The most appropriate educational placement for seriously emotionally disturbed children in residential care

Margaret Cecilia Afana

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THE MOST APPROPRIATE EDUCATIONAL PLACEMENT FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN IN RESIDENTIAL CARE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Margaret Cecilia Afana
June 1997
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ABSTRACT

This research project utilized a post-positivist design for the purpose of exploring and determining the most appropriate educational placement for Seriously Emotionally Disturbed children who reside in residential care and who are considered to be "at risk," both educationally and socially. It was the goal of this study, through qualitative research, to establish a basis for the successful education and social integration of SED children. Throughout this inductive study, subjective as well as objective data were collected through personal interviews, which were analyzed through open and axial coding. The results of this study were intended to equip the school districts and the professionals involved in the placement of SED children, with a clear understanding regarding the importance of providing these children with the services that are most conducive to their educational needs.
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Introduction

Problem Statement

The educational placement of Seriously Emotionally disturbed (SED) children in residential care, into specific classes and schools, has played a major role in the structure of present day public education. Many of the controversies regarding education during the past five decades have been focused on finding the most appropriate educational setting for "at risk" youth, i.e., building location, classrooms etc. There has been conflict about the buildings and classrooms to which students are assigned because the placement is said to determine what and how the students will be taught, and the peer groups they will associate with. Student placement is the focus of controversies about the appropriate integration of public schools, heterogeneous ability grouping, and the placement of students with disabilities in the least restrictive environment (LRE) as mandated by the Individuals with Disabilities Education Act (IDEA) and prior federal legislation (Knitzer, 1992).

Children placed in residential care often have academic as well as behavioral difficulties. Understanding the issues surrounding the educational placement of these children with special needs undeniably requires the
consideration of location. The decision to place students in specific physical locations is but one aspect of the educational placement of seriously emotionally disturbed (SED) children who reside in residential treatment facilities. Where children go to school has long since been understood to be important in determining their life opportunities. Attendance at a particular school, whether it be regular education, special education classroom in the regular school setting or a residential treatment facility with an on-grounds SED educational program, will determine the student's ecodeme, and the personal relationships formed. The formation of, or access to these relationships, frequently play an integral role in the nexus of social contacts upon which social status, privilege, and power often depend. The school attended, and the extent to which the student has learned, influence how others perceive the individual and may thereby affect future opportunities for schooling and employment (Knitzer, 1992).

The educational placement and location of SED children in residential care is invariably a critical issue that is often times overlooked due to the demanding, and most times misunderstood needs of these children. One reason for the centrality of location and placement is that these are easily verifiable and measurable dimensions of educational progress and experience. In contrast to many of the more
ephemeral goals and measures of education, location and placement offer a metric about which there has been relatively little dissension. Goals that are more readily attained, and progress that is more easily measured, induce behavior that is more immediately reinforced; changing students' placements is, thus, likely to be one of the more reliably rewarding acts of educators versus the consideration of the best interest of the child (Hughes & Savoie, 1995).

In 1975, federal legislation guaranteed the right to a free, appropriate education for children who are seriously emotionally disturbed. The Education for All Handicapped Children Act of 1975 (P.L.94-142) required that an individualized education program (IEP) be developed for every handicapped child and that the IEP specify the educational and related services to be provided. Related services identified by P.L.94-142 included counseling services defined as "services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel" ("Assistance to States for Education of Handicapped Children," 1991). Such laws were based on the assumption that children who are seriously emotionally disturbed experience periods of moderate to severe impairment in their functioning due to their emotional disturbance in several critical areas. This SED condition
in children often impairs their learning ability which in turn negatively affects their school performance and attendance, receptive and expressive language, and relationships with teachers and peers, thus severely hindering their overall academic/educational experience (Social Work in Education, 1993).

A number of issues involving student placement apply in a general sense to all disabilities. However, certain disabilities offer especially difficult challenges to those individuals involved in making placement decisions. Students with emotional or behavioral disorders, also referred to as seriously emotionally disturbed in federal documents, have been described as an underserved population of children with particularly complex needs. One of the most difficult aspects of these students' needs is the determination and selection of the placement in which appropriate education and related services are most likely to occur. Students identified as possessing such emotional and or behavioral disorders and requiring special education are frequently placed in settings that are viewed to be more restrictive than their home schools and regular classes. Unfortunately, the bases on which parents, educators and other professionals select these placements are vaguely understood. This poor understanding of placement decisions is a serious problem because these decisions substantially
affect the opportunities the students have in learning academic and social skills and participating in the daily activities of their "non-disturbed" peers, (Brooks & Sabatino, 1996).

The population to be studied will be latency to adolescent aged troubled youth who have been severely abused and neglected, and as a result reside in residential care and are classified as seriously emotionally disturbed. These "at risk" youths are not able to function in school and exhibit behaviors such as aggressive noncompliance with the control of caretakers and authority figures, chronic truancy, physical violence, running away and an overall lack of social skills. Almost 20% of three to seventeen year old children experience at least one mental health problem at some point during their youth (Hughes & Savoie, 1995).

There were 5.1 million children in special education programs during the 1993-1994 school year. Of this number, 2.4 million were diagnosed as having specific learning disabilities and over 400,000 were considered seriously emotionally disturbed (SED) (Baruth & Manning, 1996). The most recent US Department of Education Biennial Evaluation Reports (1993-1994), indicate that children diagnosed as SED have multiple problems requiring specialized treatment and educational services. More than half (58%) leave school before graduating and 20% are arrested at least once before
leaving school, and lastly, 35% are arrested within a few years of dropping completely out of school (Hughes & Savoie, 1995).

Students with emotional and behavioral problems (EBP) challenge the abilities of the local school systems and communities in providing them with appropriate services. Although courts and governmental agencies have long recognized their need for specialized services, it remains to be seen if the children in the educational system are receiving the adequate education and treatment to which they are entitled; this is partly due to the overburdened and financially constrained school system. Some of the educational practices of the school system, for example, grouping learners by ability, expecting learners to sit for extended periods of time, or providing work that is too challenging or too simplistic, may also contribute to the hardships of "at risk" youth. Inadequate school settings can be stressful, boring, dangerous, and in general, harmful to "at risk" students' cognitive, social and overall growth (Baruth & Manning, 1996).

**Literature Review**

In a review of the literature, potential placements for SED children ranged from general education classrooms, special education classrooms to non-public school (NPS)
classrooms which are located on the grounds of residential treatment facilities. Regular classrooms (i.e., classroom settings where both disabled and nondisabled students receive instruction) are considered general education if the students receive special education and related services for less than 21% of the day. Resource rooms are a supplement to education in regular classrooms where students with disabilities receive special instruction outside of the regular classroom on a routine basis for a designated portion of the day. Students are considered to be placed in a resource room if they are receiving special education and related services for up to 21% to 60% of the day. Separate classes within a regular school setting are classes located on school grounds where only students with disabilities are taught. They are considered to be in separate classes if they receive special education and related services for more than 60% of the day and are in self-contained special education classrooms for all or part of the day. Separate public day school is another alternative, where strictly students with disabilities attend. The final placement location to be addressed is private residential facilities, where non-public on-grounds schooling is provided in conjunction with intensive treatment services from the facility (Brooks & Sabatino, 1995).
With regard to regular education, Stotsky (1987) determined that "the public schools could successfully manage students with severe psychoeducational problems, previously thought to be unmanageable within public school settings," whereas Clarke (1992) cautioned that "studies comparing the educational and clinical effectiveness of mainstreaming with other special education strategies for behavioral disordered children are uncommon." Despite the lack of clear evidence for the effectiveness of mainstreaming programs, there appears to be a trend toward placing children with severe emotional and behavioral problems in a less restrictive environment, thus placing them in a regular classroom setting (Cullinan, 1992). Askew and Thomas (1987) reported difficulties with the lack of continuity of curricula between regular classrooms and alternative settings, contending that the regular classroom environment had a more academically challenging curriculum. They stressed the importance of using a "team concept" in regular school with staff who are familiar with the existing educational system. They felt that trained and qualified teachers did not need a separate location to provide effective instruction and that regular education teachers could benefit from the experience of working with students with disabilities. Knitzer (1992) on the other hand, brought about concerns involving the degree of mental health
services, if any, that were being provided for the SED children within the regular classroom setting. He was quite skeptical whether or not the public schools were providing a full range of services to the special education population. According to Knitzer, "Public schools' record of effectively accommodating students with behavior disorders is close to abysmal" and "most school districts have not developed and do not use an adequate continuum of services and placements."

Several authors stated concerns regarding the potential negative effects being mainstreamed into a regular classroom may have on children with emotional and or behavioral disorders. Parents may feel that their child could experience "psychologically defeating failure, from being placed in an environment where success may not be possible, and where an overwhelming amount of stimulation in a regular classroom could cause distractibility and threaten a student's success" (Bullis, 1991).

It was found that although special classes commonly appeared to be organized with positive objectives and to have a "defensible rationale; their staffing and operation left much to be desired" (Steinberg, 1990). A high ratio of teachers had little to no special training, had limited support from colleagues due to being isolated from the main campus, the programs often lacked adequate mental health
services required of this population, and the curriculum and instructional methods used were very similar if not the same as the one used for general education classes. Steinberg's conclusion ultimately expressed discontent with the programming for special education, stating that "special classes were often grossly inadequate, especially in teacher preparation, support services for students and teachers, and the curriculum provided" (Steinberg, 1990).

The final area of review is focused on the educational services provided by residential treatment facilities for the SED youth. There are a variety of concerns addressing the issue of "least restrictive environment" (LRE). There is a common view that disturbed children should not be isolated from their peers or the mainstream of education, but rather be offered various treatment services while remaining in neighborhood schools. This sometimes is not possible due to the severe disturbance of a child, regardless of the extent of treatment services being offered. Therefore, residential treatment with an on-grounds school is at times the only remaining alternative for the disturbed child that could actually bring about positive change.

Seip and McCoy (1982) defined a residential institution as one in which children receive "total care within a self-contained community...the children may or may not attend
school, depending upon the severity of their behavior," and the institution is usually a private, non-profit program specifically structured to meet the needs of a certain target group, housing 20 to 100 residents and providing "a comprehensive therapeutic educational program within its own setting." Residential programs have the capacity to provide a totality of experiences emotionally, socially and educationally in an organized, comprehensive manner. It has been acknowledged that there "will always be a number of children who will not respond to programs of integration provided in the ordinary school system...who will not be able to remain with their families...[and who] cannot manage without the personal support and understanding that only very specialized residential programs make available" (Morse, 1994).

According to Berkow (1990) "there are many psychotherapeutic advantages in residential treatment." He states that the potential for educational gains in a treatment facility are immeasurable. He reported such gains to include a small class setting, classes staffed by learning disability specialists, and most importantly, the intensive interaction between clinical staff and school staff which provides a valuable multidisciplined approach not available in an outpatient, or community-based treatment program" (Morse, 1994). However, it must be noted that after
a designated period of time of being in residential care, the child in placement must be re-assessed for the purpose of moving to a lower level of care, or less restrictive environment. This will further promote their success, rather than hinder it, through remaining in an environment that has been deemed clinically unnecessary.

Research Design and Method

Purpose of Study

The purpose of this study was to explore the perceptions of caretakers/guardians, teachers and students regarding the most appropriate educational setting for seriously emotionally disturbed children who reside in residential care and are considered to be "at risk" both educationally and socially. More specifically, the goal of this study was to establish a basis for the successful education and integration of SED children. The relevance of such a study lies in the reality that many children in our society are being denied adequate educational services due to their demanding needs and lack of self control and tolerance. The intent here is to rectify any educational injustices that may exist in order to best assist the SED child in increasing self-control, gaining effective problem solving skills, understanding and considering the values of
their behavior and most importantly allowing them the same educational opportunities and chances for success they deserve.

The post-positivist (research/educator) approach was selected for the purpose of conducting this study due to the multifaceted issues involved in the educational placement of seriously emotionally disturbed children who reside in residential care. The placement of "at risk" students is a complex process which requires the implementation of qualitative research. This form of research is most beneficial in the exploration of dissonant experiences and concepts; this paradigm allows the participants to express their opinions and ideas without limiting their choices.

The traditional positivist paradigm was not used because it was limited in scope and application, and focused on a single concept or practice in a narrow, measurable manner. Through post-positivist research, qualitative methods are used to uncover and understand what lies behind a phenomenon about which little is known. Qualitative methods also provide intricate details of phenomena that are difficult to convey using the traditional form of quantitative methods. Determining appropriate education for children who have been labeled and viewed as undesirable and "out of control" is a complex subject involving values,
which requires a more holistic approach, therefore constituting the application of the post-positivist paradigm. This paradigm demonstrates the ability to foster an environment most suitable for the intended purpose of the study.

As previously noted, location and placement are issues that hold very strong emotional components, where place involves connotations of power, privilege, identity, and belonging, and is thus, a central issue in perceptions of merit, fairness, civil rights and opportunity. In short, the subjectivity of the issues involved proved to hamper the objectivity required of a positivist study. The research must be approached and pursued in a more compassionate, nurturing manner, that explores the overall values and experiences of the SED child within their educational environment. This will achieve the anticipated benefits of locating the most effective delivery system that will best educate seriously emotionally disturbed children.

In determining the most appropriate educational setting for seriously emotionally disturbed children who reside in residential care, and establishing a basis for their successful educational and social integration, qualitative measures of exploration were used. This form of research allowed for objective as well as subjective knowledge to be sought throughout this study of human behavior and
experience. The post-positivist orientation enabled this by allowing the researcher to remain sensitive to the knowledge gained, and remain receptive to any information that may emerge throughout the duration of the study. As a result, due to the subjective nature of the data collected, as well as the interpretation of that data, it was imperative to understand that the process of data collection could change at any point during the study.

The sites for data collection ranged from general education classrooms to special education classrooms to residential treatment facilities providing non-public, educational services on their grounds, within a Southern California school system. The residential on-gounds educational site is located in a city where the researcher's internship is being conducted. The sites were comprised of an ethnically diverse population, consisting primarily of Hispanics, African-Americans and Caucasians, with limited representation of Asian-American and Native-American populations.

Sampling

The participants interviewed were selected through a nonprobability sampling method termed judgmental or purposive sampling and consisted of six seriously emotionally disturbed children (10-17 years of age) who were
being educated in the public and non-public school settings and resided in residential care. School personnel such as teaching staff and administrative professionals were also selected through this method of nonprobability sampling for the purpose of the interviews. The non-public school staff that participated in the interviewing process included the principal, the special education teacher and the special education aide. From the public school setting, the vice-principal (who was acting principal at the time of the interview), one regular classroom teacher, one resource specialist teacher, one special day class teacher and one special day class aide were interviewed. The involved caretakers (i.e., legal guardians, residential treatment staff) of the residents were also included in the process. The sample size of the participants interviewed from the residential treatment facility included the program director (who held educational rights), one child care counselor supervisor and one child care counselor. Thus a total of seventeen participants were included in the sample, three non-public school members, five public school members, three residential staff members and six SED children.

Each individual identified to participate in the study was interviewed for approximately 30 to 60 minutes. At the conclusion of each interview the researcher utilized snowball sampling in order to inquire as to other possible
professionals and/or individuals to be interviewed, who might be helpful in providing alternative ideas and options to be further explored. The goal of this form of research was to gather a variety of different ideas and experiences for the purpose of providing a comprehensive representation of the data collected.

Data Collection and Instrument

As previously noted, information was collected through personal interviews. Handwritten notes were used for the purpose of ensuring the validity of the data being gathered. As this was an exploratory study, open-ended questions were asked in a way that would elicit thoughts and/or personal or professional beliefs regarding the subject matter presented. All information collected was reviewed with the intention of creating a more accurate analysis which occurs simultaneous to the data collection process. Open-coding was also used as a means to reduce redundant and irrelevant questions and/or errors in future interviews.

Protection of Human Subjects

For the purpose of protecting the ethical issues and confidentiality of the individuals partaking in the study, an informed consent as well as a debriefing form were provided at the procession of each interview. The
participants were notified that the information obtained from the interview would be independently analyzed by the researcher for the purpose of maintaining accurate records. All information was strategically numbered and marked in a manner that would provide the confidentiality and anonymity originally assured to the participants.

Data Analysis

This was an exploratory study that utilized qualitative procedures for the analysis of the data. In quantitative research, the results are contained in the data collected, and statistics are used to manipulate and interpret the data. In qualitative analysis, the analysis procedures are incorporated into the process of data collection and in the researcher's interpretation of data; thus, the analysis process occurs simultaneous to the data collection. Data collection for this research began with fieldwork and continued on throughout the interview process.

It was anticipated that after the completion of approximately one to two interviews, the process of data analysis would begin. With the advancement of questions and interviews, it was found that the research questions needed to be revised based on the compilation of information. This form of revision was implemented as a means of preventing redundancy in the outcomes of the questions that were found
to be insignificant to the study. As a result, more productive questions were included in the course of the interview.

As a part of the analysis process, some grounded theory procedures and techniques were used. The techniques of open coding and axial coding were used. These procedures enabled the researcher to categorize the data and proceed to make connections between the categories, based on the broader context in which certain phenomena occurred (Strauss & Corbin, 1990).

The data analysis process began by applying the procedure of open coding. Open coding in grounded theory involved the process of breaking down, examining, comparing, conceptualizing and categorizing data. This process was implemented throughout the data collection in order to attain the categories. A variation of open coding methods were used to thoroughly examine the outcome of each interview. For the most part, line-by-line analysis, which is considered to be one of the most detailed and generative types of analysis, was used. Generating the categories early through line-by-line analysis was essential because categories became the basis for theoretical sampling (Strauss & Corbin, 1990).

Data in the form of statements and ideas gathered from participant responses, and the findings from interview data,
were independently documented onto separate sheets of paper. Identifying information in the form of a code were entered on the top left hand corner of each sheet of paper in order to represent the source of the data. The first step in analysis was comparing incidents applicable to each category. The initial sheet, or unit of data, was placed in a category; the following unit of data was then compared to the previous one. If the data documented on the second sheet was similar in any way, it was then placed into a second category. This comparison process continued until a formation pattern of the categories were established. This process of constant comparison, promoted thought that led to both descriptive and explanatory categories. Throughout the comparison section, memos were completed regarding the ideas pertaining to the data; this served to disclose the properties of the category. This knowledge of the properties allowed for the formulation of a rule, for the inclusion of incidents into each category (Lincoln & Guba, 1985).

The second stage in the constant comparative method focused on integrating categories and their properties. The entries in each of the categories were re-examined and re-manipulated according to the rules researched in the first step. Revisions in the categories were implemented as deemed necessary; sub-categories and properties were also assigned and dismissed accordingly, in order to most effectively
accomplish the integration. As new data was received, (following the completion of each individual or group interview) it was analyzed in the manner that was previously noted and described. It was imperative that the researcher remained open to, and aware of, new concepts, conflicts, or possible shortcoming which could entail the re-examination of the categories and their properties. It was also an essential component of the analysis process to search for alternative interpretations of data in order to avoid rendition based on the researcher's construct of the research topic.

In the final stages of the data analysis, the categories proved to be constant, in that any new or additional data were viewed as redundant; categories also became saturated. When a category became saturated, it had become so well defined that it no longer required the addition of further exemplars. When the research arrived at this point, the final determination of categories, subcategories, properties and dimensions were considered complete. This step in the constant comparative method was referred to as delimiting the theory, which once it had been delimitated, would prelude the actual writing of the theory (Lincoln & Guba, 1985).

The second grounded theory procedure of axial coding, which was previously mentioned, was used in conjunction with
open coding. Axial coding was used, and alternated with open coding, throughout the continued process of interpreting and analyzing data. Axial coding allowed the researcher to specify a category in terms of the conditions that gave rise to the set of properties in which it was immersed. This involved the examination of the events or happenings that appeared to lead to the development of the phenomenon (Strauss & Corbin, 1990).

It could be viewed that the lack of an appropriate educational setting for seriously emotionally disturbed children in residential care would have an effect and/or contribute to their low academic and social functioning. The causal condition would be the inappropriate educational setting, while the phenomenon would remain their limited academic and social success. The context would also be viewed as the conditions within which the action or interaction strategies would be taken with a dimensional range indicated for the actions or interactions. Intervening conditions, which would prove to either facilitate or hinder the strategies that could be used in a given context were examined; consequences that developed as a result of a particular action or interaction were also explored through the process of axial coding (Strauss & Corbin, 1990).
Results

Procedure

This was an exploratory study that utilized qualitative procedures through the data collection and analysis process. The data were obtained through personal interviews. Sixteen of the seventeen interviews were face-to-face interviews in which the researcher met the participants at their place of employment. One interview was conducted over the phone at the request and convenience of the participant.

Demographics

The six residents that were interviewed from the residential treatment facility were males ranging from 10 to 17 years of age. There was one ten year old, one eleven year old, one twelve year old, one fourteen year old, one sixteen year old and one seventeen year old. Amongst the six residents, two attended public school and were in regular education classrooms, two attended public school and were in special day classes and two attended the non-public school located on facility grounds. Between the six participants, the number of schools attended ranged from five, to twenty-five different schools. Each of the
participants interviewed had experienced out-of-home placement for a period of two years or more.

The ages of the eleven adult participants ranged from 25 to 52 years of age. The exposure of non-public school participants to SED children who resided in residential care ranged from six months to five years; the public school participants ranged from two months to three years, with one aide having eight years experience; and the residential staff's experience ranged from two to five years.

Non-Public School Educator Responses

When asked what their understanding of the term seriously emotionally disturbed was, these three educators responded by describing the child's present behavior as being unpredictable and being incapable of following basic social norms due to the severe chaos and past traumas they have experienced. A delay in developmental, mental and academic functioning was also noted within the SED population.

The services provided for these children were educational and group activities, individual and group counseling, as well as extensive one-on-one individual instruction due to reduced class size and higher staff to student ratio. One of their objectives was to provide a safe, nurturing environment that maintained a high level of
structure and consistency in order to foster hope and academic progress. In addition, the educators reported that they provided positive role modeling through patience, honesty and by not judging the child's academic capacity on their present level of functioning. Academic as well as emotional support was demonstrated through ingenuity and creativity.

It was the consensus of the three NPS educators that SED students in residential care have low academic skills, difficulties following directives and relating to peers and a low tolerance level. It was noted that, due to their severe deficits, the SED children that resided in the structured environment of a residential facility possessed higher educational, emotional and social functioning abilities, than the SED children that returned home after school. The rationale given was that "every SED student had a SED parent;" this was said to "undo all the treatment and progress made at school."

The question as to whether or not their emotional problems hindered their ability to learn in any way was answered in the affirmative. Due to their low frustration tolerance, distractibility and lack of impulse control, they often resorted to aggressive and destructive behavior; this was said to hinder academics based on the belief that "if they cannot focus, they cannot learn."
The major objective of the NPS educators with these children was to establish and maintain appropriate behavior by understanding and meeting the child's basic needs; this would build the self-esteem needed in attempting the challenges involved in the learning process. The teacher practiced what the child was familiar with, and then slowly integrated new information in a manner that would not overwhelm them, but instead promote a more effective learning environment. It was also reported that behavioral intervention plans as well as individualized academic plans were used.

The needs of the children were not considered unique, but rather lacking in the basic essentials. Because their basic needs such as food, shelter and nurturance had not been met, they required a great deal of validation, attention, acceptance, predictability, assistance and personal guidance. A strong emphasis was placed on the child's individuality and the significance of really knowing each child; this helped to engage them in the learning process. A lot of "hands-on" activities and visual aid instruction were recommended in order to keep them focused and reduce maladaptive behaviors.

Some of the barriers to meeting their needs, as viewed by these educators, included their resistance to learn and the fact that they were easily distracted by internal as
well as external stimuli. The severity of their life experiences was also included as a barrier to meeting their needs. Replacing negative experiences with positive ones was a significant objective for these educators. One participant noted that they "must provide external guidance for the child until he or she is capable of internal change."

There were noted improvements in the students' behavior and academic functioning when they received these services. There had been reduced acting-out behavior, prolonged attention spans and transitions back into the public school setting. The importance of small successes was noted as well as their focus on the "inchstones" of their successes versus the "milestones". It was reported that each success formed the foundation for further growth and development within each child.

These educators had limited familiarity with the alternative educational placements for SED children. The alternative placement mentioned was the special day class at the public school setting. It was the perception of these educators that the negative aspects of such a placement included the child's inability to function in a large group setting, (both socially and academically), and the lack of individualized attention they would receive; "this would in a sense be setting them up for failure." The reported
positive aspect of this alternative placement was the opportunity for increased peer exposure and interactions.

The recommended criteria in choosing the appropriate classroom for SED children in residential care was said to depend on the severity of the child's behavior. It depended on their social behavior, their ability to relate with staff and peers and their overall level of academic functioning. Another area of concern involved the issue of transportation and whether or not they could be transported and would require the location of an ongrounds school. It was further reported by the three educators that SED children needed to be in separate schools where they could learn socially acceptable behaviors in a controlled environment. This would enable them to "catch up academically" and be mainstreamed back into public school. It was noted that although the issue of least restrictive environment was preferred, not all children could function and benefit from a public school setting; "non-public schools provide a service to children that need it; it should not be considered a 'bad place'."

Public School Educator Responses

In the public school environment it was noted that SED children are mixed in with other non-SED students. These educators' understanding of the term seriously emotionally
disturbed involved aggressive behaviors that required different and sometimes more restrictive environments. Their low self-worth, unpredictable actions, short tempers and increased susceptibility to emotional stress and anxiety were attributed to their past experiences. They were described as "being needy for attention and acquiring it any way possible;" this was primarily due to the lack of nurturance received throughout childhood. They were also described as children who had a variety of handicaps that prevented them from making proper choices, succeeding academically and understanding the rationale for their negative behaviors. The public school educators considered the term SED to be a negative title that should require a series of tests before a child could be identified and labeled.

The services provided were dependent upon the child. It was reported that the school did not have an established program for children with emotional problems and that they were not capable of providing the appropriate services required of these children. The classes with the extra support were the special day classes, which have a reduced population and a teacher's aide for more individualized instruction; and the regular classroom with the resource specialist program, which also provided additional academic support. It was reported that the teachers were the ones
who initiated the special services in order to better aid these students. Such services included modifying the classroom program, small group work, positive rewards, opening the class during break and communicating with the home.

The educational performance of these children was consistently described by the public school educators as being poor, with the exception of one participant who reported them to be "the same as everyone else who is struggling." The children were viewed as being easily frustrated, reluctant to attempt new tasks, and would become aggressive or run away if repeatedly asked to complete an assignment. It was reported that they had difficulties interacting with staff as well as peers and would often isolate themselves from the other students on the playground; "the other students usually avoided the 'special education' students." They were perceived as being easily angered and "quick to resort to personal and cruel attacks." It was the general agreement of the public school educators that a regular educational experience was not always possible for these children; this was due to severe behavioral problems which warranted a more controlled environment.

It was found that their emotional problems did indeed hinder their ability to learn. Many had an inability to
concentrate, lacked the desire to learn, wanted to excuse their behaviors on their past injustices, gave up easily and would become frustrated and refuse to participate. It was the consensus of five of the six public school educators that their emotional difficulties needed to be addressed before academics could be enforced. The other participant reported that "their emotional issues were not allowed to interfere with academics because they were here to learn."

Common methods used to overcome their problems included changing activities to keep them focused, working in whole groups and incorporating games and rewards with academics. In some classes it was noted that the teachers would lower their expectations of the child because of the lack of resources available in assisting them to deal with the child's extreme need for individualized attention.

Some of the unique needs of these children included their need for individualized attention and affection, and an extreme desire to be recognized and accepted. They were viewed as being defensive, hopeless and in great need of developing self-esteem, self-confidence and conflict resolution skills. It was also noted that a difficult aspect of meeting their needs dealt with their placement mobility and the limited time each school had to work with them before they were moved to another home. The lack of information on these children was also an area of concern.
due to the extended period of time it often took to receive their academic files. It was the consensus of the six public school educators that, if they were provided with the proper teaching method, in the proper environment, with the right motivation and positive role modeling, these children would have a chance at success.

Some of the barriers to meeting their needs included the lack of communication between the home and the school, the students' negative attitudes, behavioral problems and the fact that many of the teachers working with these students lacked experience and or training with this population. Funding was another factor mentioned as a barrier due to the lack of qualified staff available to assist and serve the needs of the emotionally disturbed child. There was said to be "an extreme amount of red tape involved" in providing the appropriate services needed for these children; as a result they would often go without receiving the services they required.

Their overall progress was found to be minimal. Four of the public school educators stated that their behaviors were too severe for the public school environment while the other two educators reported a decrease in aggressive outbursts and physical confrontations. The individuals that reported a degree of improvement attributed it to the extra efforts put forth by the teachers versus a service plan provided by
the school. The children who had formed bonds with the teachers that provided the extra time and additional services, were the ones who experienced notable progress. It was the efforts of the individual teachers that were emphasized, not the services provided by the school.

It was found that the greatest familiarity of alternative placements was within the public school setting. There was a distinction made between a SDC setting and a RSP class in regards to the services provided and the population served. It was reported that both of the class settings addressed learning disabilities and not emotional and or behavioral problems. It was recommended that SED children be placed in a class that could deal with their issues; however this did not necessarily constitute the need for a NPS placement. It was noted by one of the public school educators that there was often a rush for the residential facilities to place their residents in a NPS before exhausting the educational options at a public school.

Alternative placements to public school regular classes were all viewed as being more appropriate for these children in that they provided them with additional academic support, learning goals and objectives and the educational guidance they needed. Depending on the child, some would benefit from a NPS or SDC placement, while others would experience a grave disservice. Some criticisms of the alternative class
settings included the child having a limited scope of interactions with other "non-disturbed" peers, the possibility of increased negative and aggressive behaviors, as well as being labeled "special ed.," which could inadvertently affect their self-esteem.

The criteria recommended for SED placement included a review of state and federal guidelines, academic testing, a formalized Individualized Educational Plan meeting, assessing their level of emotional functioning, determining a possible threat to the safety of others and evaluating their ability to relate in a group setting. The need for qualified and experienced teachers to work with SED students was noted by each of the public school educators.

Residential Staff/Caretaker Responses

The residential staff understood the term seriously emotionally disturbed to include individuals who were incapable of living day to day without the guidance or assistance of an adult, lacking the ability to define or act on their emotions, lacking social skills and lacking personal boundaries and limits. This included individuals who had pervasive maladaptive behaviors that extended across the school setting and into the home environment. The caretakers noted that their emotional disturbances hindered
their educational performance as well as interfered in the formation of long-term interpersonal relationships.

The needs of the residents' included stability, consistency, being respected and receiving expectations from their environment. It was noted that they required a considerable amount of academic as well as emotional attention and support in the form of verbal praise and acknowledgment. It was the consensus of the staff that their needs were better met on an individual basis due to their limited attention spans and the extent of their deficits.

The most appropriate educational placement for a SED child was viewed to depend primarily on the academic and emotional functioning level of the resident. Their emotional problems were found to hinder their learning capabilities due to their fear of failure, lack of impulse control, low self-concept, low frustration tolerance and their inability to remain focused. Thus, it was the general perception that they required a reduction of external stimuli in a small supportive environment with increased instructional assistance and individualized attention.

The residents' reportedly received a wide range of services in the public school setting which included RSP, SDC and regular class settings. In addition, they received non-public school services both on and off facility grounds.
The majority of the academic and behavioral improvements were found in the residents who received special services in the NPS setting; there was no distinction made between on-grounds and off grounds NPS. The improvements were noted in their increased ability to focus, a reduction in provoking peers and an increase in self-esteem. They were reported to be more confident and trusting of their environment.

The caretakers had a general understanding of the various educational settings for SED children in residential care. The regular class setting was viewed as providing services to students who fell within the "normal range of intellectual and emotional functioning." It was also referred to as being a traditional setting with large classrooms with only one teacher; a setting which was not equipped to deal with the demands of SED children. Special day classes were viewed as providing smaller class settings with increased structure, additional assistance, and reserved for children with learning disabilities.

The non-public schools were described as providing intensive services to students who have significant levels of academic and behavioral deficits requiring a more structured, restrictive educational environment. It was also noted that the NPS environment offered a limited amount of socialization outside of the SED population and that restraints were used as a means of intervention.
In terms of a child's socialization process in the various educational sites, the staff reported that the more restrictive the environment, the more limited the socialization would be; this was due to the reduction of the class size and the population served. It was also noted that the students who required a more controlled educational setting would have the opportunity for additional socialization through field trips and community activities.

It is important to note that education was viewed as a priority in the sense that their academic deficits outweighed their need to socialize with "normal students." It was reported that, not all of the children that resided in residential care required non-public schooling, but if determined so, a NPS on-grounds would be much more beneficial, due to the continuity of services and added support from the residential staff.

It was noted by the caretakers that the criteria involved in the educational placement of SED children in residential care should include educational as well as psychological testing in order to determine appropriate levels of functioning. The importance of placing them in an environment that promoted positive change versus continual failure (which compounds their negative self-worth) was a consistent area of concern for the staff. The "trial and error" involved in the appropriate placement of these
children was said to involve a great deal of "lost educational time that these children could not afford to lose."

Resident Responses

All of the schools that the residents attended in the past entailed some form of special education which ranged from special day classes to non-public schools. The residents preferred the educational environments where they had had positive interpersonal relationships with teachers and peers, as well as a sense of safety and acceptance versus rejection and separation. It was reported that "group home kids" were often suspended without forewarning and regarded with less tolerance.

The four residents in the public school settings reported frequent suspensions and difficulties relating to teachers as well as peers. They reported being suspended "for any little thing," and felt as if they were treated different than the students "who were not in a home." The two residents in the on-grounds non-public school reported doing well in school, with one experiencing difficulties adjusting to a smaller school.

The overall dislike of the public school setting related to being teased by peers regarding clothing, living in a residential treatment facility and not having a
"family". Three of the four residents in the public school setting reported peer relations as being poor, which included peer comments such as "at least I have a mom that didn't dump me on the side of the road." Teachers were also reported as being impatient and "unwilling to help." Of the NFS residents, one reported liking school while the other reported disliking his younger classmates.

The feeling of safety within the public school environment was found to be minimal to non-existent. The two regular class students reported being provoked by peers on a regular basis without having the support or intervention of a teacher. It was reported by one resident that the teachers were "always trying to start stuff" in order to justify a suspension. One of the SDC residents reported feeling safe due to the amount of other children around and having "trees to hide in," while the other resident denied feeling safe due to the unfavorable treatment. It was found that the NFS students felt safe, with one attributing it to knowing that the house was so close, and the other knowing he would be protected due to the familiarity of the people at school and on the grounds.

They all reported learning at their present schools and being provided with the assistance they required. It was consistently reported from the public school students that they preferred to ask for assistance on an individual basis.
versus raising their hands in class; this was due to embarrassment and a fear of being ridiculed. Both of the NFS students reported feeling comfortable asking for assistance in class because they knew they would be helped. One of the NFS students reported that "sometimes the other kids say 'do it yourself', but the teacher always tells them to stop."

The recommended changes from the regular class students included making the students more friendly, "firing all the teachers and getting new ones that would make school more interesting" and simplifying the work so it would not be so intimidating. One of the SDC students in public school wanted to change the rules on suspension so he would not be suspended so often and "without cause", while the other student wanted to go back to a non-public school. Of the two NFS students, one desired a larger school with more students, where the other student wanted to eliminate time-out.

Discussion

This study was conducted for the purpose of exploring the perceptions of the most appropriate educational placement for seriously emotionally disturbed children who reside in residential care that would be most conducive to their academic as well as social needs.
Throughout the study, there were similarities found amongst the NPS and public school educators as well as the residential staff/caretakers regarding their understanding of the term seriously emotionally disturbed. A common theme held by these individuals focused on the notion that there was a notable delay present in the academic functioning of a SED child. While they all described the behaviors of SED children as being unpredictable, it was the NPS and residential staff respondents who viewed these children as being incapable of functioning day to day without proper assistance and guidance. Another area of common finding dealt with the acknowledgment of the past experiences of these children and how these traumas have impaired their ability to function and interact in an appropriate acceptable manner.

As far as the services provided for the SED population, it was found that the public school did not have an established program for SED children as required by P.L.94-142. Their orientation and area of focus was geared toward the education of non-SED students, thus leaving the SED population with limited resources and what appeared to be inadequate services. The sporadic and inconsistent "additional efforts put forth by the individual teachers" in the public school setting could not possibly be sufficient
enough to compensate for the academic and social deficits of these children.

In contrast, it was found that the NPS educators had an established program that specialized in providing the educational services specifically required of the SED population. Their primary objective was focused on reducing the maladaptive behaviors of SED students in order to effectively address their academic deficits and eventually transition them back into the public school setting. The educators within the NPS setting appeared to possess the skills and resources needed to effectively manage the disruptive, and often times, impetuous behaviors of these children.

Another commonality detected amongst the NPS and public school educators and the residential staff/caretakers was in regard to the educational performance of SED children. These respondents viewed their performance as being poor, which was primarily attributed to their emotional and behavioral problems. It was the determination of every adult participant, with the exception of a public school teacher, that the emotional and behavioral issues of SED children needed to be addressed before academics could effectively be enforced. The public schools did not appear to have the appropriate resources available to efficiently deal with the severe behaviors of SED children; this often
resulted in their academic needs being overlooked. This apparent deficit within the organization of the public schools when dealing with SED children was described by one of their educators as being a system "that continues to pass these children from grade to grade without really ever allowing them to learn."

The behaviors of the SED students were consistently described as unpredictable, disruptive and at times verbally and physically aggressive. As a result, these children undeniably required constant individualized attention which the public school environment reported being incapable of providing. Despite this inability to render the appropriate services and controlled environment required by these children, SED students continue to be placed in the public school setting.

The negative experiences of public school placements as indicated by the children who attended these schools, depicted an environment that frequently evoked feelings of anxiety and unrest. It was a common finding that these children did not feel safe or supported in this environment. They felt as if they were being targeted and treated with little to no dignity or respect. Teachers were generally viewed as being easily frustrated, having low tolerance levels and immediately resorting to suspensions as a means of intervention for the inappropriate behaviors of these
students. This appeared to be a result of the lack of specialized training and or available resources allotted for this population. Subsequently, this directly related to the information provided in the literature review that referred to "the high ratio of teachers that had little to no special training required of this population." Additionally, these first hand accounts from the children who were placed in regular or special day class settings, supported the literature that they could experience "psychologically defeating failure" as a result of being placed in an environment where success may not be possible, thus minimizing their chances of success.

An additionally consistent theme found in the responses of the adult participants' regarding the issue of alternative educational placements for SED children focused on the child's need for specialized services. It was agreed that these children required individualized academic attention due to their limited attention spans and low frustration levels. Although it was concluded that SED children required a more controlled environment that provided intensive services, there was notable concern regarding the "limited socialization" often associated with more restrictive settings.

The public school educators seemed to be overly concerned with the proper socialization of these children,
more so than they were about their educational needs, while the NPS educators as well as the residential staff appeared more focused and concerned with the educational component of the child's placement. It was reported that, due to severe behavioral disturbances, not all of these students could function or benefit from a public school setting; such an environment could prove to further hinder their levels of academic and social functioning. This substantiated the literature which stated that the least restrictive environment was not always in the best interest of the child.

The residential staff viewed education as a priority over any issue of socialization. SED children who are academically delayed are viewed as requiring educational settings that would address behavioral problems, (which thwarts their social interactions in any setting regardless of its restrictiveness), target academic deficits and foster successful functioning. Such a controlled environment could afford these children the opportunity to be mainstreamed with other "non-disturbed" students, at a functioning level that would be most conducive to the needs of those involved. Placing these children in educational settings that are unequipped to deal with their behaviors, despite the rationale given to justify the placements, may
prove to be a disservice to the SED population as well as the other students and educators.

The recommended criteria for choosing the most appropriate educational setting for SED children in residential care was found to depend on the individual need of the child, proper academic and psychological testing as well as a review of federal guidelines. It was further determined that as a result of all the "red tape" involved in the appropriate educational placement of SED children, that they would often go without receiving the services they required.

The public school participants often viewed the non-public school as being too restrictive, while at the same time contending that the public school environment could not handle the behavior problems exhibited by these children because it disrupted the learning process and concentration of the other students. The discrepancies and personal opinions apparent in the responses of the public school educators regarding alternative placements for SED children residing in residential care were viewed as interfering with the child's right to a free and appropriate education as regulated by federal legislation. Although these participants were aware of the students' rights, it appeared that they allowed their biases of the more restrictive placements (which they knew very little about) to affect
their input of recommendations, provided at IEP meetings, as to where and how these students should be educated. This lack of knowledge, in respect to more restrictive educational placements, combined with the negative preconceived notions that are perpetuated within the public school environment, continues to disregard "the best interest of the child" and further diminish their chances of success.

Limitations and Recommendations

A limitation of this study was in the exploration process due to the limited population size, the time frame of the exploration and the areas studied. It would be most beneficial for the purpose of this study if it dealt with a larger sample size, broader range of locations and an extended period of time in which to conduct the research. This would allow for a more comprehensive account of perceptions to be gathered which would yield further insight regarding the most appropriate educational placement of SED children who reside in residential care.

An additional recommendation would be to include administrative personnel from the District Office of Special Education, who are directly involved in the internal and external process of determining placement needs for special education children. Equally advantageous would be the
inclusion of the policy makers who are responsible for the vaguely understood guidelines that regulate the educational placement of SED children.

It would be the further recommendation of this researcher to conduct a constructivist study that would engage the constituents who are not only involved in the formation of policies, but also those who are responsible for the proper implementation of these policies that directly affect the SED population. Such policies were established with the intention of adhering to the best interest of the child, which included but was not limited to, providing them with the most appropriate educational placement that promoted optimal growth and educational development.

A component of such growth and development lies in the efficacy of the educators who are providing the services required of these children. It would be valuable for the students as well as beneficial and rewarding for the educators, if in-service trainings were provided for the staff who interacted with the special education students. These in-service trainings would include key information pertaining to the most effective techniques and modes of intervention needed when dealing with the unpredictable and often times disruptive behaviors of the SED population.
Implications for Social Work Practice

The results of this study lay the foundation for the further exploration of the most appropriate educational placement of SED children who reside in residential care. Social workers have a responsibility to advocate for the rights of their clients, and even more so when those clients are vulnerable children incapable of ensuring their own best interest. Because education has such an influence on determining one's role as being "worthy" or "unworthy" according to societal guidelines and standards, it is imperative that the needs of this underserved population of "disturbed" or "undeserving" children who reside in residential care receive the services and representation they deserve.

Without proper assistance and guidance, these SED children will continue to be placed at risk of internalizing the aversive views of their environment, which only serves to further hinder their sense of self and desire to succeed. It is the task of the social worker to empower the client through a reexamination of the myths, beliefs and attitudes associated with individuals who do not fall within the normal to high range of functioning, as depicted by a condemning society. Through a continuum of appropriate services, there will indeed be hope to be offered,
opportunities to be explored, destinies to be challenged and successes to be obtained.
APPENDIX A
Adult Consent Form

I,________________________, agree to participate in a research study exploring the most appropriate educational placement for Seriously Emotionally Disturbed children in residential care. This research study will measure and analyze the effectiveness of the delivery of the educational services to "at risk" youth who are often found to be extremely behind in their age appropriate educational performance. This research is being conducted by Margaret C. Afana in conjunction with ACTS for Children, a residential treatment facility, under the supervision of Dr. Nancy Mary , professor of Social Work at California State University, San Bernardino, along with the approval of the Institutional Review Board at California State University, San Bernardino.

I understand that my participation is voluntary and that I may withdraw from the study at any time. I acknowledge that any and all information will be held in the strictest confidence by Margaret Afana, and that my identity will not be revealed to anyone other than she. At the conclusion of this study, I may request a copy of the report for my review.

On the basis of the above statements, I agree to participate in this project.
APPENDIX B
Minor Consent Form

I, the undersigned individual, authorize my child/dependent, ________________, to participate in a research study exploring the most appropriate educational placement for Seriously Emotionally Disturbed children in residential care. This research study will measure and analyze the effectiveness of the delivery of the educational services to "at risk" youth who are often found to be extremely behind in their age appropriate educational performance. This research is being conducted by Margaret C. Afana in conjunction with ACTS for Children, a residential treatment facility, under the supervision of Dr. Nancy Mary, professor of Social Work at California State University, San Bernardino, along with the approval of the Institutional Review Board at California State University, San Bernardino.

I fully understand that Margaret Afana, the researcher, will have access to information that has been gathered by the school and the Residential Treatment Facility in connection with the education and treatment of my child, including but not limited to any and all psychological and academic reports. I also give consent for Margaret Afana to interview any and all school personnel and residential treatment facility staff in connection with this
research. I further acknowledge that Margaret Afana may need to interview the aforementioned child as an adjunct to conducting her research.

I understand that my child's participation is voluntary and that they may withdraw from the study at any time. I acknowledge that the study will involve the disclosure of confidential educational information and behavioral information regarding my child, and that any and all information will be held in the strictest confidence by Margaret Afana, and that my child's identity will not be revealed to anyone other than she. I understand that my child's participation in this study will further assist in determining the most appropriate educational placement for Seriously Emotionally Disturbed children in residential care that will provide the treatment and services required to eventually lead them toward a higher level of educational and social success. At the conclusion of this study, I may request a copy of this report for my review.

On the basis of the above statements, I agree to allow my child to participate in this project which will be completed no later than June of 1997. If you have any questions regarding this research study please do not hesitate to contact Margaret Afana or Dr. Nancy Mary, at
Parent's/Guardian's Name

Parent's/Guardian's Signature ______________________________ Date ____________

Child's Name

Child's Signature __________________________________________________________________________ Date ____________

Researcher's Signature ______________________________ Date ____________
APPENDIX C
Debriefing Statement

The research study measured and analyzed the effectiveness of the delivery of the educational services to Seriously Emotionally Disturbed youths in residential care. The study was directed by Margaret C. Afana in conjunction with ACTS for Children, a Residential Treatment Facility, under the supervision of Dr. Nancy Mary, professor of Social Work at California State University, San Bernardino.

The data gathered were used to help determine the most beneficial educational placement for SED children who reside in residential treatment facilities. These "at risk" youths, who are typically classified as Seriously Emotionally Disturbed, often find themselves extremely behind in their age appropriate educational performance. In an effort to provide services and treatment that will eventually lead to higher levels of educational success for the "at risk" population, it is imperative that they be placed in an educational setting that will be most conducive to their overall needs.

To assure that confidentiality was maintained throughout the research process, all of the information gathered was kept securely filed and locked up. In addition, to assure anonymity, all of the participants names were eliminated from any final documents.
If you have any questions whatsoever, or if you need any clarification in connection with this research study, please do not hesitate to contact Margaret Afana or Dr. Nancy Mary, at California State University, San Bernardino department of Social Work at (909) 880-5560.
APPENDIX D
Questionnaire for School Educators

1) What is your understanding of the term Seriously Emotionally Disturbed?

2) How much exposure have you had with this population?

3) What special services do you provide for emotionally disturbed children?

4) How well do these children perform in your classroom? Educationally? Emotionally? Socially?

5) Do their emotional problems hinder their ability to learn in any way? If so, how do you attempt to overcome this?

6) What unique needs do these children have? How do you meet or attempt to meet these needs?

7) What are some barriers to meeting these needs? What are some ways in which they can be overcome?

8) Have you seen any improvement in the students from residential care who receive these services? Educationally? Emotionally? Socially?

9) Are you familiar with different kinds of educational placements for SED children in residential care?

10) What are some of the pluses and minuses of these alternative placements for SED children in residential care?

11) What do you think should be the criteria in choosing the appropriate classroom for SED children in residential care (i.e., regular education classroom, special education classroom, or an on-grounds non-public school)?
APPENDIX E
Questionnaire for Residential Staff

1) What is your understanding of the term Seriously Emotionally Disturbed?

2) How much exposure have you had with this population?

3) What unique needs do these children have? How do you meet or attempt to meet these needs?

4) Do you think that their emotional problems hinder their ability to learn in any way? If so how, and how do you attempt to overcome this?

5) Do any of the children in the facility receive special services in school? What?

6) Have you seen any improvement in the students who receive these services? Educationally? Emotionally? Socially? How?

7) Are you familiar with the different kinds of educational placements for these children?

8) What is your understanding/view of regular education classrooms?

9) What is your understanding/view of special education classes (special day class)?

10) What is your understanding/view of a non-public school?

11) In terms of a child's socialization process, do you think one educational site is more positive or negative than another? Why?

12) What are some of the pluses and minuses of these alternative placements for SED children?

13) Where do you feel would be the most appropriate educational placement for an SED child?

14) What do you think should be the criteria in choosing the appropriate classroom for SED children in residential care (i.e., regular education classroom, special education classroom, or an on-grounds non-public school)?
APPENDIX F
Questionnaire for Residents

1) What school do you go to?
2) What different kinds of schools have you been to?
3) If more than one, which one have you liked the best and why?
4) How are you presently doing in school?
5) Do you like the school you are going to now?
6) What do you like the most about your school?
7) What do you like least about your school?
8) Do you feel safe at school? Why?
9) Do you learn a lot at school? Why?
10) Do you think you get enough academic assistance at school? Why?
11) Do you feel comfortable asking for help when you are having problems or do not understand what the teacher or other students are talking about? Why?
12) Do you have any friends at school?
13) If you could make changes at school what would they be?
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