill established a Division of Youth and Community Services, within DCFS, to develop a state program for adolescent services. The intent of the program was to assure that youths who come into contact, or may come into contact, with the child welfare system or the juvenile justice system may have access to prevention, diversion or treatment resources that they may require.

Senate Bill 1500 has promoted the delivery of services to adolescents because individual communities would be able to establish their own priorities for developing and delivering services. This has also promoted cooperation between and coordination among agencies, as well as reduce the barriers to service that had previously existed.

The passage of Senate Bill 1500 has provided this community with an opportunity to pull together individual resources for serving adolescents in a more comprehensive and unified fashion. It has enabled the community with the opportunity to develop additional resources, in this study—treatment alternatives with the emphasis on day treatment, based upon priorities that are locally established.

Prior to this legislation, the Rock Island County Mental Health Board (708) in 1978 determined that a serious deficiency in mental health services for youth in Rock Island County existed. Specifically, it was determined that there was a need for local, comprehensive inpatient and outpatient services for children and adolescents.

Since this determination was made, the once deficient mental health services for youth have ceased to exist. The only resource for seriously disturbed adolescents is to send them out of the county. It has become even more clear that the need for local, comprehensive services for children and adolescents is needed more now than in the past.

Having identified the need for such services this study focused on the need not only for several modes of service to children and adolescents, but to narrow the study in establishing a state-of-the-art day treatment program that will provide both family services and educational services from a multi-disciplinary approach. Funding for day treatment services were provided by Bethany Home, Black Hawk Area Special Education and United Way. In addition, formal grants were submitted to the Illinois Department of Children and Family Services (DCFS) and the Rock Island County Mental Health Board (708). The rationale behind the grants was to develop collaborative and preventive services for BD/SED adolescents ages 13 – 21. The vision was to create a unified service under one roof to serve this special population. The first grants were funded in 1984-85 for $150,000 and $75,000, respectively, with both renewable ad infinitum based on annual outcomes. They continue to be renewed at this level, given presentation. They have increased on a cost/need basis for 1998-99, for $184,000 and $96,000, respectively.

Three assumptions guided the procedure for this study:

1. The need for local day treatment exists;
2. The need for these services can be demonstrated through the use of existing data and reliable estimates; and
3. The need for these services can be additionally supported through obtaining client information from youth serving agencies and private clinicians who provide services to Rock Island County clients.

These assumptions and current data do demonstrate a need for day treatment alternatives for adolescents in Rock Island County.

The best available data for determining the number adolescents in Rock Island County are contained in the Bi-State Metropolitan Planning Commission's "Open Population by Age in Rock Island County, All Races, Both Sexes," 1990. These data use 1990 census figures and Illinois Bureau of the Budget projections through 2025. Data are grouped into age ranges with adolescents split into two age groupings: the 10 to 14 year olds, and 15 to 19 year olds.

This study defines an adolescent as being age 12 to 18. It has been necessary to extrapolate data on all groupings from age 12 to 19. This was completed by assuming that there are approximately equal numbers of each age in each age grouping. This process leaves a reasonably accurate number of adolescents, age 12 to 18 in Rock Island County (see Figure 1).

These data reflect significant features about the local adolescent population. The first is that the adolescent population as a whole was expected to decline. In 1975, adolescents represented approximately 11% of the county's total population. By 1985, the population dropped to around 8%. By 1990, it again dropped by an additional percent and is expected to remain at this level through 2025. This indeed has been the trend.

The other significant feature of the data is that the number of older adolescents, age 15 to 18, was expected to decline even more dramatically than the adolescent population as a whole (see Figure 2). This decline is significant in that older adolescents are about two and one half times as likely to require inpatient services as are younger adolescents.

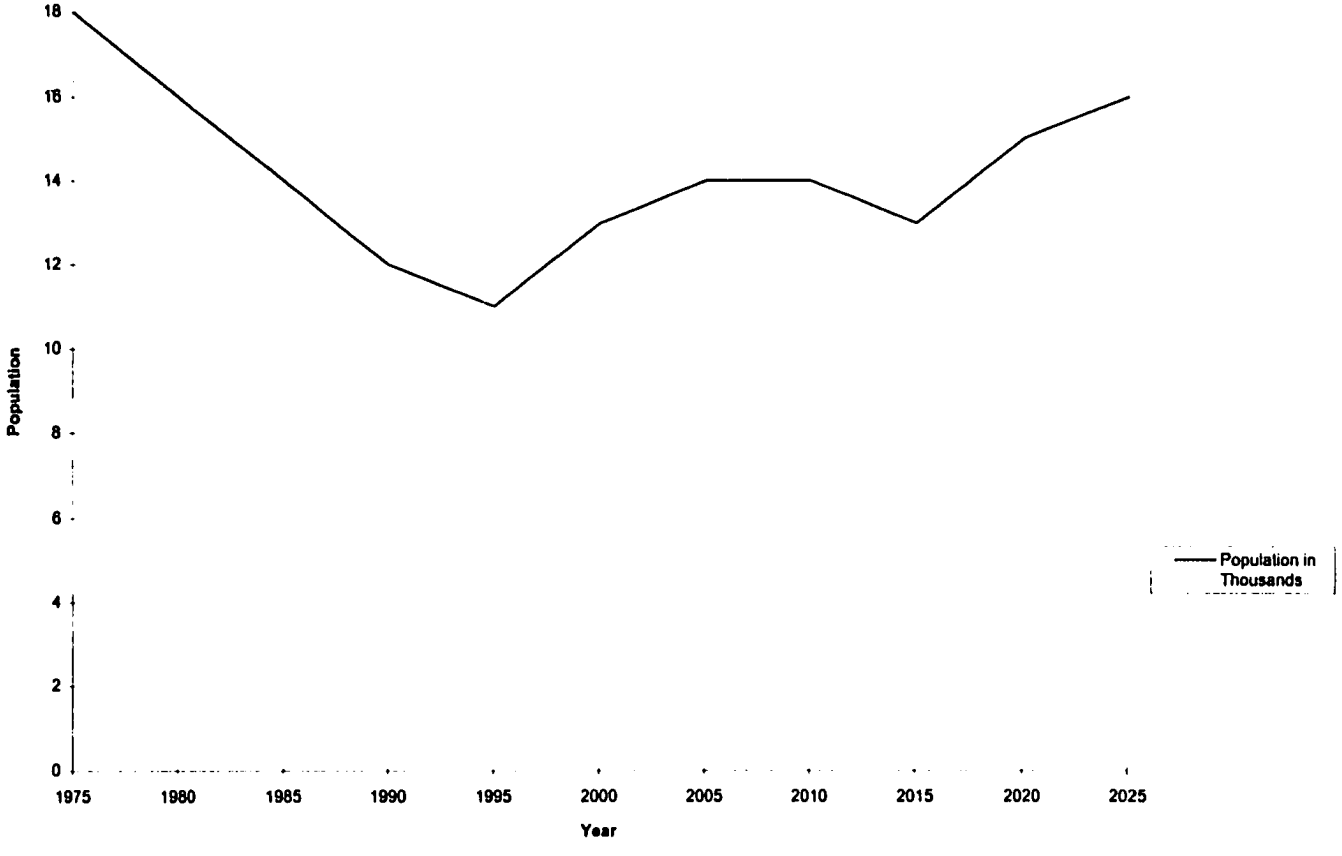

Figure 1. Population trend of children 12 to 18 years of age in Rock Island County

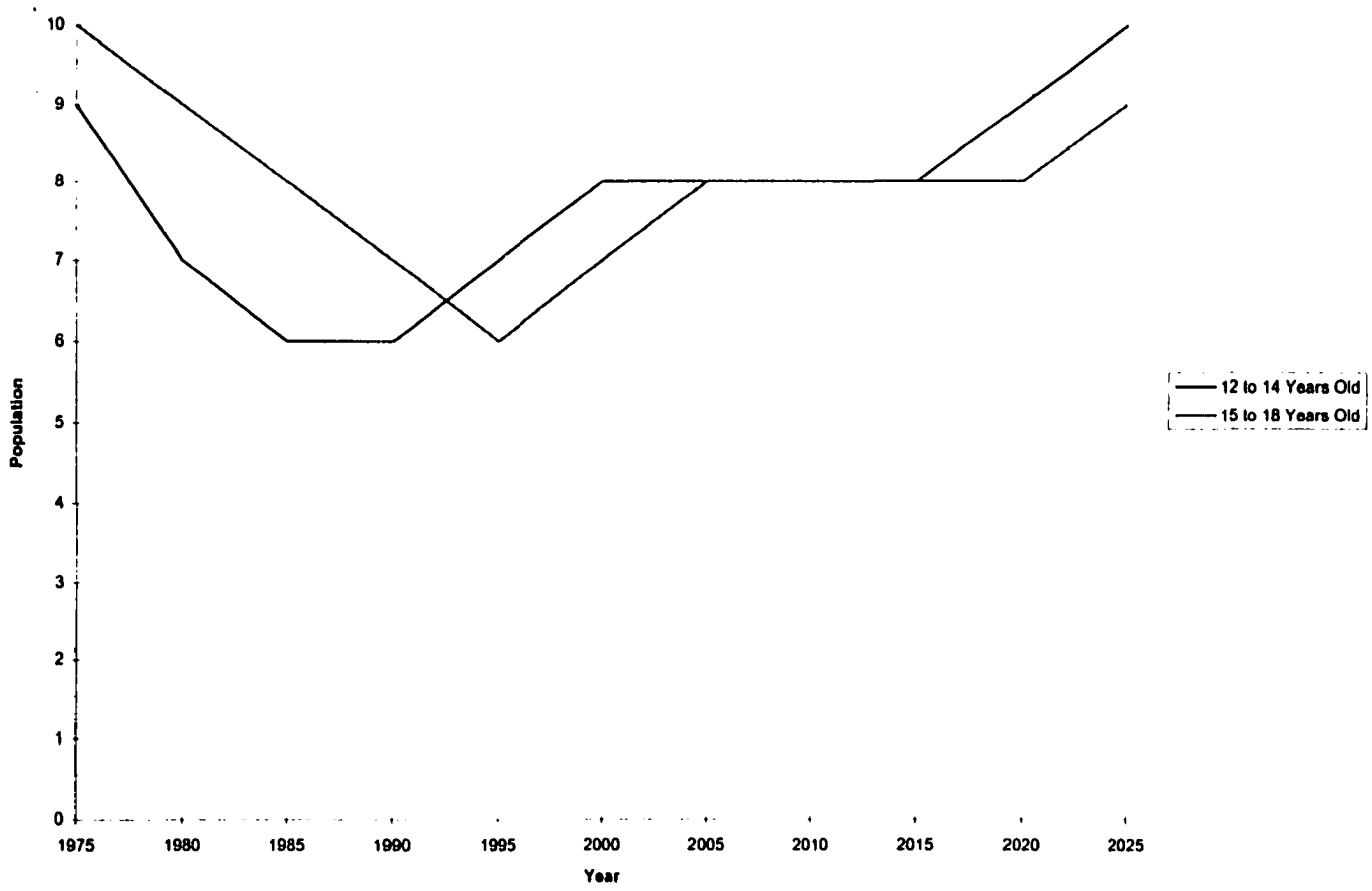

Figure 2. Population trend of children 12 to 14 and 15 to 18 years of age in Rock Island County

Given these data, it may appear that the need for day treatment alternatives is dwindling. In fact, just the opposite may be true. Current data suggest that there have been increasing demands on the mental health and educational delivery systems to provide services to children and youth. For example, from 1985-1993, the admission rate per 100,000 population under age 18 increased by approximately 15% and the number of admissions to outpatient psychiatric services increased by 41%. Even more astounding is the increase at Community Mental Health Centers, 98% for outpatient services. The numbers may decline, but the need for special services continues to grow.

It is easy to count the number of adolescents receiving mental health services in Rock Island County. However, it is much more difficult to determine the number of adolescents who need, but do not, for whatever reason, receive it. It would be shortsighted to plan services on the basis of the number of adolescents coming to the attention of community agencies. A plan needed to be developed which had the capacity for meeting the total mental health and educational needs of the adolescent community.

Much literature reflecting studies on the prevalence of psychiatric disorders exists, most of which deal with the national population and are, therefore, of little use in predicting the prevalence of psychiatric disorders among adolescents. Furthermore, most of the available data are not specific to the Midwest, let alone the Quad Cities locality. The best available estimate of the prevalence of mental illness among the adolescent population in Illinois has been given by the Illinois

Department of Mental Health and Developmental Disabilities in 1990. The psychiatric focus of the estimate is the severely disabled mentally ill and projects that 3% of the population in age 18 and under fall into this category.

While this estimate is consistent with data gathered in other studies, it should be noted that an additional 8% to 10% of the adolescent population is estimated to be in need of some assistance for emotional problems. Other estimates suggest that the level of need may be as high as 30%. Each agency providing services to youth were questioned so that local data could by gathered. There was much difficulty in analyzing the data for a number of reasons:

1. The total number of adolescents served by all agencies was not an unduplicated figure. Many adolescents in that total were served by more than one agency, but no one knows how many of these adolescents there were, nor how much agency involvement they may have had.
2. Some of the respondents made mathematical errors that rendered much of their data impossible to analyze. Their tracking data were not capable of recognizing or cross-referencing a client, so some data were inflated.
3. Only two of the reporting agencies reported the social security numbers of their clients who had been placed in day treatment. This presented two problems:
    a. There is no way to tell how many of the adolescents who are reported as being sent outside of Rock Island County for inpatient treatment were reported by more than one agency.

b. The total number of adolescents reported as being placed in inpatient care inside Rock Island County is extremely inflated, so the assumption is that all adolescents receiving psychiatric inpatient care were served by the local mental health center.

The data on the number of adolescents who received inpatient care in 1990 proved to be the most difficult to interpret. Clearly, the most straightforward statistics on inpatient care came from the Comprehensive Community Mental Health Center (CCMHC) and its companion program Riverside. However, here the data are also extremely clouded. CCMHC and Riverside served a total of 582 adolescents during 1990. Of this number, CCMHC reported that 183 adolescents became inpatients. Riverside reported 55 inpatients for the same period. The problem represented here is that some of Riverside's inpatients may had been inpatients at CCMHC prior to or subsequent to admission to Riverside. Thus, duplication does exist.

Instrument Development and Data Analysis

Five research questions guided the development of the survey questionnaire (Appendix B) used to gather data. The first part of the questionnaire was comprised of five questions to gather demographic data about the BD/SED population being served. The second part consisted of a table for each agency to list each program offering, the capacity served, and whether the number of clients being served was below, at, or above capacity. These data were designed to gather specific

information that formed the heart or basis of the development of the model in this study. The data were triangulated intra- and interagency to derive meaning and answer the research questions.

1. *What are the common beliefs within the agencies regarding services for behavior disorder and severely emotionally disturbed (BD/SED) students?*

In order to generate collaborative strategies for improvement, it is essential to ascertain the viewpoints of the stakeholders (LaCour, 1994; Steinberg & Fleisch, 1990)

2. *What are the strengths of these common beliefs?*

It is important to determine the nature and consistency of occurrence of these beliefs to develop an ecological model that will "fit" and address the natural environment of BD/SED students (Fishman, 1997; Johns, 1996; LaCour, 1994).

3. *To what extent do community agencies work collaboratively to provide services to the BD/SED population?*

This addresses the importance of an integrated curriculum assuring consistency (Clark, 1997; Flake, 1996; Kerr & Nelson, 1983;) so BD/SED students learn to function in less restrictive environments within the ecological setting.

4. *To what extent do multi-disciplinary services answer the needs of the BD/SED population?*

This addresses the inderdisciplinary cooperation of trained individuals needed to diagnose and remediate the reintegration of BD/SED students toward a less restrictive, mainstreamed setting (Kazdin, 1993; Magnuson, 1994; Steinberg & Fleisch, 1990). Its function is tied to grant funding and is determined based on

outcomes. Raising the level of awareness through education to the community is an important aspect of providing multi-disciplinary services to answer the needs of BD/SED students (Steinberg & Fleisch, 1990) and occurs through agencies such as the United Way.

5. *What is the influence of day treatment programs within the community on the BD/SED population?*

Addressing this question serves to keep the BD/SED student population in the community where they can receive emotional support within their natural, ecological setting, and move toward a less and, ultimately, non restrictive environment. It also addresses the cost savings to the community (Fishman, 1997; Greenbaum, 1996).

The data which pertain to the number of adolescents who received inpatient care during 1990 appear in Table 1 and Figure 3. In addition to providing information on the number of adolescents who received inpatient psychiatric care, agencies were asked the following questions:

1. How many adolescents who received inpatient care outside Rock Island County do you estimate would have been served locally, if service was available?
2. Please estimate: __ of the number of adolescents who received inpatient care, how many could have benefited from an alternative care program?
3. Please estimate: __ of the number of adolescents who did not receive inpatient services, how many could have benefited from an alternative care program?

Table 1. Advisory Committee data provided by the 10 participating agencies

Agency	Adolescents Served	Adolescents in Inpatient RI County	Adolescents in Inpatient Outside RI Co.	Could Benefit/ Did Not Receive Inpatient Care	Would Not Benefit/Did Not Receive Inpatient Care	Total (Same as Adolescents Served)
Arrowhead Ranch	110	110[1]	0	0	0	110
Bethany Home	448[2]	20	7	No Response	461	488
CCMHC	582[3]	183	81[4]	5	313	582
Department of Children and Family Svs.	107	8	37[5]	19	43	107
Lutheran Social Services	153	148[6]	No Response	No Response	No Response	153
Riverside Retreat	232	155[7]	12[8]	56	9	232
RICCA	150	5	1	20	124	150
Youth Service Bureau	838	15	5	10	831	No Response
Youth Guidance Council	318	10	3	5	186	318
Marriage and Family Counseling Svs.	Does not keep statistics on adolescents.					

1. All at Arrowhead Ranch.
2. Includes adolescents from counties other than Rock Island.
3. Includes Riverside Retreat.
4. Some had been inpatients in Rock Island County before being sent elsewhere.
5. Includes adolescents to Galesburg Mental Health Center, Ridgeway Hospital and Zeller Zone Center as well as numerous non-psychiatric residential care.
6. All in foster care - not inpatient care.
7. Some may have been inpatients at CCMHC prior to or subsequent to being inpatients at Riverside Retreat.
8. Some may be included in the 81 adolescents CCMHC sent to Galesburg and Ridgeway.

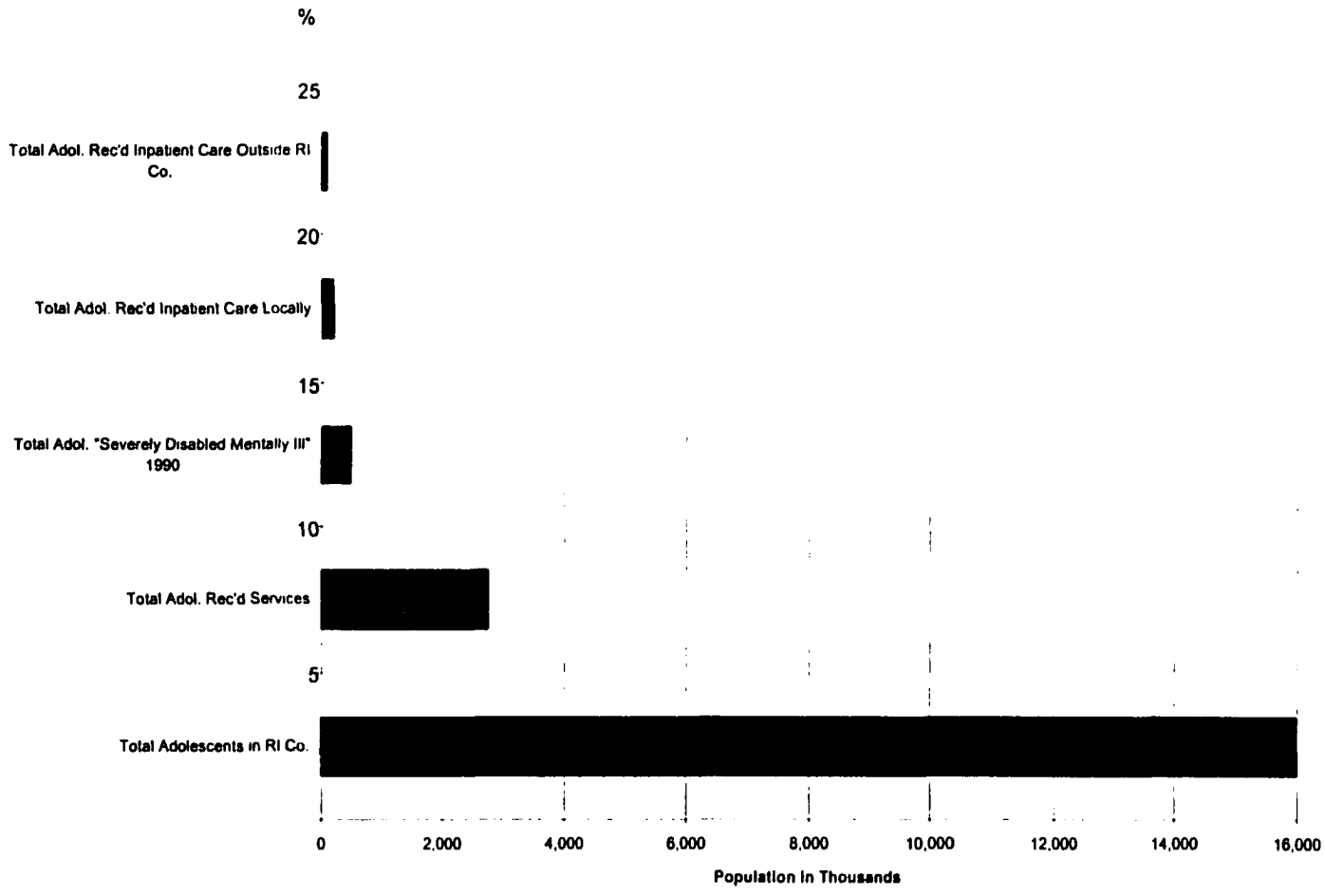

Figure 3. Adolescents living in Rock Island County, adolescents receiving services, and adolescents in need of services

These questions enabled the agencies to assess, based on experiences, the extent to which treatment alternatives for adolescents are needed in Rock Island County. The responding agencies reported a total of 384 adolescents who could have been served in Rock Island County if appropriate services had been available or if there had been an appropriate alternative service available. Thirty-eight percent of the youth had been sent outside the county for treatment; 22% were inpatients in Rock Island County, but could have benefited from an alternative program; and 40% received no inpatient services, but could have benefited from an alternative program if one had been available. This clearly defines the parameters of the need for alternative services for emotionally and behaviorally disordered adolescents.

The final area regarding services requested that agencies identify which alternative programs were not needed for seriously disturbed adolescents in Rock Island County. Agencies strongly favored day treatment, residential alternatives, and treatment foster care. The emphasis was on keeping youth in the county in order to receive treatment. There were other treatment programs mentioned, but they were not described as those most needed.

4. In addition to this requested information, the agencies were asked to provide additional information on their programs. This information regarding program capacity appears in Table 2. On the surface, it appears that the information gathered is less than conclusive, but the opposite is true. All of the duplication and confusion in the agency data strongly suggests three things:

Table 2. Program capacity by agency

Agency	Program	Capacity	Below Capacity	Capacity	Above Capacity
RICCA	Snowball Program	Open			
	Teen Rap Group - Moline	30		30	25
	Teen Rap Group - Aledo	15		15	
CCMHC	Inpatient Care	8			X
	Group Psycho-therapy	12		X	
	Family Therapy	25 per week		X	
	Individual Therapy	?		X	
	Conjoint Therapy	?		X	
Arrowhead Ranch	District #40 School	72	71 (average)		
	Positive Peer Group Program	72	71 (average		
	InterAngency Ill. Athletic Assn.	72	71 (average)		
	Maintenance and Work Programs	72	71 (average)		
Lutheran Social Services	Emergency Foster Care	35	X		
	Regular Foster Care	10	X		
	Counseling	Not Designated	X		
Riverside Retreat	Adolescent Inpatient Rehab.	30			X
	Adolescent Aftercare				X
RI Youth Guidance	Counseling	X			
	Parent Effective-ness Training		X		
RI Co. YSB	Counseling	700			X
	Volunteer (Big Bro./ Big Sis.)	50			X
	Parenting Classes	15		X	
	Recreation	100		X	
	Youth Employment	10		X	
Bethany Home	Alternatives to Foster Care	1247		1245	
	Iowa Foster Care Program	7193		7193	
	Illinois Foster Care	1034		1034	
	CCR Child Abuse	3156		3156	

1. There is an obvious need for tracking youths through the myriad of services in the county so duplication of services can be avoided and costs can be held to a minimum;
2. Professional expertise is important and must be relied upon heavily in this very complex system of services; and
3. There must be cooperation and coordination in assessing, developing, and offering of alternative programs in a multi-disciplinary approach to services in order to access the best of services for the behavior disordered adolescent.

The common beliefs that were derived from an analysis of the triangulated data indicated the following:

1. Nothing specifically was being offered for BD/SED adolescents.

   (Research Question 1: What are the common beliefs within the agencies regarding services for behavior disorder and severely emotionally disturbed (BD/SED) students?)

2. There were no strengths because there were no services being provided locally for BD/SED students.

   (Research Question 2: What are the strengths of these common beliefs?)

3. Although there were numerous kinds of programs, much duplication and confusion existed due to lack of collaboration.

   (Research Question 3: To what extent do community agencies work collaboratively to provide services to the BD/SED population?)

4. Extrapolated from the data it indicated that, in order to save dollars and to create quality programming for the BD/SED population, multidisciplinary services would be required.

   (Research Question 4: To what extent do multi-disciplinary services answer the needs of the BD/SED population?)

5. It was determined that a model day-treatment program could be designed and implemented that could be a positive influence on the BD/SED population. This model should be collaborative and multisciplinary to draw upon the services within the community. In other words, the day treatment program (created by the model developed as a result of this research) would pull together the resources of the community to provide the needed services.

   (Research Question 5: What is the influence of day treatment programs within the community on the BD/SED population?)

A detailed description and analysis of the multidisciplinary approach and the development of a new day-treatment model to serve the BD/SED population are presented in Chapters 4 and 5, respectively.

CHAPTER IV. MULTI-AGENCY/MULTI-DISCIPLINARY APPROACH

Components of the Model

The major question was how to develop and initiate a collaborative effort in devising a day treatment program bringing together a multi-agency concept as well as a multi-disciplinary team to address the educational and family needs of the emotionally and behaviorally disordered adolescent from the age of 13-21. This program functioned in a single structure thus eliminating the need to move clients from one geographical location to another.

The two agencies responsible for responding to the needs of the study were Bethany Home, a child welfare agency, and Black Hawk Area Special Education District (BHASED). This program provided community-based services to Illinois Quad City area youth and their families who were experiencing significant emotional disturbances and were at risk of an out-of-home placement. The services offered in this program include: comprehensive special education programming; family, individual, parent and group therapy; therapeutic recreation program; respite care; and psychiatric and psychological consultation.

The goal of the program was to facilitate the youths' ability to function in productive and positive ways within their home, school and/or community environment. As such, the program was intended to prevent placement in residential or hospital facilities as well as supporting a youth's reentry into the community from such facilities.

Multi-agency program components

Individualized treatment plans were formulated and implemented by a multi-disciplinary treatment team for each client in the program. Each team was comprised of a Master of Social Work therapist, a special education teacher, a recreation therapist and aides. Psychiatric and psychological consultation support ıe approach. Treatment teams determined which of the program components offered would be utilized to meet the youth's emotional and behavioral needs. These components were highly flexible in responding quickly to the youth's changing needs. The individualized components were as follows:

1. Counseling therapy – Each adolescent was assigned a therapist for intensive counseling, often on a daily basis. The therapist worked with the child's family on a weekly or bi-weekly basis and was the advocate for the youth in the mobilization of other community resources. Peer group counseling was also available to all clients.
2. Special education – On-site special education services were provided through the MDC/IEP process. Eligible students were those who met the Black Hawk Area Special Education District (BHASED) behavior disorder criteria, and who had not benefited from appropriate special education interventions in their home schools. The staff/student ratio was one to four, allowing individual attention for each child. Treatment needs were integrated with the IEP behavioral goals and objectives.

3. Therapeutic recreation program (TRP) – TRP was an individual and group experience designed to acquire leisure skills, social skills and enhance peer interactions. TRP was a year-round program which operates during and after school until 8:00 PM. During the summer months TRP also directed a paid work experience program for older youth.
4. Parent education and support – An evening parent support group was available weekly to foster a better understanding of parent-child issues. Training in parenting skills and problem solving was a regular part of the agenda. All parents and other significant adult family members were encouraged to participate.
5. Respite care – Planned weekends or other days for youth were available at a local residential facility. This component was utilized when it was recognized that the youth and their family could therapeutically benefit from the arrangement of such a break over the period of a few months.

Multi-agency outcomes

Successful completion of the program occurred when the youth and family were able to function through involvement with other less restrictive community services and resources. This occurred in one or more of the following ways: transition to a local mainstream school, job placement/training, graduation from high school, or a transition to other community services.

The termination process often occurred in phases. The therapist continued individual and family therapy and began liaison and support services between the program and the local school or other community resource. These services continued throughout the entire transition process until termination.

Multi-agency referral process

Referrals to the program are made by school systems, public or private agencies, individuals or families. A multi-agency approach was employed to assess appropriateness of referrals and to assure a comprehensive treatment program. Referrals were initially processed and reviewed for completeness by the local Council on Children at Risk (CCR). All referrals included a completed referral form, a signed release of information and pertinent psychological, educational, medical and social information. Referrals are reviewed by the Intake Committee consisting of representatives from the program, the Council on Children at Risk, Bethany Home, Black Hawk Special Education District, the Department of Children and Family Services, Department of Mental Health, Riverside Mental Health Center, and the Rock Island County Court System. This committee meets on a weekly basis.

This entire program was under one structure and functioned as a total unit. Much education and preparation in the various agency settings was needed in order for this program, as a multi-agency structure, to function and be successful in its outcomes.

CHAPTER V. MODEL DEVELOPMENT AND IMPLICATIONS

Philosophy and Practice of the Model

A new ecological model was developed based on the literature and this researcher's experience as an administrator of human services. The model is designed in the shape of a wheel. The core of the model (center or axel) is comprised of the 32 students diagnosed as BD/SED. The seven components of the model radiate from this core (spokes of the wheel) through the day treatmet program: (1) educational services; (2) individual therapy; (3) group therapy; (4) family therapy; (5) social work services; (6) parent support groups; and (7) therapeutic recreation. A graphical illustration of the model is provided in Figure 4.

The educational services of the model were based on each student's individualized educational plan (IEP). According to federal rules that govern special education (P.L. 94-142 and P.L. 101-476), special education and related services of all children with disabilities must be developed through an IEP specifically designed to address the needs of the individual child. Special education services are generally provided by schools on a continuum of severity. The overall goal was placement in the least restrictive setting possible to address each student's level of needs as addressed on the IEP. For behaviorally disordered students, a typical continuum of service generally consists of:

1. Consultation services available as needed to teachers, not usually directly to the student;

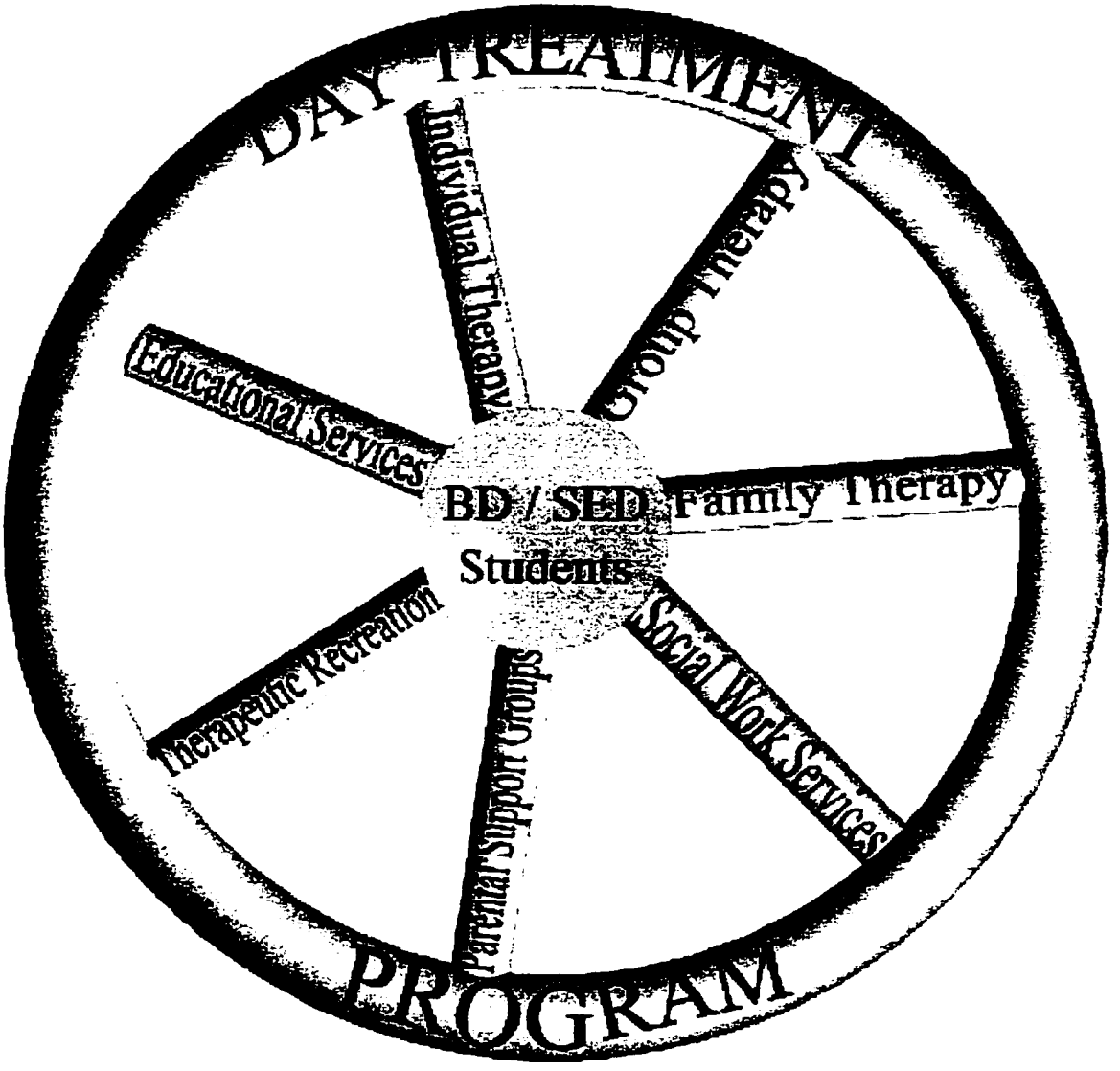

Figure 4. Rock Island County Day Treatment Model

2. Consultative services available less than daily directly to the student;
3. Resource room help with a specially trained teacher for a limited amount of time, usually up to 50% of the school day;
4. Instructional help with a specially trained teacher for between 50% and 100% of the school day;
5. Full-time class, sometimes outside of the student's home school (e.g., at an alternative high school; junior and senior students may enroll in classes at a community college for credit);
6. Full-time class in a separate facility usually with additional specialized services, often called "day treatment";
7. Residential placement; and
8. Hospitalization.

Some school districts collapse some of these levels, provide services somewhat differently or choose not to provide all available levels on the continuum due to lack of sufficient population to make certain options economically feasible. In addition, some school districts were experimenting with a different configuration of options for behaviorally disordered/severely emotionally disturbed (BD/SED) students, based on ideas of the inclusion movement. In these new systems, students have individual services available to them as needed within regular classes. This model was in use with some BD/SED students but was not yet widely accepted for service delivery to more severely BD/SED children.

This model was on the more restrictive end of the continuum of services (#6 above) for BD/SED youth. By definition, students who were referred for and

accepted into day treatment services had been unsuccessful in many other combinations of services designed to maintain the individuals in less restrictive options. Considered the last stop before full-time residential care, this model was a final process to maintain students in their homes and local communities. All efforts were based on maintaining home/community placement and developing further skills for future placement in less restrictive academic or vocational options. Goals, as stated on the IEP, addressed the overall mission of maintenance and potential transitions.

Since this program served students between the ages of 13 and 21 years old who were some of the most severely impacted BD/SED students in the public schools, a multidisciplinary approach to treatment was required. The educational program was the major process of the model during the school day but needed support from other activities in order to be successful. Students usually had a number of difficulties at school, home, and in the community. Multiple agencies were involved with mental health intervention and legal system entanglements as frequent features. The initial challenge was to coordinate various services, to minimize multiple system impacts during the school day, and ultimately, to make students' lives more accessible to instructional services. In addition, many students had intellectual or cognitive difficulties that further complicate special education services. These learning disabilities or mild mental handicaps were also addressed during the school day.

Specifically trained personnel from two different agencies made it possible for the program to address the complete needs of identified students. Bethany Home,

Inc., a social service agency serving families in the Quad City area, provided the therapeutic services. In addition to a unit director who supervised the Bethany components, three full-time, masters-level therapists were employed. Working as equals with a school social order, these therapists coordinated services, maintained vital agency communication and provided direct services to individual students and their families.

The Black Hawk Area Special Education District (BHASED) employed the above mentioned school social worker, five teachers, seven paraprofessionals and a principal for school services. Classroom teachers were assigned a paraprofessional and oversaw a classroom of eight or nine students. The additional paraprofessionals oversaw the in-school supervision room (ISS) and provided critical, additional support to individual students or small groups. All the typical activities of an alternative junior high/high school placement (therapy, therapeutic recreation, academic work, vo-tech programming) occurred during the school day in addition to all related services. Much academic work was supplied on an individual basis at students' independent and/or instructional levels. More traditional group work was also provided since it had obvious social and vocational skill applications. Some instruction was provided by discussion and lecture techniques in order to give students practice in various situations.

As students were still officially enrolled at their mainstream school, they earned transferable credits for academic work. Students worked toward junior high school and high school diplomas as required by each district. All classes were

within the special education curriculum and were individually adapted for particular needs. By special education law, students could remain in services until the age of 21, but could choose to accept their high school diploma upon completion of requirements, usually after four to five years in high school. By Illinois law, students could drop out of education services at the age of 16 with parental consent, students who reached 18 years of age or older may voluntarily end their participation in services. In all cases, specific transitional services were suggested to students and their families. Students who chose to graduate had individually designed transition plans with specific agencies noted for continuing services. The Department of Rehabilitation was contacted and began to work with each student during the junior and senior years in high school to explore vocational interests and give direction toward further training. Other transitional services included Job Training Partnership Act (JTPA), Social Security, Alliance for the Mentally Ill (AMI), Community Support Program (CSP), for other on-going mental health assistance, Association of Retarded Citizens (ARC), community colleges, Equip for Equality (an advocacy group), and other community agencies. After educational services ended, therapeutic/social work services through the program continued for a time to assist in transition. For graduates, the program transitional services continued for up to six months after the time of graduation.

Students were encouraged to work on transition back to schools of origin by becoming familiar with school expectations. This potential was another reason that students worked on junior and high school credits.

Student behavior was tracked by an eclectic behavior charting system (see Appendix C) that combined multiple elements of social skills training, skills streaming, behavior modification, reality therapy and token economics. Through demonstration of consistent completion of IEP goals, increased levels of socially acceptable functioning and demonstration of more intrinsically motivated behaviors, an individualized transition plan to school of origin was developed for each student. This plan, when implemented, was designed for partial integration and a slow tapering of support, structure and supervision. The goal was integrated into a less restrictive environment to the maximum ability and tolerance of the student and the school of origin. The school of origin had to be a full partner in the development of any transition plan.

Some students were not able or could not participate in a transition back to a school of origin based on behavior and treatment team decisions. In these cases, a more realistic transition means placement in a job training program of some kind. Again, an individualized transition plan was developed with specific services addressed. Even if a student could not demonstrate the desire or ability to transition to a less restrictive school environment, a vocational transition plan was developed early in the high school years and implemented during the junior and senior years, if not earlier. Many options were available and vocational transition plans were very creative. At this program, the principal will work closely with therapists and various community resources to develop and implement vocational plans.

Most students were maintained in home and local communities, however, some individuals were not successful. Some students committed crimes or violated pre-existing conditions of probation and were sent to residential facilities or to the Department of Corrections. Individuals dropped out of educational services could still be successful if they could participate in vocational plans, benefit from the services, and remain out of residential or correction placement. A few students' behaviors remained so uncontrollable through the various modifications and treatment options available at the program that residential placement had sought. The rate of success for the program was set at 85%.

The key to success for this program was the unique interaction between various committed professionals for the benefit of the student population. Through the constant adaptation of programming and various flexibly designed individual student plans, the educational component was able to address a great array of academic, emotional and behavioral difficulties. On-going transitional planning completed the available options for these students.

Program Overview

This day treatment program was sponsored by Black Hawk Area Special Education District and Bethany Home, Inc. It was designed to provide services for those students who were experiencing significant behavior problems in their home, school, or community. The goal of the program was to provide educational services and therapeutic treatment within the community that would enable a student to

function within less restrictive environments in a productive and positive way. There was several kinds of services available within the program, each having rules or guidelines unique to that part of the program. Any individual student was able to utilize one or more of these services depending on his/her individual needs. All students were assigned to a social worker who was responsible for coordinating joint treatment plans across component lines and/or providing counseling services.

The educational program was operated by Black Hawk Area Special Education District on behalf of its fifteen member districts. Students ranged from age 13 to 21 years old. There were five self-contained classrooms with a maximum of nine students in each. There were two educational staff members assigned to each room. Each student was offered instruction in the basic subject areas of reading, math, language, arts, science, social studies, prevocational training, career counseling, and physical education.

Other subjects were taught as appropriate to each individual's educational needs. Some classes were team taught. This allowed the staff to maximize the individual skills of each professional. Simultaneously, students were able to practice learned skills with different authority figures and varying group sizes. The primary goal of the school program was to allow the students how to learn to manage their behaviors and to assist them in preparation for future educational or employment opportunities. All passing credits earned were directly transferred to the school of residence.

Arrival and departure from school property

The school session began at 8:30 a.m., or when the bus arrived. Students would enter the school immediately as directed by staff meeting buses. When students entered the building they walked directly to their classroom, quietly, and took a seat.

Generally, dismissal was around 2:30 p.m., or when the bus arrived for dismissal. Dismissal was determined by teacher judgement that the student was displaying appropriate behavior. All students would leave school and school grounds immediately after dismissal unless directed to remain after school by a teacher. Students in the after school therapeutic recreation program remained in their classrooms until recreation staff directs them to another area.

Alternate transportation

Generally, transportation was provided from or near the student's house to the doors of this program. This transportation was provided free of charge to the student by the local school district. Students were strongly encouraged to use this transportation as it was the safest and most consistent. The riding of bicycles, city transportation, parent automobile, and walking was considered alternate forms of transportation.

If parents allowed a student to use an alternate form of transportation on a regular basis, the parent and student had to comply with the following agreement and steps:

1. A letter signed by the parent/guardian had to be submitted to the school of residence, the bus company, and the program requesting the cancellation of transportation. The letter had to include the student's name and the effective date. In order to resume transportation, another letter to the bus company, home school and the program had to be submitted with all information required to restart transportation; this could take up to one week.
2. In the event that the student moves within his/her home school district, the parent and/or guardian notified the program and the home school district as soon as possible. Parents and/or guardians were strongly encouraged to notify the schools of the address change before the actual move so that transportation could continue without lengthy disruption. In the event that the student moved outside his/her home school district, the parent/guardian notified the program immediately. In order for door to door transportation to continue, the student had to be registered in the new school district as soon as possible. School districts often required several days to one week to arrange or change transportation.
3. All students not using the assigned public school transportation were to be dropped off and picked up at the doors of the building after the last school bus had left the grounds unless other arrangements were approved by the principal.
4. Students using alternate transportation arrived in the school building by 8:45 a.m. All students not using the assigned public school transportation stayed

in their assigned classroom seats until the last school bus had left, generally around 2:50 p.m. unless other arrangements were approved by the principal.

Special transportation arrangements for the purpose of attending doctor or dental appointments were made by simply sending a note or by calling the school as far in advance as possible. In addition, the parent called the bus company to cancel that particular day's transportation.

Students were not allowed to drive any type of motorized vehicle to school. This was not an acceptable form of transportation for this program. All alternate transportation arrangements had to be prearranged. Telephone usage was not permitted for the purpose of arranging a ride except in the case of an illness or injury.

Lunch and cafeteria behavior

All students ate lunch at school from 11:30 a.m. to 12:00 noon. It was necessary that all students either purchase their lunch from the program or carry a sack lunch to be eaten during this time.

Conduct in the cafeteria was handled in the same manner as in the classrooms. Students were expected to eat quietly and with respect to other people who had the right to eat in pleasant surroundings. Behavioral expectations were:

- Students were to walk quietly in the halls on the way to lunch.
- Students were to sit appropriately at their assigned table.
- Students were to talk or visit quietly at their own tables.

- Students were to display polite table manners.
- Students were to sit with their feet under the table and away from the table legs.
- Students were to eat only their lunch.
- Combing hair was not allowed in the lunchroom.
- Soft drinks or powdered drink mixes were not to be consumed during lunch. Juice boxes were allowed if brought and maintained in the original, unopened container.
- Students were not allowed to use the microwave or the oven at school to prepare their lunches.
- Students were not allowed to order fast food or carry out food to be delivered to and consumed at school. Exceptions were allowed for specific behavior management rewards, with the prior approval of the school administration.

Students who did not follow these rules or who were otherwise disruptive could be isolated within the lunchroom or removed to alternate areas.

Attendance

The program had a closed campus, which means that students were required to be at school. Leaving school grounds without permission was considered a truancy. Students were not permitted to leave the building during school hours until a parent/guardian or approved representative reports to the school office to accompany them from school.

Parents were required to call and notify the school office each morning before 9:00 a.m. when a student was going to be absent. When parents did not call, the student was considered truant unless the student brought a note from his/her parent upon return. Lost or forgotten notes were not acceptable excuses. Types of absences were as follows:

- *Excused* – This type was for personal illness, death in the immediate family and emergencies as authorized by the staff. Written work was to be made up with full credit.
- *Unexcused/truancy* – This type was for excuses such as getting up late, missing the bus, doing business that could have been completed outside school hours, and all absences without knowledge or permission of the parents and/or teachers and school. Disciplinary action was taken as appropriate and all work was needed to be made up. Written work could have been made up for credit. But failure to participate in daily class activities, discussions or group work due to unexcused absence or truancy resulted in no credit given for that particular activity.
- *Planned Absence* – This type of absence was excused only if it was planned in advance with the school office. Planned absences were for the amount of time necessary for various appointments, and other planned activities. The work could have been made up and credit given if plans for the absence were made in advance at the request of the parent. Otherwise, the absence will be considered unexcused.

- *Tardiness* – Students were to be in their seats before class started. Students late to school had to report to the office. Students were required to make up missed assignments. Disciplinary action resulted from unexcused tardiness.

Behavior and discipline

The program was concerned with the students' preparedness to return to the larger, less restrictive segments of society. Appropriate personal dress and grooming have shown by research to be conducive to behavior that suggests such preparedness. The program needed to serve students from various backgrounds and communities in a safe environment. Therefore, adherence to a code of dress was considered a general rule for good behavior. Specific questions regarding dress and grooming were directed to the staff.

Behavior was directly related to a person's dress and grooming. Students were expected to dress in a fashion that was conducive to excellence in education and in keeping with the program goal of social appropriateness. Dress expectations were:

1. Torn or cut-off shirts and/or pants were not allowed except for physical education classes.
2. Midriffs and crop-tops, as well as extremely short shorts and extremely short mini-skirts were not to be worn during the school day.
3. Hats, gloves, coats, and jackets were to be worn outside the building. During the day these items were secured in areas designated by staff.

4. Clothing or accessories that depict or advertise alcohol, tobacco products, drugs or any type of illegal substance were prohibited.
5. Clothing or accessories that contain obscene or offensive words or slogans were not allowed.
6. Clothing or accessories that suggest criminal or gang-oriented activity to staff were not appropriate.
7. Body markings (permanent or nonpermanent tattoos) that were deemed obscene, offensive, or gang-oriented by staff were to be removed or covered.
8. Rubber soled gym shoes were the only required clothing for physical education classes, although a change of clothes was strongly recommended.
9. For safety reasons, dangling earrings, bracelets, necklaces, and watches were to be removed during physical education and some vocational classes. These items were placed in a secure area.

Behavior in the classroom

In the classroom students were expected to:

1. Be in their seat and ready to bide attention when class begins.
2. Get permission from the teacher to speak or leave the desk.
3. When an activity required conversation and movement in the classroom, all would understand what was to be done and to account intelligently for self.
4. Organize desks and materials in a neat and orderly manner.
5. Check with the teacher for additional classroom expectations.

Behavior in the halls and restrooms

When students were in the halls and restrooms expectations were to:

1. Walk at all times.
2. Keep to the right when walking in the hallways.
3. Keep voices down if it will be necessary to talk when passing to and from class.
4. Avoid congregating in the restrooms. Students who abuse restroom privileges will be subject to disciplinary action.
5. Have a hall pass signed by a staff member and go only to locations designated on the pass when unescorted.

Behavior on school grounds

Students were not to climb the building, trees, poles, or other objects on school grounds. Students who were not in attendance in the building must leave school grounds quickly and without disrupting the program. Any vandalism or extremely disruptive behavior on school grounds were subject to police action.

Suspension from school or classes

Students were suspended from school or from class for up to two days for frequent or serious acts of misbehavior, such as fighting, assault, destruction of property, or other offenses that were judged materially disruptive to the program by the principal and educational staff. Each possible suspension was an individualized decision made by a treatment team and based on the student's needs at the time of

the incident. Depending on the act, students could have been suspended on the first offense or after a series of offenses. When possible, parents and/or guardians were notified of the suspension by telephone. However, if a parent and/or guardian could not be reached by telephone, the suspension still occurred. In all cases, parents and/or guardians were notified by mail of the suspension and had the right to request a hearing in front of the Administrator of the Black Hawk Area Special Education District as indicated on the suspension letter.

When a home district would send a student to the program for his/her educational needs, that district was authorizing the Black Hawk Area Special Education District and the Principal of the program to make suspension decisions for them. When a student had reached ten suspensions, a multidisciplinary conference including local district/home school officials, program staff, and parents and/or guardians were convened as soon as possible to discuss placement concerns. Also, a multidisciplinary conference could be convened at any other time when a student's behavior caused significant concern to program staff.

Upon entry into the program and at least annually thereafter, parents and/or guardians were requested to complete an alternate transportation plan with their assigned social worker. This plan outlined transportation arrangements in the event that the student is suspended.

Suspendable offenses

Smoking was not permitted on school grounds. Students who smoked at school or had smoking materials in their possession could have been suspended. All tobacco and tobacco related items (including paper, matches, and lighters) concealed by students were confiscated and destroyed. There was no warnings.

Objects of any type that could have been used as weapons were banned at school. These included knives, blades, tools, guns, bullets or other ammunition, toy guns, sticks, rope, wire, needles, chains, pipes, and water devices. These items were confiscated. Students were subjected to suspension by having these items at school.

Explosives and incendiaries of any type were not to be brought to school. These included firecrackers, snap pops, smoke bombs, lighter fluid, and other liquid flammable. All explosives and incendiaries were confiscated by staff. Passing these items or causing them to explode resulted in suspension.

Telephones and beepers were not to be brought to school. These items could be associated will illegal activity and were confiscated by staff. Parents or guardians were informed and the student was subjected to suspension for concealing or using these items at school.

Drugs and alcohol were not permitted on school grounds. The use of illicit drugs and the unlawful possession and/or use of alcohol was deemed wrong and harmful. If students were aware of someone with drugs or alcohol in school, they were to report this to the office immediately. Any student possessing, using, or

distributing illicit drugs and/or alcohol in school or on school grounds was subject to disciplinary action. This action could have included suspension and immediate referral to law officers for prosecution. A multidisciplinary conference, including home/school officials, program staff, and the parents and/or guardians was to be convened as soon as possible to discuss disciplinary action or placement concerns. Decisions regarding expulsion was referred to the home school/local district. In some cases, disciplinary sanctions could have included the completion of an appropriate rehabilitation program.

Any student who assaulted or battered another person or caused serious property damage was suspended from school. In the case of criminal offenses, police charges could have been filed as well.

Any student who was behaving in an overly violent or dangerous manner and causing material disruption to the continuation of the school program could be suspended from school. Students who came to school under the influence of drugs or alcohol were suspended from school. In these cases, for the safety of the student, every reasonable attempt to contact parents, guardians or other designated adults were made before the student is released from school.

In-school supervision room

Students were assigned to the supervised study room for disciplinary reasons. Students also were assigned on a partial day or whole day basis. When in the supervised study room, students were required to sit quietly and complete

written school work which was supervised by the room monitor for the teachers or building administration. Students who do not abide by the rules of the study room were given additional time in in-school supervision, or suspended out of school.

In the study room, students were seated within individual study carrels or desks in order to maximize study habits and minimize distractions. Follow up on behavior charts indicated that students benefited from the written assignments they completed while in the study room, and the isolation served as a deterrent from future misbehavior.

Crisis intervention

The program employed various techniques in the effort to control problem behaviors and reinforce socially acceptable behaviors. These techniques included, but were not limited to, verbal mediation, crisis prevention methods, and nonviolent physical crisis intervention techniques as trained on a yearly basis.

In some cases, nonviolent physical crisis intervention techniques were employed to control a student's behavior. Nonviolent physical crisis intervention was employed only as a last resort, and only in three extreme circumstances:

1. When the staff judged the student to be a physical danger to others;
2. When the staff judged the student to be physically harmful to self; or
3. When the staff judged the student to be extremely destructive to objects or property.

Program staff members were trained in crisis prevention and nonviolent physical crisis intervention techniques on an annual basis. A staff member became a certified trainer in this method.

Behavior management privileges and points

Classroom behavior was monitored throughout the day and students received constant feedback regarding their progress. During the day, students were assisted in processing their thoughts, feelings, and resulting behaviors either in the classroom or in individual sessions with staff. Behavior was monitored through a behavior management chart.

Students were able to earn one point for fulfilling each of eight behavioral expectations during each school session. If the student attended the full day, this was usually equivalent to 80 possible points at the close of the day. Earned points were used to purchase various types of rewards. Students were able to buy school supplies, personal hygiene items, sports equipment, books, tapes and school activities. In addition, the points were used to buy bonds which were used as credit towards transition (see Student Transition) or the purchase of additional privileges.

The eight points earned during each session were referred to as signatures because the behavioral expectations, when achieved, were signed by staff. Seven of the behavioral expectations applied to all students for every session and were preprinted on the daily chart. The eighth behavioral expectation was individualized for each student by various staff people involved with him/her. This behavioral

expectation was subjected to review and change depending on the individual's needs. The eight behavioral expectations were:

1. On time, prepared;
2. On task, participates;
3. Completes work satisfactorily;
4. Follows rules and directions
5. Uses appropriate language
6. Interacts appropriately
7. Accepts responsibility; and
8. Individualized goal.

These expectations are defined later.

Each behavioral expectation addressed a social competency that is needed to insure future success in school or employment. A student who could learn to follow these general behavioral expectations on a consistent basis demonstrated his/her ability to function in a less restrictive activity.

By continuing to display appropriate behavior in consecutive sessions, the students earned their way up a 21-step privilege chart. Three consecutive sessions in which the student earns eight points moved him/her on privilege up the chart. Students earned privileges while still accumulating points to be spent on other rewards. Earning fewer than five points during the sessions caused the student to move down one privilege. Additional levels were deducted as part of other disciplinary procedures.

The 21-step privilege chart was divided into three blocks of seven privileges each. The three blocks were routine, promotion, and trust. By earning his/her way up the privilege chart, the student earned increasing degrees of independence and responsibility while at the same time practiced and demonstrated his/her ability to function in a less restrictive environment.

The behavior management plan in use at the program was subject to modification and was flexible enough to accommodate individual student needs. In addition to the individualized eighth goal, individualized amendments (treatment plans) was designed to help each student shape maladaptive behaviors toward socially acceptable outcomes and Individualized Educational Program (IEP) goals. Other modifications were made as necessary.

General behavioral expectations

Each behavioral expectation was defined as follows:

On Time/Prepared

has pencil and paper

has assignment

sits in assigned seat quietly

focuses attention

puts belongings in closet or desk

is ready to begin task

is appropriately dressed

On Task/Participates

works independently

follows the staff's verbal; and written directions

raises hand for assistance

works steadily at appropriate level

pays attention

does appropriate work as assigned

Completes Work Satisfactorily

finishes on time with best effort

puts name, date and subject on paper

ends session and is ready to move on

displays overall appropriate behavior

Follows Rules and Directions

follows all school rules

behaves appropriately throughout the school building

responds quickly to the directions without talking back

does not destroy property

Uses Appropriate Language

does not swear, argue, name call, provoke, or gesture

speaks to staff in a polite manner

uses appropriate tome of voice

Interacts Appropriately

sits appropriately

gets permission to leave seat

does not swear, fight, argue, name call or gesture

does not move desk or windows without permission

Accepts Responsibility

Admits part

Accepts constructive criticism

Accepts compliments graciously

Avoids manipulation.

Student transition from the educational component

Transition from educational services was predicated on the same criteria that brought a student into the program. That was, students earned their way into the program by failure to exhibit appropriate behaviors. Therefore, the means to transition out of the program to the local/home school district or other placement was through demonstration of appropriate behaviors over a reasonable period of time. This gave some assurance that the student was, in fact, ready to make the transition to another placement.

A student's daily behaviors were what determined his/her readiness for transition. The criteria was 90% or better behavior for the equivalent of 15 weeks of school attendance. Weeks were earned in the form of bonds that could be

purchased with behavior points when the student was at the top of the behavior management chart. Students could purchase up to two bonds per week. A bond was valid up to five months from date of purchase in order to accumulate the weeks required for transition.

When the student had accumulated 10 bonds, the home/local school district and parents were notified and a meeting to discuss transition scheduled. The home school district was given a summary of the student's progress in all components of the program and recommendations of professional staff. With input from the home school district, a determination was made as to the student's readiness for transition and what type of programming this might involve. Some students were determined ready or were required to earn more transition bonds or fulfill other requirements deemed appropriate.

The development of a student's transition plan occurred at an MDC/IEP meeting. The word "transition" means change. This being true, transition does not mean a student must return to his/her home school, but rather means simply that the student will change placement.

1. The goal of the program was to develop a complete treatment, including the transition plan that was in the best interest of the individual. Therefore, once 15 transition bonds were purchased, the privileges of more responsibility and more choices had been earned. These responsibilities and choices included having some input into the nature of the transition plan.
2. Some students were not best served by return to classes at their

home school. These students were better served by other options that prepared them more fully for entering the adult work world.

3. The transition plan developed by the MDC/IEP team was highly individualized and included such options as vocational classes, work-study programs, and increased privileges.

Once in transition, it was important that the student maintain appropriate behaviors. Usually a partial day transition, if the student was returning to the home school, was the first step in returning to the local school. During this time, the student continued to maintain a high level of appropriate behavior. The student was not asked to be perfect, but to consistently demonstrate adequate school appropriate behavior as judged by the home school and program. However, if any of the following occurred, a meeting was called in order to consider the revocation for the transition:

1. Gross misbehavior at any time at either location;
2. Three consecutive days of less than 90% appropriate behavior at any time at either location; or
3. A total of five days of less than 90% appropriate behavior at any time during a nine-week period at either location.

Once a full day transition was in effect, the same criteria as previously mentioned was utilized by the home/local district when determining the continuation of the student's placement. The MDC team determined an appropriate time frame for the continuation of supportive services from the program.

Other Services

Therapeutic recreation

The Therapeutic Recreation Program utilized planned recreational activities to involve the student in situations calling for mental, motor, or emotional responses which assisted in the development of social, mental and psychological attitudes and habits consistent with the living of a full and happy life. The program utilized activities in the areas of athletics, sports and games, arts and crafts, leisure education, social and community events, peer support groups, and psychodrama. The selection of these activities was based upon the goals established within each student's treatment plan.

Within the Therapeutic Recreation Program each student was be expected to maintain those behaviors that permitted him/her to take part in the individual or group therapeutic activities. It was understood that these activities also be designed to trigger the awareness of feelings and insights needed to change inappropriate behaviors within the social setting. Inappropriate behavior usually resulted in assisting the student in regaining control, reviewing with him/her the situation that led to the difficulty, and discussing more appropriate ways of handling the same situation.

Social work services

Each student in the program was assigned a social worker/primary therapist. The social worker coordinated treatment plans, maintained contact with agencies

involved with the student outside of the program, and provided supportive therapeutic services to the student and his/her family.

As a general guideline, each student was scheduled for one hour per week of individual counseling, or as needed. In addition, the social worker discussed with the family the treatment needs and goals of the student and therapeutic approaches that could be carried out in the home.

When a student transitioned out of the program, social work intervention services combined to assist the student and his/her family. A transition plan was developed to outline the goals of transition and assess supportive services available to the student and family once the program social work services were terminated.

Parent support groups

Parent support and training groups met periodically. They were opened to all parents/guardians. This was the time for parents to share concerns, offer support, make suggestions, relax together, and to receive training in sound parenting techniques. Planned presentations on topics of interest or concern were presented as well. The Nurturing Group, a parent education group, was offered at least twice for six to eight week weekly sessions during the school year. Program staff attended all meetings to facilitate activities and discussions.

CHAPTER VI. RESULTS AND IMPLICATIONS

Results of the Study

The ecological model developed in this study and the collaborative efforts that made it viable extend the original scope of this research. Based on this study several outcomes were identified related to collaboration efforts, cost savings outcomes, and model development. They are as follows:

Collaboration efforts

- A countywide collaborative effort to service BD/SED students was established.
- An interagency planning committee that is responsible for developing and implementing the new model was formed.
- An ecological day treatment program that enables BD/SED students the opportunity to become contributing members of the local community was developed.
- A new relationship between the community college and BD/SED students is being explored with Black Hawk Community College.

Cost savings outcomes

- Funding for day treatment for BD/SED adolescents 13 – 21 yrs. of age was provided by a unified service under one roof. (Funding is through Bethany Home, Blackhawk Area Special Education and the United Way.)

- The acquisition of two major grants funded annually *ad infinitum* occurred given presentation and outcomes. (Funding is through the Illinois Department of Children and Family Services [DCFS] and the Rock Island County Mental Health Board [708]. The first grants were awarded in 1984-85 for $150,000 and $75,000, respectively. The 1998-99 allocations were $184,000 and $96,000, respectively. It must be emphasized that the grants were initially funded based on two elements: services and cost savings.)
- A dollar savings was gained by the state of Illinois. It was $12,000/yr./student versus an average cost/yr./student of $44,000 in an Illinois residential program. (Prior to this program, the BD/SED youth were served out-of-county.)
- Out-of-state services for BD/SED students were eliminated. Prior to this program, they were the only sources being provided at an annual cost of $65,000/yr./student, or a total savings of $960,000/yr to Rock Island County Youth Services. (It must be emphasized that the BD/SED adolescent population was not served prior to the development and implementation of this collaborative ecological model.)
- Based on follow-up studies initiated in 1989, it was determined that 87% of the student population made a successful transition to mainstreamed schools, vocational and career education, community colleges and liberal arts studies. These follow-up studies of students are being conducted on a three-year and five-year basis to determine success. The outcomes assessments

and follow-up studies are part of the contingency requirements for annual funding by DCFS and 708.

Model development

This investigator and the funding agencies cooperatively designed the model to ascertain specific outcomes. The model served as the foundation for program development. The seven components of the model work were integrated to produce a solid, collaborative, ecological day treatment program that addresses the needs of BD/SED students. Work with children and youth with behavior problems leads to the domains of other professionals and agencies (Kerr & Nelson, 1983). PL94-142 focuses on interagency planning and cooperation in order to meet the special needs of BD/SED students. Comments relative to the model (Figure 4) follow.

1. *Education*. Challenges the BD/SED student with an integrated curriculum, individual attention, and specific educational goals met through the IEP.
2. *Individual Therapy*. Begins to address individual issues pertaining to the student, such as relationship issues, behavior, community issues and school issues, to enable setting goals with action plans to meet therapeutic needs.
3. *Group Therapy*. Addresses peer issues, relationship issues, and goals and objectives of the group are set.
4. *Family Therapy*. Addresses issues of family of origin and relationship issues; systemic approach is used to address dysfunctions.

5. *Social Work Services*. Links to other social services (e.g., psychiatric, psychotherapeutic, medical & dental) in order to meet the needs of the students within the community. It is the source that deals in linkage to other community agencies.
6. *Therapeutic Recreation*. Primarily to deal with the social relationships of the students; carried out through various group activities where all need to work together to accomplish a goal.
7. *Parent Support Groups*. Parents meet to support one another in this time of need. Parents see that they are not alone and that they can identify their issues with those of other parents.

The importance of utilizing an ecological day-treatment model that fully recognizes the physical and environment of the participants cannot be underestimated. It is not surprising that any one of the components of the current model, such as recreational therapy, could provide the opportunity to externally impact to the entire program outcome. In a recent article by Bowker (1998) in the December 1998 edition of the popular magazine, *Reader's Digest*, BD/SED students were rewarded with a hiking expedition in the Sierra Nevada Mountains. A sudden storm and the injury of their BD/SED teacher forced two of the four students to rely on survival skills and their dormant self-confidence to trek six miles to get help during a freak winter storm (in June) without the aid of a compass. The experience proved to be a dramatic turning point in the boys' lives. Following this experience, one boy dramatically improved in his grade-point-average to receive straight A's for

the 1997-98 school year and win a full college scholarship. The second boy, now a senior, is receiving top grades and will graduate from high school in June. During the ordeal their teacher noted, "They were taking charge ... and "This is what I've been trying to teach them. I've got to trust them" (p. 83). Afterward he commented, "I always told them they were the best, and they proved it" (p. 84).

Perhaps the results of this research could lead other agencies to explore their own self beliefs, and their environmental and cultural opportunities to be developed not only to serve a population such as BD/SED which were the focus of this study, but also other components within the community.

Implications for Higher Education

The purpose of this study was to develop a day treatment program model based on ecological theory and the collaborative services of several agencies. The success of the model serves to validate the efficacy of ecological theory and the components of the model. It also demonstrates the dynamic power of interagency collaboration under the direction of a few good leaders. The results of this case study have several implications for higher education. They are as follows:

- Professionals who work with BD/SED students need appropriate education and training to develop collaborative skills of organization, vision, determination, listening, perception, empathy, and creativity. Undergraduate and graduate schools need to address this issue as program and curricula need to be developed that will adequately prepare future educators to work

collaboratively with success. Lundquist and Nixon (1998) and Lape and Hart (1997) note that successful training and preparation reflect a shift in organizational thinking that emphasizes a focus on the recognition of student needs. They also indicate that professionals need to develop a focus for evaluation and planning, rather than a narrow focus on individual departmental programs that do not promote a solid collaborative effort.

- Funding needs to be established in order to offer programming for undergraduate students to utilize collaborative interagency resources as BD/SED teachers. A potential resource may include forming partnerships with local or nearby school systems. At the undergraduate level, field experiences and master teachers interns offer real opportunities. Kerr (1989) and LaCour (1994) cite the lack of willingness to cooperate due to turf issues (i.e., presently the roles and responsibilities of BD/SED teachers are not clearly delineated) and confidentiality issues. Schools of education need to study this issue in order to determine which collaborative models work best under different conditions/environments.
- Curricula need to be updated and perspective teachers need to be grounded in the characteristics and profiles of BD/SED students. Teachers need to be very familiar with the behavioral patterns of BD/SED students (Beachler & Glyer, 1998; Magnuson, 1994). Ziamaet and Farley (1991) emphasize in their research that an integrated curriculum is best developed when assessment of needs is made by multidisciplinary professionals. Weiss and

Repetto (1998) cite the importance of further support services (i.e., counseling, needs assessment, vocational testing, and social work services as a link to success in higher education for BD/SED students. Orr (1992) indicates that, in order to move forward with an integrated curriculum, an ecological approach is best used in the world of BD/SED students.

- Colleges and universities need to investigate local, state and national funding streams for BD/SED programming. Part of this should entail development of grant writing and fund raising skills to access the various sources of dollars that can be used for this training. It must be noted that funding agencies respond positively to such collaborative efforts because it usually results in dollar savings to them (e.g., funding agencies perceive they will be funding multiple agencies rather than individuals). Another aspect is the important, internal impact of this thinking related to resource development. This is to primarily address problems to meet the needs that the basic budget did not address originally. Collaboration and blended leadership roles with policy and budget (including grant funding) can be instrumental in breaking down some of the institutional compartmentalization of program and services (Lundquist & Nixon, 1998). This promotes a funding system that facilites a learner-centered focus within the college and establishes a culture that encourages collective responsibility for dollars that will help BD/SED students access opportunity and achieve established goals. These aspects in an institution are essential to authentic collaboration (Lundquist & Nixon).

Aslanian (1998) cites the importance of creative collaborative funding in order to adequately fund such services.

- Collaboration among community agencies and community colleges and universities can serve as access points to meet the needs of at-risk students and to enhance everyone's understanding. Specifically, community colleges can serve as access points to vocational training, career opportunities, and liberal arts courses. This new partnership paradigm serves as a new organizational culture in the community colleges (Lundquist & Nixon, 1998). No longer seen departmentally, the new culture of collaboration is defined by student-centered goals. This partnership is necessary if community colleges are to respond effectively to changing communities and to build new educational markets by reaching out to residents who may not recognize that community colleges can provide a path to new growth (McGrath, 1998). The realization that community colleges cannot do it alone has to be applied against the traditional schism between student services and academic affairs, and among the community colleges and other institutions in the community (O'Banion, 1997). This partnership promises benefits to the college community more powerful than any single department in the college or single institution in the community can realize (Lundquist & Nixon).
- States that border one another (e.g., Iowa & Illinois) need to explore their environments to fully utilize their expertise to develop similar collaborative models instead of using politically based designs. Schaier-Pelig and

Donovan (1998) cite the various roles that a national managing partner plays in supporting and promoting local and bi-state collaborations, and recommend that local communities combine expertise to develop the best programming, remove local and state political preferences, and unite the best experts to share their knowledge and experience in order to develop and implement a bi-state model.

- Four-year institutions need to investigate, by means of further research, the positive outcomes of collaboration. McGrath (1998) cites the following reasons why institutions of higher learning need to further explore and research the challenges and opportunities that collaboration presents:
  - Collaboration produces flatter organizations with fuzzy boundaries. This can increase flexibility in colleges but requires new styles of management to promote transition.
  - Collaboration emphasizes that community problems are interconnected. This process of collaboration encourages communication among a variety of institutions which will stimulate new, joint approaches to solving problems.
  - Collaboration builds relationships among institutions that are competitors. Joint efforts and new networks become a reality.
  - Collaborations promote new relationships with funders. As grantmakers turn to collaborations to increase the impact of funding initiatives, new relationships are developed between colleges and their funders.

- Successful collaboration requires a commitment to assessment. Interinstitutional ventures call for new forms of participatory assessment to guide planning and action.

In a broad sense, the development and institution of this collaborative ecological day treatment model for providing essential services to BD/SED adolescents and the county in which they reside represent fulfillment of the goal of higher education. This research and development of a relevant day treatment model demonstrate the exposition of a creative research built upon the cumulative knowledge, education and experience of the investigator. One of the purposes of higher education is to add to the body of knowledge. Indeed, the efficacy of the researcher is also integral to the entire process. The goal of higher education, thus, is to develop effective researchers as well as research that offer effective solutions to existing problems. Particularly in education, there is a great need to relate what is being taught in the classroom with what is needed in the field.

APPENDIX A. PARTICIPATING AGENCIES

Arrowhead Ranch
12200 104th
Coal Valley, IL 61240
Gary Brown, President

Bethany Home
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Moline, IL 61265
Gary R. Ulrich, President

Robert Young Mental Health Center
2701 15th St. (also called CCMHC)
Rock Island, IL 61201
c/o Mary Hubbard

Dept. of Children & Family Services
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Rock Island, IL 61201
Larry Chasey, Regional Officer

Lutheran Social Services of Iowa
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Regional Officer - Manager

Riverside Retreat
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Michael Schovlain, Director

Rock Is. County Council on Addictions
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Moline, IL 61265
Thomas Schroder, Director

Youth Service Bureau of Rock Is. Co.
4300 12th Ave.
Moline, IL 61265
Michael O'Melia, Director

Youth Guidance Council
4300 12th Ave.
Moline, IL 61265
Michael O'Melia, Director

Marriage Family Counseling Service
1800 3rd Av.
Rock Island, IL 61201
William Heibert, Director

APPENDIX B. SURVEY QUESTIONNAIRE AND COVER LETTER

Questionnaire Regarding Services for Behavior Disorder and Severely Emotionally Disturbed Adolescents 13 – 21 Years of Age

Please answer the following questions as completely as possible.

AGENCY: _____

PERSON ANSWERING THE QUESTIONS: _____

1. How many adolescents (13 – 21) does your agency serve? _____
2. How many adolescents are considered to be inpatient in Rock Island County?

   _____
3. How many adolescents are considered to be inpatient outside of Rock Island County? _____
4. How many adolescents could benefit but did not receive inpatient care?

   _____
5. How many adolescents would not benefit and did not receive inpatient care?

   _____

Please list the following information.

Programs	Total Number Served	Program Capacity		
		Below	At	Above

(This page may be duplicated if necessary.)

Cover Letter

Dear

I am in the process of gathering research data via questionnaire regarding services available in the metropolitan Illinois Quad Cities for diagnosed Behavior Disorder (BD) and Severely Emotionally Disturbed (SED) adolescents between the ages of 13 – 21.

I would ask you to take a few minutes of your time to answer the enclosed questionnaire and return it to me as soon as possible.

Thank you for helping me in this very important aspect of adolescent services.

Sincerely,

Thomas J. Gehlsen
Vice President, Operations

Enclosure

APPENDIX C. MULTIDISCIPLINARY MODEL FORMS

Goal List

Client's Name _____

Primary Therapist _____

Teacher _____

TRP Staff _____

The goal list shall include all goals established by the Treatment Team, beginning with those initially established at the thirty-day Treatment Team staffing through the time the client successfully completes/his/her progress.

Number	Goal	Identified	Dates Resolved/Unresolved	Closed

Multidisciplinary Treatment Plan

For use for 30-day and subsequent formal treatment plans. Use one sheet for each goal.

Client's Name _____ Date _____

Goal # _____

Goal _____

_____

Problem _____

_____

Date	Behavioral Objectives	Approach/Intervention Staff Responsible	Objective Resolved or Reviewed

_____ _____

Client's Signature Primary Therapist

_____ _____

Teacher TRP Staff

Outcome: Date: Comments:

- ◇ Goal Accomplished
- ◇ Goal Partially Accomplished
- ◇ Goal Changed
- ◇ Goal Discontinued
- ◇ Goal Not Accomplished

NAME _____ DATE _____

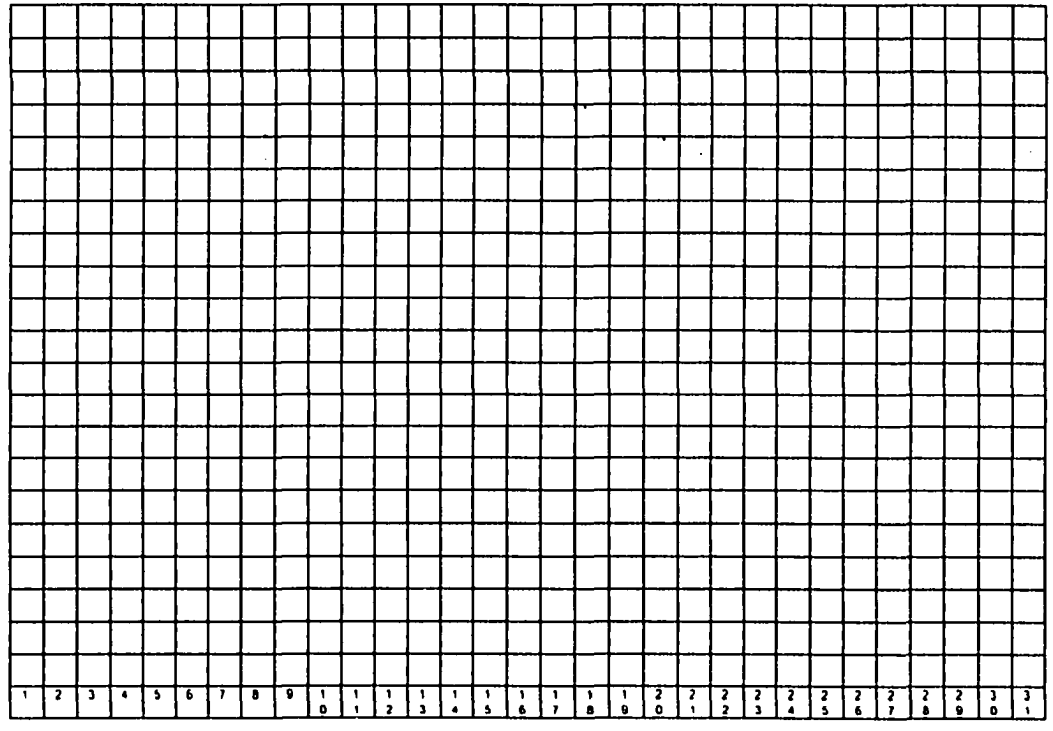
TEACHER _____ BLOCK/LEVEL _____

	On Time Prepared	On Task Participates	Completes Work Satisfactorily	Follows Directions	Uses Appropriate Language	Interacts Appropriately	Accepts Responsibility For Own Actions			Successful Goals	Cumulative Signatures
BUS (PM)											
BUS (AM)											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

		CARRY OVER		1	2	3	4	5	6	7	8	9
TRUST	21 Ability to buy bonds for transition (360)											
	20 Student Council											
	19 Outside lunch with chosen staff (1per 4 wks)											
	18 Free extracurricular trip coupon (1per qtr)											
	17 Unsupervised break in gym or outside											
	16 Choose alternate academic assignment (per month)											
	15 Bring games, tapes, jam boxes from home											
PROMOTION	14 Ability to buy bond toward trust block (160)											
	13 Ten minutes extra break											
	12 Half extracurricular trip coupon (1per qtr)											
	11 Use of student lounge during free time											
	10 Morning jog without staff											
	9 Sit at staff desk for one period											
	8 Hall pass, bathroom pass, running errands											
ROUTINE	7 Ability to buy bond toward promotion block											
	6 Use computer during free time											
	5 Morning jog with staff											
	4 Supervised break in gym											
	3 Use classroom games for free time											
	2 Converse quietly during free time											
	1 Structured free time in room											

NAME _____ DATE _____

pts. earned
possible pts.



(Cumulative pts.)

COMMENTS:

	DATE ISSUED	DATE USED
Half field trip	_____	_____
Alt. Acad. As.	_____	_____
Free field trip	_____	_____
Outside lunch	_____	_____

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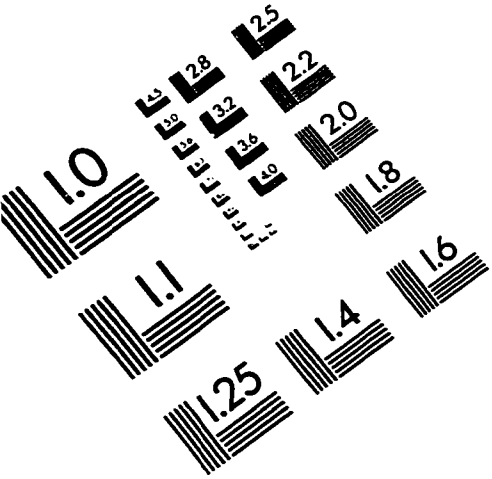

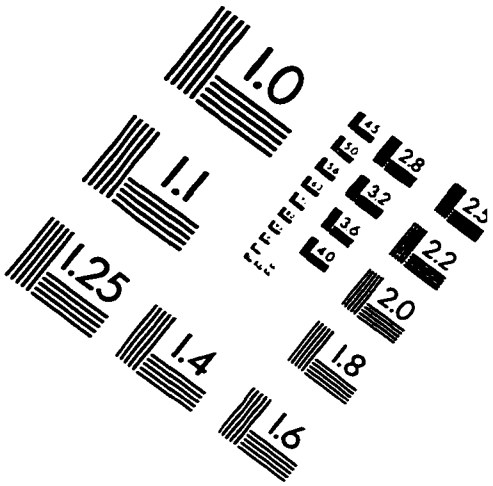

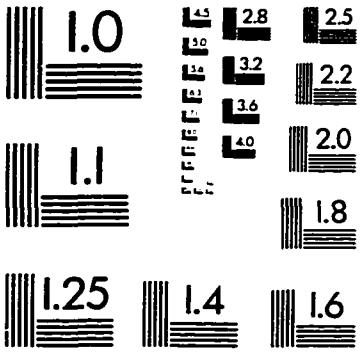

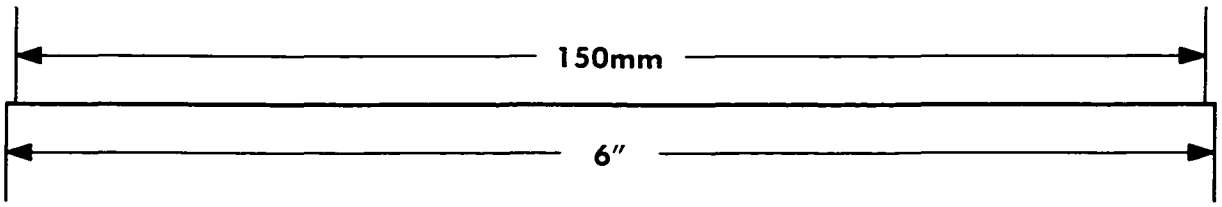

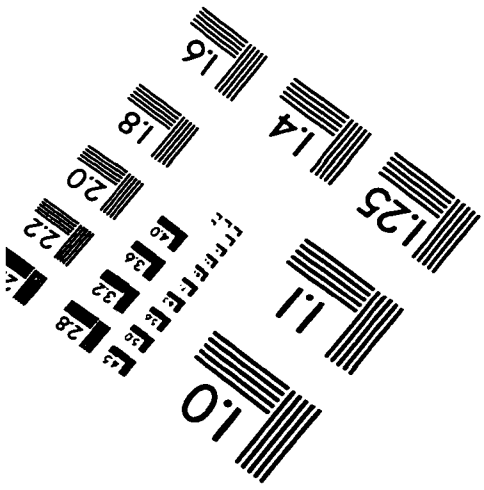

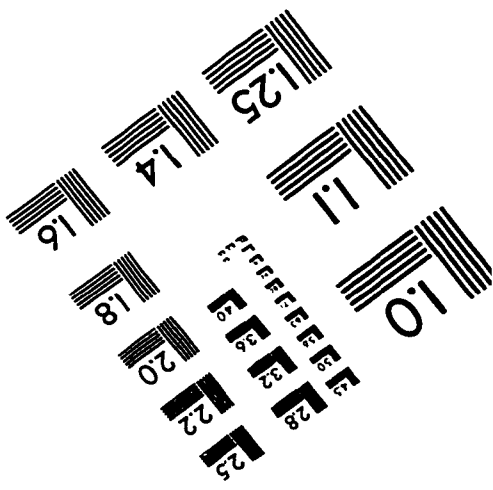

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