

Chapter Five

School-Based Efforts

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School Reform Efforts for Children with Emotional Disturbances and Their Families

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Introduction

The Research and Training Center for Children's Mental Health is engaged in several research projects that focus on children with emotional and behavioral disabilities who are placed in special education classes within public school systems. The three efforts that focus on school reform activities and how these reform models affect outcomes for children with emotional and behavioral disabilities and their families are: the *School and Community Study*; the *Urban School and Community Study*, and; the *Whole School Reform: Creating Environments that Work for all Children*. Furthermore, the *School, Family, and Community Partnership Study* examines the implementation of a school-based wrap-around model. This summary describes the methodology, results, and implications of these four studies.

The effects of school reform on outcomes for children who have emotional and behavioral disabilities were examined in both the *School and Community Study*, which focused on students in suburban and rural schools, and the *Urban School and Community Study*, which focused on students in urban schools. The effects of reform on students with any special education classification was the focus of *Whole School Reform: Creating Environments that Work for all Children* and the *School, Family, and Community Partnership Study* focused on the implementation of a cooperative approach involving teachers, parents, and community members working together to improve outcomes for students with emotional and behavioral disabilities.

Methodology

Measures

These studies included evaluations of the reform and restructuring activities of schools and school districts and assessments of student outcomes and their use of mental health services. Each of these areas are discussed separately.

Measures of School Reform and Restructuring. Three of the studies used the School Reform Assessment System (SRAS) to capture the degree of district and school level reform in the six areas of governance, accountability, curriculum and instruction, "includedness," parent involvement, and pro-social discipline (see Kutash, et al., 2000). This assessment approach used interviews of multiple informants to reliably determine the degree of reform within a school.

Student Outcomes and Use of Mental Health Services. Data were collected from multiple sources to gather information regarding demographic variables, including IQ test scores; academic functioning indicators, including achievement test scores; emotional functioning indicators; and mental health services utilization as detailed in Table 1.

Student demographic information included age, race, gender, family income, and IQ. Academic functioning indicators included number of absences and discipline referrals, academic achievement in math and reading as measured by the Wide Range Achievement Test-III (WRAT-III; Wilkinson,

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Table 1
Source and Domains of Measurement

| Source | Domains | | | |
|-------------------|-------------------------|----------------------|-----------------------|---------------------------|
| | Demographic Information | Academic Functioning | Emotional Functioning | Mental Health Service Use |
| Record Review | X | X | | |
| Staff Interview | | | | X |
| Parent Interview | X | | X | X |
| Student Interview | | X | | |

1993), and amount of time spent in various educational placements. Emotional functioning indicators included measures of psychopathology (CBCL; Achenbach, 1991) and functioning using either the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges & Wong, 1996) or the Columbia Impairment Scale (CIS; Bird, et al., 1993). Mental health services utilization was assessed by interviewing teachers regarding each student's use of mental health services during the school day, and parents, by using the Services Assessment for Children and Adolescents (SACA; Stiffman, et al., 2000).

Research Design

Longitudinal designs were used in the *School and Community Study* and the *School, Family, and Community Partnership Study* and data collection has been completed. Data collection continues for the longitudinal design of the *Whole School Reform Study*. Cross-sectional data continue to be collected for the *Urban School and Community Study*. The number of schools, participating students, and measures used in each study are displayed in Table 2.

Table 2
Research Design for Four Studies

| Methodology | Study | | | |
|---------------------------------|----------------------------|----------------------------------|-------------------|---------------------------|
| | School and Community Study | Urban School and Community Study | Partnership Study | Whole School Reform Study |
| Number of Participants | 115 | 200* | 47 | 175* |
| Number of Schools | 10 | 20* | 2 | 4 |
| Design | Longitudinal | Point-in-time | Longitudinal | Longitudinal |
| Length of follow-up (in months) | 24 | — | 18 | 24 |
| Measures: | | | | |
| SRAS | X | X | | X |
| Demographics | X | X | X | X |
| School Indicators | X | X | X | X |
| Emotionality | X | X | X | |
| MH service use | X | X | X | |

*Projected number of participants/schools at the completion of the study.

Results

The results are presented for each study except the *Whole School Reform* study, for which student data collection has not been completed. A summary of baseline data on absences, academic achievement (as measured by the WRAT-III), and psychopathology (as measured by the CBCL) for the three studies is provided in Table 3.

School and Community Study

The 115 participants were students in special education who attended one of 10 schools across the country. Most participants were male (81%) and Caucasian (79%) with a mean age of 11.6 years at the beginning of the study. The average score on an IQ test was 91.1 ($SD = 15.4$). On the CBCL-Total Problems scale, 79% of the participants had scores in the Borderline or Clinical ranges. The majority of participants had scores indicating moderate to severe levels of functional impairment on four of the six CAFAS scales with the highest proportion of severe impairment occurring in the Role Performance at School domain (Kutash, et al., 2000). Two-year follow-up data revealed statistically significant improvement in reading achievement over time, though the majority of students were still performing below their expected grade level. Similarly, indicators of emotional functioning and impairment also improved over time. School personnel reported that case management and individual counseling were the most frequently used services (Kutash, et al., 1999).

Urban School and Community Study

Data have been collected from 51 students who attended one of four schools in a large urban city. Since these schools were using various models of reform, outcomes of students from schools that used different reform models will be compared at the end of the study, when it is projected that we will have data from 20 schools and 200 students. Of the 51 students from whom data were collected, 90% were male, 80% were African-American, and the mean age was 11.2. The average score on an IQ test was 77.8 ($SD = 12.8$). On the CBCL-Total Problems scale, 59% of the students had scores in the Clinical range. Also, the majority of students (59%) scored in the Clinical range on the CIS scale of functional impairment ($M = 18.2$, $SD = 9.5$), having the most problems with behavior at school, schoolwork, and getting into trouble (Kutash, et al., 2001).

Table 3
Number of Participants, Number of Absences,
WRAT-III Scores, and CBCL Scores at the Beginning of Three Studies

| Study: | N | Days Absent (1 school year) | WRAT-III ¹ | | CBCL ² Total Problems T-Scores |
|-------------------------------|-----|-----------------------------------|-----------------------|------|--|
| | | | Reading | Math | |
| School and Community | 115 | 12.1 | 86.6 | 86.8 | 67.0 |
| Urban School and Community | 51 | 22.3 | 75.2 | 72.6 | 66.5 |
| School Partnership | | | | | |
| Intervention | 23 | 11.4 | 86.9 | 87.0 | 62.1 |
| Comparison | 24 | 12.4 | 78.2 | 81.2 | 63.8 |

¹Standard score with a mean of 100 and a standard deviation of 10.

²Scores above 63 are considered in the "clinical range."

School, Family, and Community Partnership Study

In this study, the participating special education students were compared to special education students at another school who did not participate in the Partnership. The majority of the 23 students participating in the Partnership were male (87%), Caucasian (78%), and averaged 11.7 years of age. Similar characteristics were found for the 24 students at the comparison school, with similar proportions of males (87%) and Caucasian students (87%) who were of the same average age. At the beginning of the study, before implementation of the Partnership, these students also were similar in their academic achievement in reading and math, and emotional functioning (see Table 3).

This study had attrition, as would be expected in any longitudinal study. During the course of the study, 50% of the original students from the comparison school left and 35% of the students participating in the Partnership left. Comparisons of the characteristics of the two groups of exiting students and their reasons for leaving resulted in some interesting findings. Fewer of the students who left the school that was using the Partnership were referred to more restrictive settings than were students who left the comparison school. Although no differences in emotional functioning were found between students who left the Partnership school and those students who stayed, students who left the comparison school had more problems with emotional functioning than did students who remained at this school. In addition, parents of students who left the comparison school reported less satisfaction with school services than did parents of students who stayed. These results suggest that the Partnership may have allowed students who have more impairments in emotional functioning to remain at their neighborhood school.

Discussion

A primary research focus for the Center is to examine the effects of school reform on students with emotional and behavioral disabilities and their families. Already, this series of studies has begun to document the wide array of reform activities being implemented across schools as well as characteristics of students being served in special education placements due to emotional and behavioral disabilities. The goal of these studies is to increase the knowledge of the effects of various education reform models on students with emotional and behavioral disabilities and to inform policy regarding the best reform models for special education students.

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Teacher and Counselor Perceptions of Children's Strengths at Elementary, Middle, and High School Levels

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Introduction

Researchers interested in assessing children's behaviors stress the importance of obtaining information from multiple sources. The use of information provided by special school mental health service providers to supplement data obtained from teachers provides a broader sampling of children's behavior across settings and time, (Achenbach, 1993; Diamond & Squires, 1993, McConaughy, 1993; Stein & Merrell, 1992). Counselors and psychologists may see competencies, particularly in the social and interpersonal areas, which are masked within a classroom environment (Morris & Arrant, 1978). A different picture may also be obtained in a one-on-one setting rather than in a classroom (Walker, Irvin, Noell, & Singer, 1992).

The Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1997), is a strengths-based instrument that allows for such a multiple assessment approach. Any adult familiar with the child, such as a teacher, a counselor, and the child's parents, can complete the instrument in about 10 minutes. However, if ratings from different sources are to be combined in some additive fashion, inter-rater agreement must be reliable.

The purpose of this study was to determine the consistencies and the differences revealed between teachers and school counselors when using the BERS to rate the strengths of children at three separate school levels (elementary, middle, and high school). All of these children were placed in an alternative school for committing a serious behavioral transgression. The study was designed to give information about adjustments that might need to be made when interpreting scaled observational rating instruments from different respondents and at different school levels. To achieve this end, strengths data from teachers and counselors were evaluated to determine whether ratings by these different informants reflect the same underlying theoretical construct (convergent validity). A second focus was to assess possible differences associated with teachers' and health professionals' ratings of children's strengths at different grade levels.

Method

Subjects

Sixty children who were suspended from Washington, D.C. area public schools for serious behavioral transgressions and placed in an alternative school participated in this study. Criteria for inclusion in this study were a BERS completed by a teacher and a school counselor and that the child had spent at least 30 days at an alternative school. The children ranged in age from 8 to 17. The breakdown by school level was representative of the general population within these alternative schools and consisted of 11 children in elementary school grades, 10 at the middle school grades, and 39 at the high school grade levels. All of the counselors were residents in the alternative schools. Teachers met with the children at least once every school day and counselors met with the youth at least once a week.

Materials

The BERS is a 52-item instrument designed to assess strengths in children ages 5-18 in five categories: Interpersonal Strengths, Family Involvement, Intrapersonal Strengths, School Functioning, and Affective Strengths. The rating for items within all five subscales is made on a 4-point Likert-type scale. Information from the BERS is useful when evaluating children for pre-referral services and in placing children for specialized services.

Statistical Approach

Campbell and Fiske (1959) developed the multitrait-multimethod (MTMM) design as a way of evaluating the construct validity of behavioral and psychological measures. This design was used to measure the five BERS subscales (traits), each of which were measured by both teachers and counselors (methods). This resulting correlation matrix was then evaluated to determine the presence of convergent validity. The coefficients also provided estimates of the unique contribution of different raters to the measurement of each strength domain.

Results

Descriptive Statistics

Internal consistency reliabilities of the individual subscales were extremely high and were consistent with the published normative data, ranging from .894 to .938 for the counselors and .859 to .931 for the teachers. The correlations between counselors and teachers when responding to the same subscale ranged from .444 to .540. Of the five subscales, Family Involvement, School Functioning, and Affective Strengths had correlations above .50. Pearson product-moment correlations above .50 represent large degrees of association (Cohen, 1977), especially when they are between different types of informants (Achenbach, McConaughy, & Howell, 1987; Ozer, 1985; Rosenthal, 1983). In addition, it is clear that counselors are typically providing data that are different from teachers. This has implications for situational specificity and for educational assessment.

Analysis of Subscale Means

Raw scores were converted to standard scores in order to make ratings comparable across subscales and between raters. These standard scores have a predetermined mean of 10 and a standard deviation of 3 for each subscale. It is important to note that the BERS provides normative scaling by gender but not by age or grade level.

The resulting means and standard deviations for each subscale by rater and school level are shown in Table 1. There was a great deal of consistency in ratings of the same children by the two respondent groups. However, there were large differences in the mean strength scores at the different school levels. Children in middle school received the lowest strength scores, those in elementary

Table 1
Descriptive Statistics of Standardized Strength
Subscale Scores by Rater and School Level

| | | Teacher | | | Counselor | | |
|---------------|-----------|------------|--------|--------|------------|--------|--------|
| | | Elementary | Middle | High | Elementary | Middle | High |
| Interpersonal | <i>M</i> | 11.73 | 8.20 | 12.21 | 12.73 | 9.20 | 11.67 |
| | <i>SD</i> | (4.00) | (2.35) | (3.06) | (3.29) | (1.87) | (3.24) |
| Fam. Involve. | <i>M</i> | 13.73 | 7.00 | 10.08 | 14.00 | 9.90 | 9.87 |
| | <i>SD</i> | (1.49) | (1.41) | (3.25) | (2.57) | (2.77) | (2.67) |
| Intrapersonal | <i>M</i> | 13.09 | 11.10 | 12.08 | 14.64 | 9.90 | 10.56 |
| | <i>SD</i> | (2.70) | (2.02) | (3.62) | (1.86) | (2.69) | (3.78) |
| School Funct. | <i>M</i> | 11.18 | 8.50 | 10.41 | 11.09 | 7.80 | 9.28 |
| | <i>SD</i> | (2.13) | (3.75) | (3.93) | (2.02) | (4.13) | (4.06) |
| Affective | <i>M</i> | 12.36 | 8.60 | 10.31 | 14.09 | 8.60 | 9.74 |
| | <i>SD</i> | (3.53) | (2.27) | (2.91) | (2.39) | (2.12) | (3.82) |

Note: Higher scores represent higher ratings
Normative mean = 10, standard deviation = 3

school the highest scores, and scores for the high school students were in the middle. In every case except for the teachers' ratings of intrapersonal strengths, the middle school children were scored below the normative subscale mean. Counselors assessed these students' school functioning more than 2 points below the mean and teachers rated family involvement 3 points below. Conversely, both respondent groups rated children in elementary grades above the respective normative means on every subscale. In general, counselors' ratings for elementary school children were higher than teachers' ratings, and the reverse occurred at the high school level.

A 2 (rater) x 3 (school grade level) x 5 (subscale) repeated measures factorial analysis of variance was used to examine differences in mean standardized strength scores. The between groups factor was School Level and the within groups factors were Rater and Subscale. Results of the ANOVA are shown in Table 2 and significant main effects and interactions were interpreted with a series of post-hoc multiple comparisons.

There were no significant differences in strength ratings between the two respondent groups. This was also observed at each of the school levels, as reflected in the non-significant Rater x School Level interaction.

The significant main effect of Subscale was partly the result of both teachers and counselors scoring the children higher on intrapersonal and interpersonal strengths than on other strength subscales. In general, counselors rated these children significantly lower in school functioning while teachers rated them lower in family involvement, resulting in a significant Rater x Subscale interaction.

The main effect of School Level was readily interpreted. On a majority of the subscales both sets of raters gave significantly higher strength scores to elementary school children and significantly lower strength scores to middle school children. Differences by school level were particularly apparent on the Affective and Family Involvement subscales, resulting in a significant School Level x Subscale interaction.

Table 2
Analysis of Variance of Standardized Strength Scores
by School Level, Subscale, and Rater

| <i>ANOVA Summary Table</i> | | | | | |
|----------------------------|-----------|-----------|-----------|----------|----------|
| <i>Source</i> | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>p</i> |
| Between subjects | | 59 | | | |
| School Level (L) | 847.61 | 2 | 423.80 | 8.36 | .001 |
| Subj w. groups | 2891.05 | 57 | 50.72 | | |
| Within Subjects | | 840 | | | |
| Subscale (S) | 203.02 | 4 | 50.76 | 8.45 | <.001 |
| L x S | 177.47 | 8 | 22.18 | 3.69 | <.001 |
| L x Subj w. grps | 1369.17 | 228 | 6.01 | | |
| Rater (R) | 2.90 | 1 | 2.90 | .16 | .695 |
| L x R | 74.60 | 2 | 37.30 | 2.00 | .144 |
| R x Subj w. grps | 1061.26 | 57 | 18.62 | | |
| S x R | 37.14 | 4 | 9.29 | 3.51 | .008 |
| L x S x R | 48.02 | 8 | 6.00 | 2.27 | .024 |
| S x R x Within | 602.91 | 228 | 2.64 | | |

Discussion

These findings suggest that the overall assessment instrument used in this study is comprehensive. The BERS appears to be an important test that can be used by either teachers or counselors to get an indication of a child's strengths. In addition, if both respondents complete the BERS form, each professional may provide important information that might be missed by the other.

Analysis of the matrix and the ANOVA results showed significant convergent validity between raters. However, ratings from both teachers and counselors contained significant amounts of variance and correlated highly with the total subscale score. Therefore, the scores may be considered valid indicators of the different strength dimensions measured on the BERS. Establishing such convergent validity among counselors and teachers supports the use of a multi-source approach to assessment of children's strengths.

In addition, analysis of the subscale means revealed sources of differences or uniqueness in responses by different informants. Counselors rated children higher on specific family involvement items, and teachers gave higher scores on school functioning. There is no question as to the importance of showing strengths that span diverse situations within the school environment. However, significant situational factors may also play a role in the determination and assessment of a child's strengths. That is, there may be real differences in the same behaviors as observed by teachers and counselors. For example, a child's behaviors within a counseling or advisement session may be completely different than in the classroom, where other activities become more important.

The most striking results were the consistent differences between school levels in reports by teachers and counselors on almost every subscale. In many instances children at the middle school grade levels were rated as much as 3 points below the normative mean, while elementary school children scored 3 points above the mean. For researchers interested in building or testing theories of applying strength information to the education of children with behavioral disorders, it is apparent that age and grade effects must be considered so that unbiased estimates of the strength concept can be obtained. Only when normative grade level data are provided can legitimate cut-off scores be set on the BERS for the appropriate interpretation of these strength scores.

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School-Wide Positive Behavior Systems: Improving School Environments for all Students Including Those with EBD

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Introduction and Overview

Schools continue to be challenged to effectively meet the needs of students with emotional and behavioral disabilities (EBD). However, strength-based school interventions for students with EBD can be difficult to implement if teachers and school staff are frustrated by a high incidence of antisocial behaviors across the student body as a whole. Overall school safety represents yet another challenge that school staff must address. Together these factors contribute to a heightened awareness of the need for schools to use more effective behavioral and disciplinary approaches around all students. More positive and effective school environments can serve to prevent the development of severe behavioral problems, as well contribute to the success of interventions for those students with the most comprehensive needs.

This summary describes the methodology and initial results of an evaluation of the universal (school-wide) Positive Behavioral Intervention and Support (PBIS) initiative in Illinois, including: (a) strategies for establishing research-based practices and data-based evaluation systems in implementation schools; (b) methodology and initial findings of the effect of school-wide systems in 14 individual schools; (c) implications for enhancing system of care approaches around students with EBD and their families. Strategies for measuring implementation progress to effect consistent and effective behavioral practices among school staff are described. Implications for improving school environments to enhance positive approaches for students with intensive emotional/behavioral challenges will be discussed.

What is Positive Behavioral Intervention and Support (PBIS)?

PBIS is a process designed to create safer and more effective schools. This systems approach is focused on building the capacity of schools to teach and support positive behavior in all students by developing research-based school-wide and classroom-specific discipline systems. PBIS is not a prescribed program but, rather, provides systems for schools to design, implement, and evaluate effective school-wide, classroom, and student specific discipline plans. PBIS includes school-wide procedures and processes intended for: (a) all students, staff, and school settings; (b) non-classroom settings within the school environment; (c) individual classrooms and teachers; and (d) individual support for the students who present the most challenging behaviors (Sugai & Horner, 1999; Sugai, Sprague, Horner, Walker, 2000).

Illinois' PBIS Initiative. Illinois is a demonstration site for the PBIS Center of the federal Office of Special Education Programs (OSEP). The Illinois' PBIS Initiative builds upon a history of successful implementation of system of care and wraparound approaches (Eber, Rolf, & Schreiber, 1996). Illinois' EBD Network, which provides leadership and support for wraparound services through schools, has partnered with safe school initiatives in Illinois to implement positive school-wide discipline systems. Nearly 200 schools have received training in, and are implementing, the PBIS system. In addition, 30 site-based coaches have been identified and trained by OSEP's National Center staff; these coaches support implementation and evaluation of PBIS in Illinois schools. The PBIS focus is intended to complement and support the existing interagency and school-based wraparound efforts by creating more effective host environments for implementing strength-based interventions around students with or at-risk of EBD, while also preventing behavior problems from occurring in the general student body (Eber, Sugai, Smith & Scott, in review).

Methodology

A total of 185 schools participated in the larger project. Fourteen schools voluntarily completed school profiles from a group of 30 schools selected by regional coordinators as schools representing a cross-section of PBIS schools in their region. The profiles provided demographic and student behavior data including office discipline referrals (ODR), in-school suspensions (ISS), and out of school suspensions (OSS) for the 1999-2000 school year. Data on numbers and types of interventions implemented school-wide, estimated level of staff participation and estimated level of impact were also provided. The 14 schools included 9 elementary, 4 middle, and one high school. Seven schools were urban, 2 were suburban and 4 schools were rural. Almost half (48.4%) of the schools' students received free and reduced lunches, and about half (49.2%) of the schools' students were of minority status. All geographic regions of the state of Illinois were represented in the sample.

Evaluation Strategies

Evaluation strategies are a critical component of training and implementation for Illinois PBIS schools. School teams are asked (by the ISBE EBD/PBIS Network statewide project) to complete implementation checklists (quarterly) to monitor and guide each school's progress with PBIS. Site-based coaches complete checklists on schools as well, and assist their schools in reviewing and analyzing existing school-based data systems including ODR, ISS, OSS, and attendance. Leadership teams at each school site are instructed in how to use these data to guide decision-making for the design and evaluation of research-based behavior strategies to reduce rates of undesirable behaviors indicated in their data. Teams are taught to guide the school staff in implementing instructional strategies around replacement behaviors, high levels of reinforcement for competing behaviors, and clear, consistent adult responses to incidents of misbehavior. Checklist and profile data is analyzed as a joint effort between the statewide project team and the National PBIS Center at the University of Oregon.

Results

Teams were asked to report the number and type of interventions implemented along the continuum of support. Forty-nine interventions were reported (and described) across the 14 schools as follows:

- 33 universal strategies (80-90% of students)
- 11 targeted group strategies (5-15% of students)
- 5 targeted individual strategies (1-5% of students)

Teams were asked to estimate the level of school staff participation for each intervention. Participation ratings are expressed as the percentage of a school's staff members who were involved in implementing an intervention. Ratings follow for 46 of the 49 interventions reported by the fourteen schools:

- 27 interventions: staff participation was reported as 90-100%
- 10 interventions: 80-90%
- 5 interventions: 70-80%
- 1 intervention: 60-70%
- 3 interventions: <50%

Finally, teams were asked to estimate the level of impact the interventions achieved. Fifty percent ($n = 24$) of the interventions were rated as either “Very High” or “High” on a six-point Likert-type scale. Level of impact was rated at:

- 14 Very High
- 20 High
- 11 medium
- 2 Low
- 0 Very Low
- 1 None

This data on numbers and types of interventions and staff participation is preliminary in nature. The focus in the next school year is to increase the quality of the data (greater representation of schools) and examine the correspondence between these data sets. This will provide a better understanding of how staff participation corresponds to impact across all three levels.

The rates of office discipline referrals (ODR), in-school suspension (ISS), and out-of-school suspension (OSS) also were reported by the schools. The following is a summary of information reported that is reflective of change in student behavior. Results are represented as rate per day per 100 students so that it is possible to compare and combine information from schools with different enrollments.

ODR data indicates a decrease of .16 per day/per 100 students

- Pre-PBIS average rate was .84 per day/per 100 students
- Post-PBIS average rate was .68 per day/per 100 students

ISS data indicates a decrease of .14 per day/per 100 students

- Pre-PBIS average was .42 per day/per 100 students
- Post-PBIS average rate was .28 per day/per 100 students

OSS data indicates a decrease of .08 per day/per 100 students

- Post-PBIS average rate was .26 per day/per 100 students
- Post-PBIS average rate was .18 per day/per 100 students

Although this rate of change in this preliminary data was not examined for statistical significance, the direction of change was viewed as positive feedback on the effectiveness of interventions for these schools. More consistent data management systems are being put in place for schools for the next school year to allow for increased quality and quantity of this data which will allow for more in-depth analysis.

School-specific strategies. Data from individual schools were summarized into one-page profiles which described the interventions designed and evaluated by each school. School-specific summaries included the unique strategies adopted by each school, and illustrated how schools were using data to guide decision-making about changing student and staff behavior. The information reported by school PBIS teams suggests that these schools also were using these data to improve interventions and to design proactive interventions for students with EBD who require more targeted and intensive interventions. Excerpts from two school-specific summaries follow.

- A Middle school reports a 71% reduction in the number of students receiving 5 or more, and 10 or more in-school suspensions (ISS). A 33% reduction in the total number of students receiving OSS from the previous year was also documented, dropping from 57 to 38 out-of-school suspensions. This school’s PBIS team worked directly with individual teachers to develop Positive

Behavior Contracts for students who continued to have behavior problems. The team and teachers involved rated the impact of these interventions with targeted students as “Very High.”

- An urban elementary school reported a 47% reduction in OSS from the previous year, dropping from 117 to 62 out-of-school suspensions. Fighting, physical assault, and vandalism were the most common reasons for suspension found in this data set. Second graders experienced an 80% reduction in out-of-school suspensions, dropping from 46 to 9 OSS. This elementary school established a Teacher Assistance Team to work with teachers on targeted interventions and further data collection. The team learned that cafeteria, playground, and exiting from the bus are the settings where most office referrals (ODR) are made. Staff perceived that the majority of students’ problem behaviors were motivated by gaining attention from peers, followed by avoiding work, and expressing anger.

Individual profiles are available for review in the PBIS section of the Illinois website at www.ebdnetwork-il.org

Discussion

While the results of this study are encouraging, it should be noted that behavior change data were only available from 14 of the 185 participating schools and may not represent a change across all participating schools. However, the data do suggest that these schools were successful in utilizing program data to guide interventions that improved student behavior. Results include reduced numbers of in-office discipline referrals, in-school suspensions, and out of school suspensions. Results also suggest that a focus on improving behavior at the universal level can lead school teams to begin establishing systems for effective interventions for students with more intensive and chronic problems. For example, schools have reported that when they experience overall reductions in total discipline incidents (i.e. detentions, ODRs, suspensions), teachers and administrators are more capable (i.e. have the time and motivation) to explore individual interventions for the lesser number of students experiencing behavior difficulties. These school teams are currently being trained in implementation of wraparound processes for these students with more chronic problems. School staff are learning how to engage families, community agencies, and natural support persons to create teams that can design effective behavior change strategies for students. These child/family teams are being guided to use data (e.g., functional assessments, information gained from conversations with families) to design individualized, strength-based interventions across home, school, and community. Data collection around these students and their families will need to be collected and analyzed to determine the effects that school-wide PBIS approaches can have on students with EBD and their families over time.

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Symposium:

The Safe Schools Healthy Students Initiative: The Evaluation Context in District Wide Initiatives

Introduction to the Symposium

The Safe Schools Healthy Students Initiative is a joint effort among the Departments of Juvenile Justice, Education and Health and Human Services. Over 70 grants between 1 and 3 million dollars have been awarded to address the needs of children in our nation's schools. The grants were designed to promote healthy childhood development and prevent violence and substance abuse. The initiative includes a mandate for the evaluation of grant activities, program efforts and student outcomes. This symposium concentrates on evaluation methodologies and the results of process and contextual analyses of funded sites. The two papers provided here include the results of a district wide study identifying staff perceptions of risks and violence in schools, and a longitudinal analysis of disciplinary referrals for students in a variety of grant funded programs. These presentations provide two methodologies for learning about the context of safety in the schools.

The survey of school counselors is a straight forward attempt to understand the kinds of problems confronting staff in schools. The results serve as a reminder that the extraordinary violence reflected in school shootings, while highly visible, may be a less significant threat on a daily basis to students than more mundane acts of intimidation, teasing and bullying. We hope that the domains identified in this study will serve to classify and explain the experience of violence for our nation's school children.

The second study is a preliminary analysis of disciplinary data maintained by the school district. This data set is important both because it serves to illustrate the kinds of behavioral problems confronting schools, and because it is a foundation indicator of the health of the school. For a school intervention to claim to be successful, the program's impact must be reflected in the accounts of the day-to-day experiences of teachers.

Results of a Longitudinal Study of Disciplinary Referrals in an Urban School District

Michael Boroughs, Oliver T. Massey & Kathleen Armstrong

Introduction

In recent years, violence in the nation's schools has become a central concern to society. Media reports imply that this is a growing problem that must be addressed. One strategy to combat youth violence in the schools is intervention via programs to curb violence, reduce substance use and increase the perception of safety in the nation's schools.

The Safe Schools/Healthy Students Initiative (SS/HSI) is a U.S. government funded grant supported by three departments of the government. The Departments of Justice, Health and Human Services and Education have collaborated in awarding grant monies to local school districts in an effort to fund programs in cooperation with community partners and law enforcement agencies with the hope of improving school safety and making students healthier.

Pinellas County, Florida has approximately one million residents and a large urban school district with approximately 111,000 students. Pinellas is one of four districts in the state of Florida to be awarded a grant by the SS/HSI. Part of the Initiative includes a percentage of the funding to include an evaluation. The purpose of the evaluation is to measure and report the success or shortcomings of

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the programs funded by the grant. Our role as evaluators is to collaborate with the district and community agencies that provide services in an effort to collect data using multiple methodologies to report an accurate reflection of the grant funded programs.

One source of data includes a referral database provided by the district that is currently available for the three years prior to the grant. These data tell us many things about student behaviors during a given school semester. This referral database will be maintained throughout the three years of the grant. In this database, referrals are grouped into 36 categories. These categories range from minor infractions such as “tardiness” to serious or violent acts such as “battery on a student.” Each occurrence of these behaviors is collected and organized by individual student’s referrals, albeit most are included in the less severe categories.

This presentation reported on the analysis of referral patterns over a three-year period in the Pinellas County schools from 1998-2000. While the results show that violence does occur in these schools, the frequency of violence appears to be much lower than perceived by the general population. The benefactors of this information include parents, especially those with kids in the schools; the district, particularly administration and professionals who are given an accurate report of what indeed takes place; and communities, since everyone lives in some proximity to a school. In addition to helping to place media reports into context, this information also helps researchers and evaluators gain an understanding of the problems involved, and offers professional techniques to combat them.

Method

Participants

This study was a secondary data analysis. Of the 109,628 students enrolled in the district during the 1999-2000 school year, 42,615 students had at least one referral with a total of 180,912 referrals reported in the district. The discrepancy between the number of students referred and the number of total referrals demonstrates the idea that a small percentage of students generate a high number of referrals. There are many repeat offenders with multiple referrals.

Instruments

Because this was secondary analysis, no instrument was used by the evaluators per se; instead, district-wide referral forms used by school administrators were entered into a spreadsheet by the district and the data were sent to the evaluators to be examined and analyzed. These referral forms contain 36 behavioral categories along with qualitative notations about the referred student’s behavior. Examples of information on this form include: grade of student, date and time of incident, referring teacher, present action, recommendation for further discipline and signature areas for both student and parents.

Analysis

For the purpose of analysis, five summary categories (called the “Focus 5”) were adopted and enhanced from a model already in place in the district. These summary categories are mutually exclusive and include all 36 referral types. The Focus 5 category titles are: 1) Policy referrals, which require mandatory suspension; 2) Violence; 3) Classroom Behavior; 4) Campus and School Rules; and 5) Bus Misconduct. This presentation addresses the most pressing issues reflected in the violence and policy referral categories, which include possession of substances or weapons. Comparative percentages and descriptive statistics are used to highlight the data.

Results

Initial results over the three-year period show some interesting findings with relation to the perception of increased violence and substance abuse in the schools as reported by media. For example, for the 1999 school year, a total of 177,864 referrals were reported with only a small

percentage being either violent or policy type referrals. In fact, the classroom behavior and campus/school rules categories account for about 80% of the total referrals in that year and with bus misconduct added, these three “less severe” categories account for over 90% of the total referrals. This means that less than 10% of referrals included harm to the self or others, carrying a weapon or using or possessing an illegal substance. While these results do not suggest that violence and substance abuse are negligible, but they do confirm that the perception that violence and policy referrals are the majority or even a large minority is misleading.

The next step was to delve further into the violence and policy referrals to examine exactly what had taken place over the three-year period of the baseline study. When highlighting violence and policy referrals only, some interesting trends were discovered during the period beginning in the fall of 1997 and ending in the spring of 2000 (the 1998 through 2000 school years).

The percentages of total referrals for our two severe categories are as follows. In 1998, policy referrals were at 1.4%, in 1999, 1.3% and in 2000, 1.4% of all referrals. Likewise, in 1998 violence referrals were 5.5%, in 1999, 5.6% and in 2000, 5.3% of all referrals. In pragmatic terms, there was essentially no change over the three-year period. The key finding here is that under 6% of the total referrals over three years were violence related while under 2% were policy related, making these two severe categories account for just 7% or less of the total number of referrals.

After each of these categories were deconstructed further, it was found that some shifts have occurred. Within the violence category, both battery and sexual harassment remained steady while fighting decreased and threats and intimidation increased. Certainly the goal is to eliminate these behaviors altogether, but it could be viewed as a positive step, even if temporary, that actually carrying out physical violence is reduced in lieu of threats.

Within the policy category, alcohol and weapons remained constant over the three-year span with only negligible increases in these categories. Conversely, a large shift is present here with a great reduction in the use of tobacco, which greatly decreased, while the use of other drugs almost doubled. Attributions which may account for some of the trends in this category could be: a) the institution of zero tolerance policies, or b) drug use increases are clustered particularly around the use of “club drugs,” such as ecstasy (MDMA) and steroid use in males (Goetz, 2000).

What is uncategorically the most striking finding in our analysis was the association of school type with the percentage of violence referrals. Middle schools had the lowest population of students of all non-special schools and yet the highest referral rate for violence. That is, when all violent referrals were looked at by school type, we took the total number of violent referrals in the district over the longitudinal period and broke down just these violent referrals by the type of school. The total population for middle schools is less than half of high schools and yet the percentage of violence referrals has more than doubled across all three years (See Table 1).

Table 1
Violence Referrals by School Type

| | N | 1998 % | 1999 % | 2000 % |
|--------------------|--------|-----------|-----------|-----------|
| Elementary Schools | 51,380 | 20.0 | 21.8 | 20.8 |
| Middle Schools | 25,981 | 58.6 | 57.2 | 53.8 |
| High Schools | 31,116 | 13.3 | 13.0 | 16.0 |
| Other Schools | 2,459 | 8.1 | 7.9 | 9.3 |

Discussion

The information presented in this longitudinal study is tentative because it is baseline data. Only after all of the data are submitted for analysis, including the 2003 school year, will we have a clearer picture about what, if any, effect programs have on trends in disciplinary referrals. At that point we can try to measure changes due to interventions/programs that are funded through the SS/HSI grant.

One goal outlined in the grant proposal is for the district to reduce the total number of all referrals and also to reduce the severity of the referral types. We have demonstrated, at least initially, that this trend has already begun.

Referrals are a global outcome in that they do not tell us how or why behaviors increase or decrease; all trend data tell us is what behaviors changed, if any. Therefore while no concrete explanations can be drawn from this analysis, it is helpful in laying the groundwork for beginning the evaluation process and prepares us to look at what is to come over the next two years.

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A Factor Analysis of Perceptions of Violence in Pinellas County Schools

Joan A. Tucker, Gina Santoro, Oliver T. Massey & Kathleen Armstrong

Introduction

Since the early 1990s, rates for both commission of and victimization by homicide in society have been declining gradually. However, the profile of offenders of violent crimes has changed dramatically (Fox & Zawitz, 2000). The mean age of victims and perpetrators of violent crimes has been decreasing since 1976. The rate of homicide victimization in the 14-17 year-old age range increased about 150% between 1985 and 1993. In 1998, the rate of homicide victimization in the 18-24 year-old age range reflected the highest homicide rate of all age groups. Incidents of homicide committed by teenagers 14-17 increased also from 1976, reaching a peak in 1993 when the offending rates of 14-17 year-olds was higher than the offending rates of 25-49 year-olds. While the incidence of violent crimes has decreased overall, younger people often are affected more often and more severely when they do occur.

Similarly, the number of violent crimes committed in schools has decreased, but the number of homicide events involving multiple offenders and victims has increased (Annual Report on School Safety, 1998; Fox & Zawitz, 2000). Homicides committed by younger offenders have been more likely to involve multiple victims than those committed by older offenders. During the 1992-1993 school year there were two incidents, while during the 1997-1998 school year there were six incidents of violent crime involving multiple offenders and victims. The number of victims killed in these events increased 400% from 4 victims nationally during the 1992-1993 school year to 16 victims during the 1997-1998 school year. The results are less clear with respect to perceptions of fear at school. The rate of students who reported fear while traveling to and from school rose from 4% in 1989 to 7% in 1995 (Annual Report on School Safety, 1998), and then declined from 7% to 4% between 1995 and 1999 (Kaufman, et al., 2000). During that same time, the percentage of students ages 12-18 who feared being attacked at school decreased from 9% to 5%. However, fewer students reported feeling not at all worried about being physically attacked in school. In 1993, 48% reported feeling not at all worried, while in 1998, 37% reported feeling not at all worried (Metropolitan Life Insurance Company, 1999). Overall, the conflicting message is that fewer people are worried about being personally attacked, but fewer people feel safe at school. Gaining an accurate report of rates of violent crimes occurring in schools is difficult because some states do not use consistent definitions of violence to collect incident-based data (Florida Department of Education, 1999). This results in significant gaps in the information about crime rates and trends. Florida is one of three states, however, that uses consistent definitions for reporting violent crimes in state, district, and school educational systems.

Data collected from Pinellas County, Florida indicated a decrease in the number of violent acts against persons (e.g., homicide, sexual battery, robbery, battery, kidnapping) between 1995-1998, commensurate with national trends (Florida Department of Education, 1999). Weapons possession, however, increased 26% between the 1996-1997 and 1997-1998 school years. The increase in incidents of student weapons possession suggests that there may be an increased perception of fear among students and staff in Pinellas County, Florida. In order to further investigate the perceptions of school safety a survey was administered to guidance counselors in Pinellas County Schools (PCS).

The Perceptions of School Safety Survey was conducted as part of the Safe Schools Healthy Students Initiative (SS/HIS). The evaluation team in collaboration with the violence prevention specialists from PCS designed the instrument to serve as a needs assessment tool. By obtaining the staff's perceptions of safety in their schools, the survey would ultimately help to enhance existing strategies and programs dealing with violence and safety issues in the schools.

Method

In developing the survey, attempts were made to include as many items as possible that reflect issues of concern to the schools. As a result, drawing from the school's disciplinary referrals data, items such as bullying, fighting, verbal threats, and physical violence were included. The survey consisted of three sections dealing with: 1) the seriousness of violence in the schools, 2) the effectiveness of current programs and strategies, and 3) the staff's familiarity with SS/HSI programs and strategies. This paper focuses on the first section of the survey dealing with the seriousness of violence. Respondents were asked to rate 19 items on a five-point Likert scale ranging from "extreme problem" to "not a problem." In addition, they were asked to rate the overall safety of their school, from "very safe" to "very dangerous." The surveys were distributed to the counseling staff of elementary, middle and high school in Pinellas County with 101 completed surveys returned. The 101 questionnaires represented 66 elementary, 20 middle, and 14 high schools. In addition, a pilot sample of 100 questionnaires was received from teachers and students at one middle school. Only surveys completed by the counseling staff are included in the current analysis.

Preliminary Results

The results of the overall safety revealed that 60.4% of counselors perceived their school to be "safe" and 21% perceived it to be very safe. Results on the first 19 items dealing with the seriousness of violence revealed that counselors in general have a positive perception of their schools. For instance, gangs and activities in school, as illustrated in Figure 1, were not perceived as problems. Two items were of most concern to counselors. These included teasing among students ($M = 3.4$ reflecting moderate to serious problem) and bullying among students ($M = 2.9$) reflecting a moderate problem. To further analyze the sample a factor analysis was performed on the initial 19 items.

Factor Analysis

The factor analysis was performed using the Maximum Likelihood method with a Varimax Rotation, and produced four factors or groups (see Table 1). Factor one, labeled "Child behaviors" included ten items that were considered common student behavior problems. Representative items include verbal threats among staff with a factor loading of .86 and physical violence among students with a factor loading of .74. Factor two, labeled "Crime" included four items that could be described as illegal activities such as students using drugs in school with a factor loading .95 and gang activity with a loading of .88. Factor three, labeled "School administration" consists of two items related to school administration that includes lack of administrative support and ineffective discipline policies. Although this factor has only two items, they have a high internal reliability (.84). Consequently, further development will be done in to this domain. Factor four, labeled "School locale" includes three items concerning activities in the neighborhood where school is located including vandalism loading .72 and personal property stolen or destroyed loading .66.

Figure 1
Counselor's Perception of School Safety

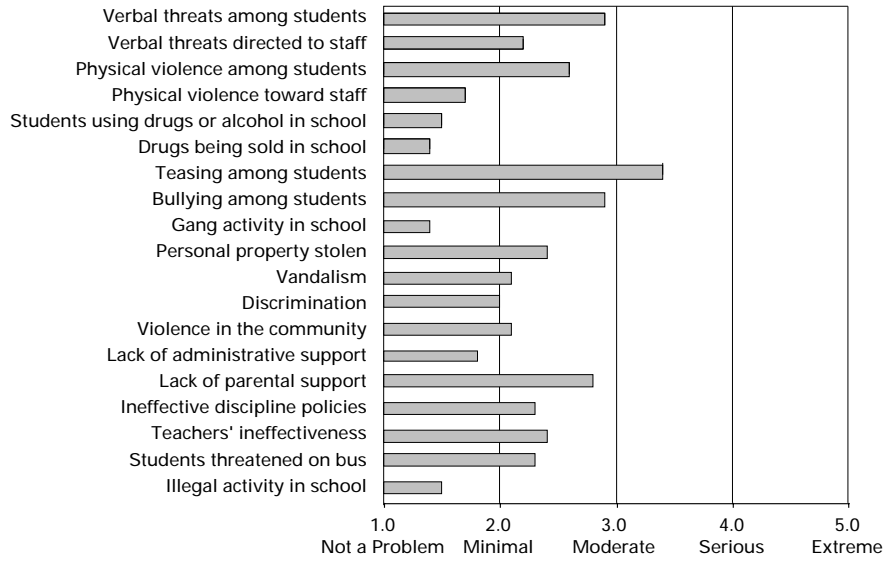


Table 1
Factor Loading for Four-Factor Solution

| <i>Factor 1. Child Behaviors</i> | <i>Loadings</i> |
|--|-----------------|
| Verbal Threats | .86 |
| Verbal threats directed at staff | .73 |
| Physical violence among students | .74 |
| Physical violence toward staff | .60 |
| Teasing among students | .67 |
| Bullying among students | .68 |
| Lack of parental support in addressing discipline | .48 |
| Students threatened on bus and at bus stop | .52 |
| Teachers ineffectiveness in addressing discipline problems | .58 |
| Discrimination | .35 |
| Internal reliability = .89 | |
| <i>Factor 2. Crime</i> | <i>Loadings</i> |
| Students using drugs or alcohol in school | .95 |
| Drugs being sold in school | .88 |
| Gang activity in school | .43 |
| Illegal activity in school | .70 |
| Internal reliability = .85 | |
| <i>Factor 3. School Administration</i> | <i>Loadings</i> |
| Lack of administrative support | .62 |
| Ineffective discipline policies | .86 |
| Internal reliability = .84 | |
| <i>Factor 4. School Locale</i> | <i>Loadings</i> |
| Vandalism | .72 |
| Violence in community where school is located | .44 |
| Personal property stolen or destroyed at school | .66 |
| Internal reliability = .74 | |

Discussion

This preliminary analysis suggests that in addressing the issues of school safety there seems to be at least four domains related to the perceptions of school safety. These include troublesome behaviors, crime, school administration, and school locale. These factors represent common areas of concern regarding violence and safety in the schools. These preliminary data encourage us to expand the instrument by including other possible factors and administering it to additional school personnel and students. Future plans include the addition of new domains as well as adding new items to some of the existing domains.

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Symposium

The Safe Schools/Healthy Students Initiative: Methodologies and Results in Program-Based Evaluation

Symposium Introduction

The 1997-1998 school year served as a dramatic wakeup call to communities across the nation as violent incidents took place in schools. While statistics showed that most schools were safe places for children, violent incidents spread from Oregon to Virginia, from Arkansas to Pennsylvania, and from Mississippi to Kentucky (Dwyer, Osher & Wargner, 1998). As the shock of these incidents began to settle, American society started questioning why these incidents occurred in schools and demanded that strategies be put into place to prevent these tragedies from happening again (Elliot, 1998). In response to these national concerns to reduce school violence, the US Departments of Education, Health and Human Services, and Justice announced the Safe Schools/Healthy Students Initiative grants in the spring of 1999. The intent of this initiative was to provide funding meant to improve safety and security in schools and to promote healthy child development.

Unique to this initiative was both the collaboration of these major government agencies in funding these grants and selecting recipients, as well as the requirement for school districts applying for monies to join with their community partners and families to insure that the services and activities funded reflected a comprehensive, community-wide approach in addressing problems of school violence, alcohol and drug abuse. Further, the grant required that the services and activities target prevention strategies toward the development of social skills and emotional resilience in children. Finally, the grant required a local plan and funding set aside for evaluating the community-wide strategy and additionally required participation in a national evaluation of the Initiative.

Initially, grant awards were made to 50 sites, designated as the local educational agencies (LEA). Up to \$3 million per year for urban districts, up to \$2 million per year for suburban districts, and up to \$1 million per year for rural school districts was available for awards; an additional 22 sites were funded by this initiative the following year (2000). Target populations included preschool and school-age children and their families who were at risk of being involved in violence as perpetrators, victims, or including all families in the community. Best practices drawn from the education, mental health, juvenile justice, and social service literature were to serve as the framework for grant application. These grants were intended to strengthen local partnerships, improve the capacity of the community to provide prevention and intervention services, and thus, took into account the unique circumstances within each community. Because of the strengths and needs found within each community, the resulting grant proposals were very different.

Safe Schools/Healthy Students in Pinellas County, Florida

In an effort to improve the safety and security, and promote healthy childhood development in its community, with a population of 881,383, Pinellas County schools joined with their community partners to request these funds. Pinellas County is a large, urban school district, serving over 110,000 students in 149 schools, making it the twenty-third largest school district in the nation. Their proposal incorporated 14 distinct programs to fulfill the requirements of the Safe Schools/Healthy Students Initiative. Built around the principles of primary prevention, these programs are research-based and data-driven, and expand the availability of, or fill in the gaps, in services available to children and families. At the grant proposal stage, Pinellas County Schools contacted Florida Mental Health Institute at the University of South Florida (FMHI/USF) to assist in establishing a set of measurable goals and objectives to determine the effectiveness of programs.

Chair

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Discussant

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The following summaries highlight three of the programs funded through the Safe Schools/Healthy Students Initiative in Pinellas County. These programs are Think First, an anger management program for high school students, Families and Schools Together (FAST), a parenting program for at-risk elementary students, and On Campus Intervention Program (OCIP), an alternative to out of school suspension for high school students. Each of these programs targets students who are at risk for school failure, and provides support and skills training to help them become more successful learners.

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The Incremental/Experimental Development of OCIP®: A Story of Continuous Evaluation

Doug Uzzell

Introduction

The On-Campus Intervention Programs (OCIP) were developed collaboratively by the Pinellas County School System and the Family Resource Center, with support of a great number of other entities interested in finding alternatives to the high rates of suspension and drop-out in the school system. The program was developed on an experimental basis at Clearwater High School, Florida beginning seven years ago. That is to say, each step of the incremental implementation has been evaluated and, where possible, improved.

The basic ideas behind the program were the following:

- Particularly in cases where parents are not at home during the day, suspension simply gives students unsupervised days off from school and do not necessarily act as a deterrent to misbehavior (Only about half of the students involved live with both parents).
- Students whose behavior traditionally warrants suspension tend to be having trouble academically as well. During suspension, the student is behind academically and falls farther behind.
- Students who act out in ways that result in suspension often are responding to non-communicated difficulties at home, at school, or elsewhere, or to psycho-social issues with which they need help.

Confronting these three facts, OCIP's developers set about generating an alternative to suspension. Instead of being suspended, the student would be referred to OCIP, where there would be a chance to catch up on uncompleted assignments and receive one-on-one assistance in learning so as not to be as far behind upon returning to class as at the time of referral.

At the same time the student would have a chance to meet one-on-one with a trained counselor for counseling on the spot, and, when appropriate, referral for continuing individual and family therapy. Meanwhile, students would be given rudimentary group training in problem solving, anger management, and other social skills.

In general, the idea was to take students who were not functioning well out of the classroom for a period of intensive academic and emotional assistance in hopes that this would reduce the severity and frequency of the students' negative behavior.

About three years ago, after the Clearwater experiment had been demonstrated to be successful, OCIPs began to be added to other schools. With more than 12 schools now developing programs Family Resources contracted for an outside evaluation.

The Outside Evaluation

The evaluation of the On-Campus Intervention Program took place over a year. In that time, researchers met on several occasions with staff of Family Resources, Inc., and interviewed teachers, principals, assistant principals, and students of most schools which have the Intervention Programs. In addition, evaluators have examined the results of teacher satisfaction surveys, student satisfaction surveys, and demographic reports from the Pinellas County School System and all but two of the OCIP sites, which were in operation by the end of the 1999-2000 school year. They conducted focus groups with students at one high school and with teachers at two middle schools.

The findings presented below are based on both quantitative and qualitative data. We are pleased to be able to report that the results so far are very encouraging. They appear to support all aspects of the theory of change implied by OCIP.

Overview of Findings

Outcomes

- Across the board reductions in school suspensions where the programs are fully implemented.
- High levels of satisfaction among assistant principals and assistant principals.
- Generally favorable responses from teachers, especially after a period of learning about the program directly. Many teachers were enthusiastic about the program, and were able to recount cases of lasting improvement in the behavior of individual students.
- Anecdotal responses from families indicating favorable results regarding their children.
- Stories of successful experiences from students, parents, teacher, assistant principals, and OCIP staff members.

Process

Successes

- Even in the first year of operation the effect of programs can often be felt by teachers, administrators, and students.
- At the more successful sites, OCIP teachers and OCIP counselors have been able to develop strong, cooperative relationships which appear greatly to enhance program effectiveness.
- Follow-up work with students and the ability of students to “drop in” after completing the program appears to fill a need for some students to have a stable “anchor” in the school.
- Teachers who maintain contact with OCIP staff report higher levels of satisfaction than those who have little contact.
- Principals and assistant principals seem to be learning to use OCIP as a valuable alternative to suspension, and as a tool they can use in subtle and complex dealings with troubled students.

Challenges

- Perceived effectiveness of the program at any given site appears to be proportional to the level of collaboration of the OCIP counselor and teacher.
- Perceived effectiveness of the program at any given site appears to be proportional to degree to which OCIP staff have been able to communicate with teachers at the school.
- In general, the more teachers and administrators know about the program and its day-to-day dealings with students, the more favorably school staff seem to regard the program and the greater use they make of it.

- It appears that not all students are suitable for placement in OCIP for a variety of reasons. As staff and administrators learn to identify the more appropriate students they are able to make better use of the program.
- Developing strong working relationships between OCIP staff and teachers and assistant principals requires time, a great deal of work, and respect for the needs and contributions of teachers.
- The dilemma of dealing empathetically with students while not identifying with them to such an extent that work with teachers is adversely affected.

Conclusion

Continuing Evaluation

As the program matures, much has been learned not only about the program itself, but also about how it needs to be evaluated. Outcome goals have been consolidated. For each child the ideal outcome of attending OCIP instead of being suspended would be:

- Improvement of academic performance
- Reduction of negative incidents in class
- Reduction of negative incidents at home
- Increased willingness/ability to communicate with teachers, peers, administrators, and parents.

The next round of evaluation needs to track students for at least a year to see which of these changes took place, and how long they lasted. To control for effects of the program, a comparison group should be formed consisting of students with roughly the same demographic signature and similar academic and behavioral history who were suspended instead of being referred to OCIP. Matches in this comparison cohort should be added as each student graduates from the program and followed up at the same intervals as the matching students.

Our observations to date indicate that program effectiveness varies considerably from school to school, probably depending on some combination of quality of OCIP staff and faculty, school administrators, and school demographics. Therefore, tracking should be carried out at a variety of schools.

Continuing Improvement

Just as the experimental posture of the program has been maintained so far, the program needs to remain a “work in progress.” Outcome assessment of the kind outlined above needs to be accompanied by examination of variables, inspired innovations in the process of the program, and evaluation of those innovations.

The transactions between school faculty and OCIP staff also suggests the possibility of a continued dialectic of innovation, testing, and improvement involving both teachers and staff as time goes on.

Preliminary Analysis of Results from a Conflict Resolution Intervention with At-Risk Students

Frank J. Sansosti, Oliver T. Massey & Kathleen Armstrong

Introduction

For the past several years, “lack of discipline” and “fighting/violence/gangs” have been among the greatest concerns that plague America’s perceptions of public schools (Elam & Rose, 1995). Today’s classrooms are sensationalized in the media as being common battlegrounds, or hot zones increasingly involved with emotion, sometimes even to the point of violence and mayhem. With these increased accounts of school violence, popularized by publications and media events, negative attitudes

regarding the public education that our children receive become more widespread and, frighteningly, more real (Elam & Rose, 1995). Furthermore, student's behaviors become more aggressive and/or assaultive (e.g., increased amounts of name-calling, bullying/harassment, and threat/intimidation) (Furlong, Morrison, Chung, Bates, & Morrison, 1997), and every individual within a particular school can be negatively impacted (Batsche, 1997). As such, it is imperative that educators and educational staff become aware of what is known regarding the occurrence and dynamics of school violence. More specifically, it is necessary for school personnel to be informed concerning the various prevention/intervention strategies that have been, or that are currently being implemented to reduce the negative impact that school violence has on American society.

One possible avenue for solution lies within teaching aggressive students how to deal with and, more importantly, control their anger. With an effective intervention, schools may become better equipped to deal with such demanding issues like school violence. In a distinctive opportunity, the Florida Mental Health Institute/University of South Florida (FMHI/USF) has conducted a major evaluation to document the effectiveness of programs funded by the Safe Schools/Healthy Students Initiative (SS/HSI) awarded to Pinellas County Schools, Florida in 1999. Of the many programs that are being implemented countywide, Think First (Larson & McBride, 1992), a conflict resolution curriculum for secondary students, represents one of the "targeted" evaluation programs. This paper examines the preliminary outcomes of the Think First model currently being implemented in Pinellas County Schools, Florida. Through a brief description of the program and its contents, the characteristics of the participants, the various outcome measures that were observed, and the future directions for the evaluation, this paper hopes to instill the image of a promising intervention for today's troublesome youth that can be effectively modeled by educators in the field.

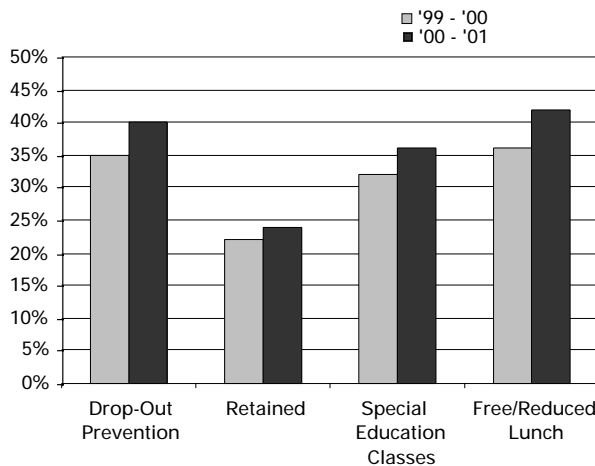
Method

Participants

During the spring semester of the 1999-2000 school year, and the fall semester of the 2000-2001 school year, a total of 215 at-risk ninth grade students (114 boys and 98 girls, with a mean age of 15.59 years) participated.

Teachers in seven Pinellas County high schools (Boca Ciega, Dunedin, East Lake, Northeast, Largo, Osceola, and Tarpon Springs High Schools) nominated students with a history of serious disruptive and aggressive behavior problems, documented by office referrals and suspensions. Participants attended both regular (66%) and special educational (34%) settings. On average, participants missed 18.2 days of school per year, had a cumulative grade point average (GPA) of 1.02 on a 4.0 scale, and had 11.6 disciplinary referrals. Figure 1 shows a detailed list of the educational risk factors for this group.

Figure 1
Target Risk Factors for Individuals Participating in THINK FIRST
During the 1999-2001 School Years



Instruments

Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma 1998). The BERS is a 52 item rating scale that measures five areas of emotional and behavioral strengths in children and youth from ages five to eighteen years. The areas rated include: a) family involvement, b) interpersonal strength, c) intrapersonal strength, d) affective strength, and e) school functioning. The BERS provides an overall Strength Score, expressed as a standard score, as well as standard scores from the five domains. This is a useful tool for both planning interventions and to document progress as a consequence of special intervention. Both parents and teachers of the target students rate the items on the BERS.

Agree to Disagree (Smead, 2000). Agree to Disagree is a ten-item self-rating scale used to assess feelings, thoughts, and beliefs about anger. It utilizes a Likert scale of one to five to measure student's responses toward anger or anger provoking situations.

ANGER Scale (Wellness Productions, 1992). The ANGER scale is a tool to help students identify symptoms of anger, the frequency and intensity of anger, and the situations that trigger anger. Using a Likert scale of one to five, students rank situations that spark their anger.

Design

The Think First model is a tertiary intervention curriculum designed for use with middle and high school-aged youth who demonstrate angry, aggressive behaviors in the school setting. The model utilizes a skills-building approach with two major objectives: a) to promote the emotional and social competencies of students, and b) to reduce the incidence of aggressive and disruptive behaviors in students. The Think First curriculum is designed for use in the classroom, has been empirically tested, and is considered to be a culturally sensitive anger management program (designated by the Center for the Study and Prevention of Violence; Botvin, Milhalic & Grotper, 1998).

This curriculum was taught for one day a week for 50 minutes over the course of ten weeks by two trained facilitators. Group sessions focused on skills building topics that promote self-control, social competencies, positive peer relationships, and interpersonal problem solving. Through the course of these sessions, students learned to: a) express, assess, and understand feelings; b) control impulses; c) reduce stress; d) interpret social cues, and; e) take the perspective of others. More specifically, students learned to identify and build upon their personal strengths, to set goals, and to use a problem-solving approach to resolve conflict.

During the spring semester of the 1999-2000 school year, students were pulled from classes and met together in a supportive environment. During the fall of the 2000-2001 school year, the curriculum was also implemented in curriculum-based peer mediation classes, in addition to pullout groups. Both pullout and classroom groups experienced the same curriculum.

Results

Paired samples t-tests were conducted for each of the five domains of the BERS. Results for both the pull-out ($N = 106$) and class-based ($N = 53$) groups were similar, showing an increase in prosocial functioning across several domains (see Table 1). Domain standard scores on the BERS were analyzed using a paired samples t-test. Overall score on the BERS was found to be significant [$t(105) = 2.670$, $p = .019$]. Significant differences also were found for Interpersonal Strength [$t(105) = -4.287$, $p < .001$], Intrapersonal Strength [$t(105) = -5.489$, $p < .001$], School Functioning [$t(105) = -3.494$, $p < .001$], and Affective Strength [$t(105) = -5.218$, $p < .001$] domains. The Family Involvement domain was not significant, [$t(93) = -1.570$, $p = .120$].

Only one of the ten items on the Agree to Disagree scale showed significance; "I can tell when a situation is going to turn into a fight, and I leave"; [$t(121) = -2.838$, $p = .005$]. Items on the ANGER scale showed no significant changes when compared pre- and post-intervention. As preliminary research, all t -tests were conducted even though we recognize the concern for Bonferroni corrections.

Table 1
Summary of Findings For THINK FIRST Pull Out and Curriculum-Based Intervention Using Paired Samples T-Tests

| BERS | (N = 159) | (N = 106) | (N = 53) |
|--|------------|------------|------------|
| Family Involvement Domain | $p = .120$ | $p = .574$ | $p = .511$ |
| Interpersonal Strength Domain | $p < .001$ | $p = .020$ | $p < .001$ |
| Intrapersonal Strength Domain | $p < .001$ | $p = .017$ | $p < .001$ |
| School Functioning Domain | $p < .001$ | $p = .553$ | $p < .001$ |
| Affective Strength Domain | $p < .01$ | $p = .017$ | $p < .001$ |
| Overall Strength Score | $p < .001$ | $p = .001$ | $p < .001$ |
| <i>Agree to Disagree (out of 10 items)</i> | | | |
| “I can tell when a situation is going to turn into a fight and I leave.” | $p = .005$ | | |
| “It is scary to get really angry.” | $p = .017$ | | |

Discussion

Follow-up data will be collected for another two years, including both pull-out and class groups. It is expected that data from a total sample size of 300 will be available to document program efficacy. In addition, documentation of improved prosocial behaviors and decreased number of discipline referrals through comparison to a matched cohort will also be utilized. The cohort will be matched to Think First participants by age, gender, ethnic background, grade level, and types of disciplinary referrals. The continued efforts to review discipline referrals, grades, and attendance records remain paramount, in addition to documenting program effectiveness through the use of the BERS and other measures.

Preliminary results of the Think First program suggest positive findings. More specifically, through teacher and parent perceptions, those students who matriculate through the program are learning the skills that will enable them to more successfully deal with conflict through means other than fighting.

Although the findings presented here provide preliminary results, with the ever-increasing demands placed on schools to provide a safe and healthy learning environment for children, such findings may shed light on those interventions that are, indeed, effective. Today's classrooms have shown a pattern of increased discipline problems as well as increased occurrences of antisocial behaviors (Batsche, 1997). With the validation of anger management programs such as Think First, educators and staff can begin to ameliorate the negative views of America's schools. Our schools are one of our greatest opportunities of social change; as researchers, it is our responsibility to identify those interventions that provide the skills our children need to learn, both academically and emotionally.

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Families and Schools Together (FAST): A Family Therapy-Based Approach to Building Relationships and Preventing Juvenile Delinquency

Angela Perry, Kathleen Armstrong & Oliver T. Massey

Introduction

Over the past few years, there has been much hype in the media about violence in schools. Researchers have made many attempts to explain, find causes, and design effective interventions to stop this violence. While exact causes are still unknown, several factors have been found to correlate with the onset of violence perpetrated by America's youth. Although intervention programs have surfaced, preventative programs are still lacking. In response to this phenomenon, Families and Schools Together (FAST) was developed to reach out to entire families and to organize groups to increase parents' involvement with their at-risk youth. (McDonald and Frey, 1999). FAST is intended to help at-risk youth by building relationships and preventing juvenile delinquency through a research and family therapy-based, multifamily group approach to preventing juvenile delinquency (McDonald and Frey, 1999). FAST also provides support to parents who feel isolated by helping them form networks with other parents through its Buddy Time (Parent Support Group) and Parent Training components.

In 1999, FAST was included as a component of the Safe Schools/Healthy Students Initiative in Pinellas County Florida (US Department of Education, Health and Human Services, 1999). This initiative, operating in Pinellas County, Florida promotes child success in school by enhancing family functioning in daily life situations. FAST currently operates as a collaborative venture between the Pinellas County School System and the Family Service Center, and is housed in six Pinellas County elementary schools.

Method

Participants

FAST targets families of children ages five through nine years old. A total of seventy-eight children and their families participated in the first two semesters of the program. These children were referred by teachers or parents; many already had discipline referrals for violence/aggression, both at school and on the school bus.

There are two ways families become involved in the FAST program. Children may be referred to FAST by teachers based on behavior problems, short attention spans, poor self-image and/or hyperactivity, or parents may also ask to participate in the program. For those children recommended by teachers, a letter is sent to the parent(s) of the child requesting permission for FAST personnel to contact them about the program. If parents agree, an in-home interview is conducted by members of the FAST team. If parents refer themselves to the program, the same procedures are followed, beginning with the in-home interview.

Description of the Program

Families attend multi-family group sessions that meet over the course of eight weeks. Sessions consist of therapeutically designed activities to help families reach the desired goals of the program. For example, parent-child play therapy is a central component of the program. This intervention trains parents to establish better relationships with their children through play and interaction. Parent

Support Groups and Parent Training are also incorporated into FAST sessions, providing parent support through discussion groups and meetings with other parents. Discussion topics cover parenting issues such as fighting, substance abuse, and shared stressors of daily life. Following graduation from the eight-week program, families enroll in FASTWORKS for a series of monthly, parent-organized, family support follow-up meetings. These meetings include activities planned by the Parent Advisory Committee (PAC) to continue development of healthy family relationships. The PAC consists of parents who are former FAST graduates. This PAC team gives parents the opportunity to exercise the different networking skills and knowledge they learned through the parent-training component of the eight-week sessions.

Evaluation Tools

FAST uses a non-experimental pre-post test design to evaluate the outcomes of the program. Because of the early intervention nature of the program, FAST measures factors that correlate with the onset of violence, substance abuse, delinquency and school failure in adolescence and adulthood. These factors are: 1) child behavior, 2) family characteristics and 3) parent-school and parent-community affiliation. Several self-report instruments were chosen to measure these factors. While all instruments are described below, this paper will focus on the findings of three of these instruments; the Family Adaptability and Cohesion Scales III (FACES III), the Community Connections Survey (CCS), and the Parent Evaluation.

The Family Adaptability and Cohesion Scale III (FACES III), by Olson (1986), is a 20-item instrument used to assess the level of cohesion and adaptability within the family. It uses a 5-point Likert scale. Sample items on the Cohesion Scale include “Family members ask each other for help,” and “We can easily think of something to do together.” These items are designed to capture the level of cohesiveness among family members. Operationally defined, a cohesive family is one in which the members will be more likely to seek the council of one another family member when in need. Members of a cohesive family will be knowledgeable about of the types of activities and leisure that each family member enjoys. Sample items on the Adaptability Scale of the FACES III include: “In solving problems, the children’s suggestions are followed” or “Rules change in our family.” The purpose of these questions is to assess the degree of adaptability in the family. Adaptability is defined as the ability of a family system to change its power structure in response to situational and developmental stress.

The Parental Involvement & Family Support Survey is a local tool created by the Family Service Center to measure parents’ level of involvement with their child and with the child’s school. This tool is not included in the national model of FAST. Questions include: “How many times have you contacted the school about your child’s academic performance over the past year?” and “How many times have you contacted the school about your child’s behavior over the past school year?” Other questions are designed to explore the parents’ perceived level of support in the child-rearing process. Sample items include “I feel alone and without friends” and “When I run into a problem taking care of my children, I have a lot of people to whom I can talk to get help or advice.”

The Parent Evaluation and the Teachers’ Evaluation are two locally created tools designed to measure parents’ and teachers’ personal satisfaction with the program. Items rated by respondents evaluate the child-family bond and observed behavior change in the child.

The Community Connections Survey (CCS) is an agency tool designed to explore parents’ level of connection with the community. This survey looks at both the parent’s participation in the community and parents’ knowledge and use of other available resources.

Procedures

Parents completed all instruments before and after program participation, except for the Parent Evaluation, which was administered at post-test only. Parents also provided demographic information for their family and the referred child. All pre-tests were administered when the in-home interview was conducted, about two weeks prior to the beginning of the eight-week FAST sessions. Post-tests

were administered and collected within two weeks following graduation from FAST. The Teacher Evaluation was administered at post-test only. Because of the way data were administered and collected, the data return rate was 100%.

Results

The Family Adaptability and Cohesion Scale III (FACES III). Although this is an ongoing program and evaluation, preliminary findings indicate that the FAST program contributes to the development of favorable improvements in these families and children.

There was a significant improvement over time in family cohesion, as measured by the FACES III, $t(76) = -3.71, p < .01$. Parents reported a greater sense of connectedness with, and enmeshment in, their families. No significant change was found for the measure of Family Adaptability.

The Community Connections Survey (CCS). This survey gave parents the opportunity to report their sense of connection to other resources within the community for the purpose of increasing knowledge and family time and fun. The CCS has three domains: 1) Informal Connections, 2) Formal Connections, and 3) Personal Assets. Parents' informal connections within the community significantly increased over time, $t(66) = -2.97, p < .05$. The Informal Connections domain captures those connections that are made within the community just for the purposes of being affiliated and connected. Results indicate that these parents are getting involved and trying to nurture a healthy child.

There was also a significant improvement in their formal connections, $t(67) = -4.09, p < .01$. The Formal Connections domain captures parents' attempts to increase knowledge or improve their parenting skills through affiliations with other community resources such as support groups, PTA meetings, educational classes, or neighborhood associations. Results indicate that after participating in the program, parents are making attempts to become positively involved in the lives of their children and in the community.

The third domain, Personal Assets, measures the parent's perceptions of their ability to effectively manage their family and of the availability of supports and resources within the community. A significant improvement over time was also demonstrated in this domain, $t(68) = -3.90, p < .01$. Loneliness due to lack of support and high parental stress were common complaints of parents.

The Parent Evaluation Scale gave parents the opportunity to rate their satisfaction with the FAST program and its components. Parents were asked to rate the extent to which they agreed or disagreed with six items using a 5-point Likert scale. Questions considered whether FAST activities reinforce the parent as head of the family, if Parent Time reduces the stress and isolation of the parent(s), and whether FAST activities helped to develop good parenting skills. Overall the results were very favorable to the program and the parents were satisfied. (see Table 1).

Parents were very pleased with the program and felt it was excellent at meeting its objectives. Parents reported that Parent Time/Buddy Time helped to reduce stress and isolation experienced by the parents; this is consistent with findings from the Community Connections Survey, which demonstrated a significant improvement in parents' perceptions of available supports and of their ability to effectively manage their family.

Table 1
Results of Parent Program Evaluation (N = 77)

| Scale Item | % Agree | % Strongly Agree | Total % In Agreement |
|---|---------|------------------|----------------------|
| Special Play strengthens parent-child bond | 33.3 | 64.1 | 97.4 |
| Parent-time reduces parental stress and isolation | 44.9 | 47.4 | 92.3 |
| FAST activities reinforce parent as head of family | 38.5 | 51.3 | 89.8 |
| FAST activities improve family relationships | 37.2 | 57.7 | 94.9 |
| FAST activities helps develop good parenting skills | 48.7 | 43.6 | 92.3 |
| Referred child's grades improved | 32.15 | 23.1 | 55.2 |

The two items that were rated highest relate to family relationships. These items were “Strengthening of the parent-child bond” (97%) and “Improved relationships within the family” (95%). This supports findings from both the Community Connections Survey and the Family Adaptability and Cohesion Scales III (FACES III), which indicated that families tend to become more enmeshed over time and to participate in more in-home and community activities together. A few additional findings between Family Cohesion, Formal Connections, and the two items of the Parent Evaluation mentioned above were found. Table 2 provides correlations between these three domains.

Table 2
Results of Correlations Across Instruments

| | <i>Formal Connections</i> | <i>Parent-Child Bond</i> | <i>Family Relationships</i> |
|--------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Family Cohesion | $R = .267$ $p = .023$ $N = 72$ | $R = .229$ $p = .047$ $N = 76$ | $R = .276$ $p = .016$ $N = 76$ |
| Formal Connections | | $R = .365$ $p = .001$ $N = 73$ | $R = .275$ $p = .019$ $N = 73$ |
| Parent-Child Bond | | | $R = .550$ $p = .001$ $N = 77$ |

Issues in family relations tend to be an overriding theme in this program. Recalling that family characteristics were identified as factors that correlate with the onset of violence, substance abuse, delinquency and school failure, these findings indicate that FAST shows promise for families.

Discussion

The results of the current study of Families and Schools Together (FAST) are encouraging. Findings are consistent with those of other studies nationwide (Sass, 1999). In the future, measurements will be improved by the introduction of the Behavior and Emotional Rating Scale (BERS) and Revised Teacher Report Surveys. The research and evaluation teams are working closely with the Pinellas County School System and will have access to school data to strengthen these results. Attempts are also being made by the school system to increase awareness of the FAST program so that more families can be served.

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Symposium Discussion

Discussant: Kathleen Armstrong

The public schools in the United States remain, despite the recent history of incidents of school violence, a safe place for our children and youth. However, for us to expect schools to remain safe havens in the context of this rapidly changing world without proactively addressing school safety is foolish indeed. Two approaches to promoting school safety have emerged in recent years. One approach is to apply community-based safety strategies to schools. Examples of these strategies would include an increased presence of security personnel and the use of metal detectors, security cameras, and routine searches of student materials and lockers. Evidence already exists that these strategies are

insufficient to ensure school safety. A second approach is to apply strategies from evidence-based research that are effective in improving school climate, strengthening student and faculty skills in conflict resolution, promoting open communication within school and between home, schools, and the community, and ensuring the schools are *positive* environments for students and families from diverse backgrounds.

The papers presented in this symposium are examples of evidence-based strategies that can be applied in school and community settings that promote a positive, respectful school climate and promote communication. We are compelled to give priority to evidence-based strategies over those that may have some appeal to popular opinion yet do little to promote safety and school effectiveness. Schools are unique places with a unique mission. Finding the right mixture of strategies that maximize both the safety and effectiveness of schools is the unique challenge faced by those who conduct research in these two areas. The Safe Schools/Healthy Students initiative has provided the context within which applied research can develop and validate the best of these strategies. The papers presented in this symposium are evidence that this initiative is achieving its goal.

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An Essay on Interagency Collaboration: The View from the Principal's Office

Jill Mackler

Once upon a time, the system of care for school age children was small and simple: the home, the school, and perhaps the church. Prior to the 1980s, school principals were primarily managers and disciplinarians. By the late '80s, they were expected to be both instructional leaders and agents of change.

Today, in addition to their various roles, principals also must be collaborators. Schools are expected to be responsive to a wide range of societal needs, and they are expected to do it in collaboration with multiple community agencies. As principal of a small, inner city elementary school in Vermont, I have experienced this "shared responsibility" as both a blessing and a curse.

The needs of the children in my school are enormous. Lawrence Barnes Elementary School is located in the low socio-economic section of Burlington, Vermont's largest city. My 200 students are the urban poor, 85% of whom receive free or reduced lunch. Over 15% of the children are recent immigrants to America. Over 70% of the students receive special services of some kind (linguistic, academic, or behavioral) and all are served in the regular classroom. Most of these street-wise five to eleven year olds regularly witness and experience verbal abuse, physical violence, and loss: of stable homes, of one parent or the other, of food and shelter. They are children at risk.

In 1991 when I became principal of Barnes, my job was to manage the day to day operations of the school and to facilitate the growth of both students and staff. The only people with whom I was expected to collaborate were those within the school community: faculty, staff, superintendent, and school board.

That is no longer the case. Parents and community members have become partners in setting the vision, goals and fiscal priorities for the schools. Their voices need to be heard and heeded.

Community organizations have also joined the roster of players. Interagency collaboration, with mental health and others, has become an expectation; without it, school budgets don't pass and grants and services to children are hard to come by.

In theory, it is hard to argue with collaboration and shared responsibility. In practice, collaboration is always time consuming and it may or may not be effective. When collaborative efforts are forced, whether by legal mandate or public expectation, they are apt to be uncomfortable and not necessarily productive. When collaboration is "done to" the school, it strains rather than builds relationships, which ultimately hurts children. On the other hand, when interagency collaboration arises from a shared desire to solve a mutually recognized problem, both the experience and the results can be satisfying to the players and important to the children served. "Doing with" is both gratifying and effective.

My first experience with interagency collaboration involved "petitioning" our Local Interagency Team (LIT) for services. Regional LITs, which included representatives of local child welfare, mental health, and education agencies, were mandated by the Vermont Legislature in 1988. Their job was to come together with parents and others to resolve serious problems experienced by children. These regional teams were decision making bodies. School principals had to make their case to the team before they could access alternative placements for children with extensive needs. While this may have felt like collaboration and a wraparound system of care to the regular members of the team, to the principal and her colleagues who worked daily with the disturbed child, it felt like a ritualized

This presentation introduced a Focused Discussion Session on Interagency Collaboration.

form of begging at the gate. What had been legislated into being to increase collaborative efforts to serve children at risk, had, at least for my school, fostered resentment and frustration. Alienation, not collaboration, was the result.

Let me be more specific. In an attempt to get day treatment services for “Tommy,” a severely emotionally disturbed 7-year-old, the school team, which included myself, the guidance counselor, the classroom teacher, and the Coordinator of Special Services, met with the Local Interagency Team (LIT). This Team included representatives from the local mental health center, the child welfare agency, a psychiatrist, Tommy’s parents, and an appointed child advocate. With the exception of the parents and the school personnel, none of these people had ever met Tommy. One hour later, we were still at the table, but only because we had to be: the “collaborative” team held all the power. We could not access services for Tommy without being approved by the LIT. That is, we were at the table, but had no real voice. A relationship that originally had been intended to be collaborative was experienced by myself, Tommy’s parents, and school personnel, as patronizing and hostile. One year later, Tommy got the services he needed, but the relationship between the school and the other “collaborating” agencies was severely damaged. I was frustrated and skeptical about collaboration. That’s the bad news.

The good news is that under the right circumstances, collaboration really works. It works when all players come to the table as equals, and when the responsibility for doing the work and finding the resources is shared. Collaboration works when the people involved in providing resources and services for these children have the time and willingness to build strong and supportive relationships. Collaboration works best when it is truly voluntary.

Lawrence Barnes School and the Howard Center for Human Services, the local mental health agency, have developed and implemented several collaborative ventures. The first is the placement in the school of a social worker, employed and supervised by the mental health agency, to serve our students and families. The second, the Inclusion Program, provides on-site mental health services to children with emotional and behavioral disorders. Without this program, these children would need the more expensive and less available day treatment programs or residential placements.

Children in the Inclusion Program stay in their home school and mainstreamed classroom with the support of a skilled, one-on-one behavioral specialist. The mental health agency provides on call back-up. Parents receive home-based services. The child’s team, teacher, special educator, guidance counselor, principal, parent and mental health providers, meet regularly to plan for and assess the child’s progress. This collaboration allows students to remain in school with their peers and to receive the support they need to be successful students.

Lawrence Barnes is currently in the implementation stage of another successful collaboration. This multi-agency collaboration has resulted in a part time school-based health center, with on-site mental health and increased social work and guidance services for students, and home based social work services for families. This project grew from an early collaboration (known as “Lice Busters”) with the local Community Health Center (CHC). With the support of the school district’s superintendent, planning for the school-based health center ultimately included the Vermont Department of Health; Fletcher Allen Hospital, Vermont’s largest, and our local hospital; the Visiting Nurse Association (VNA), the Howard Center for Human Services, and the CHC. The model we developed was based upon the results of an extensive parent survey. Space availability and the needs and resources of each of the collaborating agencies influenced the design.

As a collaborative, we were able to secure a grant to implement our plan. This Health Center addresses both the physical and behavioral health needs of our students and families. Medical providers from both the hospital and Community Health Center provide physical health services at our school clinic one morning each week. A mental health counselor works with our students, on site, two days per week. The school guidance counselor and the school social worker have increased

their time at the school by one day per week, and a full time VNA social worker provides services to families. This has been and continues to be a time consuming, but effective and rewarding, sharing of responsibilities among multiple agencies.

Based on my experiences, both positive and negative, I recommend the following general principles for positive collaborations among educational, mental health, and other child serving agencies.

- Start small. The difficulty in getting anything off the ground is magnified by the number of players.
- Focus on making good things happen for children. When barriers arise, perseverance and a focus on the mutual goal can carry you through.
- Take a strengths-based approach that builds on the existing capacity of each agency.
- Be sure that all the players benefit from the collaboration.
- Make the meetings inclusive. Hold meetings at the site where services will be delivered.
- Choose a goal that is worthy enough to transcend individual personality conflicts among collaborators at the table.
- Share the work. Share the credit.

Interagency collaborations can be successful when all players are recognized and respected for their expertise and when everyone knows what to expect. Collaborative efforts take time, energy and patience, qualities that are often in short supply for all the players. To ensure that interagency collaborations continue to meet children's needs, players must spend time building trust among agencies, make the process effective and satisfying, and ensure that everyone has a real voice at the table.

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