
Elementary Day and Residential Schools for Children With Emotional and Behavioral Disorders

Characteristics and Entrance and Exit Policies

JOSEPH CALVIN GAGNON AND PETER E. LEONE

ABSTRACT

Limited information exists about treatment programs for children with emotional and behavioral disorders (EBD) in the elementary grades. This national study provides a description of first-through sixth-grade day treatment and residential schools for students with EBD in two areas: (a) characteristics of schools (e.g., philosophy, accreditation, length of school year) and (b) current school-level entrance and exit policies. A random sample of 480 principals from public and private day treatment and residential schools were mailed a survey. A total of 271 (56.45%) principals responded. The results indicated that schools relied on a behavioral philosophy, maintained a balance between education and therapeutic issues, and were commonly accredited by state departments of education. Furthermore, few schools had specific policies related to follow-up of students after discharge. The implications of these findings are discussed.

STUDENTS WITH EMOTIONAL AND BEHAVIORAL disorders (EBD) often have difficulty integrating into the mainstream education environment (Kauffman, 2001; Muscott, 1997) and are frequently placed in exclusionary settings that offer greater behavioral and therapeutic support than general education settings. Students with EBD are more likely to be placed in restrictive settings than youth with any other disability classification (U.S. Department of Education, 2002). Presently, close to 77,000 students with EBD are educated in

separate day treatment or residential settings—an increase of 13% in the past 10 years (U.S. Department of Education, 2002). Despite the growing number of students enrolled in day treatment and residential schools, little information is available concerning the quality of education they receive while enrolled and the supports provided as they return to their public or home school.

The issue of quality education in day treatment and residential schools is particularly critical in light of current educational reform, such as the No Child Left Behind Act (2001). This mandate holds students to an increasingly higher academic standard (Gagnon & McLaughlin, 2004). Furthermore, mandates under the Individuals with Disabilities Education Act (IDEA; 1997) require all students to have access to a common, challenging curriculum. Moreover, the emphasis on passing district and state assessments provides new challenges to students with disabilities and specifically to those educated in exclusionary settings.

Despite these mandates, there is concern that students with EBD who are enrolled in day treatment and residential schools may not be receiving the educational opportunities and support they need to meet increasing educational demands. Specifically, there is a history of inadequate educational services in day treatment and residential schools. For example, schools may place little emphasis on education, and students may not receive a full-length school day (Grizenko,

Sayegh, & Papineau, 1994). Moreover, most students eventually return to their public or home school, yet they may receive inadequate or inconsistent levels of assistance during entrance and exit (Katsiyannis, 1993). In light of current reforms, policies and practices in day treatment and residential schools must support student access to a quality education. In the sections that follow, several issues related to school-level policies and practices are discussed to provide the context of the current study: (a) definitions of day treatment, residential schools, and students with EBD; (b) program philosophy; (c) instruction and accreditation; and (d) entrance and exit policies.

DEFINITION OF TERMS

Defining the settings and the students who attend them is essential prior to describing day treatment and residential school characteristics and entrance and exit policies. A *residential school* for youth with EBD is a comprehensive, therapeutic, educational school in its own setting (AWMC Working Party on Residential Resources, 1984), wherein students have 24-hour monitoring and in which their social, emotional, and educational needs are addressed (Kauffman & Smucker, 1995). Residential schools serve as an alternative to psychiatric hospitalization and are not licensed as hospitals (Rivera & Kutash, 1994). In contrast, *day treatment schools* are "highly structured, intensive, non-residential mental health programs that offer a blend of clinical intervention and special education to children and adolescents, as well as social and clinical support to their families [in a] therapeutic environment that facilitates the coordinated delivery of mental health and education services" (Armstrong, Grosser, & Palma, 1992, p. 18).

One half to three fourths of the students in day treatment or residential schools receive special education services for EBD (Duncan, Forness, & Hartsough, 1995; McClure, Ferguson, Boodoosingh, Turgay, & Stavrakaki, 1989). This apparent inconsistency is actually due to the variation in approaches between the educational and mental health systems. In fact, students enrolled in day treatment and residential schools need not be classified with a special education label of emotional disturbance. Rather, emotional disturbance and behavioral disorder are used in the mental health community as general labels for students who have been identified with a disorder based on the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association, 1994). Whereas the educational definition excludes social maladjustment (unless accompanied by emotional disturbance), the mental health system does include youth with diagnoses such as conduct disorder. Thus, for the purposes of the current study, the terms *emotional disturbance* and *behavioral disorder* are combined and referred to as *emotional and behavioral disorders (EBD)*. The term EBD is defined as the combination of students identified by

either educational or mental health systems for services in day treatment or residential schools.

PROGRAM PHILOSOPHY

To frame issues concerning the time available for education in day treatment and residential schools, it is necessary to consider the unique characteristics of these schools, such as their general philosophical orientation. General philosophical approaches include the following: (a) biophysical (e.g., psychoactive drugs, genetic counseling, perceptual-motor training); (b) psychodynamic (e.g., play therapy, expressive therapy, psychoanalysis); (c) psychoeducational (e.g., developing self-confidence and belonging through learning); (d) behavioral (e.g., behavior modification, social modeling); (e) sociological (e.g., parent education, community development); and (f) ecological (e.g., interventions that simultaneously work with child and environment). A common school philosophy and the articulation of that philosophy can provide a shared vision and cohesion among school personnel (Grosenick, George, & George, 1987). However, the current theoretical orientation in American day treatment and residential schools is largely unknown.

The available research does provide information on general trends and concerns related to school philosophy. In one study, Saddi (1983) examined program characteristics in Virginia's residential schools for youth with EBD. Whereas Saddi noted that 36.5% ($n = 81$) of schools adhered to a behavioral model, another 25.2% ($n = 56$) relied on a psychodynamic model. Potential concerns exist for school adherence to either a behavioral or a psychodynamic philosophical approach. For example, schools that base their approach on a behavioral model are at risk for the merging of curriculum and behavior management that Steinberg and Knitzer (1992) labeled "the curriculum of control" (p. 148). Within this merging of curriculum and behavior, behavior management actually becomes the focus of student learning, to the exclusion of academics. Concerns also exist for schools that follow a psychodynamic approach. These schools may provide limited academic benefit to students, both while enrolled and 6 months after returning to their public or home school (Grizenko & Sayegh, 1990; Kotsopoulos, Walker, Beggs, & Jones, 1991). Greater behavioral than academic gains may be expected in schools with a psychodynamic philosophy because these schools have a greater focus on behavioral issues than on academic skills and as few as 2.5 hours of school each day (Grizenko & Sayegh; Kotsopoulos et al.) Limited research indicates that philosophical orientation has some effect on student academic outcomes. However, additional research is necessary to identify which children make the greatest gains in day treatment and residential schools with specific philosophical approaches (Zimet & Farley, 1985). One of the first steps in this process is to obtain a national picture of the current philosophical orientations and

emphasis on education versus treatment in day treatment and residential schools.

INSTRUCTION AND ACCREDITATION

Instruction in day treatment and residential schools is also affected by school-level policies. Critical issues include the length of the school day, the total daily academic instructional time (i.e., school day excluding physical education, lunch, recess, snack time, and nonacademic reinforcement time), and the length of the school year. The amount of time during the school day that students spend in individual or group therapy or meeting with a mental health professional may also affect academic instructional time. While instructional time alone is only a modest predictor of student achievement (Karweit, 1983; Suarez, Torlone, McGrath, & Clark, 1991; Walberg, 1988), available research indicates that day treatment and residential schools for students with EBD provide less than 5 hours a day of instruction (Adams, 1977; Grizenko et al., 1994). Issues concerning the time available for education are particularly important, as students commonly return to their public or home schools, and in light of the need to ensure access to the general education curriculum, as delineated in the No Child Left Behind Act (2001).

Accreditation is one method for holding schools accountable for providing appropriate educational services (e.g., a school day that is consistent in length with the public schools). Limited information indicates that accreditation may generally have a positive effect on the reporting of student behavior and education (Katsiyannis, 1993). When schools are required to report information, there is the assumption that this method of accountability will ensure that schools adhere to a common set of standards and that it is possible to assess if students benefit from their educational program (Ysseldyke & Bielinski, 2002). However, national information on the extent to which day treatment and residential schools are accredited by state departments of education or other agencies does not exist.

ENTRANCE AND EXIT POLICIES

Approximately three fourths of elementary-age students in day treatment and residential schools eventually transition to less restrictive school settings (Baenen, Stephens, & Glenwick, 1986; Gagnon & Leone, in press; Grizenko, Papineau, & Sayegh, 1993; Grizenko & Sayegh, 1990; Grizenko et al., 1994). Because of this common experience and the chronic nature of EBD for many children, specific exit policies and follow-up services are essential for specialized education and treatment settings (Swan, Brown, & Jacob, 1987). For example, Baenen, Glenwick, Stephens, Neuhaus, and Mowrey (1986) noted that children often continue to exhibit behavioral and educational problems upon discharge from a day treatment school.

Although follow-up is critical, few studies have addressed the supports needed for children to transition from day treatment and residential school to public or home schools, and no common core of policies or practices exists (Kauffman & Smucker, 1995; McLeer, Pain, & Johnson, 1993). Researchers have identified post-discharge follow-up procedures for day treatment and residential schools as the program area most in need of improvement (Saddi, 1983). In one study, Katsiyannis (1993) found that 12 of 14 residential schools in Virginia provided some form of after-care services (e.g., follow-up parent surveys, parent support groups, phone calls, consultation, staff visits, assistance with securing outpatient care for the child). However, the anecdotal accounts of after-care services did not identify the extent to which each school included these components. Thus, the first step in developing and testing specific approaches to assist youth in their return to public or home schools is to identify what types of services are currently being provided nationally.

PURPOSE

No national studies have yet addressed the characteristics of elementary day treatment and residential schools for students with EBD. Nor has there been research on the policies that support student entrance into and exit from these schools. The lack of research is disconcerting in light of the increasingly rigorous academic demands, the growing number of students enrolled in these schools (U.S. Department of Education, 2002), and the fact that most students return to their public or home school (Baenen et al., 1986; Gagnon & Leone, in press). Identifying national trends in school characteristics and school-level policies is a critical first step in ensuring that students receive an appropriate education in day treatment and residential schools and receive the critical support necessary to reintegrate into public or home schools. To address these issues, this study examined the following variables: (a) the characteristics of day treatment and residential schools for elementary students with EBD and (b) the current school-level entrance and exit policies of day treatment and residential schools for elementary students with EBD.

METHOD

The data reported here are part of a larger national study of day treatment and residential schools for elementary students with EBD (Gagnon, 2002; Gagnon & Leone, in press; Gagnon & McLaughlin, 2004). This larger survey included five areas of concern: (a) teacher or administrator and student characteristics; (b) characteristics of the schools; (c) curricular policies; (d) accountability policies; and (e) entrance and exit policies. This article focuses on principal reports of the school characteristics and entrance and exit policies.

Sample

The researchers used a national random sample of public and private day treatment and residential schools for youth with EBD that served students in Grades 1 through 6. Because no database existed that specifically identified the schools of interest, a more inclusive commercial database (Market Data Retrieval, 2002) of alternative and special education schools was obtained. Then, from the list of 6,110 schools, 4,000 were randomly selected, and a phone call was made to each school to verify that it satisfied three requirements for inclusion into the study: (a) it included a day treatment or residential facility for children with EBD; (b) it was not solely a hospital program; and (c) it provided educational services for any of Grades 1 through 6. As a result of this process, 636 schools were identified and mailed a survey. However, during the initial verification process, phone interviews commonly occurred with an administrative assistant. To provide additional assurance that only the schools of interest were sampled, the first question on the survey asked principals if their school provided day treatment or residential services. Subsequently, 156 schools responded that they had been inaccurately classified, and these schools were excluded from the analysis. Therefore, the final sample consisted of 480 schools. This multiple screening approach made certain that data were collected and analyzed only from day treatment and residential schools serving youth with EBD.

Instrumentation

Survey questions concerning the characteristics of the schools and entrance and exit policies were developed through a three-step process. First, a literature review identified the importance of and the limited information available concerning day treatment and residential school accreditation (Katsiyannis, 1993), philosophy (Saddi, 1983), and instructional time (Adams, 1977). Furthermore, previous studies identified the importance of entrance and exit policies and support for students (Baenen et al., 1986; Fuchs, Fuchs, Fernstrom, & Hohn, 1991; Katsiyannis, 1993; McLeer, Pain, & Johnson, 1993). However, no national data existed for any of these issues. This information provided the basis for the initial draft of the survey. Second, experts in the fields of special education, youth with EBD, special education policy, and counseling provided feedback on the survey. Third, a principal focus group provided additional feedback. Following each of these steps, survey questions were revised.

School Characteristics. The survey included 10 closed-ended questions concerning school characteristics and 11 closed-ended questions concerning entrance and exit policies. Specifically, in the Characteristics of the Schools section, respondents were asked to check the appropriate answer for categorical questions, including the type of services offered (e.g., day treatment, residential, or combined day treatment

and residential) and the school's organizational structure (e.g., public, private nonprofit, private for profit). Principals reported whether the school was accredited and, if so, by whom (i.e., state departments of education, Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Council on Accreditation for Children and Family Services [COA], Commission on Accreditation of Rehabilitation Facilities [CARF], or "other" accrediting agency). Principals were also asked to identify the primary philosophical orientation of their schools (i.e., biophysical, psychodynamic, psychoeducational, behavioral, sociological, ecological, or no primary philosophical orientation). Principals also reported on the relative balance between education and student behavioral and therapeutic issues in their schools (i.e., first therapy, then education; first behavior management, then education; a balance between education and therapy or behavior management; first education, then therapy; first education, then behavior management; other).

Also included in the Characteristics of the School section of the surveys were questions about school policies related to instruction. Principals were asked to identify the length of the school day in hours, total daily academic instructional time in hours (i.e., school day excluding physical education, lunch, recess, snack time, and nonacademic reinforcement time), and the length of the school year in days. Furthermore, principals identified the number of minutes during academic time that students typically spent in individual/group therapy or meeting with a mental health professional.

Entrance and Exit Policies. The Entrance and Exit Policies section of the survey included 11 categorical and ordinal questions that focused on student entry into and exit out of the exclusionary setting (i.e., day treatment, residential, or combined day treatment and residential school). Respondents were asked if a specific policy existed for communicating with students' public or home schools upon student admission. Furthermore, respondents were asked if a person other than the classroom teacher was employed to follow up after a student was discharged and, if so, whether that person was employed part-time or full-time. Respondents were also queried on the existence of specific policies to communicate academic and behavioral progress to the public or home school upon student discharge.

Principals were also questioned about the existence of written policies regarding contact with public school personnel and parents upon student discharge. Those respondents whose school policy supported follow-up contact were asked to specify the number of contacts expected. Similarly, another question focused on the existence of a policy for visits to a student's public or home school upon discharge and on the number of times that a visit was expected.

Validity and Reliability. To increase the validity of the survey instrument and allow for greater generalizability, an advisory group was formed consisting of leaders in the field

of special education and counseling. Moreover, principals from day treatment and residential schools in the Washington, DC, metro area participated in a focus group. The advisory and focus groups commented on six issues: (a) layout of the survey; (b) ease of the directions; (c) clarity of the questions; (d) consistency between research questions and the survey categories and questions; (e) importance of the categories and the specific questions; and (f) recommendations for additional categories or questions (Krueger, 1998). Based on expert suggestions and focus group responses, the surveys were modified.

Possible threats to reliability were addressed through the standardization of the survey format, directions, and questions (Fink, 1995). Prior to data entry, returned surveys were used to develop a codebook. Decisions were noted regarding missing data, handwritten messages on the surveys, and conflicting answers (Litwin, 1995). Additional data entry issues and decisions were made by the primary investigator and entered into the codebook as necessary during data entry. Reliability checks were conducted on data entered for 30% of principal surveys. Agreement was calculated by dividing the number of agreements by the number of agreements and disagreements $\times 100$. Reliability for data entered was 99.86%.

Survey Administration

Following an introductory letter to principals, the first mailing included a cover letter to the principal, the principal survey, a stamped self-addressed return envelope, and a \$2.00 bill attached to each survey. A second mailing occurred 3 weeks after the first mailing. At the second mailing, an assistant began contacting nonrespondents by phone to encourage the principals to complete the survey. A third mailing occurred 3 weeks after the second mailing. Phone calls to nonrespondents continued until the end of the data collection period.

Respondents and Nonrespondents

A total of 271 (56.45%) principals returned surveys. Respondents represented schools in 48 states and the District of Columbia. Respondent and nonrespondent comparisons were completed only on the 480 schools identified as day treatment and residential schools based on information from the commercial database (Market Data Retrieval, 2002). Specifically, five variables were compared: (a) locale (i.e., urban, suburban, or rural); (b) enrollment range (i.e., 1–99, 100–199, or 200 or more); (c) census bureau region (i.e., Northeast, Midwest, South, or West); (d) school type (i.e., alternative education school, alternative education program, or special education school); and (e) organizational structure (i.e., public school, combined category of county or state, private, non-Catholic, or Catholic). When comparing schools with principal responses and schools without principal responses, there were no significant differences for the noted variables.

Data Analysis

Due to the descriptive nature of the study, statistical procedures consisted of frequency and percentage data. In instances where principals were asked to “check all that apply,” only the frequency is provided. Some principals did not answer every survey question. Thus, variation exists in the number of responses for each question.

RESULTS

School Characteristics

Type of Service, Organizational Structure, and Accreditation. Principals reported on the types of services provided at their school (i.e., day treatment, residential, or combined day treatment and residential), the school’s organizational structure (i.e., public, private nonprofit, or private for profit), the accreditation status of the school, and the accrediting organization. Most responding principals ($n = 268$) indicated that their school was day treatment ($n = 167$, 62.3%). An additional 22.8% ($n = 61$) identified that they operated a combined day treatment and residential school. Approximately the same number of respondents identified their schools as public ($n = 110$; 41.7%) or private nonprofit ($n = 117$, 44.3%). Principals ($n = 265$) also reported that their schools were accredited in 86.8% ($n = 230$) of the cases. However, 3.4% ($n = 9$) of principals were unsure if their school was accredited. Principals ($n = 230$) reported all agencies that accredited their school. State departments of education ($n = 215$), “other” accrediting agencies ($n = 50$), or JCAHO ($n = 37$) were the most common accrediting agencies. Few schools were accredited by the Council on Accreditation for Children and Family Services (COA; $n = 22$) or the Commission on Accreditation of Rehabilitation Facilities (CARF; $n = 8$). Moreover, 76 schools had multiple accreditations.

Philosophy and Emphasis on Instruction. Principals were asked questions about the philosophical orientation of the school and the schoolwide emphasis on education versus treatment. Most responding principals ($n = 255$) identified the primary philosophical orientation of the school as behavioral ($n = 136$, 53.3%) or psychoeducational ($n = 73$; 28.6%). A number of principals noted no primary philosophical orientation ($n = 31$; 12.2%). Few principals reported the primary philosophical orientation as psychodynamic ($n = 7$; 2.7%). Also, responding principals ($n = 269$) often reported a balance between education and treatment ($n = 194$; 72.1%) or an emphasis on behavior management and then education ($n = 44$; 16.4%). Principals ($n = 14$; 5.2%) rarely noted a primary emphasis on therapy and then education.

Allocated Instructional Time. Principals reported the total number of (a) days in an academic school year, (b) hours

in a school day, (c) daily academic instructional time, and (d) minutes of instructional time per week that students spent with a mental health professional. Respondents ($n = 270$) commonly noted 161 to 180 days in an academic school year ($n = 122$; 45.2%). Also, an equal number of principals ($n = 73$; 27%) noted 181 to 200 days and 201 or more days in an academic year at their school. Few principals noted 160 days or less ($n = 2$; 0.7%). Principals ($n = 270$) also reported that the length of the school day was 6 hours or more ($n = 190$; 70.4%) or 5 hours ($n = 74$; 27.4%). The same number of principals reported 4 hours or 3 hours in a school day ($n = 3$; 1.1%). Principals ($n = 269$) most frequently reported that total daily instructional time was 5 hours or more ($n = 121$; 45.0%) or 4 hours ($n = 109$; 40.5%). Few principals noted 3 hours ($n = 32$; 11.9%) or 2 hours or less ($n = 7$; 2.6%) of daily instructional time. Principals ($n = 266$) also reported the amount of academic time that a typical first through sixth grade student spent each week in individual/group therapy or meeting with a mental health professional. Responses varied greatly, ranging from no time spent with mental health professionals ($n = 20$; 7.5%) to more than 121 minutes ($n = 26$; 9.8%) per week. Principals most commonly reported the time students spent with a mental health professional as 31 to 60 minutes ($n = 86$; 32.3%), followed by 1 to 30 minutes ($n = 57$; 21.4%), 61 to 90 minutes ($n = 49$; 18.4%), and 91 to 120 minutes ($n = 28$; 10.5%).

Policies to Facilitate Student Entrance and Exit

Principals responded to questions concerning student admission into the school, communication with public or home schools at discharge, and follow-up support provided. Responding principals ($n = 269$) commonly noted that a policy existed for communicating with public school personnel on student admission ($n = 232$; 86.2%). However, responding principals ($n = 267$) commonly noted that there was no person other than the classroom teacher to follow up after a student was discharged ($n = 129$; 48.3%). Furthermore, 22.5% ($n = 60$) had a full-time person and 18.7% ($n = 50$) had a part-time person assigned to student follow-up.

Principals ($n = 270$) also identified the existence of specific school policies for providing reports of students' academic ($n = 244$; 90.4%) and behavioral ($n = 240$; 88.9%) progress to the public or home schools at discharge. However, specific policies for follow-up after student discharge were more varied. Respondents ($n = 269$) noted contact with public or home school following a child's exit from the school. About one third of principals reported no policy ($n = 100$; 37.2%), another 37.2% ($n = 100$) indicated that contact by a teacher or liaison was expected, and 24.9% ($n = 67$) reported that teachers were encouraged, but that a specific number of that contacts was not specified. When responding ($n = 102$) to the follow-up question about the number of times that contact was expected, most principals answered that this was deter-

mined on an individual basis ($n = 67$; 65.6%) or that two to three contacts were expected ($n = 19$; 18.6%).

Principals responded similarly to questions concerning written school policies for follow-up contact with parents and visits to a child's public or home school following student exit from the school. Respondents ($n = 269$) reported that no policy for follow-up contact with parents existed in 47.2% ($n = 127$) of schools, some contact was expected in 26.8% ($n = 72$) of schools, and in 24.2% ($n = 65$) of the schools, teachers were encouraged to make contact, but the number of times was not specified. For principals ($n = 73$) reporting policies for follow-up after student discharge, contact with parents was most often determined on an individual basis ($n = 49$; 67.1%), followed by a policy of two to three contacts ($n = 11$; 15.0%).

Based on principal responses ($n = 268$), no policy existed for follow-up visits to a student's public or home schools in 67.2% ($n = 180$) of the schools. Responding principals also reported that in 17.2% ($n = 46$) of schools, the teacher was encouraged to make visits, but the number of times was not specified. In 13.1% ($n = 35$) of schools, teacher visits to a child's public or home school were expected. Similar to other follow-up policy questions, 85.7% ($n = 30$) of principals noted that the number of visits was determined on an individual basis.

DISCUSSION

Increasing educational demands for all students is a major component of recent educational reform (No Child Left Behind Act, 2001). However, school policies and practices in day treatment and residential schools may either enhance or hinder the ability of youth to be successful with the rigorous curriculum while in the exclusionary setting. Furthermore, upon their eventual return to a public or home school, without adequate follow-up support, students may continue to experience academic and behavioral problems. Principal responses in the current study provide a broad perspective on the current status of programs and policies for elementary-age children with EBD placed in day treatment and residential settings and suggest areas that require further scrutiny by parents, advocates, and professionals. The current study also provides the groundwork for several issues that require additional investigation.

School Characteristics

Accreditation, Philosophy, and Emphasis on Education. Three school characteristics were particularly noteworthy: (a) accreditation and accrediting agency; (b) primary philosophical orientation; and (c) emphasis on education versus treatment. Approximately 90% of principals noted that their school was accredited. State departments of education accredited almost all schools in this study. However, what

remains unknown is the criterion for accreditation and the specific monitoring procedures set by state departments of education for day treatment and residential schools. There is some indication that the schools that are accredited by state departments of education do not adequately follow state and federal assessment and accountability guidelines (Gagnon & McLaughlin, 2004). This calls into question the extent to which other school policies (e.g., length of school day, number of days in a school year) are established based on accreditation requirements.

With regard to philosophical approach, the findings reported here are similar to those noted by Saddi (1983) concerning residential schools. A majority of principals in the current study identified a behavioral approach as the primary philosophical approach for the school. Far fewer principals in the current study identified psychodynamic as the primary approach. In addition to a behavioral philosophy, many day treatment and residential schools indicated maintaining a balance between education and therapeutic issues. This is consistent with previous (Grizenko, Sayegh, & Papineau, 1994) assertions that day treatment schools must use a multimodal approach that addresses both students' academic and behavioral needs. However, with the emphasis on the behavioral model, educators and administrators must be aware of the common merging of curriculum and behavior management (Steinberg & Knitzer, 1992). As researchers have observed, such an approach may reduce the emphasis on higher level thinking and problem solving and reinforce "isolated responses and behaviors rather than patterns and concepts and making connections between concepts" (Steinberg & Knitzer, p. 148).

Allocated and Instructional Time. The study also examined school-level allocated time in day treatment and residential schools. Principals frequently responded that their school had between 161 and 180 days or 181 and 200 days in an academic school year. This is generally consistent with state policies. Specifically, 41 states mandate a 173- to 180-day school year, and another 4 require in excess of 180 days (U.S. Department of Education, 2001). Principals in the current study also noted a policy of 5 or 6 hours in a school day. Within a school day, students were commonly provided 4 or 5 hours or more of daily academic instruction time. However, a relatively large number of principals ($n = 32$; 11.9%) reported only 3 hours of academic instructional time each day. Limited research indicates that in a school with 2.5 hours of school daily, youth are able to maintain academic levels, but not progress (Grizenko, Papineau, & Sayegh, 1993). Furthermore, there was great variation in the amount of time students were removed from academic instruction each week to meet with a mental health professional. Responses ranged from no time spent with mental health professionals to more than 121 minutes per week. Data did not provide information on the nature of mental health services. However, such on-site mental health programs have the potential to foster effective

links between families and the school. This link can be fostered through the employment of a school-family liaison (Steinberg & Knitzer, 1992).

Policies to Facilitate Student Entrance and Exit

Day treatment and residential schools were much more focused on communication with public or home schools at student entrance than at exit. More than 80% of principals reported that upon admission, a specific school policy existed for communicating with public or home school personnel. However, about half of the principals noted that there was no person, other than the classroom teacher, to follow up after a student was discharged. About one third of principals also reported having no school policy for contact with public or home schools following student exit from the school. Approximately 50% of principals reported no policy for follow-up contact with parents. Two thirds of principals also noted no policy for follow-up visits to a child's public or home school. These findings indicate a need for day treatment and residential schools to develop an entrance and exit program that is carefully planned and includes "close cooperation of school officials, utilizes available community resources, and facilitates the development of support groups" (Katsiyannis, 1993, p. 11). This is critical for effective management, exchange of records, and development of follow-up activities.

When exit policies did exist, they were commonly individualized, rather than providing a minimum standard for follow-up with all students. A relatively large number of principals responded that the number of follow-up contacts with public or home schools, contact with parents, and follow-up visits were determined on an individual student basis. To address problems associated with lack of follow-up, schools should identify specific policies that ensure a minimum of contact. Beyond that minimum, follow-up can and should be individualized. Given that most schools did not have a designated employee to facilitate student entrance and exit, hiring a person for that purpose may be needed.

A common theme in research concerning youth exit from day treatment, psychiatric hospital, or separate school for students with EBD was the importance of a transition specialist (Baenen et al., 1986; McLeer et al., 1993). Research indicates that the length of time necessary to support reintegration into the less restrictive environment for a single student ranges from 5 hours (McLeer et al., 1993) to 20 hours (Fuchs et al., 1991). However, simply employing a person to assist with student entrance and exit without clear school policies and procedures may decrease the likelihood of successfully assisting students.

Limitations and Future Research

Two limitations of the current study are response rate and concerns regarding the initial misidentification of schools as

day treatment and residential schools during the preliminary phone interview. Although 50% is an acceptable response rate for mail surveys (Weisberg, Krosnick, & Bowen, 1989), a more commonly accepted return rate is 70%. Thus, the 56.45% principal response rate could be considered a limitation; the results should be interpreted with this in mind. The initial identification of schools could also be considered a limitation due to the frequent inaccurate classification of the school as day treatment or residential school for youth with EBD during preliminary phone interviews. However, the initial question on the survey asked principals to confirm that their school was a day treatment or residential school. The survey question provided additional assurance that the schools surveyed did fit the criteria established by the researchers.

Despite these limitations, the current results provide important information that will allow researchers to conduct in-depth research on issues related to day treatment and residential school characteristics and entrance and exit policies. For example, now that a national representation of policies exists, it is possible to assess the impact of these policies and begin to develop and validate effective school-level policies. This study also provides the groundwork for future investigations to identify the factors that promote or are barriers to providing a quality education to students and the supports necessary for them to transition effectively to a less restrictive environment.

Review of school policy documents, on-site observation, and interviews in day treatment and residential schools are necessary to validate school policies and practices and to assess the effects of variations. Also, future research should examine the variability that exists within these exclusionary settings. For example, the current data indicate great variability in the amount of academic time that students spend with mental health professionals. To understand the differences fully and make appropriate recommendations, practices unique to certain schools that affect academic instructional time need to be identified. Furthermore, future research should thoroughly describe the activities in which students engage throughout the school day, the organization of the school day, the curriculum, and other available course offerings (e.g., art, music, physical education, computer lab, library, social skills instruction).

Implications

Evidence from the current study indicates that systematic deficiencies exist in school-level policies and practices with elementary day treatment and residential schools for students with EBD. These shortcomings have great potential to compromise the quality of education services for youth in these settings. Of primary concern is that almost 90% of responding schools are accredited, most by their state departments of education. Thus, implications should be considered in light of the critical need to evaluate the criteria used by state depart-

ments of education for accreditation of day treatment and residential schools and the procedures for monitoring school compliance with these criteria. Schools and state departments of education should collaborate to ensure that day treatment and residential schools

- maintain a number of school days, hours in a school day, and instructional time that is consistent with state guidelines and public school practice. This is critical to ensure equal access to the general education curriculum for all students in the exclusionary setting.
- conduct meetings (e.g., individual, group, and family therapy; meeting with a psychiatrist) with mental health professionals during noninstructional time when possible. For example, scheduled meetings could occur before or after school.
- conduct internal and external evaluation and observations of schools to ensure a consistent focus on academics and the use of behavioral strategies as an approach to proactively increase students' participation in academics and activities with peers.
- identify and maintain a standard level of support (i.e., contact with public school personnel and parents, visits to a student's public or home school) for all students upon discharge, with individualized services as appropriate.

Conclusions

The data from the current national survey provide insight into apparent inadequacies in educational services in many elementary day and residential schools for children with EBD and call into question the opportunities provided to these students for academic mastery. This is particularly troubling given that most students will eventually return to their public or home school (Gagnon & Leone, in press). The current study highlights the need for state departments of education to improve accreditation and monitoring policies and procedures for day treatment and residential schools. Also noteworthy was the relative absence of policies and staff to facilitate follow-up of students after discharge. Without policies and designated staff, successful re-entry of students to their home schools and communities may be elusive. School type and organizational structure were defined differently in the commercial database of schools than in the survey. ■

JOSEPH GAGNON, PhD, is an assistant professor at George Mason University. His research interests include curriculum, assessment, and accountability policies in day treatment and residential schools and juvenile

corrections in light of standards-driven reform. He has also completed research on effective math instruction for secondary students with emotional disturbances and learning disabilities. **PETER LEONE**, PhD, is a professor of special education at the University of Maryland. His research interests focus on program environments for troubled youth, educational entitlements of incarcerated youth, and policy studies. He directs The National Center on Education, Disability, and Juvenile Justice (EDJJ). Address: Joseph Gagnon, George Mason University, College of Education and Human Development, 4400 University Ave., MSN 4B3, Fairfax, VA 22030; e-mail: jgagnon@gmu.edu

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